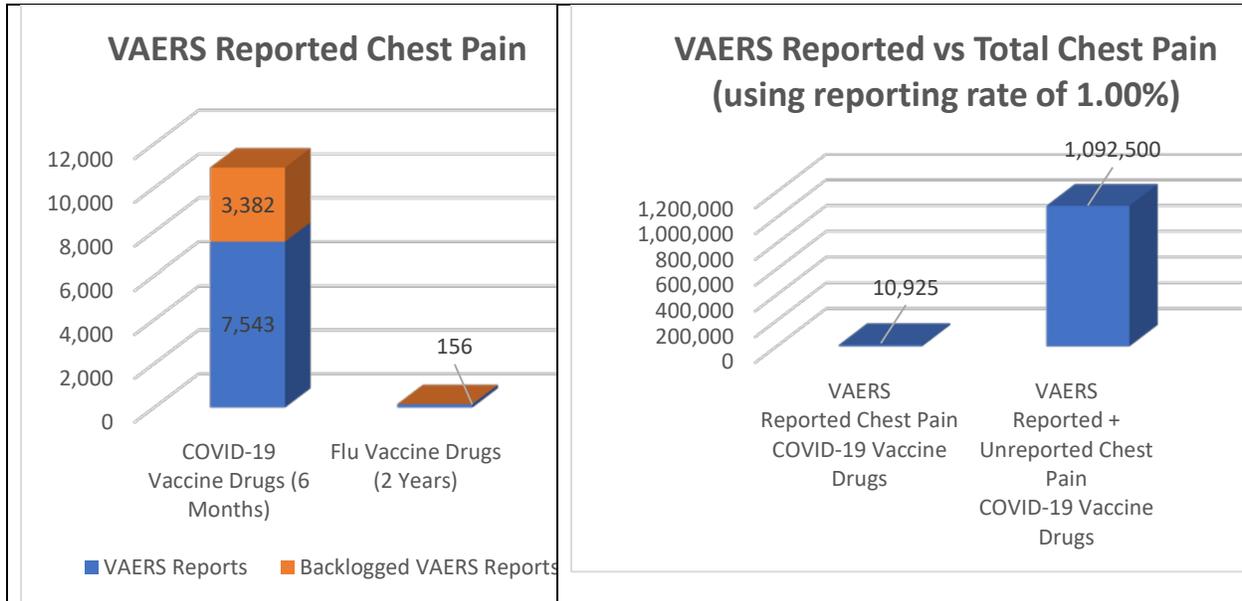


COVID-19 Vaccine Drug Reactions: Chest Pain

Preliminary Notes – Reactions Listings Start on Page 2 Below



1. Chest Pain cases Reported through June 4, 2021 in the United States to the Vaccine Adverse Event Reporting System (VAERS).
2. In order to understand the two charts above:
 - a. The VAERS COVID-19 vaccine drug reported cases + backlogged cases **versus** the flu vaccine reported cases
 - b. The VAERS reported cases versus the total cases in the United States

It is **crucial** to at least one time, carefully read through the two answers in the FAQs related to backlogged cases and then the VAERS reporting rate:

https://www.covid19vaccinefacts.net/VAERS_FAQ.shtml#Backlog

https://www.covid19vaccinefacts.net/VAERS_FAQ.shtml#ReportingRate

3. The cases listed below were pulled from the VAERS raw data files with a query that looked for chest pain reactions. As you read through the cases below, it is possible that there will be an occasional erroneous case not related to fainting because of the query criteria. The exact query is as follows:
 symptom_text like "*chest pain*" or symptom_text like "*breathing pain*" or symptom_text like "*pain in chest*"

Chest Pain: COVID-19 Vaccine Drugs

<i>VAERS_ID</i>	<i>RECVD</i>	<i>STATE</i>	<i>AGE_YRS</i>	<i>SEX</i>	<i>VAX_DATE</i>	<i>ONSET_DATE</i>	<i>SYMPTOM_TEXT</i>
1373293	6/4/2021	OR		F	4/22/2021	5/20/2021	<p>collapsed left lung; Does not feel good; tired all the time; Left arm pain; feel terrible; Pain spread to middle of chest; Painful to breathe; Hard to get a breath; This spontaneous case was reported by a patient (subsequently medically confirmed) and describes the occurrence of PNEUMOTHORAX (collapsed left lung) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 0470 2orZ 1A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 22-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 20-May-2021 at 11:00 AM, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 20-May-2021, the patient experienced PNEUMOTHORAX (collapsed left lung) (seriousness criteria hospitalization, medically significant and intervention required). On 20-May-2021 at 7:30 PM, the patient experienced FEELING ABNORMAL (feel terrible), CHEST PAIN (Pain spread to middle of chest), PAINFUL RESPIRATION (Painful to breathe), DYSPNOEA (Hard to get a breath) and VACCINATION SITE PAIN (Left arm pain). On an unknown date, the patient experienced FEELING ABNORMAL (Does not feel good) and FATIGUE (tired all the time). The patient was hospitalized for 3 days due to PNEUMOTHORAX. The patient was treated with PARACETAMOL (TYLENOL) at an unspecified dose and frequency; IBUPROFEN at an unspecified dose and frequency and Surgery (Tube placement in her chest) for Pneumothorax. At the time of the report, PNEUMOTHORAX (collapsed left lung), FEELING ABNORMAL (feel terrible), CHEST PAIN (Pain spread to middle of chest), PAINFUL RESPIRATION (Painful to breathe), DYSPNOEA (Hard to get a breath), FEELING ABNORMAL (Does not feel good), VACCINATION SITE PAIN (Left arm pain) and FATIGUE (tired all the time) outcome was unknown. Not Provided No concomitant medications were</p>

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1373137	6/4/2021	TN	49	F	3/18/2021	5/1/2021	reported. Action taken with mRNA-1273 in response to the events was not Applicable. Patient stated that she had hole in the chest due to the tube placement to treat her collapsed lung. It was reported that the patient experienced symptoms on 20 May 2021. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This case was linked to MOD-2021-169206 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
							Chest Pain, Body Aches, Rapid Breathing, Headaches

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1373377	6/4/2021	IL	24	F	5/22/2021	6/4/2021	<p>Suspected bursitis with prolonged arm pain and weakness 2 weeks after first Pfizer dose. On the day of vaccination, I had a panic attack and nearly blacked out after vaccination, something that had never happened to me after a vaccination. Once the pain started a few hours after vaccination, it significantly increased. I experienced excruciating pain in my left arm like I had never felt after any other vaccination. Complete inability to move my arm without pain; the pain persisted even with zero movement whatsoever. Within the first 12 hours the pain spread to my entire left shoulder, and within 24 hours the pain spread to my neck, and general upper left quadrant of my body to the point where inhaling deeply would cause chest pain on my left side. This extreme pain persisted for about 3-4 days. After about the 5th day, my left arm still felt different and weaker than my right arm but little pain remained. After the 7th day, pain started back up whenever I tried to use my arm in any way. The days went on and the pain and arm weakness is not passing. It is minor pains, aches, and occasional throbbing compared to those first few days after vaccination but chronic pain nonetheless. My left arm continues to feel weak and I have a concentrated area of pain directly where the vaccination site was, it's as if I could still feel exactly where the needle went through my body. My arm feels okay pain-wise upon waking most days but I am unable to do anything as simple as chopping vegetables or washing dishes without feeling pain for the rest of the day. I am unable to even wear a backpack for more than 10 minutes without my left shoulder hurting and feeling fatigued.</p>

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1373407	6/4/2021	TX	58	F	3/5/2021	3/5/2021	Fast heartbeat; chestpain; This is a spontaneous report from a contactable consumer (patient). A 58-year-old non-pregnant female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for Injection, Batch/Lot number was not reported), via an unspecified route of administration, administered in arm right on 05Mar2021 13:45 (01:45 PM) (at the age of 58-year-old) as a single dose for COVID-19 immunization. The patient medical history included COPD. Patient had no known allergies. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient received unspecified concomitant medications. The patient did not receive any other vaccines prior to the COVID vaccine within 4 weeks. The patient experienced fast heartbeat, chest pain on 05Mar2021 22:30 (10:30 PM). The patient underwent lab tests and procedures which included heart rate was fast on 05Mar2021. The patient had not tested for COVID-19 post vaccination. The patient did not receive any treatment for the events. Outcome of the events was recovering. No follow-up attempts are possible. Information about lot/batch number cannot be obtained.

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1373728	6/4/2021	VA	40	F	5/17/2021	5/17/2021	<p>doesn't have much of appetite; 148/70 on the blood pressure; allergic response; tongue was a little numb; hard to swallow; Throat was closing up; mouth feeling numb; couldn't really speak; Coughing; super shaky; feet was also feeling numb; face looked swollen; Chest tightness; chest pain; abnormal EKG; Her throat was a little sore; tired; This is a spontaneous report received from a contactable consumer (patient). A 40-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in the left Arm on 17May2021 12:30 (Batch/Lot Number: EW0167) as single dose (at the age of 40-year-old) for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. Historical vaccine included first dose of bnt162b2 (lot number EW0158) on 15Apr2021 at 12: 50PM (at the age of 40-year-old) in the left arm for covid-19 immunisation and on 15Apr2021 her arm was numb on the side where she received the injection for more than 24 hours, it went numb pretty quickly after the first dose - then it was numb for about 24 hours. It went away completely in two days, but the patient was unsure if that is an adverse reaction. The patient experienced tongue was a little numb on 17May2021 with outcome of recovering , hard to swallow on 17May2021 with outcome of recovering , mouth feeling numb on 17May2021 with outcome of recovering , throat was closing up on 17May2021 with outcome of recovering , couldn't really speak on 17May2021 with outcome of recovering, coughing on 17May2021 with outcome of recovering, super shaky on 17May2021 with outcome of recovering, feet was also feeling numb on 17May2021 with outcome of recovering, face looked swollen on 17May2021 with outcome of recovering, chest tightness on 17May2021 with outcome of unknown, chest pain on 17May2021 with outcome of unknown, abnormal EKG on 17May2021 with outcome of unknown, her throat was a little sore on 17May2021 with outcome of unknown, tired on 17May2021 with outcome of unknown, doesn't have much of appetite on 20May2021 with outcome of unknown. Details as described as follows: Reports she went to sit in the waiting area, after 5 minutes she noticed her tongue was a little numb. She took her card out of her purse, and noticed it was a little hard to swallow, this was within about 8 to 10 minutes.</p>

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She sat for another 5 minutes and then decided to ask about her tongue feeling numb and was taken to the nurses station. She told them about her tongue, and as she was talking her mouth was feeling more numb and it was getting harder to swallow. As the nurse was talking to her it was like she couldn't really speak. The nurse said this is way past Benadryl and called to another nurse for an Epipen. Caller states she started to cough as her throat felt like it was closing up. They jabbed her with the Epipen within 15 minutes of receiving the vaccine. She got some relief for a couple of minutes and then her body went back into the allergic response. They put her on the oxygen finger machine and then her throat started to close again. They gave another Epipen and then the ambulance arrived. She is unsure how long after she got the second Epipen that the ambulance arrived but it was no more than 5 minutes. They told her they had to call 911 right after giving the first Epipen. When the ambulance team came, she felt like she had novocaine in her mouth, her mouth was super numb and she was super shaky. They said the shaking was normal from an Epipen. Adds her feet were also feeling numb. She didn't know before that the shaking was from the Epipen. She was able to walk to the ambulance and her husband came and the med team was asking him if her face looked swollen and he said her face looked swollen. States her mouth felt like it was moving funny and she was exaggerating her speech trying to make her mouth move right. Adds she was still unaware that this could be an allergic reaction and was just trying to remain calm. At the site, she noticed her vitals on the machine and she saw 148/70 on the blood pressure. Adds it was about the same in the ambulance, it was 148/64. She was not able to collect any information about the Epipen other than they were yellow with a blue cap and they held it in her leg for three seconds. No lot or expiration date known for the Epipens. In the ambulance she was treated with Intravenous (IV) steroids and dose of Benadryl 50mg. As she was being transported to the hospital, she started to have chest pain. They did an EKG in the ambulance with no remarkable findings. Adds she has a follow up with her Primary Care Provider (PCP) today. When she arrived at the Emergency Room (ER) they monitored her for a couple of hours. She had another EKG at the ER and was told that it was normal so they released her. She

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has no product information for the steroids or the Benadryl that she received. No lot or expiration date known. When she got home everything was calming down. Her throat was a little sore and she was tired. The next morning her chest was still tight. She called the doctor who told her to just relax and come back to the ER if she has palpitations or difficulty breathing. Mentions she got the results of the EKG in ER now, and it said it was abnormal as compared to a previous EKG she had, and something about the T axis. Adds now she doesn't have much of appetite and her tongue still feels a little off. Caller interrupts the call to say her doctor just called and she needs to go. Unable to complete the report at this time. The outcome of other events was unknown. No follow-up attempts are needed. No further information is expected.

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1373771	6/4/2021			F	5/15/2021	5/1/2021	<p>pain in her chest between her clavicle and top portion of her breast area/soreness in chest/fluttery sensation in her chest; She was feeling funny, never felt like that before; Experiencing shortness of breathe/rates her breathing as a 5; This is a spontaneous report from a contactable consumer (patient mother), who is a nurse. A 19-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number was not reported), via an unspecified route of administration, on 15May2021 at a single dose for Covid-19 immunization. Patient medical history and concomitant medications were not reported. The patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number was not reported) via an unspecified route of administration, on an unspecified date at a single dose for Covid-19 immunization. On 25May2021, the patient experienced pain in her chest between her clavicle and top portion of her breast area/pain or soreness in her chest and describes a fluttery sensation in her chest that "feels funny, uncomfortable, weird, and not right. The patient had shortness of breath on an unspecified date in May2021. The patient woke up with a "funny sensation in her chest" and does not describe excruciating pain or difficulty breathing and "rates her breathing as a 5."The patient did not eat anything out of the ordinary or participated in any lifting or exercising of her chest muscles. Patient had never complained of anything like this before. The outcome of events was unknown. Additional information has been requested.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the events, Dyspnea, chest pain, feeling uncomfortable cannot be completely ruled out. The impact of this report on benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethic committees, and Investigators, as appropriate.</p>

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1373781	6/4/2021	PA	64	F	3/5/2021	3/1/2021	<p>Breathing difficulty and felt that her heart was pumping in her chest, and this was making it hard for her to walk, after first vaccine.; Breathing difficulty and felt that her heart was pumping in her chest, and this was making it hard for her to walk, after first vaccine.; Chest Pain under left breast, after first vaccine; This is a spontaneous report from a contactable consumer (patient's husband). This consumer reported for his wife that a 64-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Formulation: Solution for injection, Lot number: EN6203, Expiration Date: unknown) via an unspecified route of administration in right arm on 05Mar2021 as 1st dose, single dose for COVID-19 immunization. Additional Vaccines was not administered on same date of the Pfizer Suspect. No other vaccines have been administered within 4 weeks prior to the first administration date of the suspect vaccine. Patient did not had AE(s) following prior vaccinations. Medical history included ongoing high blood pressure from Apr2020, ongoing High Blood cholesterol increased from Jan2020, ongoing asthma from 2020, ongoing Hepatic steatosis, allergies to multiple medications Codeine: headache Contrast medium: flushing, itchy skin. previously took Fexofenadine HCL: unknown effect. Iodine: skin reaction. Lansoprazole: skin rash Latex: skin rash. Lisinopril: itchy tongue. Metoprolol Fumarate: headache, nausea. Oxycodone: nausea and headache. Ongoing concomitant medication included (ASPIRIN) at 81 mg oral; colecalciferol (VITAMIN D3) from Mar2019 at 2000 iU, once a day oral; simvastatin (ZOCOR) taken for blood cholesterol increased from Jan2020 at 10 mg, once a day oral; carvedilol taken for blood pressure measurement from Apr2020 via oral at 3.125 mg, twice a day; olmesartan medoxomil (BENICAR) taken for blood pressure measurement from Apr2020 at oral 25 mg, twice a day; fluticasone propionate, salmeterol xinafoate (ADVAIR) taken for asthma from Apr2020 at 250/50, inhalation. In Mar 2021, The patient experienced breathing difficulty and felt that her heart was pumping in her chest and this was making it hard for her to walk and the next week chest pain under left breast, a couple of days after first vaccine around 11Mar2021 or 12Mar2021 as the chest pain would start again when she was walking and she occasionally feels a twinge, reclarified,</p>

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and she had to go to the emergency room and get evaluated. Patient went to the emergency room had an EKG and a troponin blood test, which were all negative on 29Apr2021. The patient underwent lab tests and procedures which included cardiac stress test: normal on 21Mar2021, computerised tomogram: normal for age, enlarged spleen noted on 29Apr2021, electrocardiogram: normal on 19Mar2021, magnetic resonance imaging: enlarged spleen on 27Apr2021, troponin: normal on 19Mar2021. CT Scan was done first then the MRI was done after the CT Scan. she was still had chest pain, and the doctor thought, it could be from the vaccine, since all the tests were normal. It was reported that as about 5-7 days after the shot, around the 10Mar2021 or 11Mar2021 in afternoon and it was isolated to the same day as it started. After she was in the emergency room and saw the cardiologist, and after the recent reports of the vaccine's effected with the heart, the cardiologist thought the vaccine caused effects. Patient had the second vaccine, and then reclarified, all of the symptoms went away. Patient received second dose of vaccine on 26Mar2021 around noon (Lot: ER8730, expiration: unknown) via unspecified route of administration in right arm. After second vaccine patient had a fever, of 102 degrees and felt exhausted for two days, after the second vaccine on 26Mar2021, Enlarged spleen on 29Apr2021. Fever lasted about a day and a half later. Feeling exhausted lasted for about a week. Facility was hospital, off site location. It was reported that patient also saw a liver specialist, and that doctor, wanted her effects, to be reported. Because all of the heart tests were negative, the liver specialist ordered an MRI elastograph of the liver and spleen and that test showed she had an enlarged spleen. The outcome for the event Breathing difficulty and felt that her heart was pumping in her chest, and this was making it hard for her to walk, after first vaccine was recovered in Mar2021 and chest pain unknown, Chest Pain under left breast, after first vaccine and had an EKG and a Troponin blood test, which were all negative was unknown. Follow up attempts are needed. Further information has been requested.

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1373805	6/4/2021			F	12/17/2020	12/17/2020	palpitation; lightheadedness; Nausea; HERO-TOGETHER: A POST-EMERGENCY USE AUTHORIZATION OBSERVATIONAL COHORT STUDY TO EVALUATE THE SAFETY OF THE PFIZER-BIONTECH COVID-19 VACCINE IN US HEALTHCARE WORKERS This is a report from a non-interventional study source and post authorization safety study for Protocol C4591008. This is a Non-Interventional Study report with non-serious event only. A 49-year-old female subject participated in above mentioned study. The subject received first dose of BNT162B2 (reported as Pfizer COVID-19 vaccine, lot/batch number has been requested) on 17Dec2020 via an unspecified route of administration as single dose for COVID-19 immunisation. Medical history and concomitant medications were unknown. The subject experienced adverse vaccine reaction on 17Dec2020 and reported as non-serious event. On 17Dec2020, the subject presented to emergency department with concern of palpitations and lightheadedness after receiving the COVID vaccine. Denied chest pain. She received the COVID vaccine and then a short while later began to have some palpitations and lightheadedness with some nausea. This was coming and going and currently denied symptoms while in emergency department. She had no other complaints. Vital signs at 12:42: pulse 95, respiratory rate 15, blood pressure 139/97. Vital signs at 13:49: pulse 62, respiratory rate 14, blood pressure 123/82. The subject was brought to exam room, interviewed and examined. An IV was established and labs obtained. EKG was sinus rhythm, rate 88, nonspecific ST-T wave changes without signs of acute ischemia. She was treated with normal saline bolus as well as ondansetron (ZOFTRAN) and diphenhydramine hydrochloride (BENADRYL). complete blood count (CBC) and chemistries were stable. She was feeling better on recheck and would be discharged home to follow-up with primary physician to recheck symptoms and return for worsening. Discharge code: T50.Z95A Adverse effect of other vaccines and biological substances, initial encounter. The subject received unknown manufacturer COVID-19 vaccine as second dose on 18Mar2021. The action taken in response to the event for BNT162B2 was not applicable. The outcome of the event was recovered on 17Dec2020. The reporter considered the event was related to COVID-19 vaccine.;

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Sender's Comments: ALL events Palpitations, lightheadedness and Nausea are reported to occur after administration of bnt162B2 (reported as Pfizer COVID-19 vaccine). Due to strong temporal relationship between the events and administration of vaccine., all the events are considered as related to the vaccine. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

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1373817	6/4/2021	CA	35	M	5/26/2021	5/26/2021	he experienced "chest and lung pain" from the vaccine among additional side effects/severe chest pain on the left side; more like a choking; he experienced "chest and lung pain" from the vaccine among additional side effects/moderate lung pain on both sides; throat sickness; hard to swallow; hands were really cold; face numbness; swollen inside the throat; Burning in lung on both sides; hard to breathe; itching in lung on both sides; allergic reaction; More like a pressure in the chest; This is a spontaneous report from a contactable consumer (patient) via medical information team. A 35-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection; Lot Number: ER8734), via an unspecified route of administration, administered in Arm Left on 26May2021 at 04:10 as 1st dose, single dose for COVID-19 immunization. Medical history included ongoing high cholesterol from Dec2020, high low-density lipoprotein (LDL) from Dec2020 (not related to lifestyle or diet), and ongoing heartburn from Nov2020 (received omeprazole for couple of months, two weeks before vaccination for heartburn or acid reflux, for his ulcer, for GI), H-pylori (patient got two courses of antibiotics for 10 days and diagnosed with H-pylori in January), patient thought maybe the antibiotics harmed his body and allergy to grass (undiagnosed allergy to grass and it was more severe in spring in early summer). No prior vaccinations and no family history. The patient's concomitant medications were not reported. The patient previously took omeprazole on Jan2021 for heartburn (one pill one day during two-week period before vaccine administration. He took for two month and later had a break from it. He was not taking it lately). On 26May2021, the patient experienced chest and lung pain from the vaccine among additional side effects, severe chest pain on the left side, moderate lung pain on both sides, throat sickness, hard to swallow, hands were really cold, face numbness. swollen inside the throat and burning in lung on both sides, itching in lung on both sides, more like a choking, allergic reaction, more like a pressure in the chest. The patient experienced moderate lung pain on both sides. This was 40 minutes after vaccination. It was moderate. He felt a burning and itching in lungs on both sides. The patient experienced severe chest pain on the left side. Severe chest pain was 15 minutes after lung

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pain began. It was on the left side, mostly to the ribs, where heart is located. Pain was moderate to maybe severe. Sometimes it was a little bit hard to breathe. It was more like he was afraid to breathe because of the pain. Confirmed there was not issue with his airway. More like a pressure in the chest. As the lung pain was going away then chest pain came in. Dime size pressure. He stated he got sickness in his throat a little bit after. It was hard to swallow. He was not worried about it. He stated he was able to breath and was able to drink water. It was more like a choking. It happened after he left the vaccination site. It was maybe like 20 minutes after he had the vaccination. His hands were really cold as well after. The patient severe chest pain was improved a little bit. The chest pain on left side lasted 25-30 minutes. After that it was kind of resolved. In a couple hours it came back. The reporter stated right now it was coming back, but more lighter. It was not a severe pain (mild to moderate). It was sort of like a sore muscle in the chest. The patient had sickness in throat, when trying to swallow. The face numbness felt right after chest pain. He also felt this one hour ago, maybe on left side. He felt it for a few minutes, but not sure if it was connected. The patient also got two courses of antibiotics for 10 days. His doctor diagnosed with him with H-pylori in January. He thinks maybe the antibiotics harmed his body. He read articles about heart inflammation that lead to myocarditis or something like that. The patient thought that what he was experiencing is maybe an allergic reaction. He read articles about heart inflammation that lead to myocarditis or something like that, kids and young adults experienced chest pain after getting the Pfizer-BioNTech COVID-19 vaccine. He then explained he also read about 68 cases, among which there were 20 individuals and 2 individuals who died: a 22-year-old female and 35-year-old male. Patient thinks maybe he was experiencing an allergic reaction. No Investigation Assessment. No relevant tests. Outcome of the event Lung pain and hands were really cold was recovered on 26May2021, for chest pain, throat sickness, hard to swallow, more like a choking, hands were really cold, face numbness and more like a pressure in the chest was not recovering while unknown for rest of the events. Information on Lot/Batch number was available. Additional information has been requested.

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1374099	6/4/2021	VA	41	M	5/15/2021	5/28/2021	Sharp chest pain near heart, difficulty breathing, shortness of breath
1374450	6/4/2021	MA	64	F	1/10/2021	1/16/2021	Chest pain, elevated systolic BP
1374210	6/4/2021		64	M	6/3/2021	6/3/2021	Post vaccine in waiting lot - Numbness, paresthesia to right arm/side. Negative for facial drooping, SOB, tachycardia, chest pain. A/O x3. Medical Hx of hypercholesterolemia, no other issues.
1374222	6/4/2021	IN	17	F	6/3/2021	6/3/2021	Patient presented for second covid-19 vaccine. after receiving vaccine, mother reported that patient had chest pain and grabbed chest and was experiencing leg numbness. Patient's parent reports that prior to receiving vaccine, patient has had history of one sided flank pain and tardive dyskinesia induced by medication. After vaccine mother reports patient is experiencing flank pain on opposite side. Mother wanting patient to be seen by provider so patient taken to hospital ED

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1374268	6/4/2021	FL	59	M	3/30/2021	4/20/2021	Pericarditis; Pain in their chest; shallow breathing; Fever; Chills; Inappropriate schedule of vaccine administered; This spontaneous case was reported by a consumer and describes the occurrence of PERICARDITIS (Pericarditis) in a 59-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 047a21a and 037b21a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Molluscum contagiosum ('triamcinolone acetonide' as treatment) since 02-Apr-2021. Concomitant products included EZETIMIBE, PANTOPRAZOLE, IBUPROFEN and COLCHICINE for an unknown indication. On 30-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 20-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 20-Apr-2021, the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Inappropriate schedule of vaccine administered). On 21-Apr-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced PYREXIA (Fever) and CHILLS (Chills). On 11-May-2021, the patient experienced PERICARDITIS (Pericarditis) (seriousness criteria hospitalization and medically significant) and CHEST PAIN (Pain in their chest). 11-May-2021, the patient experienced HYPOPNOEA (shallow breathing). The patient was hospitalized on 11-May-2021 due to PERICARDITIS. The patient was treated with MORPHINE for Pain prophylaxis, at an unspecified dose and frequency and OXYCODONE for Shallow breathing, at an unspecified dose and frequency. On 20-Apr-2021, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Inappropriate schedule of vaccine administered) had resolved. At the time of the report, PERICARDITIS (Pericarditis), CHEST PAIN (Pain in their chest), HYPOPNOEA (shallow breathing), PYREXIA (Fever) and CHILLS (Chills) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (unknown) was not applicable. Treatment medications included morphine and oxycodone. Company comments: This report refers to a case of inappropriate schedule of product administration for mRNA-1273 (lot # 037b21a) with AEs

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1374315	6/4/2021	NC	17	F	5/25/2021	5/25/2021	of Pericarditis, Chest pain, Hypopnoea, Pyrexia and Chills reported. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. This case was linked to MOD-2021-177226 (Patient Link).; Sender's Comments: This report refers to a case of inappropriate schedule of product administration for mRNA-1273 (lot # 037b21a) with AEs of Pericarditis, Chest pain, Hypopnoea, Pyrexia and Chills reported. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.
1374389	6/4/2021	NY	24	M	4/27/2021	4/28/2021	My daughter has had a full body rash, that nobody can identify, since the shot. They start as little dots and change into circles after a while. She had had chest pains and pressure and is very uncomfortable
							Irregular heart beat and chest pain ever since the first vaccine dose. Symptoms began about 2 days after the first dose was administered. Symptoms seemed to worsen again 3-10 days after the second dose. Still get sharp pains in my chest near my heart today. Today I looked up my symptoms and they seem comparable with Myocarditis so I decided to make this entry.

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1374390	6/4/2021	CA	36	F	6/3/2021	6/3/2021	<p>Client received her first dose of the Pfizer Covid-19 vaccine (Lot # EW0187 Exp. 08/2021) on 6/3/21 at 2:48 PM. Client's husband whistled to EMT and paramedic, signaling that he needed assistance. Client was a 36-year-old female found sitting upright in an observation chair, alert and tracking and appeared to be in mild distress. Client had a chief complaint of throat irritation. Client's husband stated that the client was complaining of itchiness in her throat and on her chest. Client stated that she had a history of heart murmurs and frequent anxiety. Client denied prescription medication. Client had no known allergies. Assessment revealed no hives, swelling, discoloration, rash, accessory muscle use or other signs of anaphylaxis. Client stated that she began to feel the itchiness in her throat immediately after she received her shot but was hesitant to signal for assistance and waited a few minutes to notify staff. Client then added that her throat felt "swollen" and that she felt an itch on her chest as well. However, the client was able to make these statements without difficulty other than some mild fatigue. Airway, breathing and circulation were intact. Client was alert and oriented to person, place, date and event. Client's first set of vitals at 1503 were heart rate 138, respirations 28, blood pressure 152/98, O2 saturation 100% on room air, eyes equal and reactive to light, lung sounds clear bilaterally, and skin signs were normal throughout her body. Client was assisted from the observation chair to an observation bed by her husband and EMT. After lying down, the client briefly fell asleep and was laid supine. Client was asleep for approximately a minute before waking up. The client was then sat up and her vitals were retaken and had improved with a blood pressure of 138/98, heart rate 88, respirations 24 and O2 sat at 100%. After some brief monitoring, the client consented to an RN's administration of Benadryl 50mg (Lot # 020020 Exp. 02/2022) Intramuscular at 1512 on her right arm. Client then remained lying down and stated that she felt "better" approximately 10 minutes after Benadryl administration. However, five minutes later the client complained of a headache and chest pain which she later described as itchiness on her chest once again. Client then briefly became extremely anxious again before becoming calmer and consenting to staff dialing 911. Client consented to 911 at 1522 and Paramedics arrived at 1530. Client's vitals were</p>

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							assessed at five minute intervals until paramedics arrived: 138/100 (BP), 112 (HR), 99% (O2), 24 (RR); 1512 - 138/100 (BP), 88 (HR), 100% (O2), 20 (RR), 1517 - 130/92, 76, 100%, 20, 1522 - 128/94, 76, 99%, 20, 1524 (Anxiety episode)- 158/98, 92, 100%, 28 1529 - 130/ 98, 76, 99%, 24. Client consented to transport with paramedics at 1540 to the nearest hospital.
1374413	6/4/2021	CA	42	F	5/10/2021	5/12/2021	pt started having chest pains and SOB. On 5/12/2021 pt went to She had chest x-ray, EKG, lab work. Everything came back normal. She was prescribed some medicine. She was discharged and told to FU w PCP. Pt has not followed up w/ PCP and no longer has these symptoms.
1374426	6/4/2021	NY	35	M	2/25/2021	4/23/2021	Chest Pain, Palpitations, High bp 178/112
1374112	6/4/2021	TX	31	F	6/1/2021	6/1/2021	Dizziness Numbness in legs and feet Vomit diarrhea Extreme chest pain Warm legs to touch Cannot drive anymore
1371149	6/3/2021	CA	35	F	4/20/2021	4/20/2021	pt says about 4 hours after taking the vaccine she started experiencing a rapid heart rate w/ nausea. She developed headache and body aches. The next day around 9:30 AM she another episode of rapid rate. This lasted about 2-5 minutes. About 4 days later she woke up having chest pain and rapid heart rate. On 4/26/2021 she went to Urgent Care. She had chest x-ray, EKG, labs. She was referred to a Cardiologist. On 5/4/2021 she went to Cardio Clinic. She was placed with a heart monitor to wear for 14 days. Results were normal with the exception of having a rapid heart rate. Pt still has these episodes with chest pains.
1371136	6/3/2021	OH	15	M	5/15/2021	5/15/2021	had a light fever and sore arm after vaccine, started complaining of chest pain the night after vaccine , a few days later started complaining about not being able to breath and face was swollen, mom rushed to hospital and they said his oxygen level was low and he was having a asthma attack which he hasn't had since he was a baby. hospital had to give him 8 treatments of albuterol. my son is still not completely back to his normal self
1371129	6/3/2021	FL	48	F	3/11/2021	3/11/2021	severe cramping, the next day-fever, the following day-rash, vomiting & diarrhea, fatigue, vaginal bleeding, chest pain.

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1371096	6/3/2021	CT	73	M	3/21/2021	4/10/2021	Chest pains within a week then went to ER two weeks later where they did an ECG and saw that something didn't look right, since they were limited with what they could do, they transferred him to the Hospital where then they did more test to find out he had 3 clogged arteries, one being at 95% clogged. Ended up being diagnosed with Coronary artery disease and ended up having open heart surgery, ended up being hospitalized for a week then went to short term rehab for two weeks.
1371086	6/3/2021	NY	17	M	5/29/2021	6/1/2021	pt had nausea, fatigue and headache the day after taking the vaccine. On 6/1/2021 he woke up with chest pains and was brought to Hospital ER. He had labs which showed he had elevated troponin levels so was transferred to another Hospital where he was admitted. He has been given pain and anti-inflammatory medicines. His DX is post vaccine myocarditis and pericarditis. Once the medicine wears off his pain returns. Troponin levels are back up so they are currently waiting for the attending physician to see him.
1371061	6/3/2021	DC	23	M	5/4/2021	6/1/2021	Pericarditis with troponin elevation and chest pain
1371175	6/3/2021	DE	15	M	6/2/2021	6/2/2021	Reports ate a few peanut butter pretzels today. Reported lightheadedness that resolved within about 1 minute, followed by seeing spots for about 2 minutes resolved, momentary tightness on inspiration that resolved, and ringing in ears for about 3 minutes resolved. Later reported nausea on ambulation post vaccination to seat in observation area that resolved upon sitting down. Also, reported has history of similar s/sx with flu vaccination. Denies chest pain and other s/sx. Nurses responded with emergency cart. 01:47pm LUE 96/70 pulse regular R20, lungs clear, lips noted to be dusky/purplish. Benadryl 50mg PO x1 administered. Lips color reassessed and after few minutes returned to usual pink color. Reports nausea, lightheadedness, visual spots, and ringing in ears resolved, all s/sx resolved, stated "I feel normal". Counseled follow up with pediatrician, urgent care or emergency department for any return s/sx, Mom verbalized understanding. Observed for 30 minutes. Ambulated with steady gait off floor with his parent and sibling.

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1370988	6/3/2021	TX	49	F	4/18/2021	4/18/2021	Systemic: Chest Tightness / Heaviness / Pain-Mild, Additional Details: heavy menstrual flow for 2 periods after her 2nd vaccine, ears feel blocked, lump in chest, chest pain
1371253	6/3/2021	CA	51	F	6/2/2021	6/3/2021	Chest pains Runny nose Cough Fever
1371041	6/3/2021	MO	39	M	5/1/2021	5/22/2021	Fever of a 101.8 dizziness chest pains shortness of breath chills sweats hospitalized or elevated enzymes and heart
1371178	6/3/2021		68	M	3/22/2021	5/25/2021	68 YO male with PMH significant for coronary artery disease, DM, COPD, and atrial fibrillation who presented with atypical chest pain. Given cardiac history cardiology was consulted. No further ischemic work-up was recommended as patient had LHC 9/2020. His Imdur dose was increased with improvement of his symptoms. Patient was positive admission screening for COVID-19 despite no respiratory symptoms. He had previously contracted the infection 11/2020 and completed his Pfizer COVID vaccine series: first dose on 3/1 and second dose on 3/22. Unclear if the test was a false positive; he was informed to remain isolated for a 10 day period from the test.

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1371198	6/3/2021	MO	48	F	1/8/2021	1/8/2021	The day of the vaccine I had the return of the dry cough, which I previously with COVID-19. I also had mild chest pains. I had fatigue and felt sleepy. Within the first 24 hours of the vaccine, I had burning in the eyes. Within the next week I had more fatigue and sleepiness. Within a few weeks I had a more intermediate cough. The cough was not every day but every few days. About a month after the vaccine, I have had a cough every day. The worsening of other conditions, in late February into March, I had worsening of restless legs. I also had increased of my asthma symptoms which I had to increase my medication for the asthma. I had chest tightness until April 10th. On April 29th, I had increased fatigue and montenect jerk of my arm and legs. After a week or so of those symptoms, I saw my Rheumatologist she put me on a steroid of 6 days. The abnormal fatigues and fatigue improved after I started the steroid. I still have a little fatigue and intermediate dry cough. Also, with had a symptom of monocular diplopia, the doctor I saw thinks that was to the increased dry eye symptom. I think the symptoms have increase my autoimmune system to flare up. I still have to use the inhaler also more than I use too.
1371210	6/3/2021	WA	80	M	1/30/2021	2/20/2021	chest pain, dyspnea, fatigue
1371212	6/3/2021	NY	13	M	5/15/2021	5/16/2021	Within 24 hours of the vaccine started to develop episodes of tachycardia (mom who is a physician measure heart rates as high as 130-140) with minimal activity. He noticed a couple of episodes of heart racing (was not noticing other episodes) but no HR obtained. He developed more pluetitic chest pain at the site of his rib pain and persistent fatigue. Seen in my office three times over the next 7-10 days. and symptoms persisted. Testing included CXR and ECG which were normal. COVID PCR NP swab was negative and blood work was normal (cbc, ebv/cmV titers, thyroid). He was evaluated by cardiology on 5/24/21 and diagnosed with POTS. Currently (early June) he continues to have fatigue significant enough that he can't get through an entire school day (very atypical for him) and has intermittent pleuritic chest pain (which had mostly resolved about 10 days after the vaccine) The tachycardia has resolved for the most part (within 2 weeks of the vaccine)

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1371300	6/3/2021	VA	37	M	3/30/2021	3/31/2021	I had really bad chest pains for 3 to 4 days. The worst chest pains I've had before. They finally started to fade after 4 days.
1371251	6/3/2021	HI	26	M	5/1/2021	5/31/2021	patient received Moderna vaccine approx 1 week prior, developed chest pain x 2 days, presented to ED with elevated troponin I, possible STEMI on EKG, appears to be myocarditis
1371261	6/3/2021	CA	28	F	6/1/2021	6/2/2021	This is a 28 Years old Female presenting sent from urgent care to rule out stroke presenting with headache, twitching and tremors of the right upper and lower extremities, and tongue numbness. The patient mentions that yesterday they received the first dose of the Johnson & Johnson vaccine. She received the first dose of the modern vaccine in April but had an allergic reaction to it (hives, wheezing, cough, chest pain) so she did not receive the second dose. She received the first dose of the Johnson & Johnson vaccine at 3:15 PM yesterday and her symptoms began at 5 PM yesterday. Since their onset the symptoms have remained the same. Patient has not had similar symptoms in the past. She has not been diagnosed with COVID-19 infection as of yet.
1371288	6/3/2021	MD	57	F	4/22/2021	4/24/2021	having sharp chest pain. monitored and improved on her own
1370985	6/3/2021	NJ	39	F	5/19/2021	6/1/2021	Within a week went to hospital with severe chest pains. Diagnosed with inflammation around and in my heart

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1370505	6/3/2021			F			Headache; Chest pain; This is a spontaneous report from a contactable consumer. A female patient of unspecified age received BNT162B2(PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Batch/lot number: unknown and Expire Date: unknown) via unspecified route of administration on an unspecified date as single dose for Covid-19 immunization. The patient's medical history and concomitant medications were not reported. After vaccination, the patient experienced headache and chest pain on an unspecified date. Consumer wanted to know as to what she can take following these adverse events. If she can take Tylenol for this. But definitely referred consumer to her physician as Pfizer is unable to recommend any clinical judgement as to this concern. It was advised to consult with Dr about what experienced/are experiencing. Dr was in the best position to advise about the appropriate action to take as Dr was most familiar with medical condition, clinical history, how your treatment has been conducted and any relevant information to specific case. The outcome of events was unknown. No follow-up attempts are possible. Information about Lot/Batch number has been requested.
1371240	6/3/2021	MI	39	F	2/15/2021	2/22/2021	chest pain, shortness of breath, fatigue, hypertension, facial swelling

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1370524	6/3/2021	MD	37	M	5/1/2021	5/2/2021	chest pains; shortness of breath, will walk up 3 stairs and gets winded; This is a spontaneous report from a contactable consumer(patient's wife). A 37-year-old male patient received second dose of bnt162b2(BNT162b2 PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, Batch/Lot Number: EW0172), via an unspecified route of administration in right upper arm on 01May2021 at around like 11:00 or so as a single dose for COVID-19 immunisation. The patient medical history and concomitant medications were not reported. The patient received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, Batch/Lot Number: UNKNOWN), Reporter stated the lot number for the first dose of the vaccine is either ER8734 or EK8734, she can't read the person's handwriting on the vaccine record card) via an unspecified route of administration in right upper arm on 10Apr2021 as a single dose for covid-19 immunisation. Reporter stated after the first dose of COVID 19 vaccine, her husband was pretty much out of it, like completely out of it. She was concerned and was like "are you going to wake up today?". The fatigue was very real and then his neck was super swollen on one side. and said that was the only side effects from the first one, it was nothing horrible. She confirms the fatigue was either 2 or 3 days after her husband received the first dose of the vaccine and it lasted a good 3 to 4 days where he was beyond fatigued. His neck being super swollen started pretty soon after the first dose, either the next day or 2 days later and lasted for a week or so was really sore when he touched it. The reporter stated Family Medical History Relevant to AE includes her husband mother had a heart attack in her 50s and his paternal grandpa died of hardening of arteries when he was 32 years old. On 02May2021 it was reported that patient started having chest pain really bad which it has not improved whatsoever. He was told to go to the urgent care on 03May2021 night and also reported the shortness of breath; will walk up 3 stairs and gets winded or walks across the room and his whole chest is in so much pain. The AE resulted in the visit of emergency room. The reporter reports concern and asks if she was supposed to report this to Pfizer or if any other patients have had really bad, painful chest issues. The patient underwent lab tests and procedures that included:

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cardiac enzymes and CT scan: normal, blood clot test: looked good and COVID-19: test results were lost on an unspecified dates. Therapeutic methods included: it was told him to just take Tylenol, 1000mg every 6 hours for a day. She clarifies her husband took Acetaminophen 1000mg, every 6 hours. The outcome of the events was not recovered. She confirms her husband's chest pain is about the same. No further details were provided or obtained. Description of Product Complaint: Caller received his second dose of the COVID-19 Vaccine. He started having chest pain really bad which it has not improved whatsoever. He was told to go to the urgent care Monday night. At the urgent care, they ran all the tests, like typical heart attack type tests, and everything is fine. However, the pain is still the same today. Follow-up attempts are completed. No further information is expected.

Chest pain and pressure, back pain and severe shortness of breath. Weakness and brain fog. The shortness of breath has lasted 2 weeks and caused me to not be able to do activities.

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1370249	6/3/2021	TN	71	M	4/6/2021	4/7/2021	<p>Asthenia; Chills; Gait disturbance; Pyrexia; This case was received via FDA VAERS on 25-May-2021 and was forwarded to Moderna on 25-May-2021. This regulatory authority case was reported by an other health care professional and describes the occurrence of ASTHENIA (Asthenia), CHILLS (Chills), GAIT DISTURBANCE (Gait disturbance) and PYREXIA (Pyrexia) in a 71-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Concurrent medical conditions included Drug allergy (Cefaclor - severe swelling/hives), Arthritis, Cancer (Non-Hodgkin's last chemo 12/26/18), Congestive heart failure, COPD, Coronary artery disease, Dementia, Depression, Diabetes mellitus, Hypertension, Kidney stone and Urinary tract infection. Concomitant products included SACUBITRIL VALSARTAN SODIUM HYDRATE (ENTRESTO) for Congestive heart failure, DONEPEZIL for Dementia, SERTRALINE for Depression, INSULIN ASPART, METFORMIN, INSULIN DEGLUDEC and DULAGLUTIDE for Diabetes, APIXABAN (APIXABAN ACCORD), MAGNESIUM OXIDE, LORATADINE, SPIRONOLACTONE, TORSEMIDE, ASPIRIN [ACETYLSALICYLIC ACID], OXYCODONE HYDROCHLORIDE, PARACETAMOL (OXYCODONE/APAP [OXYCODONE HYDROCHLORIDE;PARACETAMOL]), FESOTERODINE and CHOLECALCIFEROL for an unknown indication. On 06-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 07-Apr-2021, the patient experienced ASTHENIA (Asthenia) (seriousness criterion hospitalization) and GAIT DISTURBANCE (Gait disturbance) (seriousness criterion hospitalization). 07-Apr-2021, the patient experienced CHILLS (Chills) (seriousness criterion hospitalization) and PYREXIA (Pyrexia) (seriousness criterion hospitalization). The patient was treated with ASPIRIN [ACETYLSALICYLIC ACID] for Symptomatic treatment, at a dose of 1 UNK and MORPHINE for Symptomatic treatment, at an unspecified dose and frequency. At the time of the report, ASTHENIA (Asthenia), CHILLS (Chills), GAIT DISTURBANCE (Gait disturbance) and PYREXIA (Pyrexia) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-Apr-2021, Body temperature: 100.1</p>

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(High) Fever of 100.1. On 07-Apr-2021, Chest X-ray: normal (normal) Chest X-ray-normal.. On 07-Apr-2021, Troponin: increased (High) Troponin level was slightly above the reference range however he has had elevated troponin in the past.. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Patient was on anticoagulant therapy in past and also wears life vest since MAR-2019. Patient experienced fever and chills after receiving second dose of vaccine, then he went to the emergency department on 08-APR-2021. Patient denied any cough, nausea, vomiting, diarrhea, chest pain, shortness of breath or other symptoms. Patient was triaged in the emergency room. Patient's labs were within normal limits and his chest x-ray was negative for any acute infection. Patient's troponin in the lab was slightly above the reference range however he has had elevated troponins in the past. Patient was given ASA and Morphine for the treatment in the emergency room. Patient was discharged from the emergency room but was so weak that he was unable to ambulate to his car, so was admitted for overnight stay/observation. In the hospital, patient's continued his home meds and was discharged on 08-APR-2021. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Nevertheless, patient current medical conditions and concomitant medications could be potentially confounders/co-suspects; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Nevertheless, patient current medical conditions and concomitant medications could be potentially confounders/co-suspects

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1370250	6/3/2021	IL	79	F	3/11/2021	3/11/2021	Atelectasis; Back pain; Cardiomegaly; Dizziness postural; Essential tremor; Fall; Lethargy; Mental status changes; Myoclonus; Pain; Sepsis; Somnolence; Spinal compression fracture; Tremor; This case was received via FDA VAERS on 25-May-2021 and was forwarded to Moderna on 25-May-2021. This regulatory authority case was reported by an other health care professional and describes the occurrence of ATELECTASIS (Atelectasis), BACK PAIN (Back pain), CARDIOMEGALY (Cardiomegaly), DIZZINESS POSTURAL (Dizziness postural), ESSENTIAL TREMOR (Essential tremor), FALL (Fall), LETHARGY (Lethargy), MENTAL STATUS CHANGES (Mental status changes), MYOCLONUS (Myoclonus), PAIN (Pain), SEPSIS (Sepsis), SOMNOLENCE (Somnolence), SPINAL COMPRESSION FRACTURE (Spinal compression fracture) and TREMOR (Tremor) in a 79-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 044A21A) for an unknown indication. The patient's past medical history included COPD, Atrial fibrillation, Hypertension, Diabetes, Obesity and Respiratory failure. Concurrent medical conditions included Allergy to allopathic drugs (Jardiance Lyrica) and Allergy to allopathic drugs. Concomitant products included CHOLECALCIFEROL and APIXABAN (ELIQUIS) for an unknown indication. On 11-Mar-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 11-Mar-2021, the patient experienced ATELECTASIS (Atelectasis) (seriousness criterion hospitalization), BACK PAIN (Back pain) (seriousness criterion hospitalization), CARDIOMEGALY (Cardiomegaly) (seriousness criterion hospitalization), DIZZINESS POSTURAL (Dizziness postural) (seriousness criterion hospitalization), ESSENTIAL TREMOR (Essential tremor) (seriousness criterion hospitalization), FALL (Fall) (seriousness criterion hospitalization), LETHARGY (Lethargy) (seriousness criterion hospitalization), MENTAL STATUS CHANGES (Mental status changes) (seriousness criterion hospitalization), MYOCLONUS (Myoclonus) (seriousness criterion hospitalization), PAIN (Pain) (seriousness criterion hospitalization), SEPSIS

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(Sepsis) (seriousness criteria hospitalization and medically significant), SOMNOLENCE (Somnolence) (seriousness criterion hospitalization), SPINAL COMPRESSION FRACTURE (Spinal compression fracture) (seriousness criteria hospitalization and medically significant) and TREMOR (Tremor) (seriousness criterion hospitalization). At the time of the report, ATELECTASIS (Atelectasis), BACK PAIN (Back pain), CARDIOMEGALY (Cardiomegaly), DIZZINESS POSTURAL (Dizziness postural), ESSENTIAL TREMOR (Essential tremor), FALL (Fall), LETHARGY (Lethargy), MENTAL STATUS CHANGES (Mental status changes), MYOCLONUS (Myoclonus), PAIN (Pain), SEPSIS (Sepsis), SOMNOLENCE (Somnolence), SPINAL COMPRESSION FRACTURE (Spinal compression fracture) and TREMOR (Tremor) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 21-Mar-2021, Blood gases abnormal: abnormal (abnormal) patient's ABG showed significant CO2 retention.. On 21-Mar-2021, Chest X-ray: abnormal (abnormal) shows new cardiomegaly. Mild bibasilar volume loss is again seen. Remaining lungs are clear. No pleural effusion is noted.. On 21-Mar-2021, Computerised tomogram: abnormal (abnormal) CT spine showed L1 compression fracture which appeared new. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Because of the symptoms, patient came to the emergency room for evaluation. Chest x-ray imaging, was fairly unremarkable. She just feels achy. There were no chest pain, shortness of breath, abdominal pain, urinary symptoms or rash. On 26-Mar-2021, patient presented for evaluation of physical deconditioning. Patient presents to our facility yesterday after hospital stay from hospital. Patient tends to get confused and fall and has fallen twice. Patient has aches all over, dizziness when she stands up. In ER, patient's ABG showed significant CO2 retention. Pt is supposed to be using CPAP at home but admits it has not been used lately because of some problem with the m. Neurosurgery has ordered bracing for patient. No surgical intervention required. They also consulted neurology for myoclonic jerking and essential tremor. Patient is then to follow-up with neuro surgery and 3-4 weeks. On 17-Apr-2021, patient presented to the

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emergency room with increased somnolence and lethargy. Patient was discharged from the hospital 2 days ago after having a stay on swing bed. She has multiple medical problems and was admitted following a hospitalization at Hospital. She has generalized debilitation and advanced COPD with CO2 retention. Patient has been instructed to utilize a BiPAP machine. According to her family, she has been none a compliant with this and did not utilize it last night. Patient noted this morning that she was somnolent and lethargic. Prior to that she had been doing well since discharge. Other than the lethargy and somnolence there are no other complaints. On 18-Apr-2021 she was diagnosed with sepsis. Action taken with mRNA-1273 (Moderna COVID-19 Vaccine) in response to the event was not applicable. Company Comment : Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. However, multiple underlying co-morbidities may re; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. However, multiple underlying co-morbidities may remain as confounding factors.

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1370320	6/3/2021	CA	58	M	5/17/2021	5/17/2021	sustained a stroke; lot of chest pain; experienced difficulty in breathing; heart rate went high up; headache; tingling sensation over the face, tingling sensation in the tongue; problem to speak well; " face felt wearied", "squeezing felling of the face"; 'I can't see clearly, can't read clearly, all letters are seen double; This spontaneous case was reported by a consumer and describes the occurrence of CEREBROVASCULAR ACCIDENT (sustained a stroke), CHEST PAIN (lot of chest pain) and DYSPNOEA (experienced difficulty in breathing) in a 58-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 021C211A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Stent placement. Concomitant products included ATORVASTATIN CALCIUM (LIPITOR), ACETYLSALICYLIC ACID (BABY ASPIRIN), METOPROLOL, ASCORBIC ACID, ERGOCALCIFEROL, NICOTINAMIDE, RETINOL, RIBOFLAVIN, THIAMINE HYDROCHLORIDE (VITAMINS [ASCORBIC ACID;ERGOCALCIFEROL;NICOTINAMIDE;RETINOL;RIBOFLAVIN;THIAMINE HYDROCHLORIDE]) and PRASUGREL for an unknown indication. On 17-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 17-May-2021, the patient experienced PARAESTHESIA (tingling sensation over the face, tingling sensation in the tongue), SPEECH DISORDER (problem to speak well), FEELING ABNORMAL (" face felt wearied", "squeezing felling of the face"), VISUAL IMPAIRMENT ('I can't see clearly, can't read clearly, all letters are seen double) and HEADACHE (headache). On 19-May-2021 at 5:00 AM, the patient experienced CHEST PAIN (lot of chest pain) (seriousness criterion hospitalization), DYSPNOEA (experienced difficulty in breathing) (seriousness criterion hospitalization) and HEART RATE INCREASED (heart rate went high up). On 20-May-2021, the patient experienced CEREBROVASCULAR ACCIDENT (sustained a stroke) (seriousness criteria hospitalization and medically significant). The patient was hospitalized from 20-May-2021 to 23-May-2021 due to CEREBROVASCULAR ACCIDENT. At the time of the report, CEREBROVASCULAR ACCIDENT (sustained a stroke),

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CHEST PAIN (lot of chest pain), DYSPNOEA (experienced difficulty in breathing), PARAESTHESIA (tingling sensation over the face, tingling sensation in the tongue), SPEECH DISORDER (problem to speak well), FEELING ABNORMAL (" face felt wearied", "squeezing felling of the face"), VISUAL IMPAIRMENT ('I can't see clearly, can't read clearly, all letters are seen double), HEART RATE INCREASED (heart rate went high up) and HEADACHE (headache) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Treatment included blood thinner medications started while the patient was at the hospital. The patient saw their healthcare provider on 23-May-2021 who advised them to cancel the scheduled second dose of the vaccine until the patients health is stabilized. The stent placement is in the heart. Company Comment: Very limited information regarding these events have been provided at this time. Further information has been requested. Subject's history of stent placement in the heart can be a confounding factor.; Sender's Comments: Very limited information regarding these events have been provided at this time. Further information has been requested. Subject's history of stent placement in the heart can be a confounding factor.

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1370321	6/3/2021	CA	49	M	4/4/2021	4/4/2021	heart disorder; Inappropriate schedule of vaccine administered; started feeling short of breath; pain in the back and chest; pain in the back and chest; pain bone; chills; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CARDIAC DISORDER (heart disorder) in a 49-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 007S21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Diabetes and Blood pressure high (Patient was diagnosed at the hospital) on 19-Mar-2021. On 04-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 04-Apr-2021, the patient experienced BONE PAIN (pain bone) and CHILLS (chills). On 16-May-2021, the patient experienced DYSPNOEA (started feeling short of breath), CHEST PAIN (pain in the back and chest) and BACK PAIN (pain in the back and chest). On 19-May-2021, the patient experienced CARDIAC DISORDER (heart disorder) (seriousness criterion hospitalization). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (Inappropriate schedule of vaccine administered). The patient was hospitalized on 19-Mar-2021 due to CARDIAC DISORDER. The patient was treated with IBUPROFEN at an unspecified dose and frequency. On 06-Apr-2021, BONE PAIN (pain bone) and CHILLS (chills) had resolved. At the time of the report, CARDIAC DISORDER (heart disorder), DYSPNOEA (started feeling short of breath), CHEST PAIN (pain in the back and chest), BACK PAIN (pain in the back and chest) and PRODUCT DOSE OMISSION ISSUE (Inappropriate schedule of vaccine administered) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Patient received medications for diabetes and high blood pressure however, drug names were not provided. Company comment: This case concerns a 49-year-old male patient who missed the appointment to be given the second dose of the vaccine because of symptoms (Product dose omission). The

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other events show temporal association with the use of mRNA-1273 and, a causal relationship cannot be excluded. Nausea is consistent with the product known safety profile of the product. The event of product dose omission is not applicable. Most recent FOLLOW-UP information incorporated above includes: On 25-May-2021: No new information was received.; Sender's Comments: This case concerns a 49-year-old male patient who missed the appointment to be given the second dose of the vaccine because of symptoms (Product dose omission). The other events show temporal association with the use of mRNA-1273 and, a causal relationship cannot be excluded. Nausea is consistent with the product known safety profile of the product. The event of product dose omission is not applicable.

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1370322	6/3/2021	OK	67	M	1/7/2021	2/16/2021	AFIB; chest pain; he couldn't see the road; He's sluggish; chest discomfort; fogginess in head; he sleeps a lot; fogginess in head; Headache; chest discomfort; high blood pressure; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (chest pain) and ATRIAL FIBRILLATION (AFIB) in a 67-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 025J20A and 012M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included COPD. On 07-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 16-Feb-2021, the patient experienced CHEST PAIN (chest pain) (seriousness criterion hospitalization), BLOOD PRESSURE INCREASED (high blood pressure), the first episode of CHEST DISCOMFORT (chest discomfort), the first episode of FEELING ABNORMAL (fogginess in head) and HEADACHE (Headache). On 14-May-2021, the patient experienced ATRIAL FIBRILLATION (AFIB) (seriousness criteria hospitalization and medically significant) and SOMNOLENCE (he sleeps a lot). On 24-May-2021, the patient experienced the second episode of CHEST DISCOMFORT (chest discomfort) and the second episode of FEELING ABNORMAL (fogginess in head). On 25-May-2021, the patient experienced VISUAL IMPAIRMENT (he couldn't see the road) and SLUGGISHNESS (He's sluggish). The patient was hospitalized from 05-Apr-2021 to 06-Apr-2021 due to ATRIAL FIBRILLATION and CHEST PAIN. At the time of the report, CHEST PAIN (chest pain), ATRIAL FIBRILLATION (AFIB), BLOOD PRESSURE INCREASED (high blood pressure), VISUAL IMPAIRMENT (he couldn't see the road), SLUGGISHNESS (He's sluggish), SOMNOLENCE (he sleeps a lot), the last episode of CHEST DISCOMFORT (chest discomfort), the last episode of FEELING ABNORMAL (fogginess in head) and HEADACHE (Headache) outcome was unknown. Unknown On 03-Mar-2021, Blood pressure measurement result was unknown. On 09-Mar-2021, patient had head scan and

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coronary test and results were unknown. On 05-Apr-2021, patient had Electrocardiogram and X-ray tests and results were unknown. On 19-Apr-2021, lab work result was unknown. On 27-apr-2021 patient wore heart monitor for two days. On 28-Apr-2021, Angiogram result was unknown .On 25-May-2021, Electrocardiogram result was unknown. No concomitant medications were reported. No treatment information was provided. Patient was in the emeragncy two times and hospitalized one time. Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded. Most recent FOLLOW-UP information incorporated above includes: On 25-May-2021: follow-up was received on 25-may-2021 contains new laboratory data and new event.; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.

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1370341	6/3/2021		37	M	3/25/2021	5/25/2021	Pericarditis; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PERICARDITIS (Pericarditis) in a 37-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 021C21A and 029A21A) for COVID-19 vaccination. No Medical History information was reported. On 25-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 25-May-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced PERICARDITIS (Pericarditis) (seriousness criterion medically significant). The patient was treated with IBUPROFEN on 25-May-2021 for Pericarditis, at an unspecified dose and frequency. On 27-May-2021, PERICARDITIS (Pericarditis) had resolved. Concomitant product use was not provided. The patient experienced chest pain on 25 May 2021, went to the ER, and was diagnosed with pericarditis; stayed in the ER for 3 hours and was prescribed Ibuprofen. No history of heart related problem was reported by the patient. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Very limited information regarding this event has been provided at this time. No further information is expected at this time. Reporter did not allow further contact; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Very limited information regarding this event has been provided at this time. No further information is expected at this time.

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1370348	6/3/2021	GA	63	M	4/23/2021	4/23/2021	<p>Muscle close to hip that gave me a lot of pain; I had a short heart attack. It was a pretty severe pain.; mid chest, left side pain; Felt lousy; Had flu-like symptoms; Cough; Sore throat; Headache; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (I had a short heart attack. It was a pretty severe pain.) in a 63-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 039B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Scarlet fever (Patient had as a child, about 13 or 14 yrs old.) since an unknown date. On 23-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 23-Apr-2021, the patient experienced MALAISE (Felt lousy), INFLUENZA LIKE ILLNESS (Had flu-like symptoms), COUGH (Cough), OROPHARYNGEAL PAIN (Sore throat) and HEADACHE (Headache). On 24-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (I had a short heart attack. It was a pretty severe pain.) (seriousness criterion medically significant) and CHEST PAIN (mid chest, left side pain). On 27-May-2021, the patient experienced MYALGIA (Muscle close to hip that gave me a lot of pain). At the time of the report, MYOCARDIAL INFARCTION (I had a short heart attack. It was a pretty severe pain.), CHEST PAIN (mid chest, left side pain), MALAISE (Felt lousy), INFLUENZA LIKE ILLNESS (Had flu-like symptoms), COUGH (Cough), OROPHARYNGEAL PAIN (Sore throat) and HEADACHE (Headache) outcome was unknown and MYALGIA (Muscle close to hip that gave me a lot of pain) had resolved. Concomitant medications were not provided. Treatment information was not reported. Very limited information regarding these events has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.</p>

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1370553	6/3/2021	TN	35	F	1/23/2021	1/23/2021	pulse go up to 180, even not being active; a racing heart rate ever since receiving the second Pfizer Covid vaccine; having chest pain; This is a spontaneous report received from a contactable nurse (patient). This 35-year-old female patient received the first dose of (BNT162B2, Lot number=EL3248) at single dose for COVID-19 immunisation on 23Jan2021 at 02:00 PM. Relevant history included PCOS (Polycystic ovarian syndrome), seasonal allergies, migraines and known allergies: Aspartame and bee stings. Concomitant drugs included metformin, paracetamol (TYLENOL), multivitamin, aspirin, cetirizine hydrochloride (ZYRTEC). The patient previously received the first dose of BNT162B2, Lot number= EH9899, at single dose for COVID-19 immunisation on 02Jan2021. On 23Jan2021, the patient experienced chest pain and a racing heart rate ever since receiving the second Pfizer Covid vaccine. Her pulse would go up to 180, even when she was not being active. No treatment was received. Outcome of event was not resolved. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19.; Sender's Comments: The contributory role of the suspect product BNT162B2, Lot number=EL3248) at single dose for COVID-19 immunisation to reported events is possible based on temporal association and known profile of the product.
1371569	6/3/2021	MO	13	M	5/20/2021	5/23/2021	Sharp chest pains, difficulty breathing and passed out for about 30 seconds.

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1370712	6/3/2021	CA	56	F	5/18/2021	5/1/2021	Severe Chest pain; Back pain; I had side effect in stomach; Headache; Nausea; Diarrhea; stomach ache; I am concern and not feeling well/I have been taking Ibuprofen but it's not getting better; This is a spontaneous report received from a contactable consumer (patient). A 56-years-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number: EW8173), via an unspecified route of administration in right arm on 18May2021 (at the age of 56 years) as 1st single dose for COVID-19 immunisation. The patient had no medical history and concomitant medications. On an unspecified date in May2021, patient had side effect. Patient had severe chest and back pain from last 2 days. Patient also had side effect in stomach, headache, nausea, diarrhea and last three days having severe chest and back pain. Patient was not feeling well and had stuff like that stomach ache, headache. It was reported that it's been a week and had "severe" (not clarified) chest pain and back pain. Patient had Ibuprofen 600 mg as treatment which was taken yesterday, took 2 today but events not getting better. Patient was waiting for urgent care because it was not getting better and wanted to know that what needs to be taken to get rid out of the events and just taken Ibuprofen (treatment). The chest pain hasn't been a week. The outcome of the events was not recovered. No follow-up attempts are needed. No further information is expected.
1371303	6/3/2021	MD	60	M	4/24/2021	5/3/2021	Confirmed pulmonary embolism in 3 locations. Prescribed Xaralto. Symptoms include Chest pain, rapid heart rate, increased blood pressure, dizzy, light headed feeling

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1370567	6/3/2021	NY	16	M	5/6/2021	5/8/2021	myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the first of two reports. A 16-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 06May2021 (Batch/Lot number was not reported) (at the age of 16-year-old) as single dose for COVID-19 immunisation. Medical history was none. Prior to vaccination the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. The patient previously took ceftriaxone and received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunisation. On 08May2021, the patient experienced myocarditis, chest pain and shortness of breath. The patient was hospitalized for 4 days due to the events. The patient underwent lab tests and procedures which included COVID-19 test (nasal swab): negative on 09May2021. Therapeutic measures were taken as a result of the events and included treatment with ibuprofen. The patient outcome of the events was recovering. Information on lot/batch number has been requested.; Sender's Comments: Based on temporal association a contributory role of BNT162B2 to the reported myocarditis, chest pain and shortness of breath cannot be totally excluded. Additional information is needed to better assess the report. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.,Linked Report(s) : US-PFIZER INC-2021565275 same reporter/AEs/vaccine, different patient.

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1370578	6/3/2021	WA	31	M	5/17/2021	5/17/2021	felt like he could collapse, He felt like he was going into cardiac arrest; heart beat increased really fast; He felt his heart beating up to his neck; had slight chest pain; feeling uncomfortable in his chest; anxious; This is a spontaneous report from a contactable consumer (patient). A 31-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 17May2021 13:50 (Batch/Lot Number: EW0178) (at the age of 31 years old) as 1ST DOSE, SINGLE DOSE for COVID-19 immunisation. Medical history was none. There were no prior vaccinations within 4 weeks. There were no family history and no relevant tests. The patient's concomitant medications were not reported. Patient took the first dose of the COVID vaccine. About 25 minutes after, all of a sudden, his heartbeat increased really fast. He could not figure out what was going on. He had slight chest pain as well. It started out with him feeling uncomfortable in his chest. He told his wife that something was wrong. He was driving and had to pull over on the side of the road. The total episode lasted two to three minutes. He felt like he was going into cardiac arrest. His wife called 911. Within five minutes, they were there. They checked him out, and everything was normal. He thinks that normally his heart beats 70 to 80 beats per minute. His heart felt like it was beating 200 beats per minute. He felt his heart beating up to his neck. He felt like he could collapse. He clarifies that his heart was beating very fast for about 30 seconds. After that, his heart was still beating fast, but it started going down. Then after two minutes, it started going back to normal. His heart was still beating fast because he was still very anxious. He thinks the anxiety after ward was making his heart pump very fast. He was going to talk with his doctor next week to get checked out and find out if he has any underlying heart problems. He has never had any heart issues in the past. The outcome of events was recovered. No follow-up attempts are needed. No further information is expected.

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1370580	6/3/2021	TX	73	F	5/8/2021	5/8/2021	Felt a slight pain, wasn't sure if it was her heart or chest. Went to hospital, was admitted, three days later was sent home.; vomiting; So weak she couldn't walk; Not feeling well; Extremely nauseous; Weight loss; Stomach pain; Fever; No appetite; minor ache and pain around area where injection was; itching around injection site; This is a spontaneous report from a contactable consumer (patient) under the same suspect products for 4 patients (including the reporter herself). This is one of the 4 reports. A 73-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number: EW0169 (also reported as FW0169), dose 2 intramuscular, administered in Arm Left on 08May2021 (between 1430-1500) (at the age of 73years) as 2nd dose, single for Covid-19 immunization. Historical vaccine included the first dose of BNT162B2 (Lot number: ER8733) on 12Apr2021 (at the age of 73years) for Covid-19 immunization. Medical history included ongoing diabetes mellitus (Diagnosed 10-12 years ago), caesarean section (three C-sections), and hospitalization (due to taking of Aleve). Concomitant medications included metformin (METFORMIN) taken for diabetes mellitus from an unspecified start date and ongoing (started taking 10-12 years ago; Doctor told her that her A1c was so good she did not even need the medication but kept her on it since it's such a great medication); cannabidiol (CBD OIL) taken for an unspecified indication, start and stop date were not reported (Started taking 7-8 months ago); cyanocobalamin (VITAMIN B-12) taken for an unspecified indication, start and stop date were not reported (Started taking 7-8 months ago); vitamin d3 (VITAMIN D3) taken for an unspecified indication, start and stop date were not reported (Started taking 7-8 months ago). When mentioning vitamins, she states it was two weeks ago she finished them and didn't buy more. Did not specifically refer to which vitamin. The patient previously took MSG (monosodium glutamate) and experienced vomiting (was hospitalized for the same vomiting); Aleve and experienced violent vomiting and elevated heart enzymes (caused violent vomiting and hospitalization and elevated heart enzymes; They said it was a heart attack, but it was ruled out by the cardiologist. She had never taken Aleve before). It was reported that last Saturday, 08May2021, the patient received the second shot of the vaccine, she had minor

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ache and pain around area where injection was. Sunday morning, she wasn't feeling well, thought she had a fever and had no appetite. She was only able to eat a small tablespoon of sweet potato. On 09May2021, Sunday night she started violently vomiting the whole night. Monday morning (10May2021), she was hospitalized. Two days later (12May2021) she was discharged from the hospital. She was home for a couple of hours and at night started vomiting again. When she vomits, she has to be careful. Felt a slight pain, wasn't sure if it was her heart or chest. She went again to hospital, was admitted (unspecified date), and three days later (unspecified date) was sent home. Yesterday (unspecified date) she was fine, but today (unspecified date) is feeling nauseous, eating crackers and being careful. She has lost weight, had minor pain around injection. The patient added that if she goes to the hospital again, she needs to find another one because she did not do the endoscopy. She knows this was not an endoscopy problem and she have no ulcer. She stated that the stomach pain is from the vaccine. She has not been checking her weight, she does not know when she started losing weight, but she knows that its going down because everyone has been asking her why she's losing weight. She has diabetes, her A1c is 5.3, with Metformin 500mg twice a day, time release. Her A1C is 5.3 (unspecified date). When she was in the hospital for two days, she was really like a zombie. Her children were so scared she was going to die. She is concerned and wants to know what else can she do to improve her health. With the vaccine, how long will the side effects last? How long will the side effects cause her to be down? This morning she hasn't eaten anything yet, except for a couple of crackers, is feeling extremely nauseous, and doesn't want to go to the hospital. It was further stated that she had pain and itching around injection site that started initially with pain. Added tat it was itching before; nothing is bothering her there and doesn't have pain now. Fever: She experienced it Sunday morning on 09May2021, it has gone away, she doesn't know when she had the fever in the hospital. No Appetite: is hungry now but afraid to eat, has just had crackers. Violent Vomiting: began in the evening and didn't sleep one second at all. Stopped when in the hospital after a couple of hours. She was given medicine and fell asleep. She woke up, was

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nauseous, and would go back to sleep. She was like a zombie. Stayed in the hospital for two-and-a-half days, doesn't remember what day she was discharged. She was so weak she couldn't walk. Heart/Chest Pain: It could be psychosomatic. Two days after being discharged, she tried to vomit chicken tacos and thought she had mild pain. Could have been thinking she was having heart pain. Her heart was monitored the second time but doesn't know what they found, and she didn't have the mental alertness to ask. The hospital never mentioned anything, and she didn't ask. She further stated that she was told to see a gastroenterologist. She added that she does not take any Tylenol or aspirins or anything like that, because she is scared. The outcome of events vomiting, minor ache and pain around area where injection was, itching around injection site, fever, was recovered on an unspecified date; outcome of event no appetite was recovering; the outcome of other events was unknown. Follow-up activities are needed; information on the batch number has been requested.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021565268 Same reporter/drug/event, different patient;US-PFIZER INC-2021564496 Same reporter/drug/event, different patient;US-PFIZER INC-2021564473 Same reporter/drug/event, different patient

I am having like severe chest pain; This is a spontaneous report from a contactable consumer (patient). A patient of unspecified age and gender received BNT162B2 (Lot number was not reported), via an unspecified route of administration on an unspecified date as 2nd dose, single for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient received the first dose of BNT162B2 on an unspecified date as single dose for COVID-19 immunization. The patient got the second dose of Covid vaccine and the patient was having like severe chest pain on an unspecified date. The outcome of the event was unknown. Information on the lot/batch number has been requested.

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1370646	6/3/2021	SC	51	F	4/22/2021	4/22/2021	Jittery; Allergic reaction - minor; left sided numbness; shortness of breath; chest pain; blood pressure elevated/ greater than 200; This is a spontaneous report from a contactable consumer (patient) and a physician. A 51-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on 22Apr2021 (Batch/Lot Number: EW0172; Expiration Date: Aug2021) as 1st dose, single for Covid-19 immunization. Medical history included lung cancer from Aug2008 (in remission), surgery to remove half of the upper lung (where the cancer mass was and also all of lymph nodes in upper left lung area), and allergies to pollen, bee sting, dust and dust mites. Concomitant medications included levocetirizine dihydrochloride (LEVOCETIRIZIN); losartan potassium; montelukast sodium. On 22Apr2021, the patient experienced jittery (1 hour after vaccination) and allergic reaction - minor, left sided numbness, shortness of breath, and chest pain. EMS was called vitals shown blood pressure elevated and greater than 200. patient was given famotidine (PEPCID) (oral, 20 mg, 2x/day for 3 days), diphenhydramine hydrochloride (BENADRYL) (oral, 25 mg, 1x/day every 6 hours for 5 days) and prednisone (oral, 20 mg, single for 2 days) for these vaccine reactions. Events required visit to Emergency Room. Patient got the vaccine because she was high risk for Covid 19 but now she does not plan on getting the 2nd vaccine for fear it would kill her. The outcome of events was unknown.

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1370649	6/3/2021		34	M	5/15/2021	5/1/2021	woke today, 19May at 1 am with bad chest pain and tingling down his arm; woke today, 19May at 1 am with bad chest pain and tingling down his arm; pericarditis; myocarditis; He still felt off on Tuesday; then felt malaise later in the day; This is a spontaneous report from a non-contactable consumer. A 34-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on 15May2021 (Batch/Lot number was not reported) as 2nd dose, single for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 on an unspecified date for covid-19 immunisation. Clinical course, after vaccination, patient felt fine most of 16May2021, and then felt malaise later on 16May2021, and took off from work on 17May2021. He still felt off on 18May2021 and woke on 19May2021 at 1 am with bad chest pain and tingling down his arm. He was admitted. Patient was diagnosed with myocarditis and pericarditis. His tropic level was 11. The outcome of events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

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1370687	6/3/2021	NY	56	M	5/24/2021	5/25/2021	Numbness and pain in his arm where the shot was given and then continued to his left shoulder.; Numbness and pain in his arm where the shot was given and then continued to his left shoulder.; Numbness and pain in his arm where the shot was given and then continued to his left shoulder.; Back hurts; Severe fatigue; He feels dizzy; Does not feel well; Coughing; Sore throat; Wasn't eating/Not eating; Body aches; Feeling down; Weak; Eyes burning; Headache/a very bad headache; This is a spontaneous report from a Pfizer sponsored program, report from a contactable consumer (patient). A 56-years-old male patient received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot Number: EW0186), via an unspecified route of administration on 24May2021 (at the age of 56-years-old) as single dose for COVID-19 immunisation.The patient medical history included COVID-19 in December 2020. The patient concomitant medications were not reported. On 25May2021, the patient experienced numbness and pain in his armed where the shot was given and then continued to his left shoulder and body aches, feeling down, weak, a very bad headache, eyes burning, backed hurt, severe fatigue and he felt dizzy and he had a coughed and fatigue, sore throat, not ate. Patient states that he did some construction worked yesterday before receiving the vaccine and next day he have had been experienced the same symptoms when he had covid-19 in december 2020. Patient states he knew that the vaccine has not had anything in it that would caused him to got covid-19 so he would liked to knew if his side effects were normal. Patient would also liked to knew what could've he took to eased his headache. Patient took Tylenol and it hadn't worked. He also put ice and cold watered on it. Patient states if his symptoms were not better by next day then he would contact a health care provider. Patient states when he had covid-19 in december he was a little sick but hadn't require hospitalization and his oxygen level was between 90-92. He was not experienced a fever or chest pain as he did when he had covid-19. He was positive for covid 19 in december and had coughing, sweating, sore throat, wasn't ate, body aches, feeling down, feeling weak, eyes burning, backed hurting, headache, chest pain, and sweating. After reading the side effects that had been reported patient states he was experienced everything he

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1370375	6/3/2021	PA	66	F	2/17/2021	2/18/2021	mentioned except a fever, rash, itching, hives and swelling of the faced. He was fine after the covid vaccine. Next day he have had all the symptoms that he listed that he had when he had covid 19 except for the chest pain and sweating. Patient states that he just wants to knew what he could've took and did. Patient took Tylenol. He have had Tramadol but he hadn't taken it. Patient states he has not wanted have been on the phone long because he has not felt well. He stated that he knew he hasn't had covid 19 again and stated that he may did a report later. The outcome of the events was unknown. PSCC Communication: Warm transfer to (withheld) at company attempted. INT-#. Caller disconnected right before the transfer. (withheld) from company, caller states that she will reach out to the caller.
1372329	6/3/2021	WA	16	M	5/21/2021	5/24/2021	muscle pain; chest pain; This is a spontaneous report from a contactable consumer (patient) via medical information team. A 66-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, lot Number: EL9266), via an unspecified route of administration, administered in Left Arm on 17Feb2021 09:00 (at the age of 66-years old) as single dose for covid-19 immunization. The patient's medical history and concomitant medications were not reported. No information reported about history of all previous immunization with the Pfizer vaccine considered as suspect. No additional Vaccines Administered on Same Date of the Pfizer Suspect. On 18Feb2021 02:00 the patient experienced chest pain and on an unspecified date the patient experienced muscle pain. The outcome of event chest pain was recovered on 21Feb2021 while, the outcome of event muscle pain was unknown. No follow-up attempts are possible. No further information is expected.
							Fatigue on day 1-2. Chest pain and shortness of breath on day 3-4. No fevers. Symptoms fully resolved by day 5 without therapy.

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1371943	6/3/2021	TX	50	F	3/22/2021	3/22/2021	Patient has been suffering from headaches, rashes, chest pain, and numbness to her hands and fingers. Patient was order a CT scan of the chest. CT scan indicates mild pericarditis as well as post inflammatory lung changes. Echocardiogram is pending to confirm the diagnoses of pericarditis. Patient had MRI of the head and brain and that showed up as unremarkable. Patient continues to have these symptoms and denies having any of these symptoms before the COVID-19 vaccine.
1371968	6/3/2021	AZ	35	F	6/2/2021	6/2/2021	Pounding headache, night sweats, body aches, chills, dizzy ness, chest pain, fatigue, shortness of breathe and increased resting heart rate. Average RHR 67 when sitting heart rate never went below 90bpm
1371975	6/3/2021	TX	25	M	6/3/2021	6/3/2021	Patient c/o chest pain, shortness of breath, headaches, sweaty and shaky. EMS was called and patient refused to go on ambulance and left building with transportation.
1372051	6/3/2021	CA	21	M	6/3/2021	6/3/2021	Situation: 21M had an appointment for 2nd dose Moderna (Lot# 007C21A) today. Shortly after being vaccinated, patient started to feel dizzy and eventually complained of chest pain. Background: Patient has NKDA and allergic to pollen and dogs. Denies PMH. The Moderna vaccine was administered at 11:56AM. Pt came to the observation area at 1205. Pt started to feel dizzy and told girlfriend about it. Juice and crackers provided. Pt consumed 2 juice boxes and crackers. Pt felt better initially then started to feel dizzy and shaky again. Assisted to gurney and took to room 7. Assessment: 1215 VS 98.8F, 127/77 (94), 62, 98% RA, 16 and dizzy. Continue to give more juice and water. Pt started to feel better. 1220 Pt looked better, feeling better, conversing to girlfriend, and playing with phone. Manager at bedside talking to pt and gf. Pt stated that he didn't eat nor drink today. Pt woke up and went straight to the vaccination clinic. Pt does have hx of anxiety episodes. Girlfriend also reported that patient became dizzy after first dose of Moderna but did not disclose to anyone.

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1372076	6/3/2021	HI	39	M	3/12/2021	3/13/2021	This is a 39 year old male presents to clinic for follow up on COVID19 vaccine allergic reaction. Patient received the first dosage in the right deltoid on 12MAR21. About 22 hours later, noticed right-side neck swelling and discomfort. The next day 14MAR21, noticed right ear pain and jaw pain. On 15Mar21, noticed right jaw pain/paresthesia and difficulty opening his mouth. No dyspnea. Went to ER on 15Mar21, observed, treated with Ibuprofen/Tylenol. 3weeks later, he went to the Block arena, was told get the second dose at the Tripler just in case of reaction, that he should be near the ER. Spoke with an Allergist (at the COVID screening tent). He still had some numbness on his jaw. Was told to wait until symptoms clearance before the second shot. Symptoms cleared by 2 weeks later. On 5/21/2021, he went to Covid tent. Was told not to get the second shot. He went to the facility. He seen the medical officer explained the situation. He received the second shot on his right deltoid. He was observed for 30 min and did fine. The next day, he had swelling of the right side of the neck for 4-5 days. Subsided by 5th day. He did not have ear or the jaw pain. Symptoms subsided and he felt normal. No concerns at this point. No chest pain, dyspnea. He can exercise without symptoms.
1372111	6/3/2021	OR	73	F	4/3/2021	5/7/2021	patient was admitted and managed for atypical chest pain with negative troponins, obvious diffuse ST elevations throughout most of the leads without reciprocal changes thought to be secondary to acute pericarditis. She had just been recovering from a viral illness about a week prior to presenting. Patient also had COVID 19 shot weeks prior to incident. Initial placed on IV heparin for unstable angina concern, but discontinued. Cardiology evaluation to start patient on 325mg of high dose aspirin 2X daily. Fentanyl discontinued and patient started on regimen of naproxen 500mg twice daily. Patient states chest pain has resolved with use of first dose naproxen.
1372114	6/3/2021	NJ	28	M	5/22/2021	5/26/2021	MYOCARDITIS,FATIGUE,JOINT PAIN,PALPITATION AND CHEST PAIN

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1372292	6/3/2021	FL	41	F	6/3/2021	6/3/2021	Second dose: Pain in left side of neck and chest pain on the left side. Pain started within the hour from the time of shot. It has now been 6 hours of chest pain on the left side and not letting up. Have not noticed any other symptoms such as shortness of breath or irregular heart beat.
1371439	6/3/2021	VA	32	F	4/10/2021	4/14/2021	Numbness in left arm and hand and diagnosed with Pleurisy almost 2 months after vaccine. Chest pain started 2 weeks after second Moderna dose and increased in time until I was admitted into Hospital
1372319	6/3/2021		51	U	4/18/2021	4/18/2021	50 y/o Israeli female c/o "I don't feel good", numbness and tingling to left side of neck, left arm, and left leg after receiving the first dose of the vaccine in her left arm. She reported that she had Hx of HTN for which she takes Lisinopril 20 mg daily, took this morning. She was assessed and monitored by NP, EMT, and paramedic. She was anxious and crying. Alert, oriented to person, place, time and situation. PERRL, size 4, move all extremities, sensation intact to dull and sharp stimuli. BP - 180/115, HR - 68, Resp - 22, O2 sat - 96%. She was instructed on relaxation techniques, offered H2O, she refused the H2O. She remained with symptoms and still anxious and cried,"I don't want to die" and and c/o chest pain. EMS was called and she was transported from site via stretcher to go to ED for eval and tx. She was accompanied by husband and paramedics who were given full report on the pt.
1371880	6/3/2021	GA	16	F	5/15/2021	5/16/2021	At the time of the vaccine daughter dizzy and started to fade out 20 minutes after the vaccine. She couldn't see and it seemed like it was a Vaso Vagal response which resolved quickly. At 5am she woke up with a fever of 102 and extreme left arm pain. The fever was controlled with Tylenol. Two days after the vaccine she woke up complaining of chest pain and a knot under her left arm. It felt like something was pressing on her chest. We went to the ER and all tests were negative. The feeling lasted until the end of the day. Three days after the shot the next morning she got a headache for half of the day and resolved with Tylenol. The next day all symptoms were gone. Emergency Room Dr.

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1372356	6/3/2021	CA	15	F	6/3/2021	6/3/2021	RN vaccinated client and within 30 seconds noticed client started moving to the side. RN held client at chair, RN responded while two other RNs set up anti-gravity chair. Between all nurses, lifted client and laid in chair. PHN joined, client oriented to self and situation, pale, diaphoretic. Vitals at 1412: blood pressure 100/60 pulse 76, oxygen 97%. Client stated feeling dizzy, denied headache, blurry vision, nausea, shortness of breath, chest pain. Client given water and juice. Father present stated no reaction to first vaccine, allergies to peanuts and seafood. Vitals at 1414: blood pressure 106/70, pulse 79, oxygen 98%. Client alert and oriented x4, stated felt dizzy but did not lose consciousness. Per client same thing happened years ago when having blood drawn. Father informed we would observe for 30 mins. 1417: blood pressure 108/72, pulse 81, oxygen 98%. Client stated feeling better. Vitals at 1422: blood pressure 106/74, pulse 79, oxygen 97%. Client stated symptoms resolved. Alert and oriented x4, color normal for ethnicity. Per Father, client's blood pressure is on the lower end. Vitals at 1427: blood pressure 100/70, pulse 85, oxygen 99%. No complaints. Vitals at 1437: blood pressure 100/70, pulse 85, oxygen 98%. Per client feeling fine, everything resolved. Client and Father given ER precautions and advised to follow up with provider. Last vitals before client leaving blood pressure 106/78, pulse 87, oxygen 97%. Client able to stand up with no complaints. Client left facility with steady gait at 1444.44.
1372568	6/3/2021	MS	47	F	4/8/2021	4/21/2021	Heart palpitations, shortness of breath, chest pain, painful lumps under my armpits, headache
1372577	6/3/2021	CO	66	F	2/24/2021	2/25/2021	2/25 early AM severe left side chest pain. 4/1 rash on back Grover's Disease, 5/22 extreme ankle pain swollen and red foot for 24 hours, 5/31 extreme lower back pain for 12 hours. Unusually Fatigued, sad, and lifeless.
1372744	6/3/2021	TX	29	M	3/2/2021	3/2/2021	Chest pain. Visit to hospital outpatient. Non specific muscle pain diagnosis. Tylenol Pepcid. I don't think they took my chest pain and potential link to vaccine as a serious possibility. It started minutes after vaccine as a sensation. Pain onset and increase for hours and persisted for days leading up to visit and after.

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1372753	6/3/2021		15	M	6/3/2021	6/3/2021	This information was reported to this writer. Immediately after receiving the second dose of the Pfizer vaccine, the patient reported a "weird sensation" in his chest. The patient became pale, and reported nausea and lightheadedness. According to the vaccinator it seemed as though the patient went into a syncopal episode. A nurse attempted to do a sternal rub to wake the patient up but was unsuccessful. The patient was then laid onto the ground and woke up; attempted to sit patient up and then went into another syncopal like episode. EMTs were notified and were on their way to attend to the patient. Patient's feet were elevated. No history of vaccine reaction. Patient had eaten and had fluids 2 hours prior to the vaccine. Patient was sat up again with assistance but immediately felt lightheaded and had another syncopal like episode. He was again placed in a supine position with feet elevated. Immediately reported improvement of symptoms. Patient had several sips of juice and was placed on a stretcher and taken to a back room. Patient had mom and sister at his side. As the patient remained in supine position, he denied nausea and lightheadedness; no chest pain, no dizziness. Patient was alert and oriented. Remained pale in color according to his father who just arrived. Per the advice of the EMTs, patient was transferred to hospital per ambulance.

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1372907	6/3/2021	CA	64	M	3/9/2021	3/12/2021	The fourth night after my first Pfizer vaccination I awoke at 2:30 am with severe chest pain. It felt like my heart was being squeezed. I was worried I was having a heart attack. I sat up in bed and felt some reduction of pain. I decided to sit in a chair and see if I continued to get relief. After around 2 hours the pain reduced to the point I could fall asleep. The same thing happened for the next three nights. I concluded it was a side effect of the vaccination. I had an appointment scheduled with my cardiologist, the day before the second dose so I decided to ask him about this. Dr perform an EKG that he said was "Perfect". He said my pain was probably from acid reflux. I received the second dose the next day and the same chronology of symptoms occurred but the pain was a little less that with the first dose. I was now certain this was caused by the vaccination. My vaccinations were administered on a base. The lot numbers are hard to read on the vaccination card. The second dose lot number looks like ER9727.
1373100	6/3/2021	HI	48	M	2/12/2021	4/22/2021	pulmonary emboli: chest pain the day of admission

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1373108	6/3/2021	CA	13	M	6/3/2021	6/3/2021	Client received the 2nd COVID vaccine of Pfizer (Lot# EW0182, expiration 06/28/2021). At 1729, Client reports nausea and wants to vomit. RN, RN, RN, RN, and RN respond to this event. The registered nurses placed Client in an anti-gravity chair and provided an emesis bag. RN responded to this event at 1730. Client appears pale, diaphoretic, states being nauseated, wants to vomit, and dizzy. At 1730, vital signs are heart rate 89, oxygen saturation 99%. At 1733, vital signs are blood pressure 110/82, heart rate 62, oxygen saturation 99%. Client is offered supplemental nutrition and fluids. Client accepted both. At 1735, heart rate is 61 and oxygen saturation is 99%. At 1735, PHN responds and speaks to mother to educate her about ED precautions and common adverse effects. Client's mother reports Client has a history of ADHD, takes medications as needed, no known allergies, had a long day, as not ate much today, and was nervous prior to vaccination. At 1736, vital signs are blood pressure 110/78, heart rate 66, oxygen saturation 99%. Client reports no chest pain, no blurred vision, no headache, no shortness of breath, nausea is improving, and skin tone is returning to appropriate coloration of ethnicity. At 1742, vital signs are blood pressure 117/82, heart rate 82, oxygen saturation 99%. Client reports no new symptoms and improvement of nauseousness. At 1753 vital signs are blood pressure 112/68, heart rate 86, oxygen saturation 99%. Client reports all symptoms has resolved and is now hungry. Client stood up with no complaints at 1754. At 1754, Client walked out of facility with a steady gait accompanied by his mother.
1372311	6/3/2021	CA	33	F	6/2/2021	6/2/2021	SOB, Chest pain- pt. was monitored BP was taken read 142/82, O2 was 100% HR 91, RR24, was offered water and sat back in chair. Patient stated hx of complications in laparoscopic surgery with gallbladder that might have caused damage to heart. Pt also stated hx of mild anxiety to vaccines. Dr. checked on the patient and assessed pt heart, stated to monitor patient for 15 more minutes. pt vitals rechecked after 15 mins and read BP-138/80, HR72, O2100%, pt stated water and taking deep breaths helped her calm down. Pt has no PCP was referred to make an appointment with one to get checked up. pt stated she felt better and was good to leave.

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1370557	6/3/2021	NY	18	M	5/10/2021	5/13/2021	myopericarditis; This is a spontaneous report from a contactable Physician. An 18-year-old male patient received his second dose of bnt162b2 (Pfizer-BioNTech Covid-19 vaccine) as an intramuscular single dose in left arm on 10May2021 14:30 (lot number unknown) for COVID-19 immunisation. The patient received his first injection as an intramuscular single dose in left arm on 16Apr2021 02:45 pm (lot number unknown) at age of 18-year-old for Covid-19 immunization. The patient's medical history included asthma and morbid obesity (BMI 47). Patient had no known allergies. Concomitant medications included salbutamol (ALBUTEROL HFA). The patient did not receive other vaccine in four weeks. Patient developed chest pain and was admitted to the hospital with myopericarditis. The event started at 03:00 am on 13May2021. He had elevated troponin and an abnormal EKG. He improved with NSAIDS and Colchicine. The patient was hospitalized for 3 days and recovered from the event on an unspecified date. The patient had no Covid prior vaccination and had real time PCR via nasal swab on 13May2021 with negative result. Information about the Lot/batch number has been requested.; Sender's Comments: Based on the available information and known product profile, the causal relationship between the reported event myopericarditis along with its symptoms and the use of BNT162B2 cannot be fully excluded. However, the patients state of morbid obesity and asthma maybe considered risk factors. The limited information available precludes further assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Authorities, Committees and Investigators, as appropriate.
1371326	6/3/2021	MI	17	M	5/1/2021	5/19/2021	Woke up with severe chest pain two days after receiving the vaccine. Was taken to the ER and was admitted for elevated enzyme level and pain. Inflammation around the heart.

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1371332	6/3/2021	FL	67	F	6/3/2021	6/3/2021	67 y/o female with past medical history of Migraines and Hypertension who presents with dizziness post vaccination. Patient states that this is her second dose in the two-dose series. Patient states that she received her vaccination to the right arm. Patient states that with the first vaccination she did experience dizziness, nausea and migraines. Patient denies headache, vision changes, sore throat, difficulty swallowing, difficulty breathing or chest pain. Patient denies feeling nervous or anxious with vaccinations. Patient initial vitals with Hypertension noted, 197/112 BP, 78 HR, 98 % RA, 12 Resp. Patient instructed to lay on cot and water bottle provided. Patient vitals continuously monitored with persistent hypertension present (186/103, 223/118 BP) at this time the NP requested the Paramedics to obtain the BP manually. Patient BP manually taken every 5 minutes x2 with readings as follows, 150/96 and 138/80. Patient states that she is feeling better and dizziness has resolved. Patient placed in sitting position for 5 mins and then instructed to stand for 5 mins. Patient stable on her feet with no dizziness reported. Patient discharged in stable condition and ambulated without difficulty. Patient has a follow up appointment immediately with HCP post vaccination, today.
1371348	6/3/2021		16	F	4/7/2021	4/22/2021	Myocarditis (with chest pain, shortness of breath, dizziness) starting after first dose, worsening after second
1371355	6/3/2021	FL	33	M	5/28/2021	5/31/2021	Woke up to chest pain 3.5 days after 2nd dose. Went to ER where elevated Troponin levels were found from bloodwork. Sent to another hospital in ambulance where I was put on a Heparin drip. After multiple tests (EKG, echocardiogram, CT scan) cardiologist diagnosed Myocarditis. Released from hospital after 2 days once they determined that the heart was healthy aside from the inflammation.
1371358	6/3/2021	CA	29	M	5/3/2021	5/10/2021	Constant muscle spasms throughout my body, especially at night. What started as painless muscle spasms that mostly effected my sleeping is beginning to turn into painful muscle cramping. I've also had lingering chest pain that comes and goes and radiates into my arm and back. Enough to take me to the emergency room. I am otherwise a completely healthy person and have not had issues like this until after the vaccine.

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1371388	6/3/2021	NC	36	F	1/15/2021	1/16/2021	Days 1&2: Flu-like symptoms: chills, body aches, fatigue Day3-present: heart palpitations, shortness of breath with minimal exertion, mild tachycardia at rest and intermittent bouts of extreme tachycardia (150-218 BPM heart rate) which lasts only a few seconds but causes nausea, weakness and lightheadedness requiring 15-20 minutes to recover. Severe shooting thoracic level back pain occured within the first week but has subsided. Intermittent chest pain which changes with position, tachycardia exacerbated by sidelying position and muscle fatigue/cramping/twitching also occurring intermittently. I am currently on a 10 mg propranolol PRN (taking 2x/day most days) and trialing 25 mg of Zoloft. Propranolol has helped to control tachycardia but not fatigue and chest pain. Zoloft has not had enough time to take effect (1 week in).
1371391	6/3/2021	CO	73	M	2/1/2021	4/5/2021	One month later I began to have heart problems that led to stint put in vein. a month after that I had chest pains and two more stints in the same vein. I am still experienicing mild angina in spite of being on medicine to reduce or eliminate the chest discomfort.
1371421	6/3/2021	KS	44	F	5/21/2021	5/22/2021	8 AM THE DAY FOLLOWING VACCINATION, When she woke up, she had slight chest pain and cough (results from the shot). The chest pain got worse during the day (5/22/2021). Every breath by around 5 p.m., felt like she was getting stabbed in the heart and chest pain felt worse and then she sought out the Emergency room. By around 7 p.m., the ER reported it was not a heart attack, but a reaction the Covid 19 shot (Moderna). They proceeded to give her an IV (unsure of the doses) that calmed her and the chest pain was still there and not as bothersome. By 3 days later (72 hours), her chest pain went completely away..
1371917	6/3/2021		66	F	1/6/2021	1/11/2021	pt had/has severe fatigue, SOB, chest pain, headaches, feeling tired and weak. This has been going on for months and started after first COVID moderna vaccine

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1371501	6/3/2021	CA	25	F	6/2/2021	6/2/2021	<p>Patient received the 2nd COVID vaccine (Pfizer, Lot #: EW0187 and expiration date: 08/31/2021) around 1439 on the left arm. Patient walked up to the observation desk around 1449, during her 30 minute observation period, with complaints of "dizziness, rapid heart rate, and feeling hot." Patient was conscious, alert, and oriented x4 and claimed symptoms began 2 minutes status post vaccine administration. Patient denied any reaction after receiving the 1st dose of Pfizer vaccine and denied experiencing any chest pain, headache, nausea, vomiting, or diarrhea. EMTs had patient sit in the anti-gravity chair for further evaluation. Nurse responded to EMTs with patient. At 1455, EMT obtained baseline vital signs, while patient was sitting: blood pressure: 124/70, heart rate: 72, respiratory rate: 15. Pupils were equal, accommodating, and reactive to light. Skins were warm, dry, and normal. Chief complaint of "dizziness, rapid heart rate, and feeling hot" was reassessed and patient stated that symptoms had subsided. Patient explained that the symptoms had a sudden onset, but lasted less than 1 minute. Patient has a history of migraines and an allergy to Penicillin. Patient stated that she had a similar reaction after receiving a dose of Benadryl, earlier this year. Patient told EMTs that she had eaten toast, tofu, and salad about an hour and a half prior to coming to the vaccination site, with limited fluid intake. EMTs gave the patient a water bottle to sip on. At 1502 a second set of vital signs were obtained by EMT, while the patient was sitting: blood pressure: 116/68, heart rate: 74, respiratory rate: 15. Pupils were equal, accommodating, and reactive to light. Patient was advised to stay an additional 30 minutes in observation for continued evaluation. Patient stated she "felt better" and all symptoms had improved. Final set of vital signs were taken at 1514 by EMT, while patient was standing: blood pressure: 114/64, heart rate: 72, respiratory rate: 12. Pupils were equal, accommodating, and reactive to light. Skins were warm, dry, and normal. Patient was negative for orthostatic pressures. At 1540, patient stated she "felt normal and that all symptoms were gone." Patient had finished the water bottle provided. Patient was then educated on expected/ adverse reactions, when to follow up with her primary care provider, and the use of V- Safe. Patient ambulated with a steady gait on her own accord out of the facility.</p>

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1371913	6/3/2021	NV	26	F	4/1/2021	5/23/2021	Presented with chest pain that was determined to NOT be related to ACS. Myocarditis (no troponin) and pericarditis (no EKG changes, no effusion, no friction rub) remained in the differential with costochondritis. Her symptoms resolved with NSAID and colchicine and was sent home after a three day hospitalization.
1371583	6/3/2021		62	F	4/8/2021	4/9/2021	Patient developed sudden onset SOB and chest pain within 12 hours of s/p vaccination. Her son called 911- she was in ER for 4-5hrs and ER staff told her this was vaccine related. Patient will not receive dose #2
1371646	6/3/2021	CA	12	M	5/13/2021	5/13/2021	Had headache & mild fever (100 on forehead) evening of vaccine but woke up on 3rd day with chest pains. Complained of pain when taking a deep breath and would flinch in pain. By the time got to ER in the afternoon, pain had subsided. Not sure if vaccine related but never had chest pains before & considering report of myocarditis after 2nd shot for younger males. Wanted this documented in case there is a pattern.
1371648	6/3/2021		18	M	5/6/2021	5/6/2021	Shortness of breath about 6-8 hours after injection that lasted for 1-2 hours. Used inhalers when younger, but not since then. First time having shortness of breath episode that patient remembers. Denies history of chest pain, rash, abd pain, n/v/d. Self resolved. Did not seek medical treatment.
1371652	6/3/2021	MD	53	M	4/14/2021	5/7/2021	Pericarditis. Started with pain in right shoulder and trap area on Friday afternoon, started including significant chest pain, pain when breathing. I recognized symptoms from having pericarditis 15 to 20 years earlier. Went to Hospital emergency room, where pericarditis was diagnosed.
1371677	6/3/2021	PA	25	F	6/3/2021	6/3/2021	Nausea, hot flashes, and chest pain with racing heart about a half hour after being given the Covid vaccine. Pepcid and Zyrtec given.
1371807	6/3/2021	CA	31	M	5/26/2021	5/26/2021	PATIENT THE EVENING OF THE VACCINE HAD FEVER , CHILL , CHEST PAIN TROUBLE BREATHING PULS OVER 120

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1371837	6/3/2021	FL	53	F	6/3/2021	6/3/2021	53 y/o female with no past medical history who presents with nausea and mild dizziness post vaccination. Patient states that this is her second vaccine in the two-dose series. Patient states that she received today's vaccination to the Left arm. Patient also states that she experienced the same symptoms with the first vaccination to include vomiting and chills lasting a few days. Patient denies headache, vision changes, sore throat, difficulty swallowing, difficulty breathing, shortness of breath or chest pain. NP and Paramedics at patient side. Patient initial vitals, 150/98 BP, 69 HR, 100% RA, 12 Resp. Patient dry heaved for approximately 20 mins with resolution post. Patient stated that symptoms resolved and that she was comfortable being sent home. Patient vital reassessed, 136/90 BP, 68 HR, 99% O2 and 12 Resp. Patient discharged in stable condition, patient ambulated without difficulty.
1371866	6/3/2021	TX	36	F	3/1/2021	3/17/2021	Chest discomfort, body aches, joint pains, day that was seen in the ER Shortness of breath with chest pain that radiated to the back, headaches, chills,

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1371318	6/3/2021	CA	76	M	2/13/2021	4/1/2021	Rheumatoid factor elevated at 45, CRP 122 Patient was in good health, with distant history of Graves Disease until April 5 when he presented to Hospital with complaints of chest pain, worse with sitting up. CAD was ruled out with troponins and he was taken to the cath lab and found to have essentially normal coronary arteries. He was started on colchicine with improvement in chest pain. On April 30th he presented to Hospital with low grade temps, cough and right sided chest/abdominal pain. He was found to have moderate pleural effusion. Because he was on Eliquis, for episode of afib thought related to pericarditis, pleurocentesis was delayed until May 3 when 1.5 L of fluid was removed from his pleural space. He continued on colchicine and 3 days later reported feeling essentially normal. Blood and fluid cultures were negative. Pleural fluid cytology showed predominantly chronic, inflammatory lymphocytes and macrophages/monocytes, reactive mesothelial cells. There was no overt morphologic evidence of malignancy. Patient was feeling well. Dr stopped Eliquis, Cochicine and patient did well until May 17 when he again reported aches, chills and pleuritic chest pain. Pleural effusion recurred and patient restarted cochicine with improvement
1369973	6/3/2021	TN	45	M	6/2/2021	6/2/2021	Pt reported lips tingling, tight throat, Benadryl 25mg tab administered, no difficulty swallowing, VS stable. No symptom improvement at 20 minutes and expressed a feeling of having a golf ball stuck in his throat, denied SOB, itchiness, no noted hives, denied chest pain/tightness, dizziness, vision changes or anxiety. Benadryl 25 mg tab administered, no noted or voiced difficulty with swallowing. VS stable. Pt observed another 30 minutes and symptoms began to resolve. Full resolutions of symptoms at 3 hours, pt discharged home @ 13:20. Emergency situations reviewed with instructions to call 911 if reoccurrence of symptoms.

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1370571	6/3/2021	NY	17	M	5/1/2021	5/5/2021	myocarditis; myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the second of two reports. A 17-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 01May2021 (Batch/Lot number was not reported) as 2nd dose, single dose (at the age of 17-years-old) for COVID-19 immunization. Medical history included myocarditis from 2019 to an unknown date. The patient's concomitant medications were not reported. The patient previously received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as 1st dose, single dose for COVID-19 immunization. Patient admitted to hospital with chest pain and shortness of breath, diagnosed with myocarditis on 05May2021. The patient was hospitalized for 6 days. Treatment received for the adverse events include metoprolol, amiodarone, ketorolac, IVIG. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 05May2021. The outcome of the events was recovering. The events were considered as serious (hospitalization). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. Information on the lot/ batch number has been requested.; Sender's Comments: Myocarditis is not uncommon disease in young population. This 17-year-old male patient had medical history of myocarditis from 2019. Based on information available, the reported recurrence of myocarditis with symptoms of chest pain and shortness of breath was not considered as causally related to the bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE). The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and

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							Investigators, as appropriate.,Linked Report(s) : PFIZER INC-2021565225 same reporter/AEs/vaccine, different patient.
1369963	6/3/2021	CA	58	F	4/19/2021	4/19/2021	Severe Chest Pain, difficulty breathing.
1369971	6/3/2021	NJ	36	M	5/1/2021	5/5/2021	-random chest pain - 5 days after first dose -dizziness, slurred speech and chest pain - 10 days from first dose - 5/11 -joint pains, movement problems - 5/14 - fast heart rate - 110-120bpm without activity - 5/17
1368028	6/2/2021	CA	43	M	4/12/2021	4/17/2021	On 5/3/2021, patient called hospital call center to report side effects experienced 4/17 from 1st dose Pfizer vaccine. Patient denied emergency symptoms at time of call. Patient only wanted to report symptoms experienced in the past. Advised by PCP to report side effects. 3 days after 1st dose Pfizer vaccine on 4/13, patient reported having pain and numbness in both arms and hands, pain in legs after walking and chest pain. Patient states he did not seek emergency attention on 4/17, but later scheduled an appointment with his outside PCP. Patient underwent blood tests and reports being prescribed a stronger dose of Ibuprofen for 2 weeks.
1368015	6/2/2021	NC	28	F	6/2/2021	6/2/2021	Patient reports sharp pain in left upper chest area and into the under arm area and reports she may pass out. Patient had a vasovagal syncope episode followed by vomiting. After 30 mins of resting, she reports she was no longer lightheaded or nauseous. Chest pain resolved. Patient does report headache at departure. 12:53 - BP 152/82, P-73, R-20, Pulse Ox-97%. 13:00 - BP 140/80, P-87, R-20, Pulse Ox-100%. 13:10 - 122/78.
1367996	6/2/2021	MA	35	M	4/20/2021	5/27/2021	Went to the ER experiencing chest pain 2 weeks after my second shot. Was told my heart is enlarged and was diagnosed with pericarditis. I am experiencing shortness of breath and exhaustion.

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1367905	6/2/2021	NJ	14	M	5/26/2021	5/27/2021	Patient received the Pfizer COVID-19 vaccine 3 days prior to admission, and felt weak with complaints of headache the following day, and the symptoms have since resolved. Mother mentioned that he has been complaining of intermittent midsternal chest pain that worsened after eating since the day prior to admission. She had been giving him peptobismol, thinking it was gas related pain. However, due to him persistently complaining of the pain after eating, she brought him to. She denied any fever, shortness of breath, weakness/fatigue. Of note, mother had COVID in march 2020 and she believed he might have been sick around that time as well. Patient is still in the hospital and continues to receive pain medication and treatment for myocarditis (NSAIDS and opioids)
1367812	6/2/2021	IL	50	M	4/28/2021	5/4/2021	I am a healthy 50 year old male who competes in endurance events including 15 Ironman triathlons and many ultra endurance races. I was diagnosed with acute Pericarditis 8 years ago, after 4 days in the hospital and a couple of weeks of rest at home all of my symptoms had subsided and I have had no reoccurrence of this condition since. Approximately one week after receiving my second dose of the Covid 19 Moderna vaccine I began to experience chest pain. 8 days post vaccination the chest pain was radiating into my Left shoulder and arm, I had significant pain on breathing and was extremely uncomfortable lying on my back and could not lie on my left side due to pain. I went to the ER on the evening of May 6th, they performed a chest x-ray, 2 EKG's as well as 2 separate blood work panels. While I did relate my history of having pericarditis and that this pain was very similar to what I had felt before, they, of course, were more concerned on if I was having a coronary event. The EKG and blood work showed I was not so I was simply sent home with a "we don't know why your chest hurts but your are not having a heart attack." After a follow up to a cardiologists almost 2 weeks later it was determined that it was more than likely a flare up of pericarditis but that it had subsided by that time.

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1367804	6/2/2021	NY	50	F	4/15/2021	4/16/2021	1st shot in right arm. After 24 hrs sore arm then intense headache on right side. Took 200mg Advil. Very tired with intense lack of focus. Mental cramps on 5th & 6th days. Most symptoms lasted 2 weeks. 2nd shot 05/06/2021 in AM in left arm. 2nd day started having pain in chest on left side, lungs heavy, like couldn't catch breath, very weak in the knees and very tired. I am a non-smoker, healthy, only take vitamins and only have an occasional drink with alcohol 1x or 2x per week.
1368040	6/2/2021	IL	59	M	3/30/2021	3/30/2021	Patient was diagnosed, admitted to hospital for 7 days and discharged home without O2, he got his 1 dose of Moderna vaccine after 45 days of COVID19 diagnosis. With in 8 hours patient started developing Shortness of breath, Chest pain and myalgia so admitted to ICU, intubated and found to have Diffuse alveolar hemorrhage and Myocarditis.
1367776	6/2/2021	CA	35	F	6/1/2021	6/1/2021	Pt c/o dizziness (BP 96/59; HR 78; RR 18). Pt denies chest pain, SOB. Pt stable at time of D/C (BP 104/68; HR 54; RR 17)
1368074	6/2/2021	CA	66	F	12/23/2020	12/23/2020	12/23/2020 @ 10:20am high blood pressure was high I was kept for observation at the vaccination site for extra minutes. 12am I felt chest pain and SOB that lasted 15 - 20 min and it went away by it self and SOB lasted 1 hour and went away by it self. When I feel A fib I get dizzy daily and that has not resolved. pre vaccine 5% 24 Holter monitor test and post vaccine 75% 24 Holter monitor test.

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1367760	6/2/2021	WI	48	M	4/1/2021	5/26/2021	Pt presented with 1 week of progressive fatigue, dry cough, chest pain, nocturnal fevers. Presented to ER on 5/30/2021, hs troponins were 71 twice. Discharged with advice for symptom management with antipyretics. Symptoms worsened and pt returned to ER, worsening CP and fevers up to 100+F. Repeat troponins 1100 to 1200+, elevated LFTs, diffuse 1mm J point elevation on EKG Cardiac MRI 6/1/2021: IMPRESSION: 1. Patchy subepicardial left ventricular delayed enhancement, greatest in the basal inferolateral wall, compatible with myocarditis. Normal left ventricular size and systolic function. LVEF = 52%. 2. Patchy consolidation in the right lower lobe consistent with pneumonia. Small right pleural effusion. 3. Mild splenomegaly. CT chest RLL consolidation, splenomegaly
1367754	6/2/2021		45	M	4/24/2021	5/15/2021	Patient presented on May 15, 2021 with sudden right lateral inferior chest pain that awoke him. He noted a feeling of heaviness and mild dyspnea for two days prior. Worse when flat. Hypoxic. Right upper quadrant guarding and tenderness. Treated with anticoagulation as an outpatient.
1367730	6/2/2021	VA	54	F	5/21/2021	5/21/2021	Swelling injection site, chest pain, difficulty breathing, stomach pain, extreme fatigue, excessive thirst, fever, chills, dizziness, back pain, shoulder blade pain, elevated troponin, elevated blood sugar, hospitalization, CAD, pneumonia, antibiotics, fluids / hospital stay 5/24 - 5/26/21

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1367727	6/2/2021	VA	33	F	5/23/2021	5/24/2021	I had fever and chills 12 hours after the vaccine was administered. I felt fine after 36 hours of the vaccine's administration. But on May 25-26, I started developing a tightness in my chest and had difficulty breathing. My chest hurt and hurt even more when I took deep breaths. The breathing issue came with a pain in my upper back for which I once took ibuprofen and another time I took half a painkiller [Diclogem]. I felt extremely tired/fatigued and weak, had irregular sleeping patterns, felt dizziness and lightheadedness during the day and this continued until Saturday, May 29. Thereafter, the dizziness during the day subsided but I still felt too tired to do anything. Over the long weekend of May 29-31, I have started developing painful acne on my buttocks. The left buttock in particular has multiple painful acne. I still have trouble breathing and my chest still hurts so much that I cannot wear a bra for more than a few hours a day as it feels very constrictive. The breathing issue and chest pain really worries me because I don't have the stamina to do errands or go outside for more than an hour or two on any single day. Today, June 2, is the 10th day since I got my vaccine.
1367795	6/2/2021	CA	41	F	6/1/2021	6/1/2021	Pt experienced vomiting & dizziness post vaccination. BP 119/76; HR 71; RR 21. Pt denies chest pain, swelling, SOB. Hx of vertigo. No medications given, pt stable & released from vaccination site, recommended f/u w/PCP
1368362	6/2/2021	WI	38	M	5/20/2021	5/21/2021	Patient experienced myalgias, dizziness and nausea. Single episode of mild chest pain 2 minutes day prior to presentation. Diagnosed with myocarditis in the Emergency Department (5/24/2021) and admitted for treatment. Discharged on 5/26/2020.
1368064	6/2/2021	CA	48	F	4/29/2021	4/29/2021	Pt called call center on 5/4/21. Noted no emergency s/sx. Pt stated she got 1st covid vaccine Pfizer 4/29/2021 at VSC and then pt got tiredness, arm pit soreness through chest soreness not chest pain, left breast soreness, muscle pain, headache, dizziness (pt denies emergency s/sx) from last Friday to today. Pt said all symptoms got better today. Pt took ibuprofen and hot tea for symptoms. Pt requests to make appt with MD d/t pt's health hx and appt scheduled for 5/5/21

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1367535	6/2/2021	NY		M		4/6/2021	BLOOD CLOTS IN HEART; BLOOD CLOTS IN LUNGS; BLOOD CLOTS IN LEGS; CHILLS; SORE ARM; This spontaneous report received from a patient concerned a 55 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, and batch number: 1808982 expiry: unknown) dose was not reported, administered on 06-APR-2021 for prophylactic vaccination. No concomitant medications were reported. It was reported by patient that on 06-APR-2021 patient experienced sore arm and on 07-APR-2021 patient had experienced chill. The patient stated that on 27-MAY-2021, the patient experienced chest pain which led to him hospitalization on an unspecified date. While hospitalized they discovered that he had blood clots in the heart and lungs (also reported as blood clots in the legs). The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from sore arm, and chills, and the outcome of blood clots in heart, blood clots in lungs and blood clots in legs was not reported. This report was serious (Hospitalization Caused / Prolonged); Sender's Comments: V0:20210557848-covid-19 vaccine ad26.cov2.s-Blood clots in heart, Blood clots in lungs, Blood clots in legs. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
1368116	6/2/2021	NY	58	F	4/19/2021	4/19/2021	metallic taste in my mouth, chest pain, nausea, throat closed up. went to the ER via ambulance. migraines, brain fog , fatigue
1368138	6/2/2021	DE	16	M	6/1/2021	6/1/2021	Reports did not eat today, usually eats. Reported lightheadedness that resolved within about 2 minutes, followed by nausea for about 2 minutes resolved - was followed by hunger, and muffled hearing for about 3 minutes resolved. Denies chest pain, change in vision, and other s/sx. 03:57pm LUE 112/62 P62 R20. Reports lightheadedness, nausea, and muffled hearing, all s/sx resolved, stated "I feel normal", drank a cola and ate a protein bar. Observed for 30 minutes. Ambulated with steady gait off floor with his parent.

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1368157	6/2/2021	VA	37	M	3/18/2021	3/18/2021	Same day I had face tingling that lasted a few days , a few days later I had severe headaches and nosebleeds ,both temples are sensitive to touch , they are still going on currently but not as severe and no nosebleeds . Went to the ER with chest pain and back pain a few weeks after the shot as well . Nothing showed up to worry the ER but I?m still having chest pain , back pain, headaches and my calves are tingling / popping 24/7.
1368167	6/2/2021	NJ	15	F	5/13/2021	5/14/2021	May 14 started a low grade fever, headache, fatigue May 18 bad headache, still low grade fever May 23 complaining of sore throat May 25 fever elevating to 101 May 27 fever as high as 103, begin to have chest pain and tachycardia May 28 fever 103.5 tachycardic and chest pain May 29 fever 102 range tachycardic and chest pain May 30 fever 102.7 still exhibiting chest pain and tachycardic May 31 fever of 102 June 1 fever only 99.5

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1368187	6/2/2021	IA	85	M	3/20/2021	5/12/2021	Moderna Dose 1 2/20/21 (023M20A) Moderna Dose 2 3/20/21 (045A21A) COVID Positive 5/12/2021 5/12/21: Presented to ED. The patient is a 85-year-old male with a past medical history significant for coronary artery disease status post multiple drug-eluting stents, hypothyroidism. Patient is coming in with chief complaint of weakness and fatigue which has been going on for the past 1 week. Patient states that he received his COVID-19 vaccination and completed the course of COVID-19 vaccination at the end of March 2021. He has a history of drug-eluting stents and goes for cardiac rehab and states that he has been extremely weak unable to perform much in the cardiac rehab program. At this current point in time he denies any fevers chills shortness of breath chest pain abdominal pain nausea vomiting diarrhea constipation. 5/15/21: Patient was admitted for generalized weakness and COVID-19 test returned positive. He had been vaccinated and received 2 doses the COVID vaccine the last dose being in March. Initially was on a couple L of oxygen however there was no evidence of pneumonia on chest x-ray. Was able to be weaned to room air on hospital day 2. Did have some issues with low sodium which may be related to the COVID-19 infection. Was placed on a free water fluid restriction of 1 L and sodium did improve at the time of discharge. Will be recommended to have a repeat BMP in 1 week. He was given 2 doses of remdesivir given his weakness as well as comorbidities making him at risk for worsening COVID-19 infection. Patient worked with PT and OT and had improvement in his strength. He does have a walker at home which she will use as needed. He will follow-up with his PCP and no medication changes were made. Home health was offered but he declined.

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1368201	6/2/2021	IA	84	M	3/25/2021	5/15/2021	<p>Moderna Dose 1 2/25/21 (041L20A) Moderna Dose 2 3/25/21 (011M20A) COVID Positive 5/10/2021 5/10/21: Presented to ED. 84-year-old male with history of liver transplant for primary sclerosing cholangitis currently on immunosuppressive therapy with CellCept and sirolimus, colon cancer status post partial colectomy with colostomy, prostate cancer s/p androgen deprivation therapy, CKD stage 4 and obstructive sleep apnea presented with cough. Patient reports symptoms started about 1 week ago with dry intermittent cough associated with shortness of breath, chest pain, generalized weakness body aches and worsening of chronic diarrhea. He was treated with Z-Pak but symptoms continued and he presented to the emergency room, found to be hypoxic requiring up to 6 L nasal cannula oxygen. Patient also had fever no chills or rigors. Reports he has received both shots of COVID-19 vaccine. In the emergency room patient was hypotensive which was responsive to IV fluids and received levofloxacin. Chest x-ray showed bilateral pneumonia. WBC 15.5, lactic acid 2.8 and the creatinine 2 which is patient's baseline.</p> <p>5/13/21: 84-year-old male with history of liver transplant for primary sclerosing cholangitis currently on immunosuppressive therapy with CellCept and sirolimus, colon cancer status post partial colectomy with colostomy, prostate cancer s/p androgen deprivation therapy, CKD stage 4 and obstructive sleep apnea presented with cough. Patient reports symptoms started about 1 week prior to hospitalization with dry intermittent cough associated with shortness of breath, chest pain, generalized weakness body aches and worsening of chronic diarrhea. Patient admitted for acute hypoxic respiratory failure secondary to COVID-19 pneumonia. Treated with dexamethasone and levofloxacin. With not a candidate for remdesivir based on poor renal function and ID consulted and did not believe patient qualifies for Actemra. Subsequently shortness of breath and hypoxia resolved and he was deemed stable for discharge and will complete 7 days steroid taper. Liver transplant team at pain clinic was consulted, recommended holding sirolimus while patient is on dexamethasone. I have clearly communicated to the patient and his wife to resume sirolimus after 1 week. On discharge patient was a febrile and hemodynamically stable. He was discharged home.</p>

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1368259	6/2/2021	OR	65	F	4/8/2021	4/9/2021	Day following 2nd Pfizer Vaccination patient developed left arm, left chest and left leg pain. ultimately left leg pain and chest pain resolved, but with persistent left elbow pain, pain/stiffness with ROM.
1368287	6/2/2021	NY	55	F	3/9/2021	3/9/2021	Vaccine reaction began day of injection: sore arm, difficulty sleeping next day: generalized malaise, fever, nausea, vomiting, diarrhea, body aches, cold sweats Transported by EMS to ED for chest pain but patient reports cocaine and beer the night before Admitted for chest pain work-up and patient only has a homeless shelter to return to. Diagnosed with GERD and UTI.
1368298	6/2/2021	KS	36	M	5/27/2021	5/27/2021	Symptoms began around 8:30PM on 05/27/21. started feeling sick, getting chills and fever, back and joint pain. That went throughout the night and was the same all day Friday. Saturday at 4:00 am woke up vomiting and experiences chest pain. By 9 AM the chest pain was so extreme that I had my wife take me to the ER. Where they said I was having a heart attack. I have been at Hospital in the ICU since then.

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1368345	6/2/2021	VA	19	M	4/28/2021	5/1/2021	19 year old with no significant past medical history presented to the ED with c/o chest pain. He was noted to have chest pain starting on 4/30. Patient stated that he had 2nd COVID vaccine on 4/29. He was noted to have one episode of vomiting and developed coughing. He has been c/o of sharp chest pain for the past two days. He was noted to have arm pain. He had chest pain when he breaths. He took advil and noted to have slight improvement in his pain. He was noted to have an elevated troponin and CK. Cardiology was consulted. His initial troponin came back 4.49 with a CPK of 294. Serial troponins were obtained. Troponin peaked to 44.8 and CPK to 1345, Echo showed newly reduced LVEF of 55%. Diagnosed with myopericarditis possibly related to the Covid vaccine and pt was transferred to the Hospital for cardiac MRI and further work-up. Upon transfer to the hospital, cardiac MRI was performed and showed acute myocarditis with no evidence of pericardial thickening or pericarditis. It also showed left ventricular function was at the lower limits of normal with a calculated left ventricular ejection fraction of 50% and no focal wall motion abnormality. He was treated with colchicine 0.6mg, pepcid 20 mg, and ibuprofen 600mg for the myocarditis and oral morphine 15mg and tylenol 1,000mg for chest pain. He was counseled on avoiding strenuous activity for the next 3 months and following up with cardiology upon discharge.

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1368062	6/2/2021	OH	16	M	5/28/2021	5/30/2021	Patient received second dose of Pfizer COVID-19 vaccine on 5/28/21. Within 12 hours patient experienced chills and subjective fever. The follow day patient reported developing fever. The day prior to admission (admitted 5/31/21) patient developed chest pain but worsened to 8-9 out of 10. Pain described at pressure in the center/sternal area of chest or like bricks on his chest. No pleurisy or radiation of pain, pain worsened when supine. Negative for shortness of breath, syncope, palpations. Did no improve with acetaminophen or ibuprofen at home. Patient presented to outside hospital where troponin was 0.37 and EKG showed ST abnormalities. Patient received 30 mg of ketorolac and 4 mg of ondansetron and was transferred to this facility. In our ED, pain improved to 4-5 out of 10. Diffuse ST elevations on EKG, troponin elevated to 7.38. Chest X-ray and rapid covid test were negative. Patient was started on naproxen sodium 500 mg enteral BID 5/31/21 through discharge on 6/2/21.

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1367163	6/2/2021	LA	72	F	4/8/2021	4/1/2021	fever; fatigue; Numbness whole body; hardly breathe; headaches; chills; chest pain; This is a spontaneous report received from a contactable consumer (patient) and follow up from Pfizer via a contactable consumer behalf of his Grandma . A 72-year-old female patient received second dose of bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Left on 08Apr2021 Morning (Batch/Lot Number: EW0158) as 2nd dose, single for covid-19 immunisation. Medical history included ovarian cancer from 1970 to an unknown date , neoplasm from an unknown date and unknown if ongoing (Tumor on her chest that she has had since she was 20, she lived on nuclear test site in NM and got cancer from that), diabetes mellitus from an unknown date and unknown if ongoing , myocardial infarction from an unknown date and unknown if ongoing , cardiac disorder from an unknown date and unknown if ongoing, covid-19 from 2020 to an unknown date. Family Medical History included Diabetes, Heart Attack, Heart Problems. He also shared that his grandma had COVID-19 last year (2020) and was hospitalized for several weeks. The patient's concomitant medications were not reported. The patient previously took first dose of bnt162b2 on 18Mar2021 in Left Arm for covid-19 immunization. The patient experienced hardly breathe on 10Apr2021 with outcome of not recovered, headaches on 10Apr2021 with outcome of not recovered, chills on 10Apr2021 with outcome of not recovered , chest pain on Apr2021 (about a week after the second vaccine) with outcome of not recovered, fatigue on 10Apr2021 with outcome of not recovered , numbness whole body on 10Apr2021 with outcome of unknown, fever on an unspecified date with outcome of unknown. The clinical course was reported as follows: Caller is calling on behalf of his 72 year old grandmother who received her first dose of the Pfizer BioNTech COVID-19 vaccine on 18Mar2021 and her second dose on 08Apr2021. Caller reports that on 10Apr2021 is grandmother could "hardly breathe", was having headaches, chills, numbness all over the body, chest pain, and fatigue. Caller states that he took her to the doctor who told them that these symptoms would go away i a few days but they never did. Caller reports that it has been a month of these symptoms still going on and states that it is very hard for his grandmother to breathe

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1366595 6/2/2021 MI

12 M

5/26/2021

5/27/2021

and describes it as "almost needs a ventilator type breathing." Caller would like to know if it is normal for these side effects to last this long. The patient states it has been a month since her second dose and two months since her first dose. The patient states after the second dose, she still can hardly breathe, has headaches, chills, numbness, and chest pains and those side effects. The patient asking "is it normal for her side effects to be lasting this long and is there anything she can do about it?" Weight was unknown, states she is average. Treatment was none, states she talked to her doctor and he said they will go away in a few days and they never did. Caller states the doctor took the same vaccine. Consumer states 1Feb2020, he caught Covid and brought it back to his parish in Louisiana, he was one of first in his area to get it and his grandma caught it. Consumer states in SEP2020, he was in the hospital for 2 weeks and in quarantine in a sterile environment because he caught the strain virus and his grandma caught that too. Vaccination Facility Type: was Hospital. No Vaccine Administered at Facility. Additional Vaccines Administered on Same Date of the Pfizer Suspect was none. AE(s) required a visit to no Emergency Room but Physician Office and she goes every month for a check up and he said the symptoms will pass, but they haven't. States the doctor isn't that good. Prior Vaccinations (within 4 weeks) was none. AE(s) following prior vaccinations was none. Relevant Tests was none.

Next day and every day thereafter he started getting more symptoms of feeling sick. The arm pain began the next day after injection. Followed by runny nose, sore throat, croup sounding cough, shortness of breath, gasping, chest pains, vomiting, back of the skull pain. He described the head pain as a square from the base of the back of his skull to the crown of his head and back down. Felt more like a pressure in the bones of his skull and less like a standard headache. The chest pains are sharp and come on sporadically. At first they were accompanied by hacking cough but then progressed to sharp chest pains at random times especially when lying down. He has difficulty sleeping and staying asleep. Also, lower abdominal pain but no vowel issues.

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1366843	6/2/2021	NV	66	M	3/3/2021	3/3/2021	sick as a dog; Kidney's almost shut down both times; had 2-3 attacks; Unexplainable pain in lower stomach area; Health declined quickly; Heart issue after first shot of vaccine; Lungs have gotten worse since the first shot; grabbing and pulling at his chest; Unable to sleep; Foul smelling diarrhea; Terrible chest pain; Could not breath/Very difficult to breathe; Could not eat anything; didn't take the second dose of the Moderna COVID-19 vaccine; Sick as a dog; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of RENAL IMPAIRMENT (Kidney's almost shut down both times), MYOCARDIAL INFARCTION (had 2-3 attacks) and ILLNESS (sick as a dog) in a 66-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 011A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Peanut allergy, Fruit allergy (citrus allergy was reported.), Milk allergy (Dairy allergy was reported.), Drug allergy (demerol), Kidney disorder (Kidney disease was reported.) since 2008, Chronic pancreatitis since 2012, COPD since 2001, Heart disease, unspecified since 2000, Drug allergy (tramadol), Drug allergy (lorazepam), Food allergy and Food allergy. Concomitant products included ONDANSETRON, PANTOPRAZOLE, BUPRENORPHINE and SALBUTAMOL SULFATE (PROAIR HFA) for Chronic pancreatitis, LOSARTAN POTASSIUM (LOSARTAN [LOSARTAN POTASSIUM]) for Hypertension, FLUOXETINE HYDROCHLORIDE (PROZAC) for Mood depression, AMMONIUM BROMIDE, POTASSIUM BROMIDE, SODIUM BROMIDE (BROMIDES), TIOTROPIUM BROMIDE (SPIRIVA) and DIAZEPAM (VALIUM) for an unknown indication. On 03-Mar-2021 at 10:30 AM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Mar-2021, the patient experienced RENAL IMPAIRMENT (Kidney's almost shut down both times) (seriousness criteria hospitalization, medically significant and intervention required), MYOCARDIAL INFARCTION (had 2-3 attacks) (seriousness criteria hospitalization, medically significant and intervention required), PRODUCT DOSE OMISSION ISSUE (didn't take the second dose of the Moderna COVID-19 vaccine) and

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ILLNESS (Sick as a dog). On 06-Mar-2021, the patient experienced ILLNESS (sick as a dog) (seriousness criteria hospitalization, medically significant and intervention required), DYSPNOEA (Could not breath/Very difficult to breathe) and FEEDING DISORDER (Could not eat anything). 06-Mar-2021, the patient experienced CHEST PAIN (Terrible chest pain). On 19-Mar-2021, the patient experienced DIARRHOEA (Foul smelling diarrhea). On an unknown date, the patient experienced ABDOMINAL PAIN UPPER (Unexplainable pain in lower stomach area), GENERAL PHYSICAL HEALTH DETERIORATION (Health declined quickly), CARDIAC DISORDER (Heart issue after first shot of vaccine), LUNG DISORDER (Lungs have gotten worse since the first shot), CHEST DISCOMFORT (grabbing and pulling at his chest) and INSOMNIA (Unable to sleep). The patient was treated with TIOTROPIUM BROMIDE (oral) on 05-Mar-2021 at an unspecified dose and frequency; SIMETHICONE ongoing since an unknown date at an unspecified dose and frequency; PREDNISONE at a dose of 10 mg and OXYGEN at an unspecified dose and frequency. At the time of the report, RENAL IMPAIRMENT (Kidney's almost shut down both times) had not resolved and MYOCARDIAL INFARCTION (had 2-3 attacks), ILLNESS (sick as a dog), DYSPNOEA (Could not breath/Very difficult to breathe), FEEDING DISORDER (Could not eat anything), DIARRHOEA (Foul smelling diarrhea), ABDOMINAL PAIN UPPER (Unexplainable pain in lower stomach area), GENERAL PHYSICAL HEALTH DETERIORATION (Health declined quickly), CARDIAC DISORDER (Heart issue after first shot of vaccine), LUNG DISORDER (Lungs have gotten worse since the first shot), CHEST PAIN (Terrible chest pain), CHEST DISCOMFORT (grabbing and pulling at his chest), PRODUCT DOSE OMISSION ISSUE (didn't take the second dose of the Moderna COVID-19 vaccine), ILLNESS (Sick as a dog) and INSOMNIA (Unable to sleep) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Electrocardiogram: normal other. On an unknown date, SARS-CoV-2 test negative: negative negative. On an unknown date, Troponin: high (High) high. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine)

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(Intramuscular) was unknown. Patient is on nebulizer treatment of tiotropium bromide and a lot of simethicone. Patient do not know if using either medication helped or not but that was my immediate reaction. Now patient is on prednisone and feels like he's taking it just to breathe. Patient has had to go on 24 hr. oxygen since the first shot. Patient was negative for Covid-19 over the past 3 months at three different times. He continued to have terrible chest pain where he was grabbing and pulling at his chest, pain creeping up to his chest, could not breath or eat anything for 1 week after his first shot. Patient was in the ER on 10Mar2021. Caller stated he has chronic pancreatitis and breathing issues for which he was prescribed steroids, his doctor told him to decrease the prednisone to 10mg for 2 days prior and day of vaccination. Caller thinks he had a week long stroke since he had high Troponin level which resulted in visit to the hospital where the doctors thought he had septicemia. Caller stated he has not been able to sleep because he keeps having attacks of chest pains that last approximately 15 minutes in the middle of the sleep which occurs 4+ times per night. Kidney's have gotten worse since 1st shot vaccine. Doctors said "the kidney's took a shot" after the first shot of vaccine. Patient was admitted to the Hosp twice after the first shot because his kidneys almost shut down both times. Unexplainable, excruciating pain in chest and very difficult to breathe for approx. 10-15 minutes each attack. New, unexplainable pain in lower stomach area since 1st shot of vaccine. Doctors cannot explain. Patient is seeking legal action against Moderna. Most recent FOLLOW-UP information incorporated above includes: On 18-May-2021: Follow up received on 18 May 2021, included patient demography (Ethnicity, race, height, weight), allergy to peanuts, citrus, dairy, Demerol, tramadol, lorazepam. Current medical condition kidney disease was updated. concomitant medications were buprenorphine, pantoprazole, ondansetron, losartan, Prozac with product indications were updated. Laboratory information EKG was updated. Events Kidney's have gotten worse, unexplainable pain in lower stomach area, my health has declined, lungs have gotten worse was updated. On 23-May-2021: follow-up appended, conmeds added, NF added to events, new events added, new allergies coded, generated narrative.; Sender's Comments: This case concerns a male patient

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of unknown age who missed second dose due other adverse events experienced post first dose of mRNA-1273. The other events show temporal association with the use of mRNA-1273 and a causal relationship cannot be excluded. However, the patient has concurrent history that confounds the reported events to include chronic pancreatitis, COPD, kidney and heart disorder. Missed dose is assessed as not applicable

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1366844	6/2/2021	FL	87	F	3/10/2021	3/10/2021	felt great weight and pressure on my chest; did not get the second dose of Moderna COVID-19 vaccine scheduled on 7APR2021; did not get the second dose of Moderna COVID-19 vaccine scheduled on 7APR2021/not going to get the second shot; couldn't swallow; antibodies absent; Fatigue/tiredness; Severe sore throat/not just a severe throat; Neck swelling; Facial swelling; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (felt great weight and pressure on my chest) in an 87-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 044A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Type 2 diabetes mellitus since an unknown date. Concurrent medical conditions included Drug allergy (allergic to medications), Allergy to animals and Perfume sensitivity. Concomitant products included LOSARTAN and METOPROLOL for Blood pressure high, ESZOPICLONE (LUNESTA) for Sleep disorder NOS, GLIMEPIRIDE for Type 2 diabetes mellitus. On 10-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 10-Mar-2021, the patient experienced OROPHARYNGEAL PAIN (Severe sore throat/not just a severe throat), SWELLING (Neck swelling), SWELLING FACE (Facial swelling) and FATIGUE (Fatigue/tiredness). On 15-Apr-2021, the patient experienced DRUG SPECIFIC ANTIBODY (antibodies absent). On an unknown date, the patient experienced CHEST PAIN (felt great weight and pressure on my chest) (seriousness criterion hospitalization), INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (did not get the second dose of Moderna COVID-19 vaccine scheduled on 7APR2021), PRODUCT DOSE OMISSION ISSUE (did not get the second dose of Moderna COVID-19 vaccine scheduled on 7APR2021/not going to get the second shot) and DYSPHAGIA (couldn't swallow). The patient was hospitalized from 25-Mar-2021 to 26-Mar-2021 due to CHEST PAIN. The patient was treated with PREDNISONE at an unspecified dose and frequency. At the time of the report, CHEST PAIN (felt great weight and pressure on my chest) and OROPHARYNGEAL PAIN (Severe sore throat/not just a severe throat) had resolved

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and SWELLING (Neck swelling), SWELLING FACE (Facial swelling), INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (did not get the second dose of Moderna COVID-19 vaccine scheduled on 7APR2021), PRODUCT DOSE OMISSION ISSUE (did not get the second dose of Moderna COVID-19 vaccine scheduled on 7APR2021/not going to get the second shot), DYSPHAGIA (couldn't swallow), DRUG SPECIFIC ANTIBODY (antibodies absent) and FATIGUE (Fatigue/tiredness) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-Apr-2021, Antibody test: negative (Negative) states that patient does not have any antibodies. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. The patient's HCP advised to wait for two more weeks to receive the second dose of vaccine. Med Info Agent: *Crosslink with MOD21-058959, MOD21-062129, MOD21-076250, MOD21-085519* Call received from consumer who stated she had reported a previous event, but is frustrated because on the form it says if you have a problem, call us, but there is no number to call. Caller provided her address and confirmed contact information, contact information updated. The consumer stated she does not leave her house, and she does not have a fax machine, so it makes it difficult for her to send it back. The caller would like the company to know about this, but did not have any further requests. Consumer stated she will eventually have someone send it out for her. Caller stated it wasn't just a severe throat as the form mentions, she couldn't swallow, but did not elaborate. Consumer stated she is not going to get the second shot per providers direction, and stated she had no antibodies from the first dose. No further information provided. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This report refers to a case of Inappropriate schedule of vaccine administered and Product dose omission issue for mRNA-1273, lot # 044A21A with associated AEs. This case was linked to MOD-2021-058039 (Patient Link). Most recent FOLLOW-UP information incorporated above

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includes: On 21-Mar-2021: significant: event added On 03-May-2021: Missed dose On 20-May-2021: Significant follow-up received On 21-May-2021: VAER from uploaded; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This report refers to a case of Inappropriate schedule of vaccine administered and Product dose omission issue for mRNA-1273, lot # 044A21A with associated AEs.

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1366845	6/2/2021	TX	62	F	3/20/2021	3/20/2021	Lymph node in both armpits neck on both sides of groin area were swollen for weeks; Heart felt like skipping a beat for no reason; Itchy neck area; Rash /hives neck area; Achy joints; Low grade fever; Chills; Achy neck/throat area; Chest pain with burning sensation; Loose stools; Sore gums; GI issues; Bloody diarrhea; Ringing/ hum noise in ear/ felt like indides were tremoring; Nausea; Joint and muscle aches over entire body; Didn't feel good/ felt awful; Not getting 2nd dose; Heacy feeling in chest; Bad headache; Fatigue; Mildly sore arm; This spontaneous case was reported by a consumer and describes the occurrence of DIARRHOEA HAEMORRHAGIC (Bloody diarrhea) in a 62-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 927A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Arthritis (Arthritis in numerous joints) since 2005, Sulfonamide allergy, Bee sting hypersensitivity, Latex allergy, Hashimoto's disease since 1992, Hypothyroidism since 1992, Vitiligo since 1968, Ulcer since 1985 and Migraine since 1999. Concomitant products included IBUPROFEN for Arthritis, LIOETHYRONINE SODIUM (CYTOMEL) for Hypothyroidism, ACETYLSALICYLIC ACID, CAFFEINE, PARACETAMOL (EXCEDRIN MIGRAINE) for Migraine. On 20-Mar-2021 at 8:30 AM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 20-Mar-2021, the patient experienced CHEST DISCOMFORT (Heacy feeling in chest), FEELING ABNORMAL (Didn't feel good/ felt awful), PRODUCT DOSE OMISSION ISSUE (Not getting 2nd dose) and FATIGUE (Fatigue). 20-Mar-2021, the patient experienced HEADACHE (Bad headache). On 21-Mar-2021, the patient experienced MYALGIA (Joint and muscle aches over entire body). On 23-Mar-2021, the patient experienced TINNITUS (Ringing/ hum noise in ear/ felt like indides were tremoring) and NAUSEA (Nausea). On 24-Mar-2021, the patient experienced DIARRHOEA HAEMORRHAGIC (Bloody diarrhea) (seriousness criterion medically significant) and GASTROINTESTINAL DISORDER (GI issues). On an unknown date, the patient experienced NECK PAIN (Achy neck/throat area), CHEST PAIN (Chest pain with burning sensation), DIARRHOEA

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(Loose stools), GINGIVAL PAIN (Sore gums), PAIN IN EXTREMITY (Mildly sore arm), PRURITUS (Itchy neck area), SWELLING (Lymph node in both armpits neck on both sides of groin area were swollen for weeks), EXTRASYSTOLES (Heart felt like skipping a beat for no reason), RASH (Rash /hives neck area), ARTHRALGIA (Achy joints), PYREXIA (Low grade fever) and CHILLS (Chills). On 20-Mar-2021, PRODUCT DOSE OMISSION ISSUE (Not getting 2nd dose) had resolved. At the time of the report, DIARRHOEA HAEMORRHAGIC (Bloody diarrhea), TINNITUS (Ringing/ hum noise in ear/ felt like indides were trembling), NECK PAIN (Achy neck/throat area), CHEST PAIN (Chest pain with burning sensation), CHEST DISCOMFORT (Heacy feeling in chest), GINGIVAL PAIN (Sore gums), FEELING ABNORMAL (Didn't feel good/ felt awful), PRURITUS (Itchy neck area), SWELLING (Lymph node in both armpits neck on both sides of groin area were swollen for weeks), EXTRASYSTOLES (Heart felt like skipping a beat for no reason), RASH (Rash /hives neck area), ARTHRALGIA (Achy joints), PYREXIA (Low grade fever), CHILLS (Chills), MYALGIA (Joint and muscle aches over entire body) and FATIGUE (Fatigue) outcome was unknown, DIARRHOEA (Loose stools), GASTROINTESTINAL DISORDER (GI issues), NAUSEA (Nausea) and HEADACHE (Bad headache) had not resolved and PAIN IN EXTREMITY (Mildly sore arm) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Patient didn't went to the physician. Patient experienced sore gums with two sores that were bleeding which lasted for 48 hours. Patient had been to the dentist and had a routine cleaning in Jan 2021. No treatment information was provided. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This report refers to a case of Product dose omission issue for mRNA-1273, lot # 927A21A with associated AEs. Most recent FOLLOW-UP information incorporated above includes: On 21-May-2021: Follow up received on 21 May 2021 included patient demographics, historical conditions, concomitant medications, additional events, outcome of the events

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was updated and the case was updated to serious case
dur to the event diarrhoea haemorrhagic.; Sender's
Comments: Based on the current available information
and temporal association between the use of the product
and the start date of the events, a causal relationship
cannot be excluded. This report refers to a case of
Product dose omission issue for mRNA-1273, lot #
927A21A with associated AEs.

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1366861	6/2/2021	FL	64	F	4/19/2021	4/17/2021	Face is red as a tomato; Face is swollen; Throat is closed and cannot breathe; Chest pain; Body aches; Her throat keeps closing up on her/ throat began to close up and off; Almost passing out; Almost passing out; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of THROAT TIGHTNESS (Her throat keeps closing up on her/ throat began to close up and off), NEAR DEATH EXPERIENCE (Almost passing out), ERYTHEMA (Face is red as a tomato), SWELLING FACE (Face is swollen), DYSPNOEA (Throat is closed and cannot breathe), CHEST PAIN (Chest pain), PRESYNCOPE (Almost passing out) and MYALGIA (Body aches) in a 64-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 031B21A and 031B21A) for COVID-19 vaccination. No Medical History information was reported. On 19-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 17-Apr-2021, the patient experienced PRESYNCOPE (Almost passing out) (seriousness criterion hospitalization). On 17-May-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced THROAT TIGHTNESS (Her throat keeps closing up on her/ throat began to close up and off) (seriousness criteria hospitalization and life threatening) and NEAR DEATH EXPERIENCE (Almost passing out) (seriousness criteria hospitalization and medically significant). On 18-May-2021, the patient experienced ERYTHEMA (Face is red as a tomato) (seriousness criterion hospitalization), SWELLING FACE (Face is swollen) (seriousness criterion hospitalization), DYSPNOEA (Throat is closed and cannot breathe) (seriousness criterion hospitalization), CHEST PAIN (Chest pain) (seriousness criterion hospitalization) and MYALGIA (Body aches) (seriousness criterion hospitalization). The patient was hospitalized until 18-May-2021 due to CHEST PAIN, DYSPNOEA, ERYTHEMA, MYALGIA, NEAR DEATH EXPERIENCE, PRESYNCOPE, SWELLING FACE and THROAT TIGHTNESS. At the time of the report, THROAT TIGHTNESS (Her throat keeps closing up on her/ throat

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began to close up and off) had not resolved and NEAR DEATH EXPERIENCE (Almost passing out), ERYTHEMA (Face is red as a tomato), SWELLING FACE (Face is swollen), DYSPNOEA (Throat is closed and cannot breathe), CHEST PAIN (Chest pain), PRESYNCOPE (Almost passing out) and MYALGIA (Body aches) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 18-May-2021, Chest X-ray: (Inconclusive) Lungs look good. No concomitant medications were reported. Treatment included epinephrine (EpiPen), morphine, 2 breathing treatments (unknown) and diphenhydramine (Benadryl). Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Most recent FOLLOW-UP information incorporated above includes: On 18-May-2021: Additional information received on 18 May 2021. The product details updated. Event details updated.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1366864	6/2/2021	TX	58	F	3/12/2021	4/9/2021	<p>elevated blood pressure; elevated heart rate; severe chest pain; lots of fatigue; joint pain rotating around to different area; Cold hands and feet; Vomiting; Headache; Face was flushed; lips numb; body shaking; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of BLOOD PRESSURE INCREASED (elevated blood pressure) and HEART RATE INCREASED (elevated heart rate) in a 58-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 039A21A and 040A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No relevant past medical history was provided. Concomitant products included MULTIVITAMIN [VITAMINS NOS] for an unknown indication. On 12-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) .5 milliliter. On 09-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 09-Apr-2021, the patient experienced BLOOD PRESSURE INCREASED (elevated blood pressure) (seriousness criterion hospitalization prolonged), HEART RATE INCREASED (elevated heart rate) (seriousness criterion hospitalization prolonged), HYPOAESTHESIA ORAL (lips numb) and TREMOR (body shaking). On 11-Apr-2021, the patient experienced FLUSHING (Face was flushed), VOMITING (Vomiting) and HEADACHE (Headache). On 17-Apr-2021, the patient experienced ARTHRALGIA (joint pain rotating around to different area) and PERIPHERAL COLDNESS (Cold hands and feet). On 14-May-2021, the patient experienced CHEST PAIN (severe chest pain) and FATIGUE (lots of fatigue). The patient was hospitalized on 11-Apr-2021 due to BLOOD PRESSURE INCREASED and HEART RATE INCREASED. The patient was treated with AMLODIPINE ongoing since an unknown date at an unspecified dose and frequency; LORAZEPAM (ATIVAN) ongoing since an unknown date at an unspecified dose and frequency; ASPIRIN [ACETYLSALICYLIC ACID] ongoing since an unknown date at an unspecified dose and frequency; HEPARIN ongoing since an unknown date at an unspecified dose and frequency; METOPROLOL SUCCINATE ongoing since an unknown date at a dose of 25 mg;</p>

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AMLODIPINE ongoing since an unknown date at a dose of 5 mg and LORAZEPAM (ATIVAN) ongoing since an unknown date at a dose of .5 mg twice a day. At the time of the report, BLOOD PRESSURE INCREASED (elevated blood pressure), HEART RATE INCREASED (elevated heart rate), ARTHRALGIA (joint pain rotating around to different area) and FATIGUE (lots of fatigue) had not resolved and CHEST PAIN (severe chest pain), HYPOAESTHESIA ORAL (lips numb), TREMOR (body shaking), FLUSHING (Face was flushed), PERIPHERAL COLDNESS (Cold hands and feet), VOMITING (Vomiting) and HEADACHE (Headache) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 09-Apr-2021, Blood pressure measurement: 210/114 mmHg (High) elevated. On 09-Apr-2021, Heart rate: 115 (High) elevated. On 11-Apr-2021, Blood pressure measurement: 257/120 mmHg (High) elevated. On 11-Apr-2021, Heart rate: 118 (High) elevated. On 11-Apr-2021, Hepatic enzyme: elevated (High) highly elevated. On 17-Apr-2021, Blood pressure measurement: elevated mmHg (High) elevated. On 17-Apr-2021, Heart rate: elevated (High) elevated. On 17-Apr-2021, Hepatic enzyme: elevated (High) elevated. On 14-May-2021, Blood pressure measurement: 176/111 mmHg (High) elevated. On 14-May-2021, Electrocardiogram: lv damage (abnormal) changed from before ad LV damage. On 14-May-2021, Heart rate: 114 (High) elevated. On 14-May-2021, Troponin: elevated (High) elevated. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. On 09/Apr/2021, the patient was taken to emergency room with blood pressure increased and heart rate increased and was released from ER without being checked. On 11/Apr/2021, she was admitted, was given a bunch of medications and was sent home by 13/Apr/2021. On 17/Apr/2021 she went to facility, with elevated BP and HR, liver enzymes were still elevated along with other events and received medications. On 18/Apr/2021 blood tests, computerized tomography (CT) scan, troponin levels, electrocardiogram (ECG) were performed (results not provided) . She was released on 19/Apr/2021. On 14/May/2021, she woke up with severe chest pain, elevated BP, and elevated HR and went to ER where they indicated her troponin level was elevated,

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did another CT scan and transported her back to facility. The same day they did blood tests, CT scan, troponin levels (results not provided), and an ECG that changed from before with possible LV damage. She was released the same day. On 17/May/2021, she went to cardiology. She was to wear a Holter monitor for 30 days. She also saw a rheumatologist that wants her to get X-rays and a nerve conduction study for the joint pain. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1366871	6/2/2021	KY	57	F	1/19/2021	2/25/2021	blood clots; leg pain due to clots; chills; diarrhea worse than when I had covid; chest pains; nerve sensations up and down back and arms; blood pressure went up; higher fever than when got covid; headaches; This spontaneous case was reported by a patient and describes the occurrence of THROMBOSIS (blood clots) in a 57-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 011J20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included COVID-19 (Patient had Covid-19 last year in April and experienced blood clot.) in April 2020 and Thrombosis (Patient had Covid-19 last year in April and experienced blood clot.) in April 2020. Concurrent medical conditions included Hypothyroidism, Blood pressure and Allergy. Concomitant products included CETIRIZINE HYDROCHLORIDE (CETRIZINE) and FEXOFENADINE HYDROCHLORIDE (ALLEGRA) for Allergy, HYDROCHLOROTHIAZIDE and METOPROLOL for Blood pressure, LEVOTHYROXINE for Hypothyroidism, POTASSIUM for Potassium, VITAMIN B NOS, VITAMIN D NOS and ASCORBIC ACID, CALCIUM, MINERALS NOS, RETINOL, TOCOPHERYL ACETATE, VITAMIN B NOS, VITAMINS NOS, ZINC (CENTRUM SILVER [ASCORBIC ACID;CALCIUM;MINERALS NOS;RETINOL;TOCOPHERYL ACETATE;VITAMIN B NOS;VITAMINS NOS;ZINC]) for Vitamin supplementation, SAMBUCUS NIGRA (ELDERBERRY EXTRACT) for an unknown indication. On 19-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 25-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 25-Feb-2021, the patient experienced BLOOD PRESSURE INCREASED (blood pressure went up), PYREXIA (higher fever than when got covid) and HEADACHE (headaches). On 15-May-2021, the patient experienced DIARRHOEA (diarrhea worse than when I had covid). In May 2021, the patient experienced CHEST PAIN (chest pains) and PARAESTHESIA (nerve sensations up and down back and arms). On an unknown date, the patient experienced THROMBOSIS (blood clots) (seriousness criterion medically significant), PAIN IN EXTREMITY (leg pain due

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to clots) and CHILLS (chills). On 16-May-2021, DIARRHOEA (diarrhea worse than when I had covid) had resolved. At the time of the report, THROMBOSIS (blood clots), CHEST PAIN (chest pains), PARAESTHESIA (nerve sensations up and down back and arms), BLOOD PRESSURE INCREASED (blood pressure went up), PAIN IN EXTREMITY (leg pain due to clots), PYREXIA (higher fever than when got covid), HEADACHE (headaches) and CHILLS (chills) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment information was not reported. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1366876	6/2/2021	OH	57	M	4/17/2021	5/14/2021	throat closed and choked on me; chest pain; trouble breathing and choked on me/cannot breath; throat closed and choked on me; muscle weakness; getting week for some reason; dizzy; pain shoot up at left side; Feeling strange; headache; started to whack out; lung capacity is down to half; This spontaneous case was reported by a consumer and describes the occurrence of CHOKING (throat closed and choked on me) in a 57-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 040B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Heart attack in 2007 and Angioplasty in 2007. Concurrent medical conditions included Gastroesophageal reflux disease, Chronic obstructive pulmonary disease and Heart disorder. Concomitant products included METOPROLOL for Blood pressure high, IPRATROPIUM BROMIDE and SALBUTAMOL SULFATE (ALBUTEROL SULFATE) for Chronic obstructive pulmonary disease, ACETYLSALICYLIC ACID (ASPIRIN 81) for Heart disorder, VILAZODONE HYDROCHLORIDE (VIIBRYD), DESVENLAFAXINE, FLUTICASON FUROATE, VILANTEROL TRIFENATATE (BREO ELLIPTA) and TIOTROPIUM BROMIDE MONOHYDRATE (SPIRIVA RESPIMAT) for Psychosis. On 17-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 14-May-2021, the patient experienced TOTAL LUNG CAPACITY DECREASED (lung capacity is down to half). On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced CHOKING (throat closed and choked on me) (seriousness criterion medically significant), CHEST PAIN (chest pain), DYSPNOEA (trouble breathing and choked on me/cannot breath), THROAT TIGHTNESS (throat closed and choked on me), MUSCULAR WEAKNESS (muscle weakness), ASTHENIA (getting week for some reason), DIZZINESS (dizzy), PAIN (pain shoot up at left side), FEELING ABNORMAL (Feeling strange), HEADACHE (headache) and FATIGUE (started to whack out). At the time of the report, CHOKING (throat closed and choked

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on me), CHEST PAIN (chest pain), DYSPNOEA (trouble breathing and choked on me/cannot breath), THROAT TIGHTNESS (throat closed and choked on me), TOTAL LUNG CAPACITY DECREASED (lung capacity is down to half), MUSCULAR WEAKNESS (muscle weakness), ASTHENIA (getting week for some reason), DIZZINESS (dizzy), PAIN (pain shoot up at left side), FEELING ABNORMAL (Feeling strange), HEADACHE (headache) and FATIGUE (started to whack out) outcome was unknown. The patient presented to the Emergency Room for his symptoms on 22-Apr-2021 and 01-May-2021. Additionally, on 17-May-2021, he went to his doctor who told him his lung capacity was down to half. No treatment information was provided. The patient received both scheduled doses of mRNA-1273 prior to the events therefore, action taken with the drug in response to the event is not applicable. Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded. This case was linked to MOD-2021-148103 (Patient Link).; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.

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1366897	6/2/2021	NY	62	M	4/19/2021	5/17/2021	palpitations; atrial flutter with RVR; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of PALPITATIONS (palpitations) and ATRIAL FLUTTER (atrial flutter with RVR) in a 62-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 046B21A and 037A21B) for COVID-19 vaccination. The patient's past medical history included Ex-smoker and COVID-19 (was not hospitalized and got recovered at home) in December 2020. Concurrent medical conditions included Hypertension, Hyperlipidemia and Obesity. On 19-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-May-2021, the patient experienced PALPITATIONS (palpitations) (seriousness criterion hospitalization) and ATRIAL FLUTTER (atrial flutter with RVR) (seriousness criterion hospitalization). The patient was hospitalized from 17-May-2021 to 18-May-2021 due to ATRIAL FLUTTER and PALPITATIONS. The patient was treated with DILTIAZEM (CARDIZEM [DILTIAZEM]) (oral) ongoing from 17-May-2021 for Palpitations and Atrial flutter with rapid ventricular response, at a dose of UNK dosage form and DILTIAZEM (CARDIZEM [DILTIAZEM]) (intravenous) ongoing from 17-May-2021 for Palpitations and Atrial flutter with rapid ventricular response, at a dose of UNK dosage form. On 18-May-2021, PALPITATIONS (palpitations) and ATRIAL FLUTTER (atrial flutter with RVR) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In May 2021, Heart rate: high heart beats per minute (High) > 120 bpm and high heart beats per minute (High) > 100 bpm. On 17-May-2021, Computerised tomogram thorax: negative (Negative) Negative for a pulmonary embolism (PE). On 17-May-2021, Electrocardiogram: inconclusive (Inconclusive) new onset atrial flutter with rapid ventricular response (RVR), no ST changes. On 17-May-2021, Full blood count: normal (normal) normal. On 17-May-2021, Heart rate: high heart beats per minute (High) 115-150 bpm. On 17-May-2021, Mean arterial pressure: inconclusive (Inconclusive) > 75. For mRNA-1273 (Moderna COVID-19 Vaccine)

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(Intramuscular), the reporter did not provide any causality assessments. The patient denied any history of sleep apnea. He denied fevers, night sweats, shaking, chills recently and denied any other complaints of chest pain, dyspnea or lightheadedness. He was not an alcohol user and had no new prescriptions. He had no history of thyroid disease and had not been diagnosed with chronic obstructive pulmonary disease. No concomitant medications were reported. Patient was hemostable throughout his emergency department stay. The patient got converted to sinus rhythm overnight and got discharged to home on 18-May-2021. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Patient's cardiovascular risk factors are an important confounder for the event atrial flutter.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Patient's cardiovascular risk factors are an important confounder for the event atrial flutter.

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1366903	6/2/2021	NC	37	M	3/10/2021	4/13/2021	chest pain that was sharp; feels an occasional slight chest discomfort; Elevated troponin levels; Blood pressure was ranging around 140/90; achy; fever 102; felt tired; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (chest pain that was sharp) in a 37-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 008B21-2A and 026A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was provided by the reporter. Concomitant products included FLUTICASON PROPIONATE (FLONASE [FLUTICASON PROPIONATE]) and AZELASTINE for an unknown indication. On 10-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 12-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 13-Apr-2021, the patient experienced MYALGIA (achy), PYREXIA (fever 102) and FATIGUE (felt tired). On 16-Apr-2021, the patient experienced CHEST PAIN (chest pain that was sharp) (seriousness criterion hospitalization), TROPONIN INCREASED (Elevated troponin levels) and BLOOD PRESSURE INCREASED (Blood pressure was ranging around 140/90). On 24-May-2021, the patient experienced CHEST DISCOMFORT (feels an occasional slight chest discomfort). The patient was hospitalized on 16-Apr-2021 due to CHEST PAIN. On 16-Apr-2021, TROPONIN INCREASED (Elevated troponin levels) had resolved. At the time of the report, CHEST PAIN (chest pain that was sharp), MYALGIA (achy), PYREXIA (fever 102) and FATIGUE (felt tired) was resolving and BLOOD PRESSURE INCREASED (Blood pressure was ranging around 140/90) and CHEST DISCOMFORT (feels an occasional slight chest discomfort) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 16-Apr-2021, Blood pressure measurement: 140/90 (High) His normal rage is 120/70. On 16-Apr-2021, Catheterisation cardiac: normal (normal) normal. On 16-Apr-2021, Echocardiogram: normal (normal) Normal. On 16-Apr-2021, Electrocardiogram: normal (normal) normal. On 16-Apr-2021, Pulmonary function test: clear (normal) Lung test was clear.. On 16-Apr-2021, Troponin: elevated

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(High) elevated, elevated (High) was elevated from the first. and normal (normal) the last test done was normal. No treatment information was provided. The patient received both scheduled doses of mRNA-1273 prior to the events, therefore action taken with the drug in response to the events was not applicable. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

Chest pain; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (Chest pain) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced CHEST PAIN (Chest pain). At the time of the report, CHEST PAIN (Chest pain) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No relevant concomitant medications were reported. No treatment information was provided.

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1366915	6/2/2021	VA	26	F	4/2/2021	4/2/2021	No blood clot but testing shows signs of blood clot; Unable to eat; Chest pains; Red spots; Muscles feel like needles; She has not taken second dose; Fainted; hand turned red; Palpitations; This spontaneous case was reported by a consumer and describes the occurrence of THROMBOSIS (No blood clot but testing shows signs of blood clot) and SYNCOPE (Fainted) in a 26-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 02-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Apr-2021, the patient experienced SYNCOPE (Fainted) (seriousness criterion medically significant), ERYTHEMA (hand turned red) and PALPITATIONS (Palpitations). On an unknown date, the patient experienced THROMBOSIS (No blood clot but testing shows signs of blood clot) (seriousness criterion medically significant), FEEDING DISORDER (Unable to eat), CHEST PAIN (Chest pains), RASH MACULAR (Red spots), MYALGIA (Muscles feel like needles) and INCOMPLETE COURSE OF VACCINATION (She has not taken second dose). At the time of the report, THROMBOSIS (No blood clot but testing shows signs of blood clot), SYNCOPE (Fainted), ERYTHEMA (hand turned red), PALPITATIONS (Palpitations), FEEDING DISORDER (Unable to eat), CHEST PAIN (Chest pains), RASH MACULAR (Red spots), MYALGIA (Muscles feel like needles) and INCOMPLETE COURSE OF VACCINATION (She has not taken second dose) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Coagulation test: signs of blood clot (abnormal) signs of blood clot. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. It was reported that within 3 minutes of receiving dose, patient's hand turned red and she fainted. Patient was brought to the hospital and was released a couple hours later when palpitations stopped. No medication given to treat symptoms. The patient was receiving unspecified acid reflux medication. Company comment Very limited information regarding these events has been provided at this time. Further information has been requested. Company causality for events

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1367692	6/2/2021	CA	17	F	4/25/2021	5/26/2021	<p>Thrombosis, Syncope, Erythema, Palpitations, Feeding disorder, Chest pain, Rash macular and Myalgia cannot be excluded, while company causality for Incomplete course of vaccination is assessed as not applicable.; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested. Company causality for events Thrombosis, Syncope, Erythema, Palpitations, Feeding disorder, Chest pain, Rash macular and Myalgia cannot be excluded, while company causality for Incomplete course of vaccination is assessed as not applicable.</p> <p>Follow up report - The symptoms - severe headaches; shortness of breath; difficulty breathing; chest pain and throat pain with activities - even if he walked across the room he had this pain along with the shortness of breath; body aches and fatigue. He is an athlete and not able to do any of the sports - he starts breathing heavily when he walks across the room. He couldn't attend school for over a month. Has been to several physicians - a pulmonologist several times; cardiologist; gastroenterologist; his pediatrician. He got a steroid shot - 24th, given to him for the headaches. Last Monday, the 24th of May (the pulmonologist gave this to him). It (the headaches pain) was really bad on Tuesday, Wed, Thursday and he started feeling better with the headaches on Friday. He has been given an inhaler and Pepcid for acid reflux (gastroenterologist). These have given him a little relief - but he don't know if it's the steroid shot or the inhaler that is helping. Yesterday he tried to go to his Sports class and he couldn't do it - there was a problem with breathing; a lot of shortness of breath. The headaches and the breathing issues are still what are debilitating him the most.</p>

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1367129	6/2/2021	CA	43	M	3/27/2021	3/31/2021	chest pain made him go to the emergency room because it was too much, it was multiple throughout the day not just one time; his penis sensations are a lot different; has had a bad headache where it feels like he has vibrating inside of his head, in his chest and in his abdomen; when he falls asleep he wakes up in an hour; getting shocked in the middle of the night when he is sleeping- in his chest and intestines; getting shocked in the middle of the night when he is sleeping- in his chest and intestines; limbs twitch; This is a spontaneous report from a contactable consumer. A 43-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 Vaccine, solution for injection, Lot Number: ER8732; Expiration Date: 31Jul2021), 1ST DOSE SINGLE via an unspecified route of administration, administered in Arm Left on 27Mar2021 for covid-19 immunisation. The patient medical history was not reported. The patient's concomitant medications were not reported. The patient experienced chest pain made him go to the emergency room because it was too much, it was multiple throughout the day not just one time, has had a bad headache where it feels like he has vibrating inside of his head, in his chest and on 31Mar2021, when he falls asleep he wakes up in an hour 31Mar2021, getting shocked in the middle of the night when he is sleeping- in his chest and intestines on 31Mar2021, getting shocked in the middle of the night when he is sleeping- in his chest and intestines on 31Mar2021, limbs twitch on 31Mar2021, his penis sensations are a lot different. It was reported that 5 days after he got the first dose of the COVID vaccine he started getting pains and the major thing is at night. If he falls asleep, he wakes up in an hour and that has been every night for a month and a half. That is the main thing that is pissing him off. He confirms that he is having issues with his chest and his intestines like he mentioned previously and he has started keeping track and has kept a journal of the pains. This stuff is new. He has never experienced this before and it has been happening every day starting 5 days after when he got the COVID vaccine. He had the COVID vaccine on 27Mar2021 and on 31Mar2021 he got the first shock in his chest at 0120 in the morning when he was sleeping. Then that went on for a week, he had it on 31Mar2021, 01Apr2021, 02Apr2021, 03Apr2021 and 04Apr2021 where he was getting shocked in the middle of the night when he is

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sleeping. On 04Apr2021 he had to go to the emergency room and have them look at him. But since 31Mar2021 he has been getting up every hour after he falls asleep. This was all worse when it first started because he has never experienced anything like this. The first shock he had was a hard feeling in his chest and then he couldn't go back to sleep. It is so bad. After he went to the emergency room, that is when it started being not as much of a shock pain that woke him up but he was still waking up every hour. The pains are in his upper chest and in his intestines. Also his limbs twitch and he has had a bad headache where it feels like he has vibrating inside of his head, in his chest and in his abdomen. He confirmed that these also began on 31Mar2021 and have been happening whenever they want and he has never experienced all of that before. Never. Everything has all stayed the same. The sad part is that he just thinks that he is getting used to this "new normal" because he is now going on the second month of this and his body is adapting but this is not normal. Also, he guesses that he shouldn't be shy now but the last thing is that his penis sensations are a lot different and he didn't notice until the first time that he was having relations with his wife after the COVID vaccine and it is all different. He noticed and she did too as far as whenever they were trying to have relations. It has been more than once, it has been every time they have tried afterwards. He says his doctor is going to send him to a sleep lab but he wasn't expecting that. He thought that maybe he would need to go somewhere else. But there he will go to sleep and be hooked up and they will read his whole body and tell the reason why he is waking up every hour. The outcome of the event headache, sleep disorder, chest discomfort, muscle twitching was not recovered and penis order, headache was unknown. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

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1367559	6/2/2021	IL	59	F	9/1/2020	4/1/2021	Procedure for slight heart blockage; Passed out, Recurred passed out; RECURRENT OSTEOARTHRITIS ON RIGHT KNEE; IRREGULAR HEARTBEAT; LOWER BELLY CRAMPS; Chest pain; Sweaty; WHOLE BODY WAS KILLING; Head was hurting; COLITIS; CLOSTRIDIUM DIFFICILE; VEIN BLOCKAGE; DEHYDRATION; WORSENERD JOINT PAINS; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of ATRIOVENTRICULAR BLOCK (Procedure for slight heart blockage), LOSS OF CONSCIOUSNESS (Passed out, Recurred passed out), CLOSTRIDIUM DIFFICILE COLITIS (CLOSTRIDIUM DIFFICILE), VENOUS OCCLUSION (VEIN BLOCKAGE), DEHYDRATION (DEHYDRATION), COLITIS (COLITIS), OSTEOARTHRITIS (RECURRENT OSTEOARTHRITIS ON RIGHT KNEE), HEART RATE IRREGULAR (IRREGULAR HEARTBEAT), ABDOMINAL PAIN LOWER (LOWER BELLY CRAMPS), CHEST PAIN (Chest pain), HYPERHIDROSIS (Sweaty), FEELING ABNORMAL (WHOLE BODY WAS KILLING), ARTHRALGIA (WORSENERD JOINT PAINS) and HEADACHE (Head was hurting) in a 59-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 016B21A) for COVID-19 vaccination. Co-suspect product included non-company product ADALIMUMAB (HUMIRA) injection for Rheumatoid arthritis. The patient's past medical history included Cigarette smoker, Alcoholic and Gallbladder removal in September 2020. Concurrent medical conditions included Osteoarthritis since 2019, Rheumatoid arthritis since 2010, Depression, High cholesterol, Blood pressure high, Diabetes and Sulfonamide allergy. Concomitant products included LISINOPRIL for Blood pressure high, BUPROPION HYDROCHLORIDE (BUPROPION [BUPROPION HYDROCHLORIDE]), DULOXETINE and QUETIAPINE for Depression, SIMVASTATIN for High cholesterol, TIZANIDINE for Muscle spasm, ALUMINIUM HYDROXIDE, DICYCLOVERINE HYDROCHLORIDE, MAGNESIUM OXIDUM LEVE (DICYCLOMINE CO) for Stomach cramps, MULTIVITAMINS & MINERALS PLUS LUTEIN for Supplementation therapy, PROBIOTIC 10, CALCIUM and CALCIUM CARBONATE, COLECALCIFEROL (VITAMIN D 2000) for an unknown

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indication. On 01-Sep-2020, the patient started ADALIMUMAB (HUMIRA) (Subcutaneous) 40 mg. On 27-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. In April 2021, the patient experienced ARTHRALGIA (WORSENERD JOINT PAINS) (seriousness criterion hospitalization prolonged). On 13-May-2021, the patient experienced CLOSTRIDIUM DIFFICILE COLITIS (CLOSTRIDIUM DIFFICILE) (seriousness criteria hospitalization prolonged and medically significant) and COLITIS (COLITIS) (seriousness criterion hospitalization prolonged). In May 2021, the patient experienced VENOUS OCCLUSION (VEIN BLOCKAGE) (seriousness criterion hospitalization prolonged) and DEHYDRATION (DEHYDRATION) (seriousness criterion hospitalization prolonged). On an unknown date, the patient experienced ATRIOVENTRICULAR BLOCK (Procedure for slight heart blockage) (seriousness criterion hospitalization prolonged), LOSS OF CONSCIOUSNESS (Passed out, Recurred passed out) (seriousness criteria hospitalization prolonged and medically significant), OSTEOARTHRITIS (RECURRENT OSTEOARTHRITIS ON RIGHT KNEE) (seriousness criterion hospitalization prolonged), HEART RATE IRREGULAR (IRREGULAR HEARTBEAT) (seriousness criterion hospitalization prolonged), ABDOMINAL PAIN LOWER (LOWER BELLY CRAMPS) (seriousness criterion hospitalization prolonged), CHEST PAIN (Chest pain) (seriousness criterion hospitalization prolonged), HYPERHIDROSIS (Sweaty) (seriousness criterion hospitalization prolonged), FEELING ABNORMAL (WHOLE BODY WAS KILLING) (seriousness criterion hospitalization prolonged) and HEADACHE (Head was hurting) (seriousness criterion hospitalization prolonged). The patient was treated with POTASSIUM at an unspecified dose and frequency; VANCOMYCIN for Clostridium difficile colitis, at an unspecified dose and frequency; COLESTYRAMINE (QUESTRAN) for Diarrhea, at an unspecified dose and frequency; NITROGLYCERIN at an unspecified dose and frequency; LOPERAMIDE at an unspecified dose and frequency; GLUCOSE, POTASSIUM CITRATE, SODIUM CHLORIDE

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(PEDIALYTE 30) at an unspecified dose and frequency and ACETYLSALICYLIC ACID (ASPIRIN (E.C.)) at an unspecified dose and frequency. At the time of the report, ATRIOVENTRICULAR BLOCK (Procedure for slight heart blockage), VENOUS OCCLUSION (VEIN BLOCKAGE), COLITIS (COLITIS) and OSTEOARTHRITIS (RECURRENT OSTEOARTHRITIS ON RIGHT KNEE) had not resolved, LOSS OF CONSCIOUSNESS (Passed out, Recurred passed out) and CLOSTRIDIUM DIFFICILE COLITIS (CLOSTRIDIUM DIFFICILE) had resolved and DEHYDRATION (DEHYDRATION), HEART RATE IRREGULAR (IRREGULAR HEARTBEAT), ABDOMINAL PAIN LOWER (LOWER BELLY CRAMPS), CHEST PAIN (Chest pain), HYPERHIDROSIS (Sweaty), FEELING ABNORMAL (WHOLE BODY WAS KILLING), ARTHRALGIA (WORSENERD JOINT PAINS) and HEADACHE (Head was hurting) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In October 2020, Computerised tomogram: inconclusive (Inconclusive) UNKNOWN. In October 2020, Ultrasound abdomen: inconclusive (Inconclusive) unknown. In October 2020, X-ray: inconclusive (Inconclusive) unknown. In March 2021, Stool analysis: negative (Negative) negative. In April 2021, Cardiac stress test: inconclusive (Inconclusive) unknown. In April 2021, Electrocardiogram: unknown (Inconclusive) UNKNOWN. On 04-May-2021, Colonoscopy: inconclusive (Inconclusive) UNKNOWN. In May 2021, Catheterisation cardiac: inconclusive (Inconclusive) UNKNOWN. On an unknown date, Clostridium test: inconclusive (Inconclusive) UNKNOWN. On an unknown date, Computerised tomogram abdomen: inconclusive (Inconclusive) unknown. Company comment: Very limited information regarding this event/s has been provided at this time. Further information has been requested. This case was linked to MOD-2021-102034, MOD-2021-102034 (Patient Link).; Sender's Comments: Very limited information regarding this event/s has been provided at this time. Further information has been requested.

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1367190	6/2/2021	OR	67	F	2/18/2021	2/28/2021	bradycardia and tachycardia episodes; bradycardia and tachycardia episodes; sudden onset chest pain; small vessel stroke in her brain stem; diagnosed with dysautonomia; diagnosed with POTS; Shortness of breath; fine hand tremors; burning hand syndrome; GI burning and belching / burning abdomen; GI burning and belching; blood pressure issues; chest discomfort; exercise intolerance; little waves of hot flashes; O2 sat variations; not well; light headedness and profound weakness; light headedness and profound weakness; This is a spontaneous report from a contactable nurse (patient). A 67-year-old female patient received BNT162B2 (lot number: EM9809 or EM9509) second dose on 18Feb2021 (vaccination age 67-year-old) on left arm at single dose for COVID-19 immunization. Medical history included ongoing Trigeminal neuralgia from Dec2020 (diagnosed 5 month ago after shingles vaccine), continuously being worked up by her primary for autoimmune disorders, she had a stroke in her brainstem. Concomitant medications included carbamazepine (TEGRETOL) for Trigeminal neuralgia (Has been taking for 5 months since being diagnosed with trigeminal neuralgia. She mentions its the only thing that calms the nerve down). Historical vaccine included BNT162B2 (lot number: EN5318) first dose on 25Jan2021 (vaccination age 67-year-old) on forearm left deltoid for Covid-19 immunization and shingles vaccine Shingrix on 17Dec2020 (vaccination age 67-year-old) for immunization and developed a neuropathy (3-4 days later) and trigeminal neuralgia 4 days post-shingles vaccine. 10 days post second dose of Covid vaccine (28Feb2021), she developed sudden onset of chest pain and lightheadedness and profound weakness. She was driving to her son's house and got to the nearest hospital and she was worked up for a blood clot and a heart attack. Everything came up negative but she had bradycardia. So, she was put on a 20 day monitor and she had signs of tachycardia, bradycardic episodes with activity and exercise intolerance. She is still continuing with the chest pain and she ended up in the emergency room two more times, hospitalized once, and she had a angiogram. The cardiologist gave her a diagnosis of POTS and the internal medicine gave her a diagnosis of dysautonomia. She is continuously being worked up by her primary for autoimmune disorders. Finally, her

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primary doctor threw up her hands and said "I don't know" because she continued to have other symptoms like light headedness, and shortness of breath. Of course, it is all linked to random surges of fine hand tremors and her heart would start racing where she may just be standing at the sink. Cardiology didn't want to do anything with her because she was in normal sinus rhythm. The caller explains she was told they saw a lot of tachycardia and bradycardia but she was in normal sinus rhythm, she didn't belong with a cardiologist. Five months ago, she got the shingles vaccine and developed trigeminal neuralgia 4 days post-shingles vaccine. At that point they did an MRI of the brain, thinking maybe she had MS because that is one of the side effects of MS, but she didn't. She had a normal MRI. She has been to neurology and has had a lot of testing done. She knows the long hauler's with COVID are coming up with dysautonomia. However, she has had multiple Covid tests and is very, very safe. She does not believe that she had Covid, but she does believe this may be a reaction to both the shingles vaccine with the trigeminal neuralgia and the Covid vaccine. Before these vaccines, she was on absolutely no medications and was completely healthy. These 2 vaccines, whether it's in her genetic system or whatever, but she continues to have GI burning, belching and burning hands. They did another MRI and found she had a small vessel stroke in her brain stem. There are so many things that are happening to her right now. She is also seeing rheumatology. She just is not well. Though the CDC doesn't know about her newer symptoms, she reported to the CDC what she had at the time. They haven't gotten back to her on either of them. Five months ago was the shingles vaccine and she would have thought they would have reached back out to her because it is truly too coincidental that she takes a shingles vaccine and 3-4 days later develop a neuropathy, and the shingles vaccine is supposed to prevent neuropathy. She is so active. She walked coast to coast, and now literally just even walking up a flight of stairs, her heart rate goes up to 115 to 120. She can be at rest and her heart rate can be in the 40's. She is also having blood pressure issues as well. Her blood pressure can be 89/46 and then be 152/90, so she is just kind of an "autonomic nervous system mess". Her primary care referred her to a neurologist and a rheumatologist whom

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she will be seeing Wednesday. She doesn't know what other specialties she may ended up seeing. The MRI was supposed to help find reasons for all these symptoms, but in fact, all it did was add another condition to her already perplexing condition. She submitted one report via CDC for the shingles vaccine on 17Dec2020, which three days later, she had trigeminal neuralgia. Her symptoms are ongoing and it's not disappearing like she had hoped. It keeps progressing and she keeps getting new symptoms. Sudden onset chest pain: Was 10 days after the vaccine, while driving to her son's house. She also developed light headedness and profound weakness. She went to the hospital (ER) and was sent home. 3 days later, she was still having significant chest pain so she went back into the ER. She was on a monitor that was showing all of these tachycardic and bradycardic episodes. She wasn't getting contacted but she was still having pain. The third time she went into the ER, she was admitted to the hospital. They transported her to cardiac care and they did an angiogram, which is when she was given the diagnosis of dysautonomia and POTS. The neurologist says that she does not have POTS because she is not presenting with consistent orthostatic hypotension and tachycardia when he does the TILT test. However, she has a lot of autonomic symptoms, so the doctor decided to do an MRI. Her previous doctor was doing all of this autoimmune testing that was coming back negative. She was tested for an adrenal tumor and had urine tests which got ruled out because she is surging, it is obvious she is having adrenal surges. The caller doesn't believe her doctor was convinced he would see anything on the MRI, so when he called her and told her she had a small vessel stroke in the pons/ medulla area, he thought maybe it could attribute to the symptoms. However, these new GI symptoms she is having does not fit. Therefore, they are continuing to do more studies like gastric emptying, a skin biopsy, CAT scan and an angiogram. She is meeting with a rheumatologist on Wednesday. She also adds she will probably do an MRI of the abdomen because she is having such a burning abdomen. She is waking up in the middle of the night with her abdomen just on fire. It seems like she is continuing to just add new symptoms. The chest pain goes away and she only gets it when she gets tachycardia or when she is taking a walk- it's not

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having it continuously. She had burning hand syndrome, it was burning hands in a bath, which that that lasted an hour when she was getting out of the bath and she hasn't had that since. Everything is kind of a weird conglomerate of dysfunction, like the blood pressure variations, O2 sat variations. She just wants answers. She is adjusting and adapting. But, she does want to bring this to Pfizer's attention because maybe genetically there is something in her that even though the COVID vaccine is not a live virus, the idea is to mimic the live virus to give you immunity, and long hauler's are experiencing some of these symptoms that she is having, Not that Pfizer is going to do anything differently- she is still encouraging vaccines and she is not telling many people because she doesn't want people to use this as an excuse to not get the Covid vaccine. Caller confirms the dates of all of these events were reported to the CDC. Her doctor would have all of the dates including the dates of the angiogram, ER visits, the findings, and then the testing dates. Dates are unknown by the caller. She confirms she was in the emergency room 3 times, she was admitted and transferred to Cardiac care on the third time. She believes she was admitted for 3 days. She believes she was admitted in the evening, they did the angiogram the next day and she was discharged the following day. The MRI that was sent in 01 Dec 2020 was negative for anything. The MRI that was done last Thursday, 07 May or 09May2021 showed an infarct. So, she did have an MRI that was clear in December and then the recent MRI showed the stroke. They are doing a CAT scan angiogram 28May2021. She explains she has no lifestyle history for developing a stroke. She wasn't even on baby aspirin or any statins. Now, they are now wanting to put her on statins. Before this, she had no history. She confirms her ER visits and one hospitalization were after the COVID vaccine and was all based on chest pain. The caller confirms the only thing that happened to her after the shingles vaccine was that she was in excruciating pain and then the doctor got an MRI going and determined she had trigeminal neuralgia. She was never hospitalized or went to the ER for the shingles vaccine. The chest pain she still gets on and off. Last night, she had it. She can get chest pain when she is walking. The chest pain is not continuous and consistent, it's more based on activity. Last night, her

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whole intestines were burning and she noticed "oh I'm feeling some chest discomfort". She is not worried about the chest pain anymore because she knows it is either a bradycardia that her chest is unhappy with or tachycardia that her heart is unhappy with and it's giving her discomfort. Her heart rate can literally go from 50 (which is bradycardic) to 120 in less than 5 -10 seconds. Her heart just goes racing like she is having a marathon, that's how fast it goes. It will last this way for a minute and her heart rate will eventually meander it's way down so that's why she thinks she is getting chest pain. She works with elders and wanted to keep the world and community safe. She wanted to get back into the world and see her mother who is in a nursing home. Caller mentions she was taking 200mg twice a day of the Tegretol (before the COVID vaccine). She had to up her dosage because she had another outbreak so now her dose is 300mg, twice a day. She clarifies a tooth infection flared up her trigeminal neuralgia. All of the auto immune results were negative, except the MRI, which she thinks is the only thing that was positive. She is doing an autonomic test in September. At this point, her doctor has given a diagnosis of dysautonomia and she is presenting as such. Her neurologist is needing verification and so he is not giving her a diagnosis even though she has all of the symptoms of dysautonomia. Vaccination Facility Type: administered it to their elder care home. The event chest pain required a visit to Emergency Room and Physician Office (has weekly telephone visits because she keeps getting different symptoms. They are scratching their heads trying to figure out what other testing is needed. She is now developing little waves of hot flashes and is not having a fun time. She was living a very healthy lifestyle and was always energetic previous to this). The patient was hospitalized for 3 days. Family Medical History Relevant to AEs was No, other than her mother has hereditary angioedema. She hasn't been tested so does not even know if that is significant. She knows she has been reading about long hauler's having dysautonomia and a whole array of neurological symptoms. It is kind of intriguing as well as kind of suspicious. Everything is being managed well by her primary doctor who is very concerned and is doing everything she can to try and find and answer. The caller is very curious if there is a lot of

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funding, would she be put into a link and a pool to be involved in some studies or something? Is it something genetic? There is certainly enough money out to do this work. Caller is questioning if she would get a booster given that she is questioning if she should get a booster because she doesn't know. She doesn't know if she is going to get the second shingles vaccine. She does not know what it could result in for her given these 2 complications with these 2 vaccines. Causality: Because she had the shingles vaccine and developed trigeminal neuralgia, which is a neuropathic, and then getting the Covid vaccine and having all of these symptoms, it is just too coincidental. She is going to talk to her doctor about MS since she is presenting with gut things which is more "MS-ish". MS is hard to diagnose so she doesn't know, they are still testing. At this point, because all the boxes checked besides the last MRI, she is leaning towards the COVID vaccine being the cause of her symptoms. The causality for event sudden onset chest pain was related. The outcome of the events was unknown. Information about batch/lot number has been requested.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the events bradycardia, tachycardia, chest pain and brain stem stroke cannot be excluded. The available information upon initial assessment is limited, especially as a definitive diagnosis was not available. The patient was reported to have pre-existing trigeminal neuralgia and previous brainstem stroke and is being worked up for autoimmune disorders; the role of these conditions in the development of the symptoms also cannot be ruled out. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.

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1367240	6/2/2021	ME	18	M	5/7/2021	5/1/2021	Severe fatigue; Right hand started twitching uncontrollably; Had pain but it did not go across chest like after first dose vaccine; Had numbness down arms and legs; Had vertigo really bad; Was very hot, no fever, but radiating heat; Muscle pain; Mind numbing migraine pain in the caller's son's head; Body was hot all over, and his skin turned red; had periodic pins and needles with the numbness; Dizziness; Difficulty sleeping; Chest tightness periodically, but not consistently; Chest pain; Ear ringing; General malaise; Can't walk to the end of the block without coming back in pain; Found it hard to concentrate; Cloudy head; This is a spontaneous report from a contactable consumer (patient's mother). An 18-years-old male patient received of bnt162b2 (BNT162B2, Formulation: Solution for injection) via an unspecified route of administration in left arm on 07May2021 12:10 (Lot Number: EW0183; Expiration Date: 31Aug2021) as 2nd dose, single dose for COVID-19 immunisation. Medical history included Lyme disease ongoing from 2013 and it was reported that her son had no tick bite & was diagnosed through a blood test. Her son had fatigue, migraines, lethargy & the doxycycline made him sick as a dog. A chiropractor had success using various tinctures & after 1 to 1-1/2 years, her son went into remission. Her son has a low degree of pain & soreness & has learned to deal with the pain. When his immune system is triggered, his Lyme disease comes back & he takes tinctures for a week or 2 & his symptoms goes away. No further details provided. The patient's concomitant medications were not reported. The patient previously received first dose of BNT162B2 (Lot number: EW0164 and Expiry date: 31Aug2021) administered in left arm for COVID-19 immunisation and experienced chest pain, headaches and light-headed. Patient also had his first HPV Vaccine, laid out flat for a week and had no problems with the meningitis. On 07May2021, after second dose of vaccine administration, the patient had pain but it did not go across chest like after first dose vaccine, numbness down arms and legs, really bad vertigo, was very hot, no fever, but radiating heat, muscle pain, dizziness, mind numbing migraine pain in head, body was hot all over, skin turned red and right hand started twitching uncontrollably. On an unspecified date in May2021, the patient had periodic pins and needles with the numbness, difficulty sleeping, chest tightness

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periodically, but not consistently, chest pain, severe fatigue, ear ringing, general malaise, can't walk to the end of the block without coming back in pain, found it hard to concentrate and cloudy head. It was reported that the caller's son had the pain but it did not go across his chest like after the first dose Pfizer Covid 19 vaccination. The caller's son had numbness down his arms and legs and her son's legs were real heavy. The caller's son had to help lift his legs to get his legs to move. The caller's son had vertigo really bad. The vertigo was so bad the caller's son had to lay down on the stretcher as the vaccination site. Even sitting up, the caller's son's world was spinning. The caller's son had to lay down. It was very hot, no fever, but radiating heat: The caller's son was very hot, no fever, but radiating heat. Part of that was the vaccination centre was not air conditioned and the caller's son was already a little uncomfortably warm when he went in. Dry ice packs were placed on the caller's son's head, went through three dry ice packs melting on the caller's son. The dry ice packs were on the caller's son's forehead and back of his neck and the injection site. The caller was trying to give her son coolness the best she could. He stayed about 30 minutes at the vaccination site and nothing improved or got worse. He was still very heavily dizzy or whatever and got in the wheelchair and got home. The caller's son did nothing for the rest of the day or weekend. The caller's son was just in so much pain and so much dizziness, it was just too much to do anything. The caller's son's symptoms gradually improved but very minute. The amount of dizziness the caller's son had was a little less so he could sit up at the computer, but even that the caller's son had to take breaks and couldn't do it for more than 30 minutes before laying back down. Had pain but it did not go across chest like after first dose vaccine: The caller's son's pain was a little less intense. The caller's son's numbness by Monday, 10May2021, had subsided for the most part. The caller's son is still having numbness down his arm, the opposite arm the caller's son received the second dose Pfizer COVID-19 Vaccine. The caller's son is also having numbness in his thighs sometimes, but not constantly. Clarifies the thighs or upper legs. The caller took her son to a Chiropractor and the Chiropractor gave her son a couple supplements to detoxify. That seemed to actually make things worse.

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The caller also took her son to the doctor's office. The caller took her son to a Chiropractor and the Chiropractor gave her son a couple supplements to detoxify: The caller states these were Charcoal and Magnesium combination and Turmeric root extract. Reporter made her son hydrate and use the generic Acetaminophen 500mg Caplets, along with a pain tea. The pain tea was loose herbs of valerian root, peppermint, and skull cap and pain tea seemed to help her son more for his pain, and mask some of the general malaise, and allowed her son to study for his AP Calculus exam. Patient's pain went from an 11-12 and was now at a 6 or 7. patient had a high tolerance for pain, and could cope with the pain, but the pain made it difficult for him to concentrate. Patient's migraine pain was unbearable at times and made it difficult for him. The generic Acetaminophen 500mg caplet with the pain tea helped to manage so his migraine pain was not so extreme. Therapeutic measures included Liposomal Resveratrol 38mg Curcumin from turmeric root extract 100mg, dietary supplement (Lot: 00728B or 007288). She has reported that she had been giving her tylenol for muscular pain and migraine. Other treatment included: alternating between Advil (Liqui-Gels) and Tylenol (generic acetaminophen 500mg caplets), Advil Liqui-Gels 200mg Ibuprofen (UPC Number: 0573176914, Lot Number: R77157, Expiration Date: Mar2022), Generic Acetaminophen 500mg Caplets, NDC Number: 21130-111-90, Lot Number: 1AV1505 and Expiration Date: Nov2022). Reported in the evenings her son would take Advil PM (200mg Ibuprofen with Diphenhydramine Citrate 38mg), NDC/UPC Number: Unknown, Lot Number: EG1024 and Expiration Date: Jun2023. Reporter said that Advil didn't seem to work on her son's migraine headache like the Advil usually does. Outcome of the events pain but it did not go across chest like after first dose vaccine, numbness down arms and legs and vertigo really bad, muscle pain, mind numbing migraine pain in the caller's son's head, periodic pins and needles with the numbness, right hand started twitching uncontrollably, chest tightness periodically, but not consistently, chest pain and ear ringing as recovering, outcome of the event body was hot all over, and his skin turned red was recovered, outcome of the event difficulty sleeping as not recovered and outcome of the events

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1367263	6/2/2021	NJ	36	M	5/1/2021	5/1/2021	dizziness, severe fatigue, general malaise, can't walk to the end of the block without coming back in pain, found it hard to concentrate and cloudy head as unknown. Information on Lot/Batch number was available. Additional information has been requested.
							sharp chest pain randomly; dizziness; slurred speech; severe joint pains; muscle pains; fast heart rate over 100 beats per min; This is a spontaneous report from a contactable consumer (patient). A 36-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 01May2021 15:00 (at the age of 36-years-old) (Batch/Lot Number: EW0172; Expiration Date: Aug2021) as single dose for COVID-19 immunisation. There were no medical history and concomitant medications. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. The patient had no known allergies. Prior to vaccination, the patient was not diagnosed with COVID-19. Since 05May2021 13.00, the patient started experiencing sharp chest pain randomly, then had dizziness and slurred speech. Went into ER to check out and looked all fine per CT scans and MRI. Few days later, he started feeling severe joint pains and muscle pains. Last few days, he had fast heart rate over 100 beats per min (before his resting heart rate was 50-60). AE resulted in Emergency room/department or urgent care and Doctor or other healthcare professional office/clinic visit. No treatment received for AE. Reporter assessed the event as non serious. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests and procedures which included RT-PCR, covid test post vaccination (nasal swab): Negative on 11May2021. Outcome of the events was unknown.

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1367305	6/2/2021	VT	13	M	5/21/2021	5/21/2021	Sudden chest pain radiating toward armpit; Dizzy; Sweaty; Rapid pulse rate; Nausea; This is a spontaneous report received from a contactable consumer (patient). A 13-year-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection), via an unspecified route of administered in left arm on 21May2021 13:30 as single dose for COVID-19 immunisation at School or Student Health Clinic. Medical history was reported as none. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient did not diagnose with COVID-19. Since the vaccination, patient had not been tested for COVID-19. The patient did not receive other medications within 2 weeks of vaccination. The patient's concomitant medications were not reported. Patient had no allergies. On 21May2021 22:30, the patient experienced Sudden chest pain radiating toward armpit, dizzy, sweaty, rapid pulse rate, nausea. The symptoms resolved after about 10-15 minutes. This repeated a second time on Saturday 22May around 4 pm. Repeated a third time on Sunday 23May around 3 pm but was less in severity. Lot number on card not clear but appears to be EN0185 or EW0185. The events assessed as non-serious. No treatment was received for the events. The outcome of the events was reported as unknown. Information on the lot/batch number has been requested.

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1367314	6/2/2021	GA	45	F	4/12/2021	4/12/2021	second dose: past due; burning sensation on the left side of her chest and chest pain; rapid heart beat; dizziness; chest pain; This is a spontaneous report from a Pfizer-sponsored program a contactable consumer reported (patient). A 45-years-old female patient received bnt162b2 (PFIZER- BIONTECH COVID- 19 VACCINE, Formulation: Solution for injection, Lot number and Expiry date: unspecified), dose 1 via an unspecified route of administration, in the left arm, on 12Apr2021, as single for COVID-19 immunization in ambulance center. The patient's medical history and concomitant medications were not provided. The patient's family history included hypertension. No previous immunization with the Pfizer vaccine was given. The patient was not immunized in a long time. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 12Apr2021, immediately after receiving the vaccine, the patient experienced, burning sensation on the left side of her chest and chest pain, rapid heartbeat, dizziness and second dose was past due. No additional vaccines administered on same day. The patient did not visit to emergency room or physician Office. They told her to wait another 15 minutes. Caller received her first Pfizer Covid 19 Vaccine on 12April2021. Immediately after receiving the vaccine caller experienced a rapid heartbeat, dizziness, burning sensation on the left side of her chest and chest pain. Symptoms went away within 30-40 minutes. Caller questioned if she should receive the second Pfizer Covid 19 Vaccine. Got response. From the attached document no info under side effects/adverse reaction in reference to the chest pain & burning in the chest. Under who should not get the PFIZER-BIONTECH COVID-19 VACCINE and get response like you should not get the Pfizer-BioNTech COVID-19 Vaccine if you had a severe allergic reaction after a previous dose of this vaccine had a severe allergic reaction to any ingredient of this vaccine. Caller stated she believed she got the vaccine on 12Apr2021, but she was not sure. She no longer has the vaccine card with her to verify the vaccine date at this time. Caller states she was past due, she had something come up and couldn't get the second dose. She was scheduled to get the second one coming Thursday, on 27May2021. She was due two or three weeks ago for the second one, so she was past due. It was in April that she got the first dose. She was

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supposed to get the second one the Friday before a holiday. Caller clarified her reaction to the Pfizer Covid-19 Vaccine as rapid heartbeat, some pain in chest and some burning. It was given in the left arm the burning stemmed from that side only. Also had a little dizziness. Her reactions started a couple minutes after receiving the vaccine and went away within thirty to forty minutes. No relevant tests were done. The outcome of the event second dose: past due was unknown and recovered for other events on 12Apr2021. Information about batch/Lot number has been requested.

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1367328	6/2/2021	IN	37	M	5/21/2021	5/22/2021	has been experiencing chest and back pain; has been experiencing chest and back pain; This is a spontaneous report from a contactable consumer (patient himself). A 37-year-old male patient received BNT162b2 (PFIZER BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Lot number- EW0618) via an unspecified route of administration in left arm on 21May2021 12:00 as 2nd dose single and had previously received BNT162b2 (PFIZER BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Lot number- EW0173) via an unspecified route of administration in right arm on 30Apr2021 as 1st dose single for COVID-19 immunization. Patient experienced pain in right arm after the 1st dose of the vaccine on 30Mar2021 (as reported). Patient was 37-years-old at the time of immunization. Vaccination facility type was reported as Pharmacy/Drug Store. Vaccine was not administered at military facility. Patient medical history and concomitant medications were not reported. Patient had been experiencing chest and back pain. It had been 3 days now. He asked was that normal, how long will it last. Patient stated that he just got the second Pfizer vaccine shot and is experiencing chest pain (22May2021 at 24:00) and back pain (24May2021 at 24:00). Is wondering if this is normal. He stated that he got the first vaccine three weeks before on 30Apr2021. Patient describing about the adverse events stated that the chest pain is spreading into his back. Stated that the right arm pain lasted for four days and he recovered completely. The patient did not receive any treatment for the adverse events. The adverse events resulted in a visit to urgent care. The outcome of the events was not resolved. Information on Lot/Batch number is available; Further information has been requested.

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1367343	6/2/2021	FL	13	M	5/17/2021	5/1/2021	<p>he says he was feeling like a heart burn/heart pain; pain in his upper chest/He says this primarily now this is like in his upper chest and throat and he is pointing to upper chest now.; he actually vomited yesterday. He feels like all day today.; he is in bed; This is a spontaneous report from a contactable consumer (parent) or other non-HCP. A 13-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, Lot number: EW0168, Expiration date: unknown) via an intramuscular route of administration in left arm on 17May2021 (age at vaccination 13-year-old) as first dose, 0.3 ml single for covid-19 immunisation. The patient medical history included ongoing depression and ongoing attention deficit hyperactivity disorder (ADHD). The patient's concomitant medications included escitalopram oxalate (LEXAPRO) 15mg daily, methylphenidate hydrochloride (CONCERTA) 36mg daily, escitalopram 15mg daily and vitamins nos. Consumer reported that she has been reading about reports that young men have been having myocarditis after getting the Pfizer covid vaccine and her son, who received his first dose on 17May2021 began having symptoms like heartburn and pain in his upper chest on 23May2021, and now the pain was below his neck and he was hurting all day before the date of event reported and on the day of report . Patient also threw up. On unspecified date patient was in bed. Patient said primarily now this was like in his upper chest and throat and he was pointing to upper chest now. consumer was watching a news with her husband on day of report (tonight), the story on a news about some heart information and young vaccine recipient and patient was 13 years old and consumer was trying to work out whether there was something the consumer need to go emergency room over. Consumer just did not know if this related to patient's never ever complained chest pain, so consumer was just worried about. Consumer was asking if patient's symptoms were due to heart inflammation. She asked if this was due to heart inflammation and asked if she should take him to the emergency room. Consumer reported that she just spoke with DSU to file a report, no reference number for that encounter. Reporter stated that she was working on prescription and there was NDC. Treatment included consumer just gave patient some pills same and omeprazole 20 milligram</p>

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1367400	6/2/2021	IN	55	U	4/5/2021	and set it on other to. She gave on the night before event reported (tonight) and on the day of report. The outcome of all events was unknown Follow up #01 (24May2021):);This is a follow up spontaneous report from a female consumer (patients mother) new information included suspect product detail, event detail, medical history, concomitant medication.	
1367401	6/2/2021		18	F	5/24/2021	5/24/2021	Rapid heart beat; Chest pain; This is a spontaneous report from a contactable consumer, the patient. A 55-year-old patient of an unspecified gender received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 05Apr2021 (Batch/Lot Number: EN2613) (at the age of 55-year-old) as 1st dose, single, dose 2 via an unspecified route of administration, administered in Arm Left on 10May2021 (Batch/Lot Number: EN6198) as 2nd dose, single for covid-19 immunisation. Medical history included none. Concomitant medication(s) included zolpidem (ZOLPIDEM) taken for sleep aid, start and stop date were not reported. On an unspecified date in 2021, the patient experienced rapid heart beat and chest pain. No treatment was given for the events. The outcome of the events was unknown. Follow-up attempts are needed. Additional information has been requested.
							Headache; Fever; strong pain in the chest; This is a spontaneous report from a contactable consumer (patient's mother). An 18-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, Lot number unknown) via an unspecified route of administration on 24May2021 as 2nd dose, single (at the age of 18-years-old) for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Patient had no effects, but patient went to bed early at 20:00 last night and did not mention anything. On 24May2021, patient experienced headache, fever, strong pain in the chest. Patient still felt pain in chest. Outcome of the events was unknown. Information on the lot/batch number has been requested.

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1367443	6/2/2021			F			This is a spontaneous report from a contactable consumer (patient). A female patient of an unknown age received bnt162b2 (COVID-19 VACCINE, solution for injection, Batch/Lot number: not reported), via an unknown route of administration on an unknown date as single dose for covid-19 immunization. The patient medical history and concomitant medications were not reported. On an unknown date, the patient experienced slight chest pain. The outcome of the event was unknown. Information on the lot/batch number has been requested.
1367449	6/2/2021	TN		F	4/10/2021	4/19/2021	Swollen arm; bruising; Nosebleeds; chest pain; This is a spontaneous report received from Pfizer-Sponsored Program Regulatory Authority reported by a contactable female consumer (patient). A female patient of an unspecified age received bnt162b2 (COVID-19 Vaccine - Manufacturer Unknown Solution for injection Batch/Lot number was not reported) via unspecified route of administration on 10Apr2021 as unknown, single for covid-19 immunization. Medical history and concomitant medications were not reported. On 19Apr2021, the patient experienced adverse effects a few days after including swollen arm, bruising, nosebleeds and chest pain in which she had to go to the emergency room (ER). The clinical outcome of all events was unknown. Information on the lot/batch number has been requested.

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1367530	6/2/2021			U			SEIZURE LIKE ACTIVITY; SYNCOPE; CHEST PAIN; HYPOTENSION; DIZZINESS/LIGHTHEADEDNESS; VOMITING; PALLOR; DIAPHORESIS; TACHYCARDIA; ANXIETY-RELATED EVENTS; NAUSEA; This spontaneous report was received from multiple patients. No past medical history or concurrent conditions were reported. The patients received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported) dose, start therapy date were not reported, 1 total administered for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the patients experienced seizure like activity, syncope, chest pain, hypotension, dizziness/lightheadedness, vomiting, pallor, diaphoresis, tachycardia, anxiety-related events, and nausea. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the anxiety-related events, syncope, chest pain, hypotension, dizziness/lightheadedness, nausea, vomiting, pallor, diaphoresis and tachycardia was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210553168-covid-19 vaccine ad26.cov2.s-syncope and seizure like activity. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
1368264	6/2/2021	HI		38 F	5/14/2021	5/14/2021	Within a couple of hours I had intense stabbing chest pain. It felt like constant heart attacks. Yes, I should have gone to the ER, but I was alone with my kids and was worried about calling an ambulance. The pain in my left chest around my heart was excruciating and pretty constant. I read that it may be myocarditis so I self-treated with OTC anti-inflammatories. That seemed to help. So I waited 4 days taking lots of Ibuprofen before I felt up to going to the doctor. They ran tests, but the symptoms had subsided greatly by then so they didn't diagnose it precisely. I am way too scared to get the 2nd dose. I feel like I wouldn't survive it.

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1366971	6/2/2021	PA	66	F	2/2/2021	2/2/2021	This is a spontaneous report from a contactable pharmacist. This pharmacist reported for a 66-year-old female patient. A 66-years-old non pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number: EI3246, Expiration date: unknown), via intramuscular route of administration, in Arm Left on 02Feb2021 at 09:00 AM (at the age of 66-years-old) as single dose for Covid-19 immunization at hospital. The patient medical history included migraines, depression, high cholesterol, melanoma, bladder carcinoma, cholecystectomy, hysterectomy. The patient received the medications within 2 weeks of vaccination included aspirin, Depakote, Lipitor, vitamin D, omega-3. The patient also received first dose of BNT162B2 (Solution for injection, Lot number: EI3246) via intramuscular route, in Arm Left on 12Jan2021 at 14:00 PM (at the age of 66-years-old) as single dose for Covid-19 immunization. Patient was not diagnosed with COVID-19, prior vaccination. Patient has not been tested for COVID-19, post vaccination. On 02Feb2021, she had her second dose of COVID-19 vaccine this morning. She was fine for 15 minutes and return to work. On 02Feb2021 at 09:15 AM, She felt flushed and her entire head felt numb. She also felt like her heart was racing. She did return to employee health, and they gave treatment as Claritin and Pepcid orally for the events. She stated that she was feeling better now. She denies any chest pain or shortness of breath. The patient went to emergency room/department or urgent care due to an adverse events. The outcome of all events was recovered on an unspecified date. No follow-up attempts are possible, No further information is expected.
1369288	6/2/2021	CA	43	M	4/5/2021	4/5/2021	Palpitations, chest pain, fatigue, and some shortness of breath

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1368842	6/2/2021	FL	35	F	5/26/2021	5/27/2021	Day 2: Sore arm , fever, cold sweat, body aches , fatigue headaches Day 3: sore arm, fever , cold sweats , body aches , fatigue, sore throat, headaches . Day 4: sore arm , sore throat, pain in chest taking deep breath , chest tightness, heart racing , easily winded . Bpm dropped to 40 at 5am then back up (not normal for me) Day 5 & 6: slight pain in chest and throat area when taking deep breathes , easily winded, , heart racing, neck pain .unexplainable feeling in chest not painful but present. Bpm dropped to 40 again once during the night of 5th night. Headache . Day 7: feel mostly back to normal except woke up to neck pain , pain in neck and throat when taking deep breath , easily winded, slight headache on and off.
1368845	6/2/2021	CA	37	M	6/2/2021	6/2/2021	Client received 1st COVID vaccine of Pfizer (Lot #EW0187, expiration 06/28/21). Client reported pressure on left side of head near left ear at 1333. RN and EMT responded to this event. At 1334, vital signs are blood pressure 144/78, heart rate 87, oxygen saturation 95%. Client reported he was clenching his jaw during vaccine administration. At 1339, vital signs are blood pressure 136/79, heart rate 79, oxygen saturation 97%. RN and PHN responded to this event. Client reports a history of anxiety and fainting after needles. Client reports no medication usage. Client reports no chest pain, no dizziness, no shortness of breath, no blurred vision, no nausea. At 1349, vital signs are blood pressure 131/76, heart rate 88, oxygen saturation 91%. Client reports that the pressure on the left ear started at the time of administration. At 1351, Client reports that the pressure as subsided and no new symptoms. At 1354, vital signs are blood pressure 138/76, heart rate 88, oxygen saturation 90%. Client reports a history of fainting after vaccinations. Client was educated about ED precautions and common adverse effects of COVID vaccine. At 1358, Client stood up with no complaints and a steady gait. Client walked out of facility at 1358.
1368850	6/2/2021	CA	14	M	5/15/2021	6/1/2021	Acute myocarditis presenting with chest pain and elevated troponin I. Admitted to the PICU at Hospital on 6/2/21 (previously had been in the ER on 6/1/21 at the start of chest pain).

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1368855	6/2/2021	AZ	28	F	6/2/2021	6/2/2021	Was leaving clinic after 1st covid vaccine and noted the following symptoms, after having waited 15 minutes after vaccination. HISTORY OF PRESENT ILLNESS: She came in today complaining of some chest pain in her midsternal chest that developed after receiving a covert vaccine around 9 AM. Patient was noted to have a slight rash on her back but no active urticaria or hives. Patient denied any shortness of breath. Patient denies any nausea vomiting abdominal pain or diarrhea.CT PE study reviewed radiologist there is no evidence of PE heart size was noted to be the upper limit of normal but likely due to pectus excavatum Chest x-ray was read as negative by the radiologist EKG shows a normal sinus rhythm with a rate of 96 no acute ST-T wave changes troponin is less than 2.5 MEDICAL DECISION MAKING: urine drug screen is positive for amphetamines, UA is negative for obvious signs of infection, chemistry did not show any significant abnormalities and troponin was negative at less than 2.5 white blood count is 8.3 hemoglobin 13.8--- patient's chest pain is now resolved. She is now comfortable for outpatient management--this patient was taking DayQuil and this can turn the urine drug screen positive for amphetamines--patient is adamant she does not take any amphetamines and has not taken any in the past --- CT PE study showed no PE Patient is asymptomatic with no chest pain and comfortable for outpatient management DIAGNOSIS: #1 chest pain resolved rash maybe from vaccine, prednisone and Benadryl ordered

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1368390	6/2/2021	NC	36	F	5/25/2021	5/25/2021	85kg 5'4" 36yo WF with PMH asthma, anxiety, celiac dx, heart palpitations, lumbar disc dx, migraine sciatica, allergy to shellfish and fish and multiple drug allergies presented to get her second dose of Pfizer Covid-19 vaccine on 5/25. First dose had been given 5/2/21 (lot # #EW0179) in left deltoid. After 1st shot, patient had neck and arm pain and diarrhea the first 12 hrs. Sought medical attention at urgent care on 5/7 for back ache, low grade fever, sore throat, foggy headed feeling, mild intermittent nausea and diarrhea. Symptoms attributed to Covid19 vaccination. Second Covid19 vaccine (same lot) given in left deltoid at 1536 5/25. 5 minutes after receiving the vaccine, patient complained of tongue tingling, feeling flushed, sharp chest pain, burning on face, itching and SOB. Patient had rash on check and neck. Hives appeared. Patient wheezing. Patient reported reaction was similar to reaction to fish. Patient's own epinephrine pen was expired. Pt assisted to recline and legs elevated. VSS. BP 130/80s, HR 100's RR 20; O2 99% on RA. EMS was called. 0.3mg IM epinephrine given ~1550 while waiting. EMS treated with 50mg diphenhydramine, 20mg famotidine and ondansetron 4mg IV at 1610. Symptoms improved but returned so another 0.3mg epinephrine IM was given at 1620. Transferred to ED where patient c/o nausea, tingling of chest/lips and throat stinging. Epinephrine 0.5mg IM charted as given. Tachycardic from epinephrine administrations. Treated with dexamethasone 4mg po at 1941 as patient reported reacting to methylprednisolone. Patient discharged 5/25 PM. Patient reported recurrence of flushing, mouth tingling and nausea but refused to seek treatment at UC or ED. Advised to take Claritin or Zyrtec. Patient saw physician covering her PCP on 5/28/21. On that day, patient reported she was having waves of feeling flushed or hot over the last few days and her tongue is still slightly tingly but she denies swelling of lips or throat, chest pain, palpitations. Covid-19 vaccine allergy was added to this patient's allergy list.
1368864	6/2/2021	CA	36	F	4/26/2021	4/28/2021	Felt pain in the L leg and began to have intermittent chest pains with nausea and sweats starting 2-3d after 2nd dose of vaccine.

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1368242	6/2/2021	NY	21	F	5/30/2021	5/30/2021	Patient called pharmacy about 6 hours after her vaccination, stating she was having chest pain and discomfort and shortness of breath. Pharmacist recommended patient seek emergency care to get checked out and patient agreed.
1368871	6/2/2021	CA	21	F	4/1/2021	4/15/2021	Two weeks after first COVID vaccine patient experienced an acute onset of chest pain, dizziness, head pressure, SOB, fast/irregular heart rate, high blood pressure, sensitivity to light, weakness and blackening of vision field.
1368882	6/2/2021		45	F	4/19/2021	4/27/2021	I contracted Coivd, chest pains, sever cough, heart palpitation, hands shaking, anxiety, heart racing, lethargy. I had several incidents where I suddenly could not breath or stop shaking and needed assistance.
1368884	6/2/2021	AL	26	M	2/23/2021	2/27/2021	Chest pain, chest tightness, difficulty breathing, all of which were worse when lying down. Soon developed fever, chills, and night sweats, and eventually tachycardia (resting 160 bpm) with atrial flutter and then atrial fibrillation. Original pain was within the week of the vaccine, but the fever came on about a month later and lasted for 2 weeks.
1369019	6/2/2021	OR	40	M	5/22/2021	5/31/2021	Patient reported left chest pain since 8:30AM 5/31, onset while driving, worse with movement such as moving his arms or neck. Later around noon he began having numbness in his left pinky and hand, thus presented to the UC. Diagnosed with costochondritis and discharged but high-sensitivity troponin came back elevated at 94 and was asked to present to hospital. Repeat trending down. Cardiology consulted, diagnosed with pericarditis.

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1369026	6/2/2021		49	M	6/1/2021	6/1/2021	Client (received the COVID vaccine (Pfizer dose 2, lot # EW0187, expiration 6/28/2021) at 1800. At 1829, the client reported itching on his skin and in his throat. EMT, EMT #2, PHN, and RN responded at this time. The client was sitting comfortably in his chair, alert and oriented x4. The client's vital signs were as follows: heart rate 57, O2 97, respiratory rate 14, blood pressure 150/92. The client's skin was pink, warm, and dry. The client denied any shortness of breath or chest discomfort. The client was able to speak in full sentences and had no visible swelling on his face or tongue. The client declined Benadryl at this time. The client stated he has environmental allergies and has had an anaphylactic reaction to trees in the past. The client stated he has a medical history of anxiety, acid reflux, migraines, and hay fever; he takes antacids, sumatriptan, and allegra. The client stated that he took 1 allegra at 1816, but stated he didn't know the exact dosage and did not have the medication bottle with him. The client was able to speak in full sentences. At 1835, the client identified a small, red, erythematous area approximately 1 centimeter in length on the left medial area of his elbow, which he stated itched. He also stated his eyes were itching; neither eye or eyelid appeared red. The client stated his throat was dry and was offered and accepted water. The client declined Benadryl again at this time. The client was transferred to the zero gravity chair at this time, denied any dizziness during ambulation or transfer. At 1839 the client's vital signs were as follows: blood pressure 142/84, heart rate 74, O2 97%. The client stated "I had an itchy throat this morning" and said that he had a migraine that morning but did not remember if he had taken any medication for the migraine. At 1849, the client's vital signs were as follows: blood pressure 122/84, heart rate 73, respiratory rate 16, O2 99%. At 1853, the client stated "I feel less itchy." At 1900, the client initially requested Benadryl, but then refused both the medication and vital signs when offered. The client stated that his arm "still itched" but denied that it was getting worse. The client stated "I wanted a Benadryl for the road but now I think I'm going to wait." The client denied shortness of breath, chest tightness or pain, or any difficulty breathing. The client did not appear to be in any distress and had no swelling visible on his face or tongue. The client continued to chat with staff and spoke

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with a pleasant demeanor. Education provided by PHN, EMT, and RN regarding primary care follow up and when to seek medical care. At 1915, the client requested Benadryl and stated "I think my rash is growing." The client's vital signs at that time were as follows: blood pressure 138/92, heart rate 88, O2 99%, respiratory rate 12. At 1922, the client was given 50mg Benadryl orally. At 1927, the client stated "my wife is here, it's time for me to go." RN reiterated the importance of staying for a 30 minute observation time, but the client continued to leave the building. EMT accompanied the client outside, where he ambulated with a steady gait. He walked to the outdoor observation area and then sat down, requesting to be evaluated by EMS. EMS was called by RN at 1933. The client was sitting comfortably and denied any shortness of breath or chest pain. EMS arrived on scene at 1936. At 1938, the client's vital signs were as follows: blood pressure 140/90, heart rate 60, and O2 100%. The client stated at that time that he "felt better" and declined transport to the hospital. The client signed AMA paperwork at 1945 and ambulated to his car with a steady gait, accompanied by his wife, who he stated was going to drive him to an urgent care.

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1368812	6/2/2021	TX	33	F	3/16/2021	3/17/2021	After the second injection, I was experiencing what I thought was a lupus flare up. I needed to get into a new rheumatologist so that took some time getting into with my current insurance. I was experiencing a tremendous amount of joint and muscle pain. I have a Low grade fever off and on as well as my lupus butterfly rash on my face and a few sores in my nose. All symptoms I have had when dealing with a lupus flare. One thing that was different was muscles being pulled for doing very little. My back and neck muscles kept getting pulled often. Extreme dry eyes/nose- all which was similar autoimmune symptoms I have had in the past. Extreme periods of nausea, but I have been unable to take certain medications I use to be able to take. I can not take any nausea medications because it now will give me a horrible migraine that last for days. My primary doctor gave me a steroid dose pack to help me until I could get into my rheumatologist and I had a horrible reaction to them with extreme diarrhea, nausea, vomiting, and migraines. None of those symptoms to medications has happened in my past. My symptoms started was a gradual increase over the time period after getting my vaccine. Not all at once. But after about a week after getting the vaccine it started to happen slowly to the point where I am today. The doctors ran various test for my lupus and all of my inflammation lab markers came back extremely high. But none of my lupus/autoimmune markers came back as active. I also ended up going to the ER concerned with chest pain- but after many test nothing was conclusive or found. I have a follow up with a cardiologist pending
1369287	6/2/2021	MN	26	M	3/31/2021	4/3/2021	Sudden cardiac death. After vaccine patient experienced headache, chills, fatigue, chest pain and did not seek medical care. He had a witnessed cardiac arrest less than 3 days after vaccine #2.
1368858	6/2/2021	CA	39	M	4/26/2021	4/28/2021	sensation of intermittent chest pains described as pressure since 2nd vaccine

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1367170	6/2/2021	CA		M	5/14/2021	5/17/2021	Shortness of breath/ woke up at 3am with shortness of breath; felt like he was having an angina attach; chest pain; chest pain and tightness; allergic like reaction; an aching pain; heart disease; This is a spontaneous report received from a contactable consumer (patient). A 57-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 14May2021 as single dose for Covid-19 immunization. Medical history included heart disease (patient had a history of heart disease and he had heart surgery in 2008. Patient did not take heart disease medications). The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2 for Covid-19 immunization and was observed for 15 minutes and he felt fine and when he got home then he started feeling light headed and tired. Patient had the second dose on 14May2021 and patient woke up at 3am on 17May2021 with shortness of breath and he felt like he was having an angina attach which he had had before. Patient had chest pain and tightness, like an allergic like reaction. His chest was still having mild pain but not as severe. He woke up at about 03:00 this morning, on 17May2021 and started feeling shortness of breath. After the Pfizer BioNTech Coronavirus Vaccine shot on 14May2021 he was feeling great, fine. This morning the shortness of breath just hit him, an aching pain. He had heart disease for one thing; and he consulted with the nurse, informed her that he had heart disease; and she mentioned this won't affect anything to do with your heart disease. When he was feeling shortness of breath it was kind of like an allergic reaction so he wanted some more information on this, to see if that had anything to do with the Pfizer BioNTech Coronavirus Vaccine. Patient clarified he was not having the shortness of breath at time of the call, but had ongoing tightness of chest. Outcome of events shortness of breath was recovered and tightness of chest was not recovered and the other events was unknown. Information on the lot/batch number has been requested.
1369302	6/2/2021	VA	32	F	6/2/2021	6/2/2021	Chest pains, shortness of breath, chills

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1369310	6/2/2021	TX	18	F	5/8/2021	5/9/2021	Chest pain/heart palpitations with onset approximately 10 hours after second COVID-19 shot. Heaviness in chest, harder to breath, tightness in throat. Blood pressure normal, but heart rate increased. No fever or other symptomology. Symptoms worse reclining and trying to rest rather than upright.
1369312	6/2/2021	FL	57	F	1/28/2021	6/2/2021	Employee documented "reaction to CoVID vaccine chest pain, increase blood pressure
1369343	6/2/2021	WA	21	F	5/20/2021	5/21/2021	Patient presented to the ER one day post second dose of vaccine with chest pain and was diagnosed with pulmonary embolism.
1369346	6/2/2021	MI	31	M	5/14/2021	5/14/2021	Moderna COVID-19 Vaccine EUA. About 10 minutes after I got the shot I felt a small pain in the left side of my chest. It lasted about two minutes before passing so I wasn't very concerned, I thought it was just part of the shot. About an hour after the shot the pain in my chest came back much worse. Ten minutes after the chest pain my arms felt numb. I struggled with opening and closing my hands. I have terrible insurance, no primary care physician and don't have the money for hospital bills so i didn't want to go to the hospital. I slept a couple hours hoping I'd feel better when I woke. It didn't help. The pain and numbness lasted about two days, most of which I tried to sleep through. I still have a off feeling in my chest that I don't know how to describe. My family tried to getting me to go to the ER but I resisted for the reasons mentioned. I'm supposed to get my second shot on the eleventh but I'm scared of what will happen.
1369353	6/2/2021	OH	26	F	5/7/2021	6/2/2021	States received first covid vaccine early 4/2021 and soon afterwards developed chest pain. She went to her PCP at that time and he treated her for possible anxiety related to insomnia. She went to ER on 5/5/21 with negative workup and was told that it was likely anxiety related. She presented to my office on 6/1/21 for second opinion for continued chest pain. CT PE study was done finding multiple PEs.

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1369581	6/2/2021	CA	32	F	6/2/2021	6/2/2021	Client received 1st dose of COVID vaccine of Pfizer (Lot #EW0187, expiration 06/27/21). At 1806, Client reported a minor burning sensation at injection site (left arm). At 1807, EMT and EMT responded to this event. At 1807, vital signs are blood pressure 112/78, heart rate 75, oxygen saturation 99%. At 1808, RN responded to this event. Client reported in taking a Benadryl this morning for a runny nose. Client reports no past medical history and no medications taken routinely. Client reports no blurred vision, no chest pain, no shortness of breath, no dizziness, no nausea, no headache. RN educated Client about ED precautions and common adverse effects of COVID vaccine. RN provided ice pack compress to injection site (left arm). At 1827, vital signs are blood pressure 110/80, heart rate 73, oxygen saturation 100%. Client reports burning sensation is subsiding. Client stood up with no complains and walked out of facility with a steady gait at 1832.
1369787	6/2/2021	VA	30	F	5/12/2021	5/15/2021	Felt sharp stabbing pain in chest about three days after I received the first dose of the vaccine.
1369788	6/2/2021	PA	19	M	5/22/2021	5/23/2021	Patient started having generalized body weakness and fatigue few hours after vaccination on 05/22/2021. He subsequently developed chest pain on 05/23/2021 which progressively worsened and resulted in his presentation at the emergency room on 05/25/2021. While in the ED, Troponin was elevated at 17.22. EKG done had revealed ST elevations with PR depression. Cardiac MRI done showed myocardial edema involving the mid/apical lateral wall suggestive of acute myocarditis/inflammation. Patient received a loading dose of Colchicine and Ibuprofen as anti-inflammatory agents. Troponin was trended and peaked at 23.60 and slowly down-trended to 1.84 on 5/28/21 and he was subsequently discharged to follow up as outpatient.

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1369790	6/2/2021		14	M	6/1/2021	6/1/2021	<p>Client received his 1st Pfizer vaccination (Lot# EW0187, EXP 08/31/21) in his left arm at 19:15 from RN. Client's parents and sister were with him. Client's parents only spoke Spanish and an interpreter was present. After receiving his shot, client sat in a chair next to his sister while RN administered a shot to her. Five minutes later client stated he felt nauseous. RN immediately called out to Vaccine Runner RN and Check-in Nurse who were in the hallway to get an EMT. Check-in Nurse radioed for an EMT to come to station 3 while Vaccine Runner RN rushed to the EMT room to ensure an EMT got the call. Check-in Nurse stayed with the client and placed a trash can next to him in case he vomited. RN stated the client looked pale and clammy. At 19:26 EMT1 arrived at station 3 and collected the client's medical history. Interpreter was also translating the EMT's questions and statements to the client's parents. Client stated he had no known allergies, no underlying conditions, and is not currently taking any medications. Client also stated he was not experiencing shortness of breath, chest pain, or having trouble breathing. EMT2 arrived at station 3 at 19:27 and brought the client a vomit bag. The client had not vomited, but still felt nauseous. EMT1 gave the client a bottle of water and juice, and took client's vitals at 19:28 (HR: 64, BP: 120/70). Client stated he felt a lot better. While walking out of station 5 Lead RN saw individuals grouped together at station 3 with the EMT and arrived at station 3 at 19:28. Lead RN was updated on client's status. Lead RN observed that the client was mildly pale and clammy and asked client's mother if his current coloring was normal for the client. Interpreter translated to both parents and client's mother stated that the client did look a little pale. Client stated he felt better and was just nervous about getting the shot. At 19:30 Lead RN asked client to try and stand up. Once client was standing, Lead RN asked client if he felt dizzy and client stated no. Client stated he felt just fine. Lead RN and EMT's directed the client to the observation room to sit in a zero-gravity chair for additional monitoring of 30 minutes. EMTs walked the client and his family to the observation room and sat him in the zero-gravity chair. Client stated he felt much better and at 19:47 EMT1 took client's vitals (HR: 66, BP: 100/70, SpO2: 98). EMT1 stated client's color was returning. EMT1 took client's vitals again at 20:04 (HR: 67, BP: 104/78, SpO2: 99).</p>

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Lead RN arrived in observation room at 20:10 with Lead Ancillary to check on client who stood up and stated he felt good. Lead RN observed that client was no longer pale or clammy. Lead RN educated parents and client on potential side effects vs adverse effects of the vaccine. Lead RN further instructed client and parents to see the client's HCP or visit urgent care if client started to experience additional common side effects for more than 24-48 hours and to call 911 if the client began to experience trouble breathing, shortness of breath, or chest pain. Lead Ancillary translated all the information to the client in Spanish. Lead RN observed the client leaving with his family at 20:15. Client left walking with a steady gait.

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1369804	6/2/2021	KS	47	F	3/3/2021	3/4/2021	3/5/21: Fatigue Fever Headache Nausea Brain fog body Aches Pain at injection site Armpit lymph node swelling (left side) Sore throat Upper neck pain (left side) Hives 3/12/21: heart/chest pain 3/17/21: Sharp chest pain, coughing, constant heart pain and pressure, painful breathing, loss of appetite PCR COVID test = Negative 3/18 all of the above symptoms...felt really odd, fatigued, achy joints in knees and ankles 3/19: Swelling in upper lip Hives on left buttock and inner thigh PCR Covid Test = Negative 3/22/21: Chest tightness, Heart pain, loss of appetite, chills fatigue 3/22/21: Telehealth appt. and continued symptoms to varying degrees 3/31/21: noticeable and strong heart arrhythmia began early morning 4/1/21: continued heart arrhythmia with nausea, cough and rapid pulse, went to ED and diagnosed with PVC bigeminy. Labs were normal. 4/2/21: Continued PVC?s w/bigeminy. Saw Dr. (Cardiologist) outpatient and he ordered a stress echo and holster monitor. 4/3/21: Continued PVCs w/bigeminy 4/4/21: Continued, persistent PVCs w/bigeminy, racing pulse and increased blood pressure while resting. Went to medical Center ED, was assessed and admitted. 4/6/21: Diagnosed with Myocarditis, Discharged to home 4/11/21: Chest pain, arm numbness, left side pain. Assessed at ED and sent home 4/28/21: Seen by Cardiologist 5/8/21: Chest pain, fatigue, left arm pain, Assessed at ED 5/11/21: FDG PET Scan showed bilateral mild atelectasis, myocarditis has cleared To present date: continuing extreme fatigue and chest pain Disconnect to cosmic rhythm...hearts are all connected...measure the pulsation of the blood in the veins. Breathing soul in/out...3rd breathing...breath soul into incarnation and out of it. Space inbtween this and the new birth...new cosmos jourey...soul takes in planetary...take in ...return into incarnation...inspiration...inhaling. Yourself back...archangels/angels until tickle ba k in to mommy?s tummy take over controls..journey is expressed in to blood circulation...upper loop and lower loop...figure 8 realigned the cosmi original RH thing into your constitution...rhythm instead of dissonance...paradox and putting them together was often difficult...dissonance into feeling so love and rhythm of life...got a reboot. Start trickling into into me as a rise of joy and hope and later enter into each cell of my body. Speaking to: His health and redefinition of our relationship...contributed thought I

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							see jovial and happy and emotional fragile...in concerns with other stressors...aspect of stability that shifted that I?m still redefining...self identity. Aspect with the children...affluent...growth..expanded who/how what we are...virus into my heart. Virus can be kicked Call in own angles and guides...clear presence and guidance and enough Flip top water bottle Black Slippers (in closet I think) Black Pj - top drawer on right. There are shorts, a top and pants Travel size liquid body wash....all sorts of samples in my drawer to the left of my sink
1369952	6/2/2021	HI	38	F	5/14/2021	5/14/2021	CRUSHING CHEST PAIN 2 HOURS AFTER SHOT. DID NOT GO TO ER BUT FELT LIKE SHE WAS GOING TO DIE. DID GO TO PCP AND EKG/LABS WERE NORMAL.
1369050	6/2/2021	CA	14	M	5/20/2021	5/20/2021	left anterior chest pain on and off since vaccine, EKG ordered
1368490	6/2/2021	CA	56	F	3/31/2021	4/1/2021	Chest pain . Deep throbbing pain with shortness of breath .
1368400	6/2/2021	MD	32	F	5/20/2021	5/21/2021	Pregnant, due June 17th. The day after I got my second COVID vaccine dose, I felt body aches, headache in the morning, and then terrible chest pain that evening. Everything went away the next day.
1368421	6/2/2021	OH	18	M	5/29/2021	6/1/2021	Patient presented to ED 3 days after Moderna vaccination with chest pain. EKG and blood work reflective of possible Pericarditis.
1368425	6/2/2021	OR	48	M	5/28/2021	5/29/2021	Started feeling light headed at 4am and had syncope x 2, his wife stated he was talking nonsense during this time, at 8am he had a fib, HR went from 40-155s, B/P 116/60, went to ER with chest pain and SOB, temp. 100.2, spent 3-4 hours in ED. He was sedated and converted.
1368428	6/2/2021	MI	60	M	3/11/2021	5/27/2021	Chest pain

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1368434	6/2/2021	OH	29	M	4/24/2021	4/25/2021	Chest pain with exertion beginning night of Sunday (4/25). Increased chest pain with exertion through Monday morning and afternoon. Went to ER to get checked Monday evening. Admitted due to elevated troponins. Stayed in hospital for 2 nights. During stay had echocardiogram and heart cath done due to troponins continuing to elevate. These showed clear and ruled out anything serious like a blockage. Discharged Wednesday afternoon to rest at home with MRI scheduled for Friday morning. Appointment with cardiologist Monday after the MRI and given the diagnosis of myopericarditis. Still resting at home and avoiding strenuous activity to recover fully.
1368447	6/2/2021	WA	47	F	5/4/2021	5/7/2021	3 days after receiving my 2nd Covid shot I had sharp pains in my chest that progressed to constant pressure. I went to Urgent Care when I also became light-headed and my left hand was going numb. They immediately did and EKG, which was abnormal, and sent me to the ER. I continued to have episodes of blood pressure and heart rate spiking with continuous chest pain. They did bloodwork, a chest X-ray, a CT scan of my lungs as well as 2 more EKG's. My bloodwork was elevated for heart enzymes and possible blood clot. 2 days later I was back in the ER for the same issues, 2 more abnormal EKG's and a chest X-ray. I saw a cardiologist 3 days later, he sent me to the ER right from his office and I had a cardiac catheterization later that same day. This whole time I'd been having chest pain and pressure, shortness of breath, fatigue, high blood pressure episodes. I was allowed to go home but have continued to have chest pain ever since with no explanation. I had bloodwork drawn again yesterday, now testing for myocarditis.

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1368458	6/2/2021	IL	43	F	4/8/2021	4/8/2021	Patient came to clinic yesterday, June 1, 2021. Stated she had a itchy rash to her arms, chest, abdomen, and inner thighs that started the night she received the COVID 19 J&J vaccine. She received the vaccine on 4/8/2021, but did not report the rash until yesterday. She had no other symptoms - No throat tightening, dysphagia, hives, SOB, chest pain, or flushing. On exam she has a dark pink/red, maculopapular, excoriated rash to both forearms, right side of abdomen, and inner thighs. Rash is resolving but has been there for 2 months. She had no PMH and is not taking any prescription or OTC medications.
1368868	6/2/2021	IL	71	M	4/10/2021	5/8/2021	J&J Dose 4/10/21 (042A21A) COVID Positive 5/10/21 5/10/21: This is a 71-year-old male with history of left CVA, right minimal hemiplegia, diabetes mellitus, hypertension, right lower extremity DVT, depression and obesity. The patient is saying he feels excessively weak and fatigued in the last 2 days for which he decided to come to the emergency room. He denies any shortness of breath, wheezing, cough, chest pain. He is a former smoker and does not know any history of COPD. He thinks he is passing urine regularly. He denies any polyuria, nocturia, difficulty passing urine or any history of BPH. His diabetes was poorly controlled for few years and patient does not know how much insulin he is taking at this time. He took covid 19 vaccine on April 10. 5/15/21: Patient was admitted on the 10th with complaints of weakness, fatigue going on for at least 2 days. Patient was diagnosed with COVID-19 positivity. Chest x-ray showed bilateral airspace disease. Patient also had acute renal failure. Patient was given supplemental oxygen, started on IV remdesivir, IV dexamethasone, IV ceftriaxone, and IV Zithromax. The patient's oxygen use was attempted to wean down. Patient finished course of IV remdesivir, ceftriaxone, and Zithromax in the hospital. Renal function improved. Losartan was discontinued in the hospital. Home O2 walk was done today. Patient to finish oral dexamethasone. Home Health services were provided. Discharged home today. Advised to remain in isolation.

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1368486	6/2/2021	IA	61	M	4/16/2021	5/19/2021	Moderna Dose 1 3/5/21 (029A21A) Moderna Dose 2 4/16/21 (027B21A) COVID Positive 5/20/21 5/20/21: Presented to ED. The patient presents with fever. 61 year old male presents to the emergency department for a fever with an onset of 1 day. Patient was diagnosed with pancreatic cancer in April 2021. Patient states he has had 2 rounds of chemotherapy but states he could not have his 3 round last week because his white count was too low. Patient is also complaining of dull chest pain that is exacerbated with deep breathing, cough, and a headache but denies vomiting, diarrhea, neck pain, dysuria, hematuria, and nausea. Patient was diagnosed with blood clots on 05/09/2021 but states that he is not having similar symptoms to when he was diagnosed with blood clots. Patient is taking Xarelto. He has never had COVID but is vaccinated. Patient sees Dr. (Name) at the UI Oncology clinic. 5/25/21: 61-year-old male on chemotherapy for pancreatic cancer, also recently diagnosed pulmonary embolism on rivaroxaban, presents with 1 day of fever. Initially, did not have any cough or shortness of breath, was admitted to the hospital, where a chest x-ray, urinalysis and examination failed to reveal an exact source of the fever. His absolute neutrophil count was less than 500, so he was admitted for neutropenic fever. Cultures were obtained. IV antibiotics started. COVID-19 was tested and, surprisingly, came back positive. The patient has actually had both of his COVID-19 vaccines and basically, does not have pneumonia, shortness of breath, or hypoxemia. We did not use any medications for COVID while in the hospital, watching for any signs of respiratory compromise, but none developed. Blood cultures were negative. He was switched from ceftazidime to doxycycline at time of discharge. Will follow up with Dr. (Name) for his next cycle of chemotherapy. Because of his COVID-19 positivity, we will not schedule any immediate followup appointments, although the patient will call if he has persistent fever, dyspnea, or signs of hypoxemia. For the past 2 days, the T- max has been 99.9, and most the time 98.6. He was seen the day of discharge, doing quite well. Blood pressure 153/80, pulse 90, regular, oximetry 95% on room air. Glucose was 210. Discharged on Rivaroxaban 15 mg b.i.d., doxycycline 100 mg b.i.d., Robitussin AC as needed for cough, Lantus 28 units at bedtime, atorvastatin 80 mg daily, aspirin 81 mg daily.

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1368792	6/2/2021	AZ	45	M	4/21/2021	4/22/2021	The patient did get 1 dose of Neupogen 480 mcg subcu while in the hospital. Shortness of breath when physically active. Chest pains, pain / numbness in arms. Elevated Blood Pressure, sweating, light headedness, dizziness, nasuea.

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1368501	6/2/2021	IA	77	M	3/6/2021	3/24/2021	<p>Pfizer Vaccine Dose 1 2/5/2021 (lot not listed in system) Pfizer Vaccine Dose 2 3/6/2021 (lot not listed in system) COVID Positive 3/27/2021 Hospitalized 3/27-4/2/21 for COVID 5/19/21: Presented to ED. This is a 77-year-old male with history of hypertension, hyperlipidemia, dementia, paroxysmal atrial fibrillation, COVID-19 infection, chronic obstructive pulmonary disease and recent Pseudomonas pneumonia who presented to the emergency department with complaint of worsening shortness of breath. Patient reports that his symptoms started few days ago. He has been having cough and shortness of breath. Patient uses 2 L of oxygen at home. Patient reports that he was fully vaccinated for COVID-19 but then had COVID-19 infection after that. He has no chest pain, abdominal pain, nausea, vomiting or dizziness currently. In the emergency department, patient was found to be hypoxic. Patient was started on BiPAP with FiO2 of 45%. Labs showed potassium level of 5.4, negative troponin level and a normal WBC count. Chest x-ray showed patchy bilateral infiltrates along with marked background emphysema. He received nebulizer treatments and a dose of IV Solu-Medrol, azithromycin and Rocephin. 5/24/21: 77-year-old male with COPD on 2 L home oxygen, atrial fibrillation anticoagulated on Eliquis presented with worsening shortness of breath and increased oxygen requirement. Patient was admitted for acute on chronic hypoxic respiratory failure secondary to COPD exacerbation and pneumonia. Patient was treated with steroids, initially with ceftriaxone/azithromycin and later switched to levofloxacin based on sputum culture growing Pseudomonas aeruginosa. Subsequently his oxygen requirement and dyspnea improved, patient was cleared for discharge by Pulmonary team with a total 10 day course of levofloxacin and he was also given a script for steroid taper. Patient was having intermittent confusion and agitation during hospitalization, started on low-dose Seroquel 25 mg p.o. b.i.d. with good effect and discharged on same dose. Patient was discharged home with VNA and also have 24 hour care at home.</p>

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1368531	6/2/2021	CA	13	F	5/14/2021	5/22/2021	On 05-22-2021, participant's mother states her daughter pain started at about 1:00AM. I took her to Urgent care because she was having chest pain, nausea and headaches. She also had 99.2F of fever but no congestion or cough. At the ER an EKG was done and it was a bit off, lab work was also performed, x-ray of the chest was also done and they gave her an Albuterol treatment. She was given IV fluids and steroids and a CT scan of the chest was also performed. After 9 hours, she was discharged home and could not find anything wrong. On 05-25-2021 I took her to her pediatrician who pushed on her chest and it hurt her when he did this, her pain level was between 5 and 8 out of 10 on VAS scale. EKG's were performed as well as lab work, x-ray of the chest at the pediatrician office. Her daughter also said her chest hurt her to exhale and inhale. The pediatrician said that her rib cage and breast bone were inflamed upon pressing on her daughter's chest and that she has s costochondritis. As of today my daughter still has nausea that comes and goes and also continues with the headaches and takes Ibuprofen as pain medication.

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1368537	6/2/2021	NJ	31	M	5/5/2021	5/7/2021	I got my Covid vaccine on Wednesday, 5/5/21. That night I experienced the typical side effects (Chills, Aches, Pains, Soreness in the injection site on my right arm). By Thursday afternoon I was feeling significantly better. However, on Friday evening I started to feel a tightness and pressure in my chest and left arm and neck. The chest pain felt like I was having a heart attack but my heart rate was mostly normal. I felt shortness of breath where I couldn't get a good deep breath in and I was also nauseous and had no appetite. At times I felt lightheaded and weak. These symptoms continued over the next couple days. On Monday 5/10/21 I decided to go to the ER to get checkout since I was still having chest pains and tightness. They ran a series of tests and concluded that I was just experiencing typical aches and pains from the vaccine. My symptoms continued for another full week and at times the shortness of breath and chest pains felt really severe. By the following week I was starting to feel a little better on and off. I got my appetite back and I was able to start exercising again. After about 2 full weeks after receiving the vaccine most of chest pain and pressure + shortness of breath has disappeared and I feel better.
1368557	6/2/2021	TX	38	M	3/29/2021	3/30/2021	Mild chest pains throughout the day after the vaccine shot. Went away the following morning. No other adverse side effects except for a sore arm. No side effects upon second dose on 4/19/2021
1368778	6/2/2021	CA	45	F	5/21/2021	5/22/2021	I've been really dizzy, hard to breathe, chest pains, weird sensation going through my body and head. I've been to the e..r. twice in a week. My whole body aches.
1368468	6/2/2021	MA	19	M	5/22/2021	5/24/2021	Massive chest pain, went to urgent care told it was anxiety sent home, went to ER later due to increased pain in lower chest where ribs meet stomach, ended up with elevated ECG, then proceeded to be give anti-anxiety and a Troponin level check. Troponin was over 5 ng/mL admitted to hospital after an Echo which resulted in an MRI the next day and concluded that it was likely Myocarditis.
1368782	6/2/2021	TX	31	M	4/10/2021	5/1/2021	Minor chest pain and anxiety mostly at night.

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1368590	6/2/2021	WA	16	M	5/9/2021	5/9/2021	Chest pain - Pt with left sided chest pain with running yesterday, about a mile into the run, jogging on a treadmill. Sharp pain, severe, had to stop. Pain resolved within a few seconds when he stopped. Similar episode the day before but much more subtle mild achy pain. Has had faster heartrate and out of breath much easier since he received the 2nd COVID-19 vaccine 3 weeks ago. Dull pain/pressure in his chest has been persistent the last few days since he started running for soccer, club soccer just started. Rode a long intense mountain bike ride prior to the 2nd COVID-19 vaccine, no problems with that, that was 2 weeks after the first, 1 week before the 2nd shot. Since the second vaccine has been really fat
1368765	6/2/2021	UT	19	F	5/31/2021	5/31/2021	dizziness within the 15 minute post injection time frame, about 6 hours later developed shortness of breath and chest pain
1368721	6/2/2021	CA	16	M	5/29/2021	6/1/2021	Myocarditis: Patient reports developing intermittent non-radiating substernal chest pain (5/30/21 at 7am) one day following his second Pfizer vaccine. He had also been experiencing cough for the last few weeks starting in early May about a week after his first Pfizer vaccine. He states having an intermittent non-productive cough since receiving his first COVID vaccine in early May. Symptoms are worsened by walking or exertion. No leg swelling. Patient presented to the ER where troponin was elevated to 9000 and EKG was consistent with myocarditis. Patient admitted for NSAID treatment, cardiology evaluation and observation. Troponins quickly down-trended and patient clinically stable. Anticipate discharge home in next 24-48 hours.
1368704	6/2/2021	AZ	34	M	1/19/2021	2/19/2021	Ongoing shortness of breath, cough, left-sided chest pain eventually diagnosed as Pericarditis by cardiologist.
1368680	6/2/2021	WA	38	M	5/30/2021	6/2/2021	Pt was seen in the emergency department for substernal chest pain four days after his vaccination. He was found to have an elevated troponin. Echocardiogram in the ED was unremarkable. The patient was diagnosed with myocarditis and admitted for observation. Patient is currently stable and admitted.

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1368656	6/2/2021	MN	17	F	5/22/2021	5/23/2021	First on Saturday May 22 had sore arm, then pain that thought was possibly heartburn/indigestion, fever over 100. Took acetaminophen and tried Tums. Then on Sunday May 23 chest pain that didn't feel quite like indigestion and fever over 100. Continued acetaminophen and Tums. Monday May 24 felt like heart was fast, hot flash type feeling like could faint and some light headedness/off feeling, continued chest pain. Pediatrician prescribed omeprazole to see if helped, did EKG. Checked in on Wed May 26, no change except no fever and light headedness improving. Referred to cardiology.
1368652	6/2/2021	NJ	37	F	3/10/2021	4/16/2021	IN Mid Mar 2021 - recd the j and j vaccine. About 4 weeks later started having pain in the right thigh. Lasted for 5 mins - was a spasm. Intermittent. End april started having pain in the left shoulder - like a knot and then w/ SOB / chest pains. Came to ER and was found to have a PE. Also then a right LE DVT. Started on heparin -- > argatroban HIT panel was neg. Now on eliquis.

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1368620	6/2/2021	CA	14	F	6/2/2021	6/2/2021	<p>HPI: Patient is a * year old * who presents following administration of the first dose of Pfizer COVID19 vaccine in the left deltoid. She states that immediately following administration of the vaccine, she started to feel lightheaded with ?fuzzy vision,? and pain with swallowing. She denies a history of anaphylaxis. She affirms seasonal allergies and confirms that she was feeling ?stuffy? this morning. She affirms that she ate and drank this morning without odynophagia. She relates that there was a big family argument that is causing her to feel stressed at this time as well. She affirms pleuritic chest pain, odynophagia, epigastric abdominal pain, headache, lightheadedness, and blurry vision. She denies chest pain, difficulty breathing, swelling of the face/lips/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting. Exam: GEN: Alert and oriented x 4, NAD. Patient appears to have a developmental delay secondary to eye contact avoidance, slow to respond, and speech impediment. HEAD: NCAT EYES: PERRL, EOMI ENT: Ears normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g PULM: Shallow, guarded breathing at rest, but clear to auscultation bilaterally with deep inspiration, no accessory muscle use ABD: Soft, no tenderness. SKIN: No rashes, skin warm and dry. No erythema or edema of the injection site. MSK: FROM, MS 5/5 NEURO: Alert and oriented x 4, CN 2-12 grossly intact, no ataxia, gait steady Clinical Impression/Field Tx: Vital signs stable and physical exam within normal limits, however, patient continued to report odynophagia, pleuritic chest pain, abdominal pain, lightheadedness, and blurry vision, even after giving patient snack/drink and reclining her with lower extremities above the level of heart and head. EMS called to the scene for further evaluation. Instructed patient and parent to consult their PCP regarding the post-vaccination reaction. Patient and parent instructed to go to emergency department should she develop chest pain, difficulty breathing, swelling of the face/lips/mouth/tongue/throat, or cramping abdominal pain with nausea/vomiting. Patient and parent demonstrated understanding of post-vaccination instructions. Medications administered: None Disposition: EMS contacted due to patient not improving. Care transferred to EMS . No workup was performed by</p>

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1368615	6/2/2021	MO	60	F	3/15/2021	3/18/2021	EMS and they instructed the parent of the patient to take the patient to ER via private car for further evaluation. Father was amenable to plan and signed form. Patient developed hemoptysis, chest pain, and shortness of breath and was admitted to the hospital.

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1368614	6/2/2021	CA	22	M	5/12/2021	5/31/2021	Reason for Admission Patient 22-year-old male with a history of seasonal allergic asthma who presented to ER with a chief complaint of chest pain. He said he started having multiple episodes of vomiting/fever on Saturday morning, went to urgent care and diagnosed with sinus infection, prescribed amoxicillin, then he started having chest pain on Sunday at 4 PM, mid sternum, constant, pressure type of pain, 5 out of 10 in severity, worse with cough and deep breathing/lying down flat a lateral position, better with sitting up/ leaning forward. No radiation. Denies lifting any heavy weight or any heavy exercise. Never had similar symptoms in the past. He had his second dose Pfizer COVID-19 vaccine on May 12. He denies leg pain or swelling. His vomiting and fever resolved. ED: He was found to have troponin of more than 12,000, EKG showed diffuse ST segment elevation with possible repolarization. Transferred for possible cardiac cath/cardiac MRI. CT angio chest no PE, normal aorta, no infiltration. Pending second set of troponin, stat echo, aspirin po given in the ER. In addition to the above HPI, he reports having 2 days of fevers, chills, nausea, vomiting, diarrhea. T-max 103F. His chest pain began around 4 PM yesterday and he felt like it was initially consistent with his asthma, however it did not improve so around 1:30 AM he states they went to the ER. He states that the chest pain gets better with exertion, and is worse with deep breaths and lying on his side, or leaning forward. He did take Nyquil decongestant which contains phenylephrine. Hospital Course 22 yo M w/PMH exercise induced asthma admitted for evaluation of CP, elevated troponin to 21,292 with negative LHC. UDS Negative. EKG w/diffuse ST changes so consistent with Myopericarditis I31.9 given Recent Viral Illness resulting in first time myopericarditis, will treat per pericarditis algorithm, ASA+Colchicine w/90% response rate by 1 week. -ASA 650 to 1000 mg TID, weekly tapers if CRP normalized and sx free; will start at 650 mg dose -Colchicine 0.6 mg BID for 3 months, no taper (lowers recurrence rate, NNT = 5) -Glucocorticoid generally not indicated in first-time acute myopericarditis as observational studies suggest increased recurrence rate, but can consider if he does not adequately respond to aspirin and colchicine -Trend troponin to ensure downtrend continues -No strenuous exercise during recovery period

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1368601	6/2/2021	GA	57	M	4/7/2021	4/7/2021	Severe pain in chest above my heart.
1368668	6/2/2021	CA	35	F	6/2/2021	6/2/2021	(DOB 08/10/1985) received the 1st dose COVID vaccine (Pfizer, lot # EW0187 and use by date 06/28/2021 @ 0945) at 11:00am. Patient reported having mild shallow breathing to (EMT) who immediately reported to Lead RN. Lead RN assessed the patient while (EMT) took a full set of vitals. Patient was apprehensive to receive vitals including BP and O2 saturation monitor but consented after further education from RN and EMT. Vital signs at 11:06 were BP of 132/82, HR of 94, RR of 16, and O2 Saturation Level of 97%. RN observed patient was A&O x4 with no wheezing, hives, or angioedema present. Patient denied chest pain, difficulty breathing, changes in vision, difficulty swallowing, and nausea. Patient denied benadryl, EMS, food, and transfer to a zero-gravity chair. Patient denied vitals every 5 minutes and explained that she has a history of SVT induced by anxiety. Patient reported that having vitals taken increases her anxiety and refused q5 minute vitals. Patient agreed to have vitals taken once more after 30 minutes of observation. At 1115 patient was drinking water and stated "I delivered my baby 3 weeks ago, so I am always tired." Patient explained that she has been quarantining over the last year due to her pregnancy and had increased anxiety being around so many people at the vaccine site. At 11:16 patient stated "my breathing is good now." Patient has NKDA, no chronic conditions, and a pertinent history of panic attacks and SVT induced by anxiety. At 1125, patient consented to one additional set of vitals. Vitals were BP of 144/88, HR 92, RR of 16, and O2 Saturation Level of 98%. At 11:30, Lead RN and (Co-lead) educated about Vaccination program, ER precautions, and f/u with PCP. At 11:33 patient stated that "water is making me feel much better." Patient denied SOB, dizziness, lightheadedness, and changes in vision. At 11:38 patient stated that her brother is driving her home and left the site. Co lead RN observed a steady and symmetrical gait as patient walked away.

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1365963	6/1/2021	CA	28	F	6/1/2021	6/1/2021	client complained of dizziness after receiving 1st dose Pfizer Covid Vaccine. RN responded with EMT. PHN arrived shortly. Upon arrival client sitting in chair, pale, alert and oriented x4. EMT was taking vitals. Client stated feeling dizzy and nauseous 5 mins after receiving vaccine. Vitals at 1526: blood pressure 124/80, pulse 81, oxygen 99%. Client denied blurry vision, headache, shortness of breath, chest pain. 1530 client able to stand and transfer to anti-gravity chair. Client stated feeling more dizzy after getting up. PHN gave client water and instructed to drink slowly. Per client no relevant medical history, current medication or allergies. Vitals at 1532: blood pressure 124/65, pulse 83, oxygen 95%. Client stated was on a diet and last time she ate was 6 AM. At 1533 client stated nausea and dizziness improving. Skin color normal for ethnicity. Client given juice and snack. Vitals at 1546: blood pressure 123/71, pulse 72, oxygen 99%. Per client dizziness improving, nausea subsided. Client denied blurry vision or headache. Client advised to eat prior to vaccine and follow up with provider. Last vitals at 1556: blood pressure 122/64, pulse 79, oxygen 97%. Client stated symptoms had resolved. Was not driving home, friend here with here and would take public transportation. ER precautions given. Client able to stand from chair with no complaint of dizziness. Client left facility with steady gait at 1558.
1365526	6/1/2021	NJ	31	F	5/12/2021	5/15/2021	I was vaccinated on Wednesday, that day I felt fine, on Thursday I felt fatigue, fever, pain in my feet, in arm; on Friday I had severe back pain that radiated to my stomach, on Saturday morning 4:40 I was awakened by a tachycardia and afterward I had severe chest pain, I could not tolerate the pain. I went to the emergency room and they found my Troponin at 7000. They took good care of me in the hospital. They did tests on me and later on Sunday I had it again at dawn but not so strong, I am a healthy person and have not done anything out of the ordinary, the only thing different was the vaccine that I took in those days. Now I have to take medications (amlodipine, aspirin, omega, atorvastatin) I don't know for how long.
1365555	6/1/2021	PA	16	F	4/26/2021	4/28/2021	chest pain ER visit BNP was elevated

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1365691	6/1/2021	AR	61	F	1/12/2021	1/13/2021	Chest pain a few weeks after injection 1/28/21. Next day after injection headache, dizziness, nausea
1365693	6/1/2021	OR	16	M	5/12/2021	5/13/2021	Patient woke up with chest pain and later diagnosed with possible acute pericarditis at his PCP office. He was treated with Ibuprofen 600 mg taken three times daily and referred to the pediatric cardiologist.
1365696	6/1/2021	CA	43	F	4/30/2021	5/30/2021	Chest pain when lying down or deep breaths. possibly pericarditis
1365733	6/1/2021	CA	50	F	4/10/2021	5/24/2021	Pulmoary Embolism - Chest Pain, Shortness of Breath Hospitalization of 3 days Treatment of blood thinners
1365895	6/1/2021	TX	59	M	3/25/2021	3/26/2021	3/26/21 Chest pain 1 day after vaccine then shortness of breath with exertion and fatigue. Symptoms worsened when at work 3/29/21 so went to ER. Saw PCP 3/30/21 and tests ordered. No change in symptoms. Saw Cardiologist next week 4/6/21 and admitted to hospital for heart catheterization 4/7/21. Cath was negative so was discharged from hospital. Symptoms continued so saw Cardiologist NP 4/28/21 and tests ordered EGD done 5/10/21 and was negative Echocardiogram and AAA sonogram done 5/13/21 and were negative as well Was released to go back to work 5/18/21 Continue to have rare chest pain with exertion that is not as severe now. Shortness of breath and fatigue daily with moderate exertion now
1366518	6/1/2021	FL	19	F	5/7/2021	5/9/2021	Racing heart that continued on and off for over a week; longest it lasted was several hours; feeling of shortness of breath with racing heart; sporadic chest pain that has been on going since vaccination

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1365934	6/1/2021	IN	25	F	1/9/2021	1/12/2021	01/12/21 (First dose on 1/9): Exhaustion/confusion (lasted for about three days), recognized episodes of tachycardia that lasted for weeks; severe pain in right arm at vaccination site that lasted about 2 days. 02/9/21: Received second dose of vaccine on 2/6/21, recognized raised, oblong, red rash not at the location of the vaccination site on the deltoid, but on the top of the upper arm and down near the antecubital fossa that slowly crept down the arm over several days, was gone in about a week; severe arm pain for about 2 days; episodes of racing heart continues, was relieved with rest. 03/15/21-03/26/21: Exhaustion; recognized multiple episodes of tachycardia that was not relieved with rest (around 140 bmp, each episode lasted between 3-6 hours). 03/23/21-03/24/21: Pain in right arm 03/26/21-04/2/21: Recognized exhaustion/confusion, tachycardia that was not relieved with rest. 04/2/21: Right arm swelling and pain. Tachycardia (140 bmp), not relieved with rest. Chest pain/tightness. Arm turned purple and all the vasculature was present in the right arm and chest. Admitted to hospital, ultrasound revealed the subclavian vein was completely occluded down to the basilic vein near the elbow. CT scan showed pulmonary emboli in both lungs. Was placed on heparin drip and released from hospital on 04/4/21. Started on 10 mg Eliquis BID for one week on 4/4, now on 5 mg Eliquis BID for 6 months. 05/19/21: Received diagnosis of Factor V Leiden heterozygous mutation. Arm pain/swelling remains periodically.

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1366332	6/1/2021	NJ	44	M	4/13/2021	4/20/2021	1st shot 4/13, no issue with injection site. About a week later had trouble breathing, chest pain, felt like lungs were hurting in my back, weak, tired, couldn't catch my breath when i went upstairs and almost passed out. 2nd shot 5/04, felt pain at injection site (that was expected), that night started to get a bad headache and got worse and worse. Next morning, whole body aching, upper body, lower back, bad headache, Left underarm (lymph) swollen. 2nd day slight headache, neck ache, left underarm swollen. That night had rash on arms, chest, and stomach. 3rd day, nighttime rash arms, chest, stomach. Still red where band aid was over injection site. Over a week later still have redness shape of band aid, Seems I have sensitive skin since the 2nd covid shot. 10 days after 2nd shot I still have redness the shape of the Band Aid on my left arm. Got a red spot on my nose (looks like Rosacea). 4 weeks later, still have a red spot on my nose. I have itchiness between fingers left hand, on my face left side, neck, arms (left wrist, right arm in places) redness on chest, and rashes on back, left buttocks, and itchiness on legs. i noticed that it gets worse at night. As far as i know i did not get the Covid Virus, i did the rapid test and regular test and both were negative. But i was very sick with my stomach and had issues breathing in late 2019 and again early 2020, took medication (antibiotics) both times. I had to write on this form over and over again kept getting frozen with error from the PDF. Even if I hit OK, it keeps popping up and does not let me finish, so I can imagine that lots of people gave up, like I may. Pfizer 4/13/2021 EW0162. After 5pm Pfizer 5/04/2021 EW0170. After 2pm
1365473	6/1/2021	OR	65	M	3/5/2021	3/19/2021	Patient received the Moderna mRNA COVID vaccine on 3/5/21. On 3/19/21, patient presented to the emergency department with chest pain starting the night prior to presentation. Patient admitted from 3/19/21-3/20/21 for possible pericarditis.
1365905	6/1/2021	NY	16	M	5/29/2021	5/30/2021	Chest pain, troponin I elevation to 40.15, with diffuse ST-elevations on ECG. The patient was vaccinated on 5/29, developed chest pain on 5/30 and presented to our hospital on 6/1.

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1364687	6/1/2021		56	M	5/3/2021	5/3/2021	Short term (6-10 hours) low grade fever after first dose. Vomiting, fever (100-102.5) for 2-3 days after second dose; difficulty breathing. Four weeks after second dose, chest pain, low-grade fever, and difficulty breathing.
1364967	6/1/2021	CT	22	F	5/21/2021	5/22/2021	Patient reports abnormal chest pain, weird "poking" feeling in heart, and abnormal thigh pain after receiving vaccine. She is still feeling a bit of chest pain but the worst was Monday following the vaccine administration. She has not gone to the ER but was advised to go if she experience any severe pain or difficulty breathing, and was also advised to reach out to her doctor prior to next dose.

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1364566	6/1/2021	MI	44	F	5/28/2021	5/28/2021	<p>Patient went to ED with possible vaccine related reaction. CHIEF COMPLAINT: POSSIBLE ALLERGIC REACTION (sx p 2nd covid vax rec'd vax and was being observed developed sl dizziness and legs got weak and started shaking, en route w/ ems she felt like her tongue got thick 0.3 epi admisitered per EMS. on arrival pt is trembling but denies feeling cold, hypertensive, NSR oropharyx clear LS CTA b/l c/o feeling thirsty dry mouth after epi. obtained manual bp d/t trembling) The patient is an otherwise healthy 44-year-old female who presents to the emergency department today via EMS with concerns for an allergic reaction. The patient states she just received her 2nd Covid-19 vaccine (Pfizer) when about 15 minutes after, noticed a bilateral lower extremity weakness, dizziness, as well as dry mouth. EMS did provide IM epinephrine given at roughly 3:30 p.m.. The patient was further brought to the emergency department for further evaluation and monitoring. Patient states she has not noticed any rashes or itching, is not having any shortness of breath or trouble breathing. She states that she does have dry mouth, but is not having any sensation such as a difficulty swallowing or swelling. No headaches. No chest pain, abdominal pain, back or neck pain. No nausea vomiting dysuria or hematuria. MEDICAL DECISION MAKING The patient was seen upon arrival in the emergency department. She remained stable from a respiratory and hemodynamic standpoint. She presents status post IM epinephrine after feeling dizzy with a bilateral lower extremity weakness and shaking after the COVID-19 vaccine. On my initial evaluation, she does appear well, without any concerning propagation of an allergic response. She was monitored here in the emergency department for about 2-1/2 hours with no a change in her clinical status. She is almost 3 hours out from her IM epinephrine dose, and is feeling better. She is tolerating fluids. Does not have any posterior or pharyngeal swelling or sensations at this time, so I do feel comfortable with discharge home. Return precautions were discussed, the patient was discharged in stable condition.</p>

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1364639	6/1/2021	MA	33	F	5/14/2021	5/14/2021	Patient endorsing throat tightness, difficulty talking deep breath, swelling of face and lips post #2 covid vaccine. Premedicated at home with singulair last night and this morning. VSS, O2 100%, slightly tachycardic, hypertensive with ongoing stressors of appointment. No chest pain or palpitations. Due to ongoing HSR symptoms and lack of response to premedications at home, administered EPIPEN in infusion room at 105pm in right lateral thigh. VSS monitored every 10 minutes remained stable. Continued to report mild throat tightness, slight improvement in breathing, improvement in facial edema. Administered Benadryl 25mg IM in clinic, referred to ED for continued monitoring due to incomplete resolution of symptoms. Of note, patient is able to tolerate low doses of benadryl, experiences pruritus with high dosing. Unable to obtain IV access to collect tryptase level in light of HSR, requested to obtain at ED in order to avoid delay in transit.
1364641	6/1/2021		47	F	5/28/2021	5/29/2021	Chest pain, high blood pressure, troponin elevation with negative coronary angiogram consistent with myocarditis.
1364650	6/1/2021	PA	19	M	4/28/2021	5/11/2021	Developed acute onset chest pain and shortness of breath on 5/11 with nausea/vomiting x1. He didn't have any prior systemic symptoms, URI symptoms, rashes, and was in his usual state of health. Other ROS was negative other than longstanding right shoulder pain without weakness.
1364544	6/1/2021	ID	38	F	1/1/2021	1/26/2021	I had no symptoms with the first dose. I was the sickest I have ever been with 2nd dose-up all night sweating and shaking, waking up in pool of sweat. Sick the next day and began experiencing intermittent, sharp, squeezing chest pain every day until end of March! I was walking my kids in the stroller and felt the chest pain and then felt like I was going to black out on two walks. I told myself it was anxiety even though it didn't feel like it and waited 6 weeks to see cardiologist.

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1364675	6/1/2021	FL	57	F	6/1/2021	6/1/2021	57 y/o female with past medical history of Asthma who presents with palpitations post vaccination administration. Patient states that this is her second dose in the two-dose series. Patient denies previous reaction with first dose. Patient states that received today's vaccination to the R arm. Patient states that she was nervous prior to receiving today's injection and that she suffers from anxiety (undiagnosed). Patient also states that she takes Albuterol daily and Montelukast. This NP explained to patient that Albuterol is a rescue medication and not a controller, that she is taking the medication incorrectly. I advised the patient to follow up with her primary physician to discuss a controller such as Pulmicort instead of using a rescue drug as maintenance. NP, CNO and Paramedics at patient side. Patient with noted peripheral edema. Patient initial vitals showed tachycardia and hypertension. Patient initial vitals (153/88 BP, 127 HR, 98% RA, Resp 16 and EKG Sinus Tachy). Patient states that her palpitations come and go. Patient denies sore throat, difficulty swallowing, chest pain or difficulty breathing. Patient monitored for 30 mins with no improvement of symptoms (Patient remained Hypertensive (171/88, 172/87, 174/94) and Tachycardia (105-127) and it was determined to call Fire Rescue. Fire Rescue assessed patient and advised to seek further medical attention but patient refuses. Patient signed AMA with rescue and patient was provided with the AshBritt Logistics and IEM Health AMA form, patient signed and ambulated off site without difficulty.
1364471	6/1/2021	FL	41	F	5/30/2021	5/30/2021	Systemic: Chest Tightness / Heaviness / Pain-Medium, Systemic: fingers tingling-Medium, Additional Details: pt complained of chest pain after injection & tingling in fingers-bp was taken-143/82 -called 911 & they checked her out in ambulance-paramedics released her a few minutes later to go home

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1364688	6/1/2021	CA	19	M	5/9/2021	5/13/2021	Received 2nd dose of Pfizer-BioNTech Covid19 vaccine on 5/9/2021. The following day developed substernal chest pain radiating to neck and left shoulder and arm. Also reports fever of 101 degrees on 5/10/2021. Used Tylenol, initially with some relief, but symptoms worsened over the course of the next few days. Then presented to ER on 5/13/21 because of worsening pain. EKG showed diffuse ST elevations c/w pericarditis. Initial Troponin 11.1, ultimately peaking at 13.67, c/w myopericarditis. Admitted to hospital for supportive care, and treated with PO colchicine. A transthoracic echocardiogram revealed normal LV function without segmental wall motion abnormality and no pericardial effusion. A Cardiac CT showed normal coronary arteries. The patient's symptoms improved with colchicine. He was discharged home with a course of colchicine on 5/15/21. A subsequent outpatient Cardiac MRI did show epicardial and mid wall late gadolinium enhancement involving the basal to mid lateral and inferolateral walls, and a mid wall stripe of distal anteroseptal, septal and inferoseptal segments, c/w myocarditis, idiopathic cardiomyopathy or sarcoidosis. The pericardium was borderline thickened at 3 mm.
1364780	6/1/2021	CA	20	M	5/29/2021	5/30/2021	developed myalgia, chest pain, fever chills, came to Emergency department found to have Right bundle branch with elevated troponin
1364796	6/1/2021	CA	36	F	5/26/2021	5/27/2021	Mild Chest pain shortness of breath 24 hrs after shot. Went way with Tylenol and rest. Returned next day worse. Emergency room tests ruled out heart, lung issues, and blood clot. Following up with primary care.

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1364814	6/1/2021		44	M	5/8/2021	5/8/2021	Patient presented to the ED on 5/8/21 with hypertensive emergency. Per ER provider's notes: He was at the VA today getting his 2nd Covid vaccine (Pfizer) and during the post vaccine waiting period, he developed frontal headache and transient L arm tingling. He was sent to ED in Superior and BP was as high as 219/114. He was given amlodipine and toradol and dilaudid and BP did not come down. He also had a slight elevation in troponin and had second episode of L arm tingling. Decision was made to not give ntg since he already had a headache. No chest pain or other neuro sx. Head CT neg for bleed. No chest pain. Patient presented to the ED again on 5/11/21 with similar symptoms as previous visit.
1364853	6/1/2021	NM	59	M	5/24/2021	5/26/2021	patient seen in clinic 5/26 for severe head ache, chest pain, diaphoresis, subjective fever and chills, SOB. Transferred to ER elevated troponin, transferred to other Hospital where he underwent cardiac cath and diagnosed with NSTEMI.

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1364941	6/1/2021	FL	58	F	6/1/2021	6/1/2021	58 y/o female with past medical history of Hypertension who presents with left arm numbness post vaccination. Patient states that this is her first vaccination in the two-dose series. Patient denies previous reactions to vaccinations in the past. Patient states that she received the vaccination to the Left arm. Patient states that her left arm feels numbness or like it has fallen asleep. NP and Paramedics at patient side. Patient with equal pulses to bilateral upper extremities, cap refill less than 3 seconds, patient with FROM of the left upper extremity. Patient denies sore throat, difficulty swallowing, difficulty breathing and/or chest pain. Instructed patient to move/exercise the left upper extremity. Patient with Hypertension on initial vitals, 173/104 BP, 98% RA, 78 HR, 12 Resp, EKG NSR. Patient states that she took both of her blood pressure medications this am (Losartan and Hydrochlorothiazide). Within 30 mins patient with resolution of left arm numbness but hypertension remained. BP taken sitting, lying, standing with no improvement. Patient BP increased to 182/107 and Rescue notified. Fire rescue was delayed in arriving. Patient was monitored by NP and Paramedics for over an hour. Once rescue arrived patient BP normalized to 150/99. Patient refused transport to ER. Patient signed AMA with rescue and patient was provided with the AMA form, patient signed and ambulated off site without difficulty.
1364659	6/1/2021	MD	17	M	5/26/2021	5/29/2021	chest pain Saturday morning actually resolved, but had troponins 3800 then 4160, trending down. Telemetry and check labs going down. Our ECHO and EKG were fine, as was proBNP, d-dimers.

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1363983	6/1/2021	PA	34	M	5/13/2021	5/13/2021	Heart Attack; Panic attack; Couldnt breathe; Felt like chest caved in; Chest pain; Blood clot; Arm Pain; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Heart Attack), PAIN IN EXTREMITY (Arm Pain), PANIC ATTACK (Panic attack), DYSPNOEA (Couldnt breathe), CHEST DISCOMFORT (Felt like chest caved in), CHEST PAIN (Chest pain) and THROMBOSIS (Blood clot) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 048B21A) for COVID-19 vaccination. The patient's past medical history included Flu vaccination (received about 5 weeks ago before he got the Covid Shot and had chest pain) and Sinusitis (the patient stated that he violently threw up and he was sick for 2 weeks; the doctors then said that it may have been a stroke or a heart attack but he definitely had sinusitis.). Concurrent medical conditions included Diabetes, Cholesterol high and Blood pressure high. On 13-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 13-May-2021, the patient experienced PAIN IN EXTREMITY (Arm Pain) (seriousness criterion hospitalization). On 15-May-2021, the patient experienced PANIC ATTACK (Panic attack) (seriousness criterion hospitalization), DYSPNOEA (Couldnt breathe) (seriousness criterion hospitalization), CHEST DISCOMFORT (Felt like chest caved in) (seriousness criterion hospitalization), CHEST PAIN (Chest pain) (seriousness criterion hospitalization) and THROMBOSIS (Blood clot) (seriousness criteria hospitalization and medically significant). On 15-May-2021 at 4:00 PM, the patient experienced MYOCARDIAL INFARCTION (Heart Attack) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 3 days due to CHEST DISCOMFORT, CHEST PAIN, DYSPNOEA, MYOCARDIAL INFARCTION, PAIN IN EXTREMITY, PANIC ATTACK and THROMBOSIS. The patient was treated with ACETYLSALICYLIC ACID (BABY ASPIRIN) ongoing since an unknown date at an unspecified dose and frequency; LISINOPRIL ongoing since an unknown date at a dose of 5 mg; METOPROLOL SUCCINATE ongoing since an unknown date at a dose of 50 mg; NITROGLYCERIN ongoing since an unknown date at a dose of 10 mg as required; PRASUGREL ongoing since

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						<p>an unknown date at a dose of 10 milligram; SPIRONOLACTONE ongoing since an unknown date at a dose of 25 mg and ROSUVASTATIN ongoing since an unknown date at a dose of 80 milligram. At the time of the report, MYOCARDIAL INFARCTION (Heart Attack), PAIN IN EXTREMITY (Arm Pain), PANIC ATTACK (Panic attack), DYSPNOEA (Couldnt breathe), CHEST DISCOMFORT (Felt like chest caved in), CHEST PAIN (Chest pain) and THROMBOSIS (Blood clot) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications were not reported. The patient reported that he had a heart attack on 15 May 2021, after football practice Patient was in the hospital for 3 days. Treatment also included catheter placement and then a stint in heart. Company Comment : Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.</p>	
1365510	6/1/2021	GA	59	F	5/6/2021	5/12/2021	<p>Fever up to 101 for 3 weeks Horrible chest pain it hurt to breathe and cough felt like a broken bone it hurt so bad even on pain medication. Constant feeling of fatigue but the pain in the chest into right breast was overwhelming. Drop in blood pressure. Called pharmacy and Doctors Office non-responsive pharmacy stated to report my antibodies test was high 2.66 done at lab. I have never experienced such pain in my chest area . I thought someone would care but idk. I have no idea when this will end and Have not heard back from Doctors Office after about 7 messages.</p>
1362815	6/1/2021	CA	16	M	5/26/2021	5/27/2021	<p>Pt developed chest pain appx 24-36 hours after receiving the 2nd Covid-19 vaccination. Three days after receiving the 2nd vaccination, he went to the emergency room to be evaluated for chest pain. He was admitted to the hospital on 5/29/21 because of elevated troponin levels. He was given a dose of Ketorlac for pain. He was observed x 2 days and then discharged to home on 5/31/21</p>

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1363813	6/1/2021	MI		M		5/14/2021	BLOOD CLOTS IN BOTH LUNGS; LEFT SIDE OF BODY HURTING; GENERALIZED WEAKNESS; TIREDNESS; BLOOD CLOT IN BOTH LEGS; TROUBLE WALKING; This spontaneous report received from a consumer concerned a 77- year old White Not Hispanic or Latino male. The patient's height and weight were not reported. The patient's past medical history included polyp removal on the nose, and concurrent conditions included prostate cancer, asthma, chronic obstructive pulmonary disease, allergic to sulfa drugs, alcohol user (drinks wine 1-2 times a week), and non-smoker, and other pre-existing medical conditions included no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 205A21A expiry: UNKNOWN) 1 total, the dose was not reported, administered on right arm on 09-MAY-2021 for prophylactic vaccination. Concomitant medications included prednisone for loss sense of taste, and ascorbic acid/biotin/cyanocobalamin/folic acid/nicotinamide/pantothenic acid/pyridoxine hydrochloride/riboflavin/thiamine hydrochloride, and vitamins and minerals. On 14-MAY-2021, the patient began experiencing symptoms of both legs hurting from hips to knees and generalized body weakness as well as tiredness. a Patient complained about legs that whole week stating was in a lot of pain, having trouble walking. Consumer stated pain level was around at a 7 or 8 and that patient had a lot of difficulties getting out of the car and not being able to walk from kitchen to the bedroom. They were concerned. On, Monday 24-May-2021, the patient stated whole left side of the body was hurting and could not put any pressure or sit on the left side of the body. the Patient also had shortness of breath and chest pain on Monday 24-May-2021. Patient was hospitalized on 25-May- 2021 and found multiple clots in bilateral lungs and both legs. The patient was hospitalized for 2 days. Laboratory data included: Blood test (NR: not provided) blood clots bilateral lungs and both legs, Computerised tomogram scan (NR: not provided) blood clots bilateral lungs and both legs, Venous Doppler (NR: not provided) blood clots in legs, and X-ray (NR: not provided) blood clots bilateral in lungs. On 26-MAY-2021, Laboratory data included: Echocardiogram (NR: not provided) clear. The action taken with covid-19 vaccine

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ad26.cov2.s was not applicable. The patient had not recovered from blood clots in both lungs, blood clot in both legs, trouble walking, left side of body hurting, generalized weakness, and tiredness. This report was serious (Hospitalization Caused / Prolonged); Sender's Comments: V0:20210554302- blood clots in both lungs, blood clot in both legs, trouble walking, left side of body hurting -This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY, UNDERLYING DISEASE V0:20210554302- generalized weakness, and tiredness.This event(s) is labeled per RSI and is therefore considered potentially related.

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1363905	6/1/2021	CA		M		5/1/2021	<p>HEADACHE; LEFT ARM WAS WEAK AND LEGS WERE WEAK FOR A FEW MINUTES; EARS FELT CLOGGED; FELT A NOISE IN MY EARS; SHORTNESS OF BREATH; COULD NOT BREATHE THROUGH MY NOSE SO BREATHING THROUGH MY MOUTH; CHEST PAIN; NASAL CONGESTION; TOP OF MOUTH DRY AND RASPY; This spontaneous report received from a patient concerned a 42 year old male. The patient's weight was 132 pounds, and height was 65 inches. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808978, and batch number: 1808978 expiry: UNKNOWN) dose was not reported, administered on 18-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On MAY-2021, the subject experienced top of mouth dry and raspy. On 23-MAY-2021, the subject experienced nasal congestion. On 24-MAY-2021, the subject experienced chest pain. On 26-MAY-2021, the subject experienced shortness of breath. On 26-MAY-2021, the subject experienced felt a noise in my ears. On 27-MAY-2021, the subject experienced ears felt clogged. On 28-MAY-2021, the subject experienced left arm was weak and legs were weak for a few minutes. On an unspecified date, the subject experienced could not breathe through my nose so breathing through my mouth, and headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from left arm was weak and legs were weak for a few minutes, was recovering from nasal congestion, top of mouth dry and raspy, and could not breathe through my nose so breathing through my mouth, had not recovered from chest pain, and headache, and the outcome of ears felt clogged, felt a noise in my ears and shortness of breath was not reported. This report was non-serious.</p>

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1363957	6/1/2021	MI		M		5/30/2021	CHEST PAIN; This spontaneous report received from a patient concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 04219-21A, expiry: UNKNOWN) dose was not reported, administered on 28-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 30-MAY-2021, the subject experienced chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of chest pain was not reported. This report was non-serious.

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1364553	6/1/2021	MD	32	M	5/22/2021	5/25/2021	<p>from 5/25/21 note: 32 y.o. male with a history of DVT (left leg; on Xarelto), recurrent PE, EtOH abuse, anxiety, and depression presents to the emergency department complaining of right leg pain since the last two days. He reports to receiving his Moderna COVID-19 vaccination three days ago. Thereafter, he noticed his leg pain to occur. He also notes to intermittent pleuritic chest pain, but not currently. He notes that his leg is not as swollen compared to his previous DVT. He has full sensation and motor control of his digits. He admits to dizziness. He denies changes in breathing, abdominal pain, recent surgeries, recent travels, recent hospitalizations, or family history of blood clots. History is from the patient Old records reviewed. Last ED visit on 3/2/21 for pleuritic chest pain. Recent hospitalization 2/8 to 2/9 for pulmonary embolism in the setting of Xarelto non-compliance. US LLE Dplx (9/26/2020) DVT in the left popliteal, posterior tibial, peroneal and anterior tibial veins. US LLE Dplx (2/8/21) Nonocclusive thrombus in the left popliteal and posterior tibial veins. US RLE Dplx (5/25/21; today) DVT in the right femoral and popliteal veins. from 5/27/21 note: Patient is a 32 y.o. male with history of EtOH abuse and recurrent DVT/PE known to be noncompliant with Xarelto presenting to the ED with altered mental status. Of note patient was discharged from the hospital this afternoon where he was treated for DVT with heparin, previously on Xarelto but due to noncompliance was discharged with plan for Lovenox. Patient is alert and oriented x3, however intermittently not responding appropriately to questions and does not appear to be the best historian. Per EMS patient was found down, unresponsive in a bush. Patient admits that when he left hospital he went to gas station and drank "18 ounces of wine." EMS states when they arrived to scene patient had unsteady gait, frequent falls, no signs of significant head trauma. Patient was tachycardic in route and noted to be hypoxic in route. Patient currently complaining of mild headache but denies chest pain, shortness of breath, nausea, vomiting, diarrhea, abdominal pain, back pain or any further symptoms once again believe patient to be a poor historian.</p>

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1363969	6/1/2021	CA	68	M	1/18/2021		<p>suicidal thoughts; Depression; Chest pain; Fingers go numb/my arm feels numb; lack of sleep and sleeping issues; Nightmares; Stressed out; Weakness; Runny Nose; very angry; Headache; This spontaneous case was reported by a patient (subsequently medically confirmed) and describes the occurrence of SUICIDAL IDEATION (suicidal thoughts) in a 68-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 027L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included COVID-19 in November 2019. On 18-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 15-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced SUICIDAL IDEATION (suicidal thoughts) (seriousness criterion medically significant), DEPRESSION (Depression), CHEST PAIN (Chest pain), HYPOAESTHESIA (Fingers go numb/my arm feels numb), SLEEP DISORDER (lack of sleep and sleeping issues), NIGHTMARE (Nightmares), STRESS (Stressed out), ASTHENIA (Weakness), RHINORRHOEA (Runny Nose), ANGER (very angry) and HEADACHE (Headache). At the time of the report, SUICIDAL IDEATION (suicidal thoughts) and ANGER (very angry) outcome was unknown and DEPRESSION (Depression), CHEST PAIN (Chest pain), HYPOAESTHESIA (Fingers go numb/my arm feels numb), SLEEP DISORDER (lack of sleep and sleeping issues), NIGHTMARE (Nightmares), STRESS (Stressed out), ASTHENIA (Weakness), RHINORRHOEA (Runny Nose) and HEADACHE (Headache) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In November 2019, COVID-19: positive Positive. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were provided. Treatment medications was not provided. Company comment: Very limited information regarding the events has been provided at this time. Further information is not expected. Most recent FOLLOW-UP information incorporated above includes: On 13-Apr-2021: Initial Additional information received On 04-May-</p>

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1364781	6/1/2021	NY	25	M	5/8/2021	5/11/2021	<p>2021: Initial Additional information received. On 10-May-2021: Initial Additional information received. On 17-May-2021: Initial Additional information received. On 20-May-2021: Initial Additional information received.; Sender's Comments: Very limited information regarding the events has been provided at this time. Further information is not expected.</p> <p>Pt is a 25M with PMH of GERD, ADHD, obesity who presented to the ED on 5/11 for chest pain. That morning he had noticed increased substernal chest pressure associated with palpitations, nausea, diaphoresis, and left arm tingling. He notes that early last year he was very sick and though he had COVID but confirmatory testing was not available at that time. After recovering from the illness he noted that he had occasionally episodes of chest pressure and palpitations. However yesterday was the worst his symptoms have ever been. He did receive his 2nd COVID vaccine this past Saturday and experienced fatigue, nausea, weakness. In the ED patient has HD stable, afebrile, saturating well on RA. Labs were notable for troponin of 5.2 which trend down to 3.1. ESR WNL, CRP elevated 2.4. EKG showed normal sinus rhythm with signs suggestive of possible pericarditis. CXR negative. CTA showed no pulmonary embolism, enlarged and prominent left axillary lymph nodes, nonspecific, cholelithiasis. Patient admitted for NSTEMI. Enlarged axillary lymph nodes likely reactive in the setting of recent COVID vaccine. Cardiology consulted. Patient underwent cardiac cath which was unremarkable. Cardiology recommends short course NSAIDs for possible pericarditis, however EKG changes unimpressive per cardiology. Discharged home on ibuprofen 400 mg TID for 5 days. Advise follow up with PCP within 1 week.</p>

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1363985	6/1/2021	NY	74	F	4/29/2021	5/9/2021	lost weight; lack appetite; Patient is taken to the hospital with chest pain, it like a knife going in chest; arm pain; Chills; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Patient is taken to the hospital with chest pain, it like a knife going in chest), WEIGHT DECREASED (lost weight) and DECREASED APPETITE (lack appetite) in a 74-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history reported. On 29-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-May-2021, the patient experienced CHEST PAIN (Patient is taken to the hospital with chest pain, it like a knife going in chest) (seriousness criterion hospitalization). On an unknown date, the patient experienced WEIGHT DECREASED (lost weight) (seriousness criterion hospitalization), DECREASED APPETITE (lack appetite) (seriousness criterion hospitalization), PAIN IN EXTREMITY (arm pain) and CHILLS (Chills). The patient was hospitalized on 09-May-2021 due to CHEST PAIN, DECREASED APPETITE and WEIGHT DECREASED. The patient was treated with BISMUTH SUBSALICYLATE, CALCIUM CARBONATE (PEPTO BISMOL [BISMUTH SUBSALICYLATE;CALCIUM CARBONATE]) ongoing since an unknown date at a dose of UNK dosage form and CALCIUM CARBONATE (MYLANTA [CALCIUM CARBONATE]) ongoing since an unknown date at a dose of UNK dosage form. At the time of the report, CHEST PAIN (Patient is taken to the hospital with chest pain, it like a knife going in chest), WEIGHT DECREASED (lost weight), DECREASED APPETITE (lack appetite), PAIN IN EXTREMITY (arm pain) and CHILLS (Chills) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 09-May-2021, Electrocardiogram: normal (normal) arteries are clean and blood pressure is ok. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No relevant concomitant medications were provided.; Sender's Comments: Very limited information regarding the events has been provided at this time.

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1364064	6/1/2021	OH	50	F	1/20/2021	1/20/2021	Further information has been requested. Stomach upset within one hour; fatigue; severe headache; muscle aches; joint, and lower back pain; joint, and lower back pain; chest discomfort; chest pain; This is a spontaneous report from a contactable Other Health Professional, the patient. A 50-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Lot number: EK59231), dose 2 intramuscular, administered in arm left on 20Jan2021 14:00 as single dose for covid-19 immunisation. Medical history included Allergies to medications, food, or other products. On 20Jan2021, patient experience stomach upset within one hour of vaccination. For five days patient had fatigue, severe headache, muscle aches, joint, and lower back pain, chest discomfort, and chest pain that comes and goes. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine and other medications were received by patient within 2 weeks of vaccination. After seven days, adverse effects were gone. Patient did not receive any treatment for the adverse event. The patient had other medical history. Prior to vaccination patient was not diagnosed with COVID-19 and since the vaccination, patient has not been tested for COVID-19. Patient was not pregnant at the time of vaccination. The events were reported as non-serious. The outcome of the event was recovered. Follow-up attempts are completed. No further information is expected.

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1364093	6/1/2021	MI	23	F	2/2/2021	2/2/2021	Sore arm; chest pain; body aches; This is a spontaneous report from a contactable consumer (patient). A 23-years-old non-pregnant female patient received bnt162b2 (Pfizer, Solution for injection, Lot Number: EL3248), dose 2 via an unspecified route of administration, administered in arm left on 02Feb2021 04:15 (at the time of 23-years-old) as second dose, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. Prior to vaccination, the patient had not covid. Post vaccination, the patient had not tested covid. No other vaccine received in four weeks. The patient previously took bnt162b2 (Pfizer, lot number: EL3248) on 14Jan2021 04:45 (at the time of 23-years-old) in left arm dose 1 for covid-19 immunisation. The patient experienced sore arm, chest pain and body aches on 02Feb2021 12:00. The patient not received treatment for events. The outcome of events was recovering. No follow-up attempts are needed. No further information is expected

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1364138	6/1/2021	GA	58	M	1/29/2021	1/29/2021	Saying he could not breath; anxious; reported being cold; complained of Chest pain; began to shake; This is a spontaneous report from a contactable other hcp reported that a 58-years-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, lot number: EL3302 and expiration date: unknown), via intramuscularly in Arm Left on 29Jan2021 at 09:45 (at the age of 58 years old) as a single dose for COVID-19 immunisation. Medical history included allergies to Sulfa drugs from an unknown date and unknown if ongoing, Cardiac stents from 2004 to an unknown date. Concomitant medications included Lipitor, Aspirin, Plavix, Nitroglycerine for an unspecified indication from an unspecified date. No other illness reported at the time of vaccination and up to one month prior. The patient was in observation for 30 minutes. At approximately 25 minutes post vaccination at 10:15am, Patient signaled that he wanted to leave and was instructed to stay 5 minutes. Patient anxious and began to shake, saying he could not breathe. Vitals were 147/88, HR 86, O2 98% on RA. Pt was reclined on floor and reported being cold and was striking his head on the blanket; head stabilized. Patient was alert and oriented X3 but complained of Chest pain. EMS called, arrived at 10:25, vitals: 144/92, HR83 O2 99% on 2L. Pt stable & transported by EMS at 10:35am. The patient underwent lab tests and procedures which included heart rate: 86, 83, investigation: 147/88, 144/92, oxygen saturation: O2 98% on RA , oxygen saturation: 99 % on 29Jan2021. The outcome of the events was unknown. Follow-up attempts are completed. No further information is expected.

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1364222	6/1/2021	IL	31	F	3/1/2021	3/1/2021	Chest pain; Increase heart rate; Muscle aches; This is a spontaneous report from a contactable consumer (patient). A 31-year-old female patient (reported as unknown if pregnant) received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number: EN6202), via an unspecified route of administration in right arm, on 01Mar2021 at 09:30 AM (at the age of 31 years), as second dose, single dose, for COVID-19 immunization. The patient's medical history was not reported. The patient's concomitant medications included sertraline hydrochloride (SERTRALINE HCL) and ascorbic acid/ betacarotene/ calcium sulfate/ colecalciferol/ cyanocobalamin/ ferrous fumarate/ folic acid/ nicotinamide/ pyridoxine hydrochloride/ retinol acetate/ riboflavin/ thiamine mononitrate/ tocopheryl acetate/ zinc oxide (PRENATAL VITAMINS). The patient previously received the first dose of BNT162B2 for COVID-19 immunization. The patient was not diagnosed with COVID-19 prior vaccination. No other vaccine was administered in four weeks. On 01Mar2021 (reported as 12:00 AM), the patient experienced chest pain, increase heart rate, and muscle aches. No treatment was administered for the events. The patient has not been tested for COVID-19 post vaccination. The patient had not recovered from the events. No follow-up attempts are possible. No further information is expected.
1364287	6/1/2021	NJ	12	M	5/28/2021	6/1/2021	Chest pain, tightness

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1363966	6/1/2021	CA	58	F		5/1/2021	GREEN PHLEGM; EARS HURTING; PRESSURE/PAIN IN CHEST; SORE THROAT; TINGLING, BOTHERSOME, HURTING NECK GLANDS; HURTING NECK GLANDS; DISCOMFORT; SWELLING OF THE GLANDS IN THE NECK AREA; This spontaneous report received from a patient concerned a 58 year old female. The patient's height, and weight were not reported. The patient's past medical history included diagnosis of covid-19, and lost smell in one nostril. The patient was previously treated with ibuprofen for lost smell in one nostril. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unk) dose was not reported, administered on 26-MAY-2021 11:15 for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On MAY-2021, the subject experienced discomfort. On MAY-2021, the subject experienced swelling of the glands in the neck area. Treatment medications included: salbutamol sulfate. On 26-MAY-2021, the subject experienced tingling, bothersome, hurting neck glands. On 26-MAY-2021, the subject experienced hurting neck glands. On 27-MAY-2021, the subject experienced sore throat. On 28-MAY-2021, the subject experienced pressure/pain in chest. On 29-MAY-2021, the subject experienced green phlegm. On 29-MAY-2021, the subject experienced ears hurting. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from discomfort, and the outcome of tingling, bothersome, hurting neck glands, sore throat, pressure/pain in chest, green phlegm, ears hurting, hurting neck glands and swelling of the glands in the neck area was not reported. This report was non-serious.
1365376	6/1/2021	PA	60	M	5/19/2021	5/21/2021	Per patient report: The patient reported chest pain along with flulike symptoms soon after his first dose of the Moderna vaccine. He called today to cancel his second dose appointment. The patient reported that he went to the hospital after the development of chest pain, and was told that his electrolytes were "off". Per the patient, he was not given a definitive explanation of what caused the chest pain.

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1365216	6/1/2021	MD	30	F	5/21/2021	5/21/2021	I received my vaccine at 11:30 AM and had a 102 degree fever by 6 PM. I began to shake very hard and had significant chest pain in my left side by my heart. The shaking and fever subsided by that Sunday night. However, it is now 6/1/21, and I had to go to the doctor today for my chest pain. While the ECG came back clear, the doctor determined that I have Costochondritis. As this is nothing I ever encountered before, I know that is was caused from the COVID vaccine inflammation response during my fever. This is when it was first noticed. It also causes back pain since it is between the breast bone and rib cage.
1365241	6/1/2021	FL	28	F	1/30/2021	2/12/2021	Chest pains, breast pain,
1365248	6/1/2021	NH	31	F	5/15/2021	5/16/2021	The day after I experienced extreme muscle and joint pain that lasted about a week. And it started to get better but the following Saturday I got a very terrible headache. And over the course of that week I started bruising very easily and all the veins all over my body were very prominent. The headache wouldn't go away and I started to have chest pain by that monday. And at that point all the muscle and joint pain came back and it was very very painful. At that point I called my primary care provider and they scheduled me with someone else in the clinic because i was having the chest pain. And they did a test for covid and urged me to go to the emergency room, which i did. After that I went to the emergency room and sat for 5 hours, they did bloodwork to check clotting factor, basic blood panel and also a CT of my head. According to them, everything was normal and they sent me home with a terrible headache. My biggest complaint was the bruising all over my body but no one ever looked at that.
1364984	6/1/2021	MD	57	F	5/13/2021	5/13/2021	Left facial numbness, tongue numbness, lip swelling, and non-radiating central chest pain. BP and other vitals all stable. Benadryl 50mg poX1 given to offset allergic reaction prior to chest pain. When chest pain occurred, patient was advised that an ambulance was need, but patient refused. Patient stated that she would have husband drive her across the street to the emergency room. Two hours later, attempted to call number on file and phone line was disconnected.

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1365276	6/1/2021	MI	41	F	5/27/2021	5/28/2021	<p>Symptoms started 5/28. Symptoms include: Constant Severe pt received the Moderna Covid-19 vaccine on 5/27 at 1930. Pt stating that pt's symptoms started this am. Pt developed fever (current temperature at 104.7 via forehead thermometer), severe head and neck pain, lightheadedness. pt feeling like pt's hands are "on fire". pt stating that pt's hands "feel weird". Pt passed out in pt's computer chair x 2 this am. Pt has not reacted to vaccines in the past. Pt A & O x 4. Pt c/o tachypnea. Patient Has tried prescribed "headache" medication with none improvement. Pertinent negatives include: No chest pain. No diarrhea. No vomiting. No injury. No rash. Pertinent Medical History: none Patient went to ED 5/28- This is a 41-year-old female with history of migraines 12 hours post 2nd mid during the COVID immunization who presents emergency department for evaluation of myalgias, fever at home, fatigue, headache. Headache is similar to previous migraines. Patient has a benign exam with a normal neurologic exam. Initially noted to be tachycardic at triage on recheck this is normal she is not tachycardic on my evaluation. Participant should decision making the patient. Symptoms thought to be likely related to immune response to immunization. She did note feeling dizzy earlier notes she has been eating and drinking normally. Offered her screening labs, EKG, migraine cocktail and she declined each. She notes she would prefer to go home and rest as this will often alleviate her headache symptoms. Given dose of Tylenol here. Provided with work note. Normal sequela of COVID immunization discussed return precautions discussed. Patient notes she had COVID the end of March and testing today could be a remnant positive from this would not recommend repeat She and husband are comfortable plan. Patient is reassured, agreeable with plan, educated regarding return precautions, discharged in stable condition, all questions answered.</p>

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1364723	6/1/2021	MI	48	F	5/19/2021	5/19/2021	<p>She got her vaccine, they had her wait an additional 15 minutes. She had tingling sensation the entire time and she went home. Around 5:27 she looked at her arm, it was bruised, it felt like alligator skin, rough to touch when she touched it and started to get little blisters around it. It looks like her skin is burnt like she had been in a fire. She went to the Medical Center and they told her that it was a local reaction and outlined it with a marker, and gave her an ice pack, which seemed to make it worse. They gave her Naproxen and then she decided to leave as they didn't do anything, and said that she said it was a local reaction and that was going to get the second vaccine. She went home so on 5/20/21 she went to Hospital. She saw DO in the ER. She had chest pain, shortness of breath and two very large blisters on her arm with fluid in it when she was seen there. She was informed that whoever gave her the vaccine did not go in far enough and that they gave her the vaccine in the tissue and not the muscle. They did EKG, and they did blood work to see that it was no blood clots or in her lymph nodes, and said that it was a severe reaction from the vaccination, and that they had never seen anything like that before. On 5/21/21 she went to her PCP, she drained the numerous blisters that she had on her arm, she prescribed her Clindamycin, Motrin 600 mg, a skin cream Kenalog, she also gave her some aquaphor cream as well. She does not feel that this has helped much. Even after she drained the blisters, which the fluid was clear. She has been taking numerous pictures. The blisters came back, not as large but came back. The blisters would drain when she would take a shower and it was tannish in color and she called her PCP who told her to continue to take the antibiotics. She also bought some OTC cream, and an aloe vera plant which seems to be helping. She says that the dark skin has peeled off and the skin is pinkish and raw looking, which is a large area on her arm where every bump was. She said that the area is really really bad and is embarrassed to show her arm.</p>

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1365214	6/1/2021	ID	19	M	5/28/2021	5/30/2021	Severe chest pain requiring a visit to the ER. Patient was admitted into the hospital and evaluated by the ER Physician and moved to Cardiology. He was diagnosed with Myocarditis. He was released midday on Monday. On Monday night, we returned to the ER with even worse chest pains (self rated at 10/10). He was re-diagnosed with both Myocarditis and Pericarditis.
1365334	6/1/2021	CA	44	M	4/27/2021	5/19/2021	Would occasionally have difficulty catching my breath while not doing anything. I occasionally felt my heart flutter or it would possibly skip a beat. Mild chest pain below above the sternum but I get that feeling from my Eosinophilic Esophagitis. I've become more concerned recently as I almost fainted once on 5/19 while working at my computer. I've had two other instances of feeling faint, most recently occurring on 5/27. I historically have had no heart issues and can ski and hike all day and feel great so this recent change has been concerning. After reading articles on the covid vaccines I realized that my symptoms are similar to the heart related issues and took ibuprofen when I felt additional chest pressure. That has helped to alleviate the pressure at least.
1365261	6/1/2021	OR	21	M	5/21/2021	5/25/2021	Reason for Hospital Admission Please refer to the record for full details. Briefly, this is a 21 y.o. male with no significant PMHx other than his 2nd COVID Pfizer vaccine on May 21st presented from urgent care with chest pain and elevated troponin. Found to have presumed myocarditis, possibly secondary to vaccine reaction. Hospital Course by Problem Chest pain Patient presenting with significant chest pain with significantly elevated troponin a few days after receiving second dose of Pfizer Covid vaccine on 5/21/2021. Troponin peaked at 2900. No recent illnesses at home and no known sick contacts.
1365392	6/1/2021	NJ	18	M	5/27/2021	5/28/2021	Dose 1: 4/29/2021 Dose 2: 5/27/2021 Symptoms onset began on 4/28/2021 and included fevers, cough, weakness, heartache, diarrhea, headache, dizziness. Symptoms temporarily improved on 5/29/2021. On 5/30/2021 at approximately 1:00 AM patient experienced constant, pleuritic chest pain/pressure and shortness of breath which prompted him to go to the emergency department.

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1365396	6/1/2021	IA	30	F	3/11/2021	3/24/2021	Exactly 2 weeks after having the second moderna COVID vaccine, the patient developed acute chest pain and shortness of breath. She was evaluated in the ER. Negative troponins, normal EKG, negative CT angio PE. She followed up with a cardiologist. Echocardiogram was normal. She was treated for presumed pericarditis with colchicine and NSAIDS with no improvement in symptoms. She had very severe chest pain and shortness of breath at times to the point that it was difficult to breathe and do light exertion. There was a second ER visit a month later for the same symptoms negative for acute MI/ heart failure. Cardiac event monitor showed many PVCs and there is slight symptom improvement with metoprolol but she is still symptomatic to some degree 2.5 months later. She is following up with general cardiology and electrophysiology. There was also a TSH elevation at the time that symptoms started. This resolved upon recheck about 6 weeks later with no change in levothyroxine dose and a thyroid ultrasound was normal.
1365412	6/1/2021	OR	37	F	4/29/2021	5/3/2021	Patient with complaints of chest pain and nausea. Seen in ER. EKG normal, nausea resolved. Gastritis medication prescribed.
1365453	6/1/2021		18	M	5/30/2021	6/1/2021	chest pain starting at 7:30 AM, not relieved by Tylenol. Went to pediatrician office where EKG showed ST elevations in II, III, aVF. On arrival to ED EKG findings more consistent with pericarditis.

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1365460	6/1/2021	WI	47	F	4/10/2021	4/11/2021	At first I had severe muscle aches all over my body. Very tired. I slept very long 2 days after the second dose and when I woke up my bed and I were drenched in sweat. Then I felt better for a few days and then I started to notice swelling in my neck. Then my in my mouth. Then my face. Mostly the left side of my face was severely swollen and very painful to move my face, talk, swallow, etc. When it became unbearable and completely swollen my husband said we needed to go to the emergency room. I'm a very healthy woman and only see a Dr. for routine physicals and annual mammograms. I was given allergy medication, anti inflammatory medication, and tylenol and had an iv with some other fluids going through. The swelling went down but did not fully subside for a week or so. Now it has been around 8 weeks since my 2nd shot and I'm having bad chest pains (mostly at night and early mornings) and my inner thighs feel swollen, and my under arms are swollen. I feel like I've gaining weight rapidly but I'm not. I'm not feeling like myself and most days have limited energy. The swollen areas under my arms is very uncomfortable.
1365515	6/1/2021	MD	15	M	5/27/2021	5/27/2021	Mostly nonverbal pt developed temp 100-102 evening following vaccine through following day, and on day 3 had significant chest pain warranting 911 call and ED visit. Labs were significant for leukocytosis (WBC 19.8) and CXR w R hilar pneumonia. Troponin level was normal. He has improved on ABX.
1365316	6/1/2021	KS	55	F	5/25/2021	5/25/2021	Chest pain, shortness of breath, joint myalgias, lower extremity swelling, low grade temp, cough, congestion started on 5/25/21. Admitted to hospital and given Xopenex treatments, tessalon Perles, IVFs,. Also had zofran, toradol, and acetaminophen as needed. Cough controlled with medication, myalgias to joints improved, afebrile, chest pressure improved by discharge on 5/28/2021

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1365032	6/1/2021	MI	98	M	3/30/2021	5/30/2021	This is a 98y.o. male with past medical history of s/p covid on 4/20/21 and treated with antibodies and received pfizer x2, dementia, aortic aneurysm, MI s/p AICD, a fib hypothyroidism, presents to ED via EMS. Patient is alert and oriented to person and place but not time. He does not know why he is at the hospital or who called 911 or why they called. Most of history was obtained from son. He states that this morning the facility noticed that he was more confused than usual and that he seemed short of breath. When they checked his vitals his blood pressure was low an his oxygen saturation was low. Per EMS report he was short of breath while walking to the common area and his fingers turned blue. EMS sheet 104/54 and spo2 94% on room air. Patient states that he has no complaints. He denies any shortness of breath currently, chest pain, abdominal pain, diarrhea, melena, hematochezia, palpitations. He does admit to some back pain when laying too long. Son stated that he is supposed to see his cardiologist Dr. for his defibrillator having "weird signals". Son states that he usually aspirates once a meal when asked if patient has been coughing at all.
1365301	6/1/2021	CA	16	M	5/26/2021	5/27/2021	16 year old c/o mid-sternal chest pain x 2 days which worsens on inspiration. Pt had Pfizer vaccine #1 on 4/25. About 10 days later pt developed cough and around that same time his mother tested positive for Covid-19. On 5/8 the patient tested positive for Covid-19 and his 2nd vaccine dose was postponed. His symptoms resolved after appx 1 week. He then received his 2nd Pfizer Covid-19 vaccine on 5/26. The next day 5/27 (2 days PTA), pt c/o of mild chest pain. On 5/28 (1 day PTA) he was able to run a mile during PE but ran slower than usual and had some mild chest discomfort during the run. This morning pt felt worsening chest pain and parents brought him to ED. Since his recovery from presumed Covic-19 infection earlier in the month, the patient has not had any SOB/cough/fever/chills/rash. No pain radiating to extremities. No lethargy. Pt continues to have a normal appetite w/ normal u/o and normal BMs.
1365003	6/1/2021	OH	18	M	4/29/2021	5/31/2021	On 6/1/2021 patient presented to the Medical Center with C/O chest pain, diaphoresis, and nightmares during his sleep. Physical exam revealed mild tachypnea.

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1365209	6/1/2021	WA	76	M	3/22/2021	5/20/2021	Patient received Covid vaccine in March (unknown date). He subsequently developed a burning chest pain and cough. Diagnosed with Covid May 20,2021. Admitted to the hospital May 27th with new stroke symptoms and myocarditis/NSTEMI
1365047	6/1/2021	WI	77	F	1/30/2021	4/24/2021	Client admitted to St Luke's for chest pain, SOB, and aortic stenosis requiring oxygen.
1365056	6/1/2021	AZ	12	M	5/15/2021	5/16/2021	Patient started to develop a cough on the second day of the vaccine around 6 pm. The cough was accompanied by shortness of breath, given his asthma we assumed this was some asthma related reaction to the vaccine. Nonetheless, that evening he started to complain about chest pain every time he laid back on his bed. This symptom is not common in previous asthma attacks. Sitting up alleviated the symptom, chest pain and shortness of breath lasted for 2 nights (Sunday and Monday evening), by Tuesday he felt better. We assumed this was an asthma episode, but recent reports of Myocarditis leads us to believe the had a mild myocarditis episode, given the chest pain while lying down. He also had typical COVID vaccine symptoms such as low grade fever (100F), pain in the vaccination site, congestion, and itchy throat.

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1365069	6/1/2021	MI	41	F	5/3/2021	5/29/2021	<p>Patient presents with ? SUICIDAL pt intoxicated and tried to hang herself on the shower curtain rod. boyfriend called 911. pt states this was a suicide attempt HPI: This is a 41y.o. female with significant past medical history of polysubstance abuse that presented to the hospital with chief complaint of suicide attempt. The patient apparently tried to hang herself on the shower curtain rod after reportedly drinking 1 liter of Captain Morgan's rum. She was found on the ground by her boyfriend whom reports she was 'blue in the face." On examination she is resting in bed in no acute distress. She denies any fever, chills, chest pain/pressure, palpitations, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, constipation, or urinary complaints. She denies any illicit drug use or ingestion of toxins. In the ED, patient mildly hypertensive, afebrile, stable SPO2 99% on room air. CBC, BMP, coags, UA unremarkable. Ethanol level 410. UDS negative. COVID positive. CT head and CTA neck unremarkable for injury. Admitted for further evaluation and management with psychiatry consultation. Suicide precautions implemented in ED. Pt seen and examined only by the attending physician. NP only responsible for chart review in an effort to limit exposure given the current pandemic and patient's COVID positive status. ROS: Constitutional: Denies fatigue, fever or chills. Eyes: Denies change in visual acuity, diplopia or pain. HENT: Denies nasal congestion, sore throat or tinnitus. Respiratory: Denies cough,difficulty in breathing or shortness of breath. Cardiovascular: Denies chest pain, palpitations or edema. GI: Denies abdominal pain, nausea, vomiting, constipation or diarrhea. GU: Denies dysuria, urinary frequency or hematuria. Musculoskeletal: Denies back pain, atrophy, spasticity or joint pain. Hematologic: Denies anemia, bleeding, or bruising. Integument: Denies rash or lesions. Neurologic: Denies headache, focal weakness, seizure or stroke. Endocrine: Denies temperature intolerance, polyuria, or polydipsia. Psychiatric: Denies irritability, +depression +anxiety. +suicide attempt</p>
1365096	6/1/2021	CA	18	F	5/28/2021	5/28/2021	Pt c/o chest pain and chest tightness

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1365131	6/1/2021	AL	57	F	2/10/2021	2/10/2021	She experienced fever, chills, vomiting, nausea, and muscular pain. Also started getting chest pain and shortness of breath. Went to hospital 02/22/2021. They ran an EKG, echocardiogram, stress test, chest x rays, and CAT Scan. They did a lot of blood work. They found a pulmonary embolism. She was hospitalized for 3 days. Put on blood thinners.
1365145	6/1/2021	AZ	58	F	4/19/2021	4/20/2021	Since April 20th, I have had chest compression pain, raising heartbeat, difficulty breathing, severe pain in chest, throat, and face
1365147	6/1/2021	CA	14	M	5/21/2021	5/21/2021	Patient had worsening of underlying chest pain with episodes lasting longer, but still intermittent in nature. Happened throughout the weekend until patient came to the ED on 5/24/2021.

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1365155	6/1/2021	CA	21	F	6/1/2021	6/1/2021	<p>Patient received the 2nd COVID vaccine (Pfizer, Lot #: EW0185 and expiration date: 08/31/2021) on the left arm at 0918. Patient hailed medics attention and complained of "nausea, seeing purple, and lightheadedness" at 0921. Patient was conscious, alert, and oriented x4. Patient's skins were normal for ethnicity, moisture and temperature. Pupils were equal, accommodating, and reactive to light. Patient appeared anxious and was coached by medic on her breathing. Signs and symptoms began about 2 minutes status post vaccine, but patient claimed no previous reaction with 1st dose. Patient denied any pertinent medical history, allergies, or medications. At 0923 patient was still conscious, alert, and oriented x4 and pupils were still equal, accommodating, and reactive to light. Patient then complained of "seeing everything in purple color," then stated she "could not see anything at all." Medic held up 5 fingers and patient advised she could not see them. Patient began to look pale and skins felt moist and warm. Patient was able to walk with assistance to anti-gravity chair. Nurse then responded to Medic with patient. Baseline vital signs were taken by Medic at 0926, while patient was sitting: blood pressure: 98/60, heart rate: 60, respiratory rate: 16. Patient stated that she runs cross country and that these vital signs were of normal range for her. Patient was given water to sip on. Color and moisture of skins were slowly pinking/drying up. Patient initially experienced nausea and lightheadedness but denied chest pain, shortness of breath, headache, dizziness, or blurry vision. Nurse informed the patient's mother, who was waiting outside, of the situation and brought the mother inside to the patient. At 0935, patient was able to stand her own, with a steady stance. A second set of vitals were taken: blood pressure: 100/64, heart rate: 60, respiratory rate: 14. Patient was negative for orthostatic pressures. Patient stated that symptoms had resolved and that she "felt better, just tired." Patient remained in the observation area for an additional 15 minutes. Patient was conscious, alert, and oriented x4 and skins were normal for ethnicity, moisture, and temperature at 0949. Patient able to walk on her own accord with a steady gait. Mother was driving personal vehicle. Mother and patient were educated on when to contact their primary care physician with any other concerns and when to call 911 if symptoms warrant or</p>

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							when go to ED.
1365174	6/1/2021	GA	67	F	1/6/2021	5/20/2021	Hospitalization due to chest pain
1365181	6/1/2021	MD	15	M	5/15/2021	5/16/2021	Developed chest pain radiates to spine shortness of breath due to chest pain
1365122	6/1/2021	MI	19	M	4/7/2021	5/31/2021	HPI This is a 19-year-old male that presents for complaint of witnessed seizure-like activity. He arrives by EMS. Patient is currently awake alert and oriented x3. Today, he was out on the golf course with friends. It was a normal day and he returned home. When he got home, he was complaining of a headache to his mother. She gave him Motrin. Mother then heard a noise from the other room and found the patient on the floor unresponsive, displaying tonic-clonic activity, and eye rolling into the back of the head. This lasted for 4-5 minutes per mother. EMS arrived on scene he was postictal. Patient is never had this happen before. He denies any illicit substance, alcohol or medication use. Review of Systems Constitutional: Negative for chills, fatigue and fever. HENT: Negative for facial swelling and trouble swallowing. Respiratory: Negative for cough, shortness of breath and wheezing. Cardiovascular: Negative for chest pain and palpitations. Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting. Genitourinary: Negative for dysuria and frequency. Musculoskeletal: Negative for back pain and neck pain. Skin: Negative for rash and wound. Neurological: Positive for seizures and syncope. Negative for weakness, light-headedness and headaches. Psychiatric/Behavioral: Negative for confusion. The patient is not nervous/anxious.
1365002	6/1/2021	MD	28	M	4/8/2021	4/8/2021	Brief intermittent non-radiating left chest pain. Improved with deep breathing. Patient reported drinking a red bull before appointment. Cardiac and respiratory exam unremarkable. Vitals were all stable. Observed patient for 30 minutes. Patient reported that chest pain had dissipated prior to leaving.

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1362074	5/31/2021	CA	43	F	5/27/2021	5/27/2021	I started to have chest pains a few hours after the shot. After a night's sleep, they subsided. I was perfectly fine on Saturday then went to work out on Sunday morning. I started having shortness of breath and a tight chest for most of Sunday
1362465	5/31/2021	PA	74	F	5/26/2021	5/27/2021	chest pain, fatigue, death
1362445	5/31/2021	CA	41	F	4/8/2021	4/8/2021	I had chest pains a few days after receiving the vaccine and went to see my Doctor who referred to the ER to check to see if I had a blood clot.
1362433	5/31/2021	MD	34	F	3/29/2021	3/29/2021	3/29: Heart palpitations, difficulty swallowing, tingling (face, shoulder, neck, arm), numbness in lips. April to Present: Heart palpitations, shortness of breath, chest pain, dizzy, nausea, lightheadedness.
1362391	5/31/2021	MD	17	M	5/25/2021	5/28/2021	Chest pain w/elevated troponins and small ST elevations in infero/lateral leads concerning for myocarditis
1362286	5/31/2021	WA	12	M	5/22/2021	5/22/2021	Significant chest pain started around 10 pm. He indicated it was sharp and intense and seemed to have some difficulty breathing at first. For the first 30 seconds the open mouth struggling look for breath had me thinking he was choking. Breathing improved but chest pain stayed intense for about 20 minutes. He went to sleep and the next morning said "it kind of hurt but not much?". After the morning of May 23rd he hasn't reported any other pain.
1362225	5/31/2021	OH	23	F	4/7/2021	4/12/2021	Started having mild chest pain 5 days after second dose. Still hurting a month later worse so I went to ER. Got diagnosed with Hypokalemia and I have inflammation around my heart causing my chest pains.
1362172	5/31/2021	MO	64	F	4/21/2021	4/21/2021	Reported to MD via portal message that she doesn't think she should have any more COVID vaccines. She reports had 2nd injection on Wednesday afternoon and later that evening she started having hives and wheezing with chest pain and feeling like she couldn't breathe. She also reported having terrible nausea and this was followed by a fever and horrible body aches. Still having headache this morning.

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1362087	5/31/2021	NH	35	F	1/1/2021	1/1/2021	8 hours past second dose: fever of 103, migraines and chills for 2 days. About 24 hours post injection : diarrhea and nausea. 14 days I could not tolerate much food. Since the vaccine (6 months now) watering eyes, nasal congestion intermittent fevers. Also migraines regularly, almost every day. Last check up one week ago bounding heart, rate of 150, irregular beat, PVCs on EKG. I feel chest pains at work intermittent however I work in ER and ICU so I can't stop to address them My PCP wants me to do more testing. I cannot afford it. Before this vaccine I was a healthy young woman. Now I struggle to make it thru days. I'll never do this again
1362081	5/31/2021	MA	25	F	4/1/2021	4/1/2021	All of the below occurred after Pfizer shot #2 administered on 4/1/2021. Pfizer shot #1 was administered on 3/12/2021 with minimal effects lasting less than 24 hours (arm soreness, flu-like symptoms, etc.). 1) Severe worsening of costochondritis (chronic chest pain) to the point of breathing difficulty and inability to lie down. Began 4/1/2021 and became unbearable the evening of 4/7/2021, requiring an ER trip the same night (see Item 19). This pain has since continued to come and go, worse than I ever had it before the vaccine. 2) Very severe worsening of tinnitus (ringing/pulsing in ears) - lasted 1.5 months, from 4/1/2021 to around 5/15/2021. 3) Severe hormone imbalance symptoms (waves of severe nausea occurring several times daily, extremely late and painful/heavy period, swelling in ankles & feet, etc.) for ~1.5 months, from late April 2021 to around 5/15/2021. I cannot identify any other changes or life factors besides the vaccine that would have caused these issues.
1362056	5/31/2021	IL	24	F	1/1/2021	1/1/2021	Fever and flu-like symptoms after second dose. Later on I developed chest pain and racing heartbeat/heart palpitations that lasted for at least a few days to a week. These symptoms have mostly subsided, but minor and occasional chest pain is still persisting.
1362684	5/31/2021	IN	17	M	4/21/2021	4/22/2021	Chest pain, heart rate in 140s

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1362471	5/31/2021	CA	32	F	5/19/2021	5/23/2021	Moderna COVID-19 Vaccine EUA. About 3-4 days after the second dose, I experienced off and on moderate chest pain for about 1.5 weeks, so far. Symptoms seem to be declining now. It was a moderate aching in the center of my chest up to my left pec and shoulder. I also experienced off and on heart pounding (not necessarily elevated heart rate, and not necessarily concurrent with the chest pain). No fainting, mild headaches. *I also experienced off and on heart pounding 12-72 hours after the first dose, but no chest pain.
1362085	5/31/2021	CO	74	F	5/13/2021	5/14/2021	<p>~~Admit Date: 5/14/2021 Discharge Date: 5/15/2021 The patient is a 74 y.o. female, history of MS, history of cerebellar ataxia and gait instability at baseline who presents for evaluation of lower extremity weakness. Patient received her second Covid vaccine yesterday. Patient reports baseline right lower extremity weakness with foot drop. She reports she awoke today and has had bilateral lower extremity weakness. Patient reports she normally walks with a cane but has been unable to stand up and get out of her chair. She typically uses a cane for ambulation but states she has been unable to complete her ADLs secondary to immobility. She reports mild headache throughout the course of the day but no thunderclap quality or maximal headache at onset. No neck pain. No chest pain or shortness of breath. She reports otherwise, ~~"feeling achy.~~" No fevers. No chills.</p> <p>At discharge: #left lower extremity weakness: resolved overnight. MRI brain and L spine without acute MS flare, no signs of acute stroke or cord impingement. ? Reaction to Pfizer vaccination. Now returned to baseline. Cleared by PT for return home. #Multiple sclerosis: chronic right upper and lower extremity weakness. Unchanged. No active MS lesions no MRI brain/L spine as above. Recommended routine follow up with her neurologist. No changes to medications at this time #Hyponatremia: very mild, resolved on day of discharge #Hypothyroid: continue synthroid~~</p>

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1362634	5/31/2021	CA	15	M	5/27/2021	5/30/2021	5/30/21 - Patient woke up feeling chest pain that was localized to the left side of his chest, pleuritic in nature. The problems persistent despite trying medications like tums for heartburn. Pain improved at night but never fully resolved. 5/31/21: Patient continued to have chest pain and mother became worried and brought the patient to the urgent care
1362653	5/31/2021	TX	17	F	4/6/2021	4/10/2021	Chest Pains Shortness of Breath Costochondritis - Per the Doctor These conditions were present after the first vaccine shot on April 6th and then again after the second shot on April 27th. Doctor initially thought it could be a simple case of Acid Reflux and gave her Nexium. Once that didn't work, she had her Chest X Ray done that came back all clear. She then had her blood tests done and that too came all clear except for Vitamin D3 that came in at 15 so doctor gave her a 50,000 unit Vitamin D3 dose. That also didn't do much to relieve the chest pains and shortness of breath so he had her EKG and Echo done and those were all clear as well. Finally, he gave her a day steroid course of Prednisone at 40 mg/day which is where she is currently. It is helping her a bit but she is still complaining of original two issues - chest pain and shortness of breath. She is also doing cold and warm compressions throughout the day that helps her temporarily.

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1362473	5/31/2021	UT	18	M	5/28/2021	5/31/2021	It is thought to be vaccine-induced myocarditis. Myocardial infarction was ruled out. Patient does now have a reduced ejection fraction of 45%. Here is the note from the ED today: "He indicates that he was awakened from sleep with chest pain this morning around 2:50 AM. He ended up trying to sleep longer to see if it would improve and ended up going to his mother's room. She recommended that he drink some orange juice and gave him some Tylenol. He states that the pain continued to increase since that time and he asked her to bring him to the emergency department. The patient states that the pain is on the left side of his chest radiates to his left shoulder and down his left arm. He denies that it radiates to his back. He has had lightheadedness. He does not feel short of breath. He does have some pain into his left jaw as well. He has not had any vomiting. He denies abdominal pain. He denies diarrhea. The patient did receive his second dose of the Moderna vaccine on Friday to his left arm. He has had fevers over the past 24 hours to 103 at home. His mother and he indicate that the go away with Tylenol though seem to come back when the Tylenol wears off. He did complain of some headache, myalgias, malaise and sore throat which she states were all worse when he would have a fever and seemed to dissipate when his fever resolved. He states he did not and has never had chest pain like this until this morning. The patient does not have a history of Covid infection. He is active and has run track in the past. He has not had any travel. He denies any pain or swelling to his legs or calves. He has had no sick contacts. His mother received her second dose of the vaccine on the same day that he did and has not had any similar symptoms. ~~
1362805	5/31/2021	CA	65	F	4/2/2021	4/3/2021	chest pain, fever, chills, nausea, vomiting diarrhea, myalgias and hematuria. BP 170-195/76-89, BMI 30.3 kidney biopsy received on 4/26/21 showed: MPO-ANCA+ anti-GBM associated crescentic GN; also has C3 glomerulopathy

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1362635	5/31/2021	LA	64	F	5/14/2021	5/17/2021	Experienced dizziness, weakness, shortness of breath, nausea, headache, heart palpitations and intermittent minor chest pain. Could not get an appointment with cardiologist till June 30th. Saw family doctor on May 24th. He stated that heart and lungs sounded good but ordered heart monitor appointment for June 3rd at hospital outpatient. Also have continuing pain under left arm
1362681	5/31/2021	CA	79	M	3/16/2021	3/18/2021	chest pain, was thought to be pneumonia. Subsequently had purpuric rash, body aches and renal failure kidney biopsy performed on 4/12/21 showed glomerulonephritis with C3 deposits and features of "infection associated GN" (immunological response)
1362631	5/31/2021	CA	43	M	5/31/2021	5/31/2021	client had reported effects after 1st dose and medical team had approved for client to receive 2nd dose today. Baseline vitals: blood pressure 162/90, pulse 94, oxygen 97%. Within 5 minutes of receiving vaccine client reported feeling dizzy, nausea, and blurry vision. Upon arrival client sitting in anti-gravity chair, pale, with mild diaphoresis. Client alert and oriented x4. RN took vitals at 1610: blood pressure 140/80, pulse 85, oxygen 97%. 1613 client reported blurry vision had resolved. Vitals at 1615: blood pressure 150/85, pulse 82, oxygen 97%. Per client dizziness and nausea had also resolved, skin color normal for ethnicity. Client denied chest pain, shortness of breath, headache, palpitations. Per client history of hypertension but provider had removed medication years ago as it resolved. No allergies. Client reported not following up with provider after first dose or for regular check-ups. Vitals at 1620: blood pressure 170/110, pulse 79, oxygen 97%. Retake blood pressure 172/110. Per client "feels fine". Vitals 1625: blood pressure 168/118, pulse 84, oxygen 95%. Per client no symptoms at this time. PHN advised client to follow up with provider regarding blood pressure. ER precautions given. Per client would make appointment with primary. Last vitals at 1653: blood pressure 160/110, pulse 80, oxygen 97%. Client able to stand with no complaints of dizziness, blurry vision, or nausea. Client denied chest pain, palpitations, headache, blurry vision at this time. Client stated drove alone and felt fine to drive. Client left facility with steady gait at 1640.

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1362622	5/31/2021	OR	52	M	5/10/2021	5/14/2021	? 5/21/21: Pulmonary Embolism o Presented with chest pain, abdominal pain, breathing problems o CT showed pulmonary embolism o Stable for outpatient anticoagulation. Started on 10 mg Eliquis BID x 7 days and then 5 mg BID thereafter.
1362571	5/31/2021	WA	44	M	5/7/2021	5/31/2021	Initially, the patient had dizziness, lightheadedness and a syncopal episode within 5 minutes of the vaccine. He returned to normal fairly quickly and went home by report. He presented to the ER shortly after with palpitations and shortness of breath and required a dose of IM epinephrine. Patient since had intermittent fatigue, dizziness, blurred and vision changes as well as tinnitus. On May 31, 2021, patient presented to the ER with headache, lethargy, weakness, diaphoresis and dizziness. Additionally, noted to have slurred speech by his wife. MRI of the brain done at 4 am on 5/31/21 showed the following "1. Acute bilateral cerebellar infarcts are seen with a right posterior 4.3 mm focus a left middle cerebellar peduncle 3.2 mm focus and a left superior cerebellar 7.9 mm linear focus. 2. Occlusion of the left vertebral artery extending into the basilar artery with reconstitution of the basilar artery via bilateral posterior communicating arteries. Findings are concerning for acute dissection occlusion. Consider further evaluation with MRA head and neck. 3. Question subtle area of restricted diffusion seen within the left dorsal medulla better appreciated on the maps measuring approximately 4.9 mm. Left lateral pontine 7.3 mm focus of restricted diffusion versus artifact. These infarcts are not definite and could be artifactual asymmetry.'. He required admission, heparin drip and neurology consult at that time, as well as permissive hypertension. shortly after 1 pm on May 31, he developed chest pain with ischemic changes on EKG requiring cardiology consult with possible intervention, though this was being coordinated with interventional neurology, as he also required basilar angiogram for his MRI findings. as cardiology and interventional neurology were coordinating taking patient for intervention, he became further unresponsive, though maintained his pulse, and required intubation and transfer to ICU, as well as repeat CT of the head to evaluate for continued thrombosis of his basilar system. Work up is still on going

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1362553	5/31/2021	CA	29	F	5/25/2021	5/26/2021	severe shoulder pain, unable to move without sharp piercing pain, cannot lift or move whatsoever. Also had sharp chest pain and shortness of breath. Admitted to ER on 5/30/21 to hospital. Tested abnormal for D-Dimer, going to get CT scan and MRI.
1362548	5/31/2021	CA	31	M	5/26/2021	5/27/2021	Pericarditis Probable .Went to the ER Chest Pain. Pressure. feeling of pain around the heart Feels swollen. and bruised. Fast hard pounding heart skipped beats.. when strenuous movement pain across left chest. Got the shot last Weds day Heart Trouble Thursday. Never had heart trouble. Had 2 EKG's Both Normal. Chest X Ray normal blood work Normal. But Has Had pain since Thursday. and a squeezing feeling around the heart. Doctor said inflammation of the Heart and Prescribed Aspirin 360 mg as is allergic to Advil. and Tylenol rest for 2 days
1362545	5/31/2021	WA	39	M	5/27/2021	5/30/2021	Visited Zoom urgent care with chest pains, heart complaints and fatigue. Bloodwork showed elevated heart enzymes, hospitalized to Hospital ER with heart attack suspicion, looks like heart inflammation? test results pending, currently hospitalized and monitored
1362637	5/31/2021		16	M	5/7/2021	5/30/2021	Patient received first COVID-19 vaccine as noted above on 5/7/21 at University Health without significant side effects. He received his second vaccine dose as noted above on 5/28/21 at University Health. Two days later (5/30/21) he noted persistent, crushing substernal chest pain. He was brought to the emergency department where he was given the diagnosis of myopericarditis and admitted to the hospital for pain control and monitoring.
1361552	5/30/2021	MA	42	F	3/20/2021	4/17/2021	April 17th, 2021 - Feeling jaw and ear pain in AM. Progressed to severe chest pain, shortness of breath, chest tightness. Went to ER. Elevated Troponins(hi specificity) x 2 over 2 hrs then improved. Pain persisted for hours, Medrol dose pak for 6 days did not improve symptoms. Continued symptoms for over greater than 6 weeks continues to come and go intermittently lasting 15 minutes at a time 5-6 times per week. Not associated with activity or eating. NSAIDs continuously diminish symptoms.

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1361659	5/30/2021	NY	38	F	5/11/2021	5/28/2021	Dizziness -almost passing out 3 times 2 periods in May Nausea/diarrhea Headaches/pressure Fatigue Shooting chest pains Left arm/fingers cold to touch/tingly Both legs feel heavy/tingly; just want to do nothing but sit down Will be calling Clinic Tues after holiday; if symptoms worsen prior to then I will be calling local urgent care
1361628	5/30/2021		16	M	5/27/2021	5/29/2021	Chest pain with elevated troponin consistent with myocarditis.
1361583	5/30/2021	LA	42	F	4/27/2021	4/28/2021	Fatigue, headaches and unusual sensations in head/scalp/neck area (pressure, numbness, tingling) started day after shot and continued for weeks before finally seeking medical help two weeks post vaccination. Have since experienced blood pressure fluctuations, anxiety, vertigo, nausea, light-headedness, heart palpitations, ear pressure/throbbing, chest pain and sensations of weakness/numbness on left side of face/head/neck/chest/arm. Two weeks post-vaccine (on 5/11) I met with my endocrinologist to check on my Hashimoto's condition and thyroid/iron bloodwork since I was still feeling fatigued and generally unwell post vaccine.

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1361531	5/30/2021		57	F	5/10/2021	5/28/2021	<p>Patient is a 57 year old woman works as a cleaner with PMHx morbid obesity, HTN (on amlodipine, metoprolol, triamterene-HCTZ), CKD3 (baseline Cr 1.1-1.2) who presented to the ED on 5/28 with worsening shortness of breath, cough with yellow sputum, fatigue, and weakness, found to be COVID-19 positive. She was subsequently admitted to the MICU for acute hypoxic respiratory failure. At baseline, she is independent in all ADLs and works as a cleaner at an office building. She got the first dose of the pfizer COVID vaccine series 5/10, scheduled for second dose 6/2. She lives with her husband and nephew in a house with additional family members who live downstairs. She says she only really goes to work and always wears a mask while there. Her daughter (lives downstairs) helps with grocery shopping. No recent travel or sick contacts that she is aware of. She was in her usual state of health until 5/22 when she said she started to feel poorly. She had increasing shortness of breath over the next few days with worsening fatigue and cough to the extent that she was considering calling off from work. She continued to feel poorly and decided it was time to go to the ED on Friday, 5/28. Today, she says she is feeling better and is less short of breath. She still has coughing that is occasionally productive for clear sputum. No fevers, chills, lightheadedness/dizziness, chest pain, abdominal pain, nausea, vomiting, diarrhea. Her appetite is improved, and she is eating and drinking better today. Patient is a 57 year old female with PMHx obesity, HTN, CKD3 who presented to the ED with shortness of breath, cough, fatigue, found to have COVID-19. In the ED, she was hypoxic requiring increasing amounts of oxygen, ultimately with 40% FiO2 via Ventimask and HFNC when admitted to the MICU. CT chest with GGO/patchy consolidation in posterior lung areas and bases as is typically seen with COVID-19 infection. She has been started on remdesivir and dexamethasone and is now requiring HFNC for oxygen supplementation. Likely her single dose of vaccine has helped to lessen her disease severity. She meets criteria for addition of tocilizumab. Recommendations: - Continue dexamethasone and remdesivir - Can add tocilizumab - Health care maintenance: Screened for HIV 2009, HCV 2018, HBV 2018. Last TDAP 2015. I saw and examined the patient. I strongly agree with the resident/fellow's findings</p>

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and plan of care. Patient with risk factors for severe Covid including obesity underlying kidney disease and hypertension presents with fever fatigue malaise and infiltrates on chest CT a little over 2 weeks after initial mRNA vaccination Denies any anosmia Agree with current treatment plan including dexamethasone and 5 days of remdesivir duction and maintenance and okay for tocilizumab as she is less than 24 hours into the ICU Other health maintenance up-to-date HIV negative remote hepatitis negative I will ask lab for cycle threshold out of curiosity as she has been vaccinated which likely has mitigated severe disease Explained to patient in detail and questions answered. Spoke to ICU team please call back if questions

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1361527	5/30/2021		72	F	5/3/2021	5/12/2021	<p>COVID-19 positive on 5/12/2021. HPI: This is a 72 year old female with past medical history of: #Breast Cancer - Follow up with Dr. - pT1cN0 triple negative, metaplastic carcinoma - invasive mammary carcinoma with chondromyxoid matrix production - (grade 3) of the left breast, diagnosed in 1/2021. - s/p L partial mastectomy w/ sentinel node dissection in 2/2021 - started on adjuvant chemotherapy - docetaxel/cyclophosphamide (last tx - cycle 2 on 5/7) - plan is to follow w/ radiation tx #Hx of Bell's palsy, right sided facial droop - s/p prednisone 25 mg for 10 days and 3 days of valacyclovir #HTN - on lisinopril 10 mg #HL - on lipitor 10 mg #GERD - on pantoprazole 20 mg daily #Anxiety/Depression - Buspirone 30 mg BID, 250 mg fluvoxamine, clonazepam 2.6 mg prn #Insomnia - on trazadone 100 mg qhs #Hx of Acute Labyrinthitis and hx of otitis media - on meclazine TID PRN She was recently admitted to the hospital for neutropenic fever and noted to have COVID+. She was on room and appear to be mild COVID at that time. No Dexamethasone or Remdesivir was given and she was discharged home to complete her 2x week quarantine. Today, she returned to ER with shortness of breath, worsening productive cough, fatigue, decreased appetite, watery diarrhea for 2 days. Denied any trauma, headache, fever, leg swelling, blurred vision, chest pain, palpitation, hemoptysis, abdominal pain, nausea, vomiting, or any urinary symptoms. No dysarthria or focal neurological deficit. Reported adherence with medication. COVID pneumonia - known COVID +, now presented with SOB requiring oxygen - admit to COVID 19 unit - Isolation precaution per COVID protocol - Check ferritin, Ldh, procalcitonin, d dimer, pt/inr, - Trend hs tnt - Oxygen management per unit protocol - Start Dexamethasone + Remdesivir - ID consult in am #Breast Cancer - follow up with Oncology team in am #HTN - BP stable - resume home lisinopril 10 mg #HLD - Continue lipitor 10 mg #Hx of Bell's palsy, right sided facial droop - Right facial droop at baseline - Completed prednisone 25 mg for 10 days and 3 days of valacyclovir #GERD - Continue pantoprazole 20 mg daily #Anxiety #Depression - Continue home Buspirone 30 mg BID, 200 mg fluvoxamine, clonazepam 0.25 mg prn #Insomnia - Continue trazadone 100 mg qhs #Hx of Acute Labyrinthitis and hx of otitis media - Continue</p>

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							meclazine TID PRN Remdesivir 5/20-5/24 Decadron 5/21-present Tocilizumab 5/20
1361418	5/30/2021		17	F	5/29/2021	5/29/2021	Patient was asymptomatic 4 hours after vaccination given at 10a, then in the evening started to develop chest pain, shortness of breath, nausea, and abdominal pain. Patient came to ED for evaluation. She received epinephrine IM 0.3 mg, Benadryl 25 mg, Pepcid 20 mg, 1 L NS bolus, Toradol and PO Tylenol for pain management. Patient is now feeling better.
1361663	5/30/2021	OK	37	F	4/20/2021	5/29/2021	I have never had any food allergies, but I ate roasted peanuts yesterday for the first time since my covid vaccines. I had anaphylaxis, throat swollen shut, swollen lips tongue and face. shortness of breath, runny nose, coughing, vomiting, chest pain about 15 minutes after eating.
1361404	5/30/2021	NY	13	M	5/25/2021	5/25/2021	Complained of SOB and chest pain on the same day of his shot, but resolved on its own, later that night started with new-onset fever/chills, headaches, myalgias, and a new onset rash spreading from face to trunk, early lesions described as red papules and eventually dry up, no dermatomal distribution, spread throughout, not itchy, refers some tenderness/burning feeling upon palpation. Only treatment received is Tylenol.
1361623	5/30/2021	MA	14	M	5/24/2021	5/28/2021	Myocarditis. Presented with chest pain and increased Troponin.

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1361412	5/30/2021	CA	36	F	5/28/2021	5/28/2021	<p>Patient received the 1st COVID vaccine (Pfizer, lot # EW0185 use by 06/24/21 at 0845) at 1446. At 1503, the clients boyfriend told PM that his girlfriend said she felt like she was about to faint. PM ran to patient at 1503 who was sitting upright and blankly staring in front of her. RN assessed the client who was alert and oriented to person and place for 90 seconds, but would go in and out of responding to questions during the 90 seconds. No loss of muscle tone was present. The client was unable to visually track an object during the 90 seconds of blank staring. RN instructed another RN to call 911 at 1504. Client was placed on a yoga mat in a supine position on the ground by EMT and PM. The client's legs were elevated by being placed on a chair. The client was diaphoretic and clammy. The client was alert and oriented x 4 at 1505. Radial pulse was bounding bilaterally. Vital signs taken at 1506, HR- 60, BP- 158/106, RR-12, oxygen saturation at 98%. The patient denied any drug allergies, any chronic medical conditions, or currently taking any medications. Client continued to be diaphoretic and clammy. Client did not hit her head during the incident and denied any shortness of breath, chest pain, or difficulty breathing. Vital signs taken at 1507, BP- 170/122, HR- 81, RR-14, oxygen saturation at 98%. The clients legs were immediately placed from being in an elevated position to a supine position. The client was speaking in full sentences and was alert and oriented x4. Vital signs taken at 1508, BP- 146/98, HR-86, RR-14, oxygen saturation at 98%. Client remained mildly diaphoretic and clammy. The fire department assumed care at 1510 when they arrived on site. Fire Department Personnel advised the client to be transported to a hospital, client declined transport to the hospital and signed AMA paperwork. Client stated, "My boyfriend will drive me to Emergency Room." The Fire Department and EMS left the site at 1532. RN educated the client about the importance of going to the emergency room immediately and to follow-up with her primary care provider. The client left the site at 1536, the client's boyfriend pulled the vehicle in the parking area and the client ambulated with an even and steady gait to the car.</p>

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1361964	5/30/2021	CA	54	F	5/28/2021	5/28/2021	Fever, headache, body ache, chest pain and nausea(ended up vomiting.)
1361555	5/30/2021	FL	54	M	5/27/2021	5/28/2021	Fever, Chills, Heart Palpitations - Heart rate was 126 Joint Pain Pain in Chest when taking Breaths More Pain when lying down, cant turn on the side Eye Pain with Headaches
1361859	5/30/2021	OR	28	F	4/4/2021	4/7/2021	3 days after first Pfizer dose, I experienced heart palpitations and mild chest pain. Heart palpitations happened while at rest. Heart rate would go from roughly 70-80 BPM to 30-40 for a few beats and then return to normal. It happened primarily when lying down. The palpitations occurred most prevalently on days 3-4 after the 1st Pfizer dose. It was sometimes accompanied by mild chest pain. It woke me up a few times per night for about a week with a similar sensation of skipped heart beats and pain. It has mostly resolved, and I am continuing to watch for persistent/recurrent symptoms.
1361977	5/30/2021	OR	16	M	5/26/2021	5/29/2021	myocarditis - chest pain with elevated troponin reequiring hospital admission. symptoms started 3 days after vaccination which was his second dose of the Pfizer vaccine. First dose was on 5/1/21.
1362028	5/30/2021	NY	30	M	4/1/2021	4/23/2021	04/23 - Heart Palpitations and Extreme Dizziness/Confusion 04/24 - Miraine Kicked in (Had Migraines before) 04/31 - 05/17 - Heart Palpitations come back for a day, go away, come back for a day. Dizziness/Brain Fog/Confusion is maintained the entire time. A few intense bouts of dizziness in public that feel like Panic attacks. Chest pains throughout this time as well. 05/18 - 05/30 - Heart Palpitations mostly gone, Dizziness and Brain Fog linger but appear to be managable.
1361945	5/30/2021	MD	58	F	5/17/2021	5/28/2021	Chest pain approx 24-48hrs after vaccine #2. Rash and pain on neck, shoulder, and chest started approx 5/27. Diagnosed with shingles on 5/29/2021. Started on Valacyclovir

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1361939	5/30/2021	MI	51	F	1/22/2021	1/24/2021	Heart palpitations started 2 days after vaccination and continued for 12 days. I had so many palpitations that I felt tired, light headed and chest pain. I was put on a 24 hour holter monitor and nothing substantial found. Palpitations stopped 12 days later. The palpitations return periodically for a day or a few hours.
1361927	5/30/2021	AZ	34	F	5/30/2021	5/30/2021	15 minutes after receiving the vaccine the pt stated her heart rate was high and had chest pain. Also, she stated that she felt dizzy with nausea.
1361906	5/30/2021	IL	14	M	5/24/2021	5/28/2021	Presented to the ED 6 days after receiving Pfizer vaccine with chest pain; pressure and burning with nausea and vomiting.
1361896	5/30/2021	WA	31	F	5/4/2021	5/4/2021	Continuing dyspnea and chest pain 1 month following vaccine. Multiple attempts to wean high doses of steroids resulted in worsening symptoms- evaluated in ER 5/18 and 5/29, followed up with primary care and future appointment with allergy/immunology on 6/11. Concern for cardiac involvement.
1361868	5/30/2021	MO	44	F	4/1/2021	4/13/2021	I experienced irregular heart beat, shortness of breathe, chest pains. In result, have to have a cardiac abrasion done.
1362025	5/30/2021	CA	28	M	4/28/2021	5/18/2021	Heart palpitations throughout the day in 2 minute bouts whole week of may 17th, Dull chest pain in left chest consistent throughout the day started weekend of May 18th, Elevated heart rate, fatigue, Random elevated HR and palpitations in middle of the night on morning of may 30th.
1360687	5/29/2021	CO	22	M	5/25/2021	5/28/2021	Patient presenting to the hospital with worsening central chest pain. Found to have elevated troponin and EKG showing diffuse ST elevations and PR depression. Symptoms began ~3 days after vaccination .
1360693	5/29/2021	CA	22	M	4/30/2021	5/18/2021	Myocarditis; started as a feeling like I had a very bad viral infection on 5/18. Then 5/20 I started getting intense chest pain and went to Hospital where I was admitted for 5 days. They observed my condition and gave me Ibuprofen, Motrin, and Colchicine. Released on 5/25 once my fever broke.

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1360757	5/29/2021	CA	30	F	4/30/2021	5/8/2021	8 days after 2nd vaccine I got swollen lymph node under left armpit with pain to Side of breast and upper front left shoulder along with tingly numbing sensation down left arm. Now I have been having chest pain, with numbing zapping feeling in my chest and now both arms. Tendon and join point as well.
1360773	5/29/2021	IN	53	F	5/27/2021	5/27/2021	Day 1 flu like symptoms Day 2 low grade fever, achy, elevated blood pressure. At 10 pm chest pain and breathing issues
1360791	5/29/2021	MI	41	F	4/7/2021	4/8/2021	She was having muscle aches, joint aches, was having breast pain and arm pitt pain also went to the different doctors had a fever that last about five days and chronic chest pain.
1360838	5/29/2021		57	M	5/17/2021	5/20/2021	Presented to ED with complaint of chest pain onset 0800 this morning. He endorse shortness of breath and a cough that has been ongoing for three weeks.Patient even at rest has significant tachypnea usually in the 40s and sometimes even into the 50s breaths per minute. Sepsis present on admission. COVID-19 infection was diagnosed on the eighth of this month, now is negative. Has been on a ceftriaxone and azithromycin. Could be due to multifocal pneumonia and PE. Changed to cefuroxime,7-day course. Leukocytosis could be due to steroids, recommend to repeat CBC in about a week. Multifocal pneumonia: With underlying COVID-19 diagnosed on the eighth, now is negative. Completed azithromycin for 3 days and was on a ceftriaxone, changed to p.o. cefuroxime on antibiotic for suspicion for secondary bacterial infection, will complete the course. Acute bilateral pulmonary emboli: on Xarelto. Echo reviewed. Mild hemoptysis: Could be due to pulmonary emboli, infarcts, remains on anticoagulation. No recurrence. Left lower extremity DVT/SVT: Anticoagulation as above. Transaminitis: Denies use of alcohol, he has some nonspecific complaint on the right sided abdomen but negative Murphy and ultrasound shows normal gallbladder, normal liver, stable.
1360658	5/29/2021		46	F	2/21/2021	2/23/2021	Chest pain, burning in chest, low pressure pain in chest

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1360931	5/29/2021	NY	23	F	5/24/2021	5/25/2021	Myocarditis; chest pain, troponin leak, peaked at 0.12. Improved w/ Maalox and Famotidine, essentially self-limited.

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1359990	5/29/2021	FL	93	M	3/13/2021	4/1/2021	<p>Chest pain; Gallbladder with stones; Unable to walk on walker; admitted to the rehab facility to get therapy for upper and lower extremities as LLT upper extremity disfunction; He was so weak from laying there at the hospital for 4 days; The time the facility has it in stock it will be two months after the first dose; The time the facility has it in stock it will be two months after the first dose; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Chest pain), CHOLELITHIASIS (Gallbladder with stones), GAIT INABILITY (Unable to walk on walker) and MUSCULOSKELETAL DISORDER (admitted to the rehab facility to get therapy for upper and lower extremities as LLT upper extremity disfunction) in a 93-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Dementia and Walker user. On 13-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 01-Apr-2021, the patient experienced PRODUCT AVAILABILITY ISSUE (The time the facility has it in stock it will be two months after the first dose). On an unknown date, the patient experienced CHEST PAIN (Chest pain) (seriousness criterion hospitalization), CHOLELITHIASIS (Gallbladder with stones) (seriousness criterion hospitalization), GAIT INABILITY (Unable to walk on walker) (seriousness criterion disability), MUSCULOSKELETAL DISORDER (admitted to the rehab facility to get therapy for upper and lower extremities as LLT upper extremity disfunction) (seriousness criterion disability), ASTHENIA (He was so weak from laying there at the hospital for 4 days) and PRODUCT DOSE OMISSION ISSUE (The time the facility has it in stock it will be two months after the first dose). The patient was hospitalized for 4 days due to CHEST PAIN and CHOLELITHIASIS. At the time of the report, CHEST PAIN (Chest pain), CHOLELITHIASIS (Gallbladder with stones), GAIT INABILITY (Unable to walk on walker), MUSCULOSKELETAL DISORDER (admitted to the rehab facility to get therapy for upper and lower extremities as LLT upper extremity disfunction) and ASTHENIA (He was so weak from laying there at the</p>

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1360900	5/29/2021	NY	19	M	4/12/2021	4/15/2021	hospital for 4 days) outcome was unknown and PRODUCT AVAILABILITY ISSUE (The time the facility has it in stock it will be two months after the first dose) and PRODUCT DOSE OMISSION ISSUE (The time the facility has it in stock it will be two months after the first dose) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Computerised tomogram: abnormal (abnormal) Gallbladder with stones was found. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No concomitant medication was provided. Treatment information mentioned therapy for upper and lower extremities. Patient's PCP mentioned that there may be a reoccurrence of gallbladder stones in the future. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. More information about the events has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. More information about the events has been requested.
1360636	5/29/2021	MD		M	5/3/2021	5/1/2021	Chest pain, sweating, Short of breath
							chest pain; Tingling in right hand; tingling left hand and leg; This is a spontaneous report from a contactable physician. A 18-years-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number was not reported) via an unspecified route of administration on 03May2021 as first dose, single for COVID-19 immunization. The patient medical history and concomitant medications were not reported. On an unspecified date, in May2021, the patient experienced chest pain, tingling in right hand; tingling left hand and leg. Patient went to emergency room and underwent lab tests and procedures which included electrocardiogram: normal. Symptoms resolved within 24-36 hours. Outcome of the events was recovered on an unknown date. Provider wants to know if okay to administer 2nd dose, He can administer second dose which is due 31May2021. Information about lot/batch number has been requested.

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1360569	5/29/2021	TN		F			After the second dose, the chest pain has been more persistent.; This is a spontaneous report from a contactable consumer (Patient). A 52-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation solution for injection; Batch/Lot number: Unknown) via an unspecified route of administration on an unspecified date as 2ND DOSE, SINGE for COVID-19 immunization. Medical history included chronic obstructive pulmonary disease from an unknown date and unknown if ongoing. The patient concomitant medications were not reported. The patient previously took received her first dose of BNT162B2 on an unspecified date for COVID-19 immunization. After the second dose, the patient experienced the chest pain has been more persistent. After getting the first dose of the vaccine, she had some chest pains that would come and go. After the second dose, the chest pain has been more persistent. Also, with her COPD, in the mornings, she would cough up phlegm. But since getting both doses of the vaccine, she did not cough up anything. She was wondering if there is phlegm there and it was just not coming up. The seriousness of the event was reported as non-serious. The clinical outcome of the event was unknown. Follow up needed, Information on the lot/batch number has been requested.

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1360491	5/29/2021	VA	77	M	2/11/2021	2/1/2021	Unexplained chest pain; Breathing difficulties; Weakness; Costochondritis; This is a spontaneous report from a contactable consumer (patient). A 77-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), on 11Feb2021 12:00 (Lot: EL9267) (at the age of 77-years-old) as 1 st dose, single then on 11Mar2021 11:00 (Lot: EL6204) as 2 nd dose, single; both via an unspecified route of administration in left arm for covid-19 immunisation. The vaccination facility type was reported as other. No other vaccines within 4 weeks prior to the COVID vaccine. Medical history included Parkinson's disease, high BP, high cholesterol and known allergies: penicillin. Concomitant medications included allopurinol; esomeprazole magnesium (NEXIUM); pravastatin and propranolol. The patient previously took sulfamethoxazole, trimethoprim (BACTRIM) and experienced known allergies: Bactrim. The reported events unexplained chest pain, breathing difficulties, weakness and initially diagnosed costochondritis, all in Feb2021. The patient considered the case as serious due to caused/prolonged hospitalization, did not result in death, not life threatening, non-disabling/incapacitating and no congenital anomaly/birth defect. 3 more incidents of increasing intensity led to 3 ER visits and 2 hospitalizations. The events resulted doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care and hospitalization for 5 days. Treatment for the events included IV antibiotic, furosemide (LASIX), prednisone. Prior to vaccination, patient was not diagnosed with COVID-19 and since vaccination, patient was tested for COVID-19 with nasal swab on 29Apr2021 with result of negative. The outcome of the events was recovering.
1359868	5/29/2021	PR	24	M	1/22/2021	2/23/2021	My adverse effect were: shortness of breath, chest tightness, chest pain, and fast heart rate.

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1360940	5/29/2021	FL	57	M	5/24/2021	5/24/2021	Shortly after being vaccinated felt dizzy and developed a headache. Headache got progressively worse throughout the day. By that evening, headache evolved into a migraine and needed bed rest. Also started to develop a fever. About 99.5 deg. Around that time, several hours after vaccination, heart began to race and had mild chest pains. Chest pain subsided a couple of hours later. Headache/ migraine persisted until the next day. The following day, 24 hours after vaccination, headache subsided but I developed fever 101.5 deg. and chills. This lasted about 24 hours. All symptoms subsided after about 48 hours.

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1359982	5/29/2021		80	F	1/1/2021	1/1/2021	<p>patient received Dose 1 of the Moderna COVID-19 vaccine in 01Jan2021 and not received 2nd dose till now; passed out; chest burning; leg pain; severe pain on one side; This spontaneous case was reported by a pharmacist (subsequently medically confirmed) and describes the occurrence of LOSS OF CONSCIOUSNESS (passed out) in an 80-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 01-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 01-Jan-2021, the patient experienced LOSS OF CONSCIOUSNESS (passed out) (seriousness criterion medically significant), CHEST PAIN (chest burning), PAIN IN EXTREMITY (leg pain) and PAIN (severe pain on one side). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (patient received Dose 1 of the Moderna COVID-19 vaccine in 01Jan2021 and not received 2nd dose till now). On 02-Jan-2021, LOSS OF CONSCIOUSNESS (passed out), CHEST PAIN (chest burning), PAIN IN EXTREMITY (leg pain) and PAIN (severe pain on one side) had resolved. At the time of the report, PRODUCT DOSE OMISSION ISSUE (patient received Dose 1 of the Moderna COVID-19 vaccine in 01Jan2021 and not received 2nd dose till now) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication information was provided. No treatment medication information was provided. Company comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.</p>

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1359899	5/29/2021	CO	18	M	5/12/2021	5/26/2021	Patient presented to urgent care with 3 days of pleuritic chest pain. He had abnormal EKG with T wave inversions in V1 to V3, elevated D-dimer and elevated troponin. Sent to ED. Patient received Pfizer Covid vaccine, first dose, approximately 2 weeks ago. About 3 days ago he developed chest pain with breathing, located at the anterior chest and radiating to the left shoulder. No associated cough, dyspnea, sputum production, hemoptysis. Chest pain is not associated with activity. He does not describe chest pain with the positional change or laying down. no fever or chills. He had 3 episodes of emesis this morning. No abdominal pain, no diarrhea.
1359871	5/29/2021	MN	15	M	5/21/2021	5/23/2021	On 5/23 two days after vaccine he was irritable, tired, fatigued, not sleeping well. He could not complete his track meet . He had abdominal pain, felt bloated, and he felt this nausea & discomfort. He thought he might be constipated, so he took MiraLAX and then he had diarrhea all day yesterday. on 5/26 he had a temperature of 99.2, he had acute chest pain retrosternal and feeling of compression on the chest, head fullness as if he is going to explode. He had nausea, insomnia. Ibuprofen was given to him by his mother and this helped a lot But he woke up on morning of 5/27 , but the chest pain returned with increased pressure, very nauseous, agitated, unable to be comfortable. No fever,, the pain was a sharp pressure. He had no syncope or chest shortness of breath He was seen at Hospital ER where a chest x-ray was normal. Echocardiogram was done, ,noted to have EKG changes. Troponin was elevated. He had a cardiac catheterization done emergently at hospital through the right radial artery and was noted to have normal coronaries. He also had a chest x-ray done which was negative for pulmonary lesions, and his abdominal pain he says was relieved after the MiraLAX and the diarrhea. His twin sister who received the vaccine 15 minutes after him is completely asymptomatic.
1361317	5/29/2021	MI	33	F	5/24/2021	5/26/2021	chest pain

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1360476	5/29/2021	TX	41	F	5/6/2021	5/6/2021	throat felt like she had been talking all day and swollen; felt that they were giving a shot; couldn't get a full breath; right side of her face drooped a little; tongue was swelling; face, lips, eyelids and around them were swollen; intermittent chest pain; heart it felt achy at times; had a head rush; felt very hot suddenly; her ear started ringing and buzzing; she could not hear well; she felt immediately as if someone was trying to put her to sleep; She felt heaviness in her body, and in her chest and said it felt as if someone was lying on top of her.; her nose and mouth started to become gray and blue in color; numbness in her left arm; face, lips, eyelids and around them were swollen; face, lips, eyelids and around them were swollen; couldn't get a full breath because of the heaviness on her chest; fingers stay cold a lot; This is a spontaneous report received from a contactable consumer. This 41-year old female consumer (patient) received BNT162B2 dose 1 via an unspecified route of administration, administered in Arm Right on 06May2021 (Batch/Lot Number: ER8730) as 1ST DOSE, SINGLE for covid-19 immunization. Medical history included allergic to shellfish and almonds from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient experienced a head rush after the first dose of the Pfizer-BioNTech Covid-19 Vaccine and felt that they were giving a shot . Everything was normal but when she came home, within an hour and 20 minutes, she suddenly felt very hot, her ear started ringing and buzzing, and she could not hear well. She said she felt as if someone was trying to put her to sleep. When the caller went to wash her face, she noticed her face, lips, eyelids and around them were swollen. The right side of her face drooped a little, it looked different on the jaw than the other side. The caller's tongue was swelling and her throat felt like she had been talking all day and swollen. She felt heaviness in her body like a weighted blanket and in her chest and said it felt as if someone was lying on top of her, it was like she couldn't get a full breath because of the heaviness on her chest. She also noticed that her nose and mouth started to become gray and blue in color but she could still swallow. She also had residual symptoms such as numbness in her left arm , it,feels like its asleep and intermittent chest pain like her heart it felt achy at times. This has gone away but it would come and go and

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feel like it was lightning, like thunder in her chest. Her fingers stay cold to the touch a lot from where they bend down to the tips more on her left than anything. She did not take herself to the emergency room or the doctor for the events. The caller didn't seek medical care because she had some medications at home that were for allergies from her allergist and it helped with the swelling. The patient reported the medicine was a powder tablet that is dissolvable, unknown name, she thinks she may have used it once, it has numbers on it. The swelling went down to where she felt like she was fine after taking them. The swelling in her face and her eye lids were puffy for a few days. The patient had blood work done the day of the vaccine, prior to receiving the vaccine and an electrocardiogram (EKG). Therapeutic measures were taken as a result of throat felt like she had been talking all day and swollen, tongue was swelling, face, lips, eyelids and around them were swollen, face, lips, eyelids and around them were swollen. The outcome of right side of her face drooped a little was unknown, recovered from head rush, felt very hot suddenly, ears started ringing buzzing, couldn't hear well, trying to put her to sleep, face was pounding, face, lips, eyelids and around them were swollen, tongue was swelling, felt like something was heavy on her body, heaviness on her chest, blue and gray around her nose and mouth, chest was hurting, trying to put her to sleep, and felt that they were giving a shot on 06May2021, recovered on 09May2021 from face, lips, eyelids and around them were swollen, recovered on 10May2021 from chest was hurting and recovering from fingers stay cold a lot and numbness in her left arm. No follow-up attempts are needed. No further information is expected.

Patient experienced chest pain and tachycardia after covid 19 moderna #2 vaccine on 5/22/21. pt had temp 100.4 after vaccine and the following night had left chest pressure and palpitations so he went to the ER. Pt had nl labs, ECG- sinus tachy, right axis deviation , nl cxr and neg- covid 19 test. pt palpitations and pain resolved while in ER. Pt had second episode of chest pain on night of 5/24/21 but did not go to ER

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1360942	5/29/2021	VA	18	M	4/13/2021	4/13/2021	Bad stomach and chest pain. Extreme exhaustion and perspiration. They lasted 48 hours and ultimately
1361265	5/29/2021	FL	24	M	5/26/2021	5/29/2021	Myopericarditis, 3 Days after Vaccination, elevated troponin/NSTEMI, chest pain Treated with high dose ASA/Colchicine per cardiology
1361389	5/29/2021	MD	43	F	4/19/2021	4/20/2021	Patient developed sharp substernal chest pain that was worse when lying down ~36h after her second dose of the Pfizer COVID vaccine in addition to typical side effects including subjective fever and malaise. Pain became constant on the second day post vaccination, and patient presented to the ED and was admitted to the Cardiac Progressive Care Unit. Laboratory data suggested acute pericarditis. PE was ruled out by CTA. The CTA also revealed normal appearing coronary arteries without calcification (a coronary event is unlikely). Her echo was normal, suggesting no significant myocardial involvement. No pericardial rub was heard. She was treated with high dose aspirin and became asymptomatic rapidly.

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1361334	5/29/2021	CA	51	F	5/28/2021	5/28/2021	<p>Patient received the 1st COVID vaccine (Pfizer, lot # EW0185, use by 06/24/21 at 0845) at 1313. Client reported to EMT that she felt a headache coming on, and was a little nauseous. The client was given a bottle of water and RN was notified immediately. RN assisted the client to the anti-gravity chair, was placed in a semi-fowler's position, while RN assessed the client. The client was alert and oriented x 4. Vital signs were taken simultaneously at 1400, HR- 84, RR-16, BP-158/90, oxygen saturation at 98%. At 1402 the client stated, " My headache is a little better and my nausea is gone." Denied shortness of breath, chest pain, difficulty swallowing, lightheadedness, or feeling flushed. Denied drinking much water prior to coming to the site. Vital signs taken at 1405, HR- 86, RR-16, BP- 160/88, oxygen saturation at 99%. Client reported having an allergic reaction to codeine (anaphylaxis) and having type II diabetes mellitus, asthma, and a heart murmur. The client reported currently taking singulair, victoza, trulicity, lantus, metformin, and fenofibrate. Vital signs taken at 1410, BP- 160/88,HR-87, RR-16, oxygen saturation at 98%. The client was speaking in full sentences and was in no apparent distress. The client continued to drink water. The client reported not seeing a primary care provider for over a year. Denies any vision changes, headache, or lightheadedness. Vital signs taken at 1415, BP- 160/ 88, HR- 86, RR-16, oxygen saturation-98%. RN educated the client about V-safe, Emergency Room precautions, and to follow up with her primary care provider. RN advised the client to stay on site until 1430. The client stated, " I might be a little anxious, I'm sorry, I'm not trying to be a bother." The client was reassured to always tell the medical personnel on site if she felt unwell in anyway. EMT and PM remained in the observation area. At 1431, the client stated, " I feel a flutter in my chest that feels bounding." The client was cold and clammy, RN called 911 immediately at 1431. Vital signs taken at 1431, BP- 156/84, HR-83, RR-18, oxygen saturation- 99%. The client remained in the semi-fowler position, was alert and oriented x4, and was speaking in full sentences. Denied difficulty breathing, vision changes, shortness of breath. No rash or hives were present. Vital signs taken at 1436, BP- 140/88, HR- 80, RR-16, oxygen saturation- 99%. Client stated, " The heart fluttering is feeling better." The client was no longer</p>

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						cold or clammy. Vital signs taken at 1441, BP- 142/88, HR- 82, RR-16, oxygen saturation- 99%. EMS arrived on site at 1443. The firefighter/paramedic assessed the client, had the client stand up from the anti-gravity chair, asked her how she felt, and she stated, " I feel a lot better." The firefighter/ paramedic asked the client if she still had the fluttering sensation in her chest, the client stated, " No." The EMS team did not complete a set of vitals or complete an EKG on the client. The firefighters left the site at 1447. RN re-educated the client about following up with her primary care provider and educated the client about emergency room precautions. Client ambulated to her car where her family members were waiting for her, she had an even and steady gait.
1361328	5/29/2021		52 M	4/30/2021	4/30/2021	Numbness/tingling right arm since vaccine. Sweaty palms since vaccine. Chest pain starting 18MAY, shortness of breath associated with it 20MAY, continued chest pain with relief when leaning forward- concern for pericarditis
1361263	5/29/2021	CA	33 F	4/13/2021	4/14/2021	Difficulty breathing, chest pain, dryness in lungs. Continuing intermittently since vaccine up to and including date of report (5/29/21)
1361242	5/29/2021	VA	40 F	5/22/2021	5/23/2021	Symptoms started within 2 hours of 2nd vaccine when I started getting really tired. I slept off and on for hours. By the evening, I started getting chills and body aches. The following day, I had chills, body aches throughout my body to include into my fingers and ankles, a headache, a fever of 101, and heaviness in my chest. I was advised by the pharmacist who gave the vaccine that I couldn't take Tylenol or ibuprofen so I hadn't. When my fever got up to 102.2, I took Tylenol, which was around 2pm. The fever broke later that night. On 5/24, the body aches, chills, and headache subsided. The only thing that lingered was the heaviness/chest pain. It is 5/29, and I still have it. I came across this information and site while trying to research why I still feel this way.

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1361235	5/29/2021	CA	66	F	4/22/2021	4/23/2021	I started with diarrhea the following morning after the injection and then by Sunday I was having chest pain shortness of breath and had to go to the emergency room because I thought I was having a heart attack then I've been progressively having symptoms of pain to the left side where the injection was given in my arm to my lower left quadrant I've had severe both of stiffness muscle pain and this has been going on now since April 22
1361183	5/29/2021	NY	42	F	5/29/2021	5/29/2021	Pt felt dizzy, took slow deep breaths, then fell asleep onto husband's shoulder in chair for 30 seconds. Pt awoke and said she was cold and shivering, pt admits to some "chest pain", pt's vital signs were: 126/80 mmHg, 91 bpm pulse, 99% O2 sat on room air. Pt stated she has had a panic attack 4 years ago, she stated this episode "felt similar to last time". Pt given candy by staff, warm water, and emotional support by staff and spouse. Pt reported some abdominal pain after the panic attack, but improvement in other symptoms following being given warm water. No medications were administered.
1361181	5/29/2021	CO	22	F	5/19/2021	5/28/2021	piercing chest pains, heart inflammation, pain and numbness of left arm/hand
1361179	5/29/2021	NY	12	F	5/28/2021	5/28/2021	5 mins after being on the observation area patient experienced a feeling of dizziness while being with her mother, she fainted but didnt fall as she supported her body, mother expresses that something similar happened recently when she went to obtain blood work for her ab test. Also fx hx of vasovagal sx as per discussion. Denies any chest pain, no SOB, no HA, no palpitations. Pt was transferred via wheelchair to the medical stretcher area and was observed and lie down in supine position with elevation of her legs for 30 mins. Patient left home without further episodes and stable, VS at time were 100/64 HR 67 Dr and EMS were at the site. Medical Advised provided
1360955	5/29/2021	PA	54	M	5/17/2021	5/25/2021	Presented with acute onset chest pain, worse with leaning forward, EKG showed PR depression and ST segment elevation - strongly suspected to have pericarditis based on story and EKG findings. Symptoms improved after initiation of NSAIDs. Discharged home with prescription for ibuprofen.

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1361108	5/29/2021	WA	59	M	5/27/2021	5/28/2021	Injection pain, chest pain, tachycardia, fatigue,. nausea and vomiting
1361083	5/29/2021	WA	31	F	5/12/2021	5/26/2021	Complained of Chest Pain and palpitations starting at 10am 5/28. Radiation to neck. Been occurring for one month, but really uncomfortable on 5/28
1361065	5/29/2021	VA	53	F	5/13/2021	5/13/2021	Persistent fever 103.5 - 103.7 (2 days), nausea, vomiting, body aches, headache, chest pain
1361232	5/29/2021	GA	76	M	5/14/2021	5/22/2021	A week after receiving vaccine on May 22nd, patient says rash appeared at injection site for a couple hours and disappeared by noon. On the 23rd of May, the same thing happened, rash appeared in the morning and disappeared by noon. He also says whenever he takes a deep breath or presses on his chest, the place where he had a stent inserted over 20 years ago aches. He is seeing his cardiologist on 6/11/21 and will mention the chest pain also

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1360956	5/29/2021	MA	14	M	5/25/2021	5/27/2021	<p>Patient received 1st dose Pfizer COVID vaccine at a store/pharmacy on 5/25/21. Presented to ED with chest pain on 5/28. Diagnosed with myocarditis and admitted to the hospital. ED attending note: Patient presents with acute onset of chest discomfort in the sternal area 2 days after the first dose of Covid vaccine. Patient's not had any fevers. No respiratory symptoms. No difficulty with respirations or any pleuritic chest pain. Denies any cough. No chest wall trauma. No back pain. No palpitations or syncope. No orthostasis. No peripheral edema. On physical exam he was mildly tachycardic in the 80s to low 90s with no murmur and no gallop. No JVD. Clear lungs. No rub. Bedside ultrasound performed by HCP had bilateral lung sliding and normal gross function based on 2 views. No pericardial effusion. EKG had ST changes. Chest x-ray was obtained without any effusions or pulmonary infiltrates. Normal cardiac silhouette. Troponin sent elevated. Cardiology consulted for possible postvaccination myocarditis. Child remained stable. Resting heart rates in the 70s and low 80s. Cardiology came to see the patient. Plan to admit to cardiology service. Presumed diagnosis of myocarditis. Cardiology admitting note: Pt. is an otherwise healthy 14yM who presents with acute onset atraumatic chest pain i/s/o recent covid vaccine, found to have mildly elevated inflammatory markers and troponin with borderline ST changes on EKG most consistent with mild peri/myocarditis at this time given overall well appearance on exam without hemodynamic or respiratory compromise and grossly normal function on POCUS, though plan for formal echo in AM. EKG w/ non-specific ST-T wave changes in precordial leads, no evidence of strain or block. Admitted to the cardiology service for serial troponins, ECHO, and close monitoring. HPI per cardiology consult note: "Patient is a healthy 14 year old with a history of alopecia who presented to the ED with mild chest pain 4 days following his first Covid vaccine (Pfizer). He had no symptoms in the days immediately following vaccine, and played basketball the day following with no symptoms, but after waking up today began having dull mid sternal chest pain. It was a 4/10, worse with lying down, non pleuritic, not sharp, and not radiating pain and not associated with any other symptoms including SOB, numbness, GI pain, cough, or anything else. Has not taken any meds for the</p>

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1361333	5/29/2021		49	F	5/25/2021	5/25/2021	pain. Has not exercised today. Felt "warm" this AM, but didn't check temperature and felt better throughout the day. No palpitations, dizziness. Denies ever having chest pain before and no recent illnesses or sick contacts. No notable hfx of cardiac disease. In the ED, troponin mildly elevated to 0.12 ng/mL and CRP 5 with low ESR and BNP. Bedside point-of-care US reportedly showed no clear effusion with grossly normal function. HR mainly in 70s in ED and normotensive. EKG with borderline nonspecific ST elevation in V3-V6.~~
1357626	5/28/2021	SC	16	M	5/22/2021	5/23/2021	Starting right after 1st dose of vaccination, rapid heart rate, fluttering of my heart, chest pain, feeling of weight on my heart, difficulty deep breathing. It is becoming milder, but 4 days after the vaccination, it still exists.
1357863	5/28/2021	CO	54	M	5/20/2021	5/26/2021	Chest pain, elevated troponin. No treatment, no cardiac dysfunction.
1357859	5/28/2021	PA	23	M	5/8/2021	5/8/2021	Patient is here with left upper abdominal pain and left chest pain that started last night. Patient had his second MODERNA vaccine on May 20, 7 days ago, has not felt well since then. Initially had muscle aches back pain fever or chills. Reportedly stayed in the hot tub too long and he may have gotten dehydrated. Patient had onset of left upper abdominal pain and left-sided chest pain last night. He took some over-the-counter medications without any relief. He has had a history of some stomach problems and IBS in the past but they usually resolve on their own.
							It started off with a burning sensation in my throat that work it way down to my Adams apple. I started having chest pains and felt like I was being stabbed with a knife. On a scale to 1-10 the pain was a sharp 5.

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1357817	5/28/2021	NY	93	M	5/27/2021	5/27/2021	Patient had requested a split dose of the 2nd Moderna vaccine due to prior history of having shingles soon after 1st dose. Received 0.05ml at ~3pm. Around 3.12 or 3.18pm he began to complain of L eye blurred vision. Pt was evaluated and noted to have no other headaches, dizziness, SOB, chest pain. He reported that R eye vision was okay. Unable to read first line of snellen eye chart with left eye. Visual fields were intact, EOMI, and PERRL. He denies a shade being pulled over his eye. Pt was taken to the ED where vital signs were stable. A brief check showed stable blood pressure and blood glucose. Pt then eloped from the ED and went to another hospital's ED. There he was found to have a left central retinal artery occlusion.
1357801	5/28/2021	NJ	47	F	3/3/2021	5/24/2021	Chest pain for over 24 hrs. I went to the hospital because I thought I was having a heart attack, all test came back negative. I have no family history of heart conditions, and I'm relatively healthy and active.
1357761	5/28/2021		45	M	4/28/2021	4/30/2021	chest pain, shortness of breath. Occurred within 48 hours of injection. Lasted 7 days.
1357638	5/28/2021	GA	20	F	5/20/2021	5/20/2021	Hives on arms, left side of face, severe swelling in left leg , nose bleeds, and chest pain.
1357872	5/28/2021	PA	29	M	5/5/2021	5/16/2021	The patient presented to his PCP's office with a 2 day history of chest pain associated with deep inhalation NOT relieved by heat or Tylenol. He was vaccinated with the Moderna COVID vaccine on May 5th which caused fevers and sore throat that resolved. His pleuritic left sided chest pain began 11 days from vaccination. Given the symptoms, the PCP ordered a CXR and d-dimer. Because of the elevated d-dimer and tachycardia while in the office, she ordered a CT chest for PE protocol. This showed bilateral pulmonary emboli so the patient was directed to the ER. He was admitted and started on anticoagulation therapy. Given the CT chest findings of adenopathy, Hematology-Oncology service was consulted and ordered labs.

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1358044	5/28/2021	PA	73	F	5/26/2021	5/28/2021	Resident was not having any complaints after injection, Vitals were being monitored Q-shift for 72 hours and up to the time of incident vitals were stable, Administrator received phone call approximately 120am stating resident was complaining of SOB and Chest pain, RN supervisor came to assess resident and determined that she needed to be sent out. EMS was called and in route and resident was having conversation with night shift staff member and suddenly ceased talking and had passed away. Resident was a DNR at the time of incident.
1357694	5/28/2021	WA	33	M	5/24/2021	5/27/2021	Chest pain with Myocarditis/pericarditis onset 3 days after vaccine administration
1357884	5/28/2021		16	F	4/15/2021	4/17/2021	Myocarditis. Chest pain started 2 days after the 2nd shot. Elevated troponin and went upto 20. Near syncope and tiredness.
1357902	5/28/2021	PA	41	F	5/5/2021	5/12/2021	A 41-year-old female patient with a past medical history significant for ADHD, GERD, and past pulmonary embolism who reports to the hospital with shortness of breath. This started about 3 to 4 days ago and has become progressively worse to the point where she has having difficulty performing her ADLs without having to sit down and rest. She also endorses pain in her left calf has been present for about 1 week. She did develop chest pain which she describes as a sharp sensation on her right chest wall that is exacerbated with deep breaths. The patient was treated with tPA for acute PE and right heart strain. She had an IVC filter placed prior to discharge.
1357934	5/28/2021	FL	53	F	5/27/2021	5/27/2021	I started having a Mild persistent asthma attack 2 hours after the shot for 8 hours straight. Eased off with use of inhaler, but came back very shortly after inhaler was used. Still have some pain in chest today 05/28/2021.

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1357942	5/28/2021	VA	14	F	5/26/2021	5/27/2021	On Thursday 5/27/21 her right eye swelled spontaneously while in the classroom. Both the upper lid and lower lid. No ocular involvement, or visual changes. Resolved with time and ice. Assumed that it was contact dermatitis. No other symptoms or complaints. The next morning 5/28/21 she woke up covered in hives on trunk/legs, minimal facial swelling. Lips/tongue/mucus membranes not involved. No SOB, dyspnea, cough or wheezing. No chest pain/pressure, no GI complaints or other complaints. I gave famotidine and levocetirizine. No worsening of symptoms noted and she attended school with close monitoring.
1357951	5/28/2021	OR	12	M	5/19/2021	5/20/2021	My son developed a fever, brain fog, and his legs felt like they were burning. More worrisome was the heart pain he woke up with in the middle of the night and throughout the day on 5/20. He complained of a sharp stabbing pain on left side of his chest and said it was hard to take a deep breath. I gave him ibuprofen and he rested. I called his doctor and they said not to worry, these side effects were normal. I'm a bit nervous for him to get the second vaccine since he had the chest pain side effects as to why I'm reporting this. I'm surprised they give the same dose to a 80lb child, they do to a 200 lb grown man.

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1357981	5/28/2021		23	F	5/6/2021	5/13/2021	Patient is a 23-year-old female with past medical history significant for epilepsy, presenting for four days of generalized arthralgias. Patient received the Johnson and Johnson COVID-19 vaccine on 5/6/2021. Two days later she was feeling well and did her usual workout. On 5/9, patient awoke with pain in all of her joints excluding her ankles. She has continued to experience these pains through today. This is abnormal for her as she is typically active. She has been taking Ibuprofen, Tylenol, and Flexeril without relief. She denies any fevers, chest pain, shortness of breath, nausea, vomiting, diarrhea, sore throat, or rashes. No prior similar experiences. Of note, patient had strep pharyngitis 4/6/2021, and she finished the prescribed course of antibiotics. She follows with Dr. from neurology. LMP unknown as patient has birth control implant. Denies vaginal bleeding or discharge. No past surgical history. Medications reviewed. Currently on Lamotrigine. Allergies noted. Patient is a nonsmoker, occasional drinker, uses marijuana recreationally. Family history includes hypertension and diabetes.
1357449	5/28/2021	CO	80	M	5/15/2021	5/17/2021	Patient received second COVID 19 vaccine 5/15/21. Patient presented to the ED on 5/17/21 with chief complaint of increased shortness of breath and weakness. On 5/16/21, he did not sleep well and felt sweaty with chills. He took ibuprofen and Tylenol. He states he feels like he has no power when he walks. No chest pain. No fevers. He also notes slight diarrhea. Patient denies any Covid contacts. There are no other modifying factors or associated symptoms
1358018	5/28/2021	WA	23	M	5/18/2021	5/19/2021	Fever, body aches starting 1 day after vaccination. Progressed by day 3 after vaccination to chest pain and vomiting. Patient presented to ER and diagnosed with perimyocarditis; transferred to tertiary hospital. Required hospitalization with troponin level of >6000. Patient required cardiac catheterization but no stenting. Required ibuprofen, colchicine, steroids.

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1357178	5/28/2021	PA		M	5/4/2021	5/11/2021	Patient reported chest pain (CP); 7 days after dose 1 of Pfizer Vaccine and developed diverse rash on trunk and extremities with itching.; 7 days after dose 1 of Pfizer Vaccine and developed diverse rash on trunk and extremities with itching.; This is a spontaneous report from a contactable pharmacist. A male patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscular on 04May2021 (Batch/Lot number was not reported) as 1ST DOSE, SINGLE for covid-19 immunisation. Medical history included food allergy (chicken) from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. There was no other vaccine in four weeks prior to the COVID vaccine. The patient was not diagnosed with COVID-19 prior to vaccination and it was unknown if the patient has been tested for COVID-19 since vaccination. It was reported that on 11May2021 the patient experienced chest pain (CP), no shortness of breath and no radiation of pain approx. 7 days after dose 1 of the Vaccine and developed diverse rash on trunk and extremities with itching. No history of chest pain or GERD and takes no routine prescription medications. Treatment received includes: Antihistamine and Inhaled Corticosteroid. Events was considered serious. The outcome of the events was recovering. Information on the lot/batch number has been requested.
1358006	5/28/2021	CT		28 M	5/1/2021	5/24/2021	Chest pain diagnosed Pericarditis

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1357170	5/28/2021	TN	38	F	4/30/2021	5/1/2021	about to faint; dizzy/light headed; numbness and pain in left arm; numbness and pain in left arm; on Friday ECG was abnormal, but on Sunday ECG was normal; chest pain became intermittently severe; develop slow and gradual trouble breathing/still having trouble breathing; This is a spontaneous report from a contactable consumer (patient's husband). A 38-year-old female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot #ER8735, Exp date 31Jul2021) intramuscularly in arm right on 30Apr2021 09:45 (at the age of 38-year-old) at single dose for COVID-19 immunisation. Relevant medical history included wheezing (during school age she had trouble breathing/wheezing but has not had trouble since then). Family medical history relevant to the event includes that her father is diabetic and heart patient. Concomitant medications were not reported. The patient had not prior vaccination within 4 weeks. After receiving the first dose of COVID vaccine the patient began experiencing slow and gradual trouble breathing on 01May2021 and chest pain on 02May2021. Breathing difficulties worsened and chest pain became intermittently severe, it was on and off. The patient presented to ER on 07May2021 and 09May2021. She had no previous history of chest pain or breathing difficulties. Five days after the shot in the evening she felt dizzy and lightheaded and about to faint. Until then trouble breathing had been mild, that is when she went to the ER. Chest pain was severe on the day she went to the ER, prior to that it was mild. She also developed numbness and pain in left arm. The first day she went to ER (07May2021) they did blood work, ECG, and x-ray. After 3 to 4 hours she became a little normal and they came back home. It was busy in the ER and they were not able to meet the doctor on that day. She had to go back to emergency room on 09May2021 because of the same symptoms and the same trouble breathing. All tests were repeated and then they were able to meet the doctor on 09May2021. On 07May2021 ECG was abnormal, but on 09May2021 it was normal. When she had the dizziness and severe symptoms by the time she was waiting and relaxing her vital went back normal. Nothing was found in the test they did so far. Chest pain and issues with breathing had not resolved, while outcome of the other events was unknown.

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1356528	5/28/2021	CA	25	M	3/19/2021	3/20/2021	ER care, spent 5-7 hours under treatment of lactic acid, saline IV, ivsoln IV and ceftriaxone vial after receiving multiple imaging tests, EKG, and other tests. He started feeling bad in the evening, went to sleep, and woke up around 11pm that night shaking uncontrollably, unable to see, had an extreme headache and was throwing up. His heart rate was close to 180 while sitting down and he could not stand up. Was taken to the ER and seen immediately. Afterwards for about 2 weeks he had bad chest pains and extreme shortness of breath. He could not exert himself at all.
1356546	5/28/2021	IL	19	M	5/24/2021	5/26/2021	Pt presented with chest pain, 4 days post vaccine, Elevated troponin noted (over 3.) 2nd troponin value climbing. Of note, patient got the vaccine the day after returning from a trip out of state.
1356558	5/28/2021	FL	36	F	4/1/2021	5/25/2021	Chest pain a month after second dose and following a chest cold
1356563	5/28/2021	SC	40	F	4/14/2021	4/15/2021	1. Severe chest pain (stabbing) 15 hrs later that woke me up in the middle of the night. Went to emergency room around 11am (day after vaccine). 2. No menstrual cycle for 7 weeks after the first injection. Visited OB/GYN
1356907	5/28/2021	MO	42	M	5/24/2021	5/24/2021	1st day - very sore arm of injection, dizziness, and fatigue. 2nd day - very sore arm, dizziness, extreme muscle fatigue, headache, nauseous, shortness of breath, and chest pains radiating to my left shoulder/arm. At one point late in the evening of the 2nd day after the vaccine, I considered calling for medical assistance. I was unable to sleep well for the first 3 days after the vaccine. 3rd day - sore arm, dizziness, extreme muscle fatigue, neck pain, headache, and nauseous. 4th day - fatigued and somewhat dizzy from time to time.

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1356908	5/28/2021	CA	35	F	4/10/2021	4/14/2021	Numbness/weakness in arms - burning at times Extreme itching in arms and legs at times Leg cramps Heart beating hard suddenly just from being still or laying down Pin point pain spots on my spine which started within hours of receiving the vaccine Red dots on legs and arms skin (Petechiae) Shortness of breath climbing stairs, sometimes just walking or sitting Sensation is arm, is like it?s falling asleep, has lasted for hours or days especially right side Throbbing in right ear at times Muscle jumping at times Have experienced extreme itchiness where I have had numbness/muscle weakness Facial numbness around mouth and some involuntary twitching on right side Neck ache - cramps A ton of Floaters in eye site Back pain repeatedly Actual worsening cramps Specific pin point cramps mostly in legs which last for a long time or come and go for several days Pin point pain in chest of left side INSANE HEADACHE Now getting small head aches each day Small spider veins on legs I was a person who worked out basically every day over the last 10 years before the vaccine. I have not worked out one day since, I wouldn?t even try because I?m out of breath just from walking up stairs, leg cramps from doing nothing.

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1357021	5/28/2021			F		4/1/2021	<p>DECREASED IN VISION; DECREASE IN MEMORY; DECREASE IN HEARING; DECLINE IN HEALTH AND HYGIENE; BLURRY EYES; TEMPLE PAIN; NECK PAIN; CHEST PAIN; OPPRESSION; FEELING STALKED, MONITORED, HARASSED; TRAUMATIZED; OVERWHELMED; EXPOSURE TO ELEMENTS; SWOLLEN ANKLES; MENTAL STRESSED; UNCOMFORTABILITY; This spontaneous report received from a patient concerned a female patient (age, race and ethnicity not reported). The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unk) on an unspecified date for prophylactic vaccination. No concomitant medications were reported. The patient filed a complaint in the Court on 20-APR-2021. Federal statutory rights including retaliation, abuse of power, discrimination, and persecution were reported as violated. She listed defendants. Place of occurrences. Dates of occurrences were between 11-APR-2021 and 16-APR-2021. Injuries were reported as: decreased in vision, memory, hearing, decline in health and hygiene, blurry eyes, temple pain, neck pain, chest pain, blocked path to housing and food, oppression, feeling stalked, monitored, traumatized, overwhelmed, exposure to elements, swollen ankles, re-worn dirty clothes, harassed, mental stressed, and uncomfotability. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the decreased in vision, decrease in memory, decrease in hearing, decline in health and hygiene, blurry eyes, temple pain, neck pain, chest pain, oppression, feeling stalked, monitored, traumatized, overwhelmed, exposure to elements, swollen ankles, felt harassed, mental stressed and uncomfotability was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: This spontaneous report received from a patient concerned a female patient (age, race and ethnicity not reported) who experienced the below complaints unspecified time after vaccine. No past medical history was reported. No concomitant medications were reported. The patient filed a complaint in the Court . Federal statutory rights including retaliation, abuse of power, discrimination, and persecution were reported as violated. She listed defendants. Injuries were</p>

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reported as: decreased in vision, memory, hearing, decline in health and hygiene, blurry eyes, temple pain, neck pain, chest pain, blocked path to housing and food, oppression, feeling stalked, monitored, traumatized, overwhelmed, exposure to elements, swollen ankles, re-worn dirty clothes, harassed, mental stressed, and uncomfotability. A meaningful medical assessment can not be made of this legal case, although the events are unlikely to be related to vaccine.

PNEUMONIA; This spontaneous report received from a patient concerned a 42 year old female. The patient's height, and weight were not reported. The patient's was not pregnant at the time of reporting. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 205A21A, and expiry: UNKNOWN) dose was not reported, administered on 27-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 27-APR-2021, after 45 minutes of vaccination the patient experienced shortness of breathe and chest pain. On MAY-2021, the patient had a computed tomography (CT) scan that shows pneumonia and the patient was under treatment with antibiotics. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from pneumonia. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210548936-COVID-19 VACCINE AD26.COV2.S-Pneumonia. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

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1357120	5/28/2021	CA	75	F	2/8/2021	3/9/2021	<p>Some inflammation in the lungs; Severe shortness of breath/trouble breathing; Pain in the chest; Cough; Excessive tiredness; This spontaneous case was reported by a patient (subsequently medically confirmed) and describes the occurrence of PNEUMONITIS (Some inflammation in the lungs), DYSPNOEA (Severe shortness of breath/trouble breathing), CHEST PAIN (Pain in the chest), COUGH (Cough) and FATIGUE (Excessive tiredness) in a 75-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 029A21A and 016M21A) for COVID-19 vaccination. No Medical History information was reported. On 08-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 09-Mar-2021, the patient experienced PNEUMONITIS (Some inflammation in the lungs) (seriousness criterion hospitalization), DYSPNOEA (Severe shortness of breath/trouble breathing) (seriousness criterion hospitalization), CHEST PAIN (Pain in the chest) (seriousness criterion hospitalization), COUGH (Cough) (seriousness criterion hospitalization) and FATIGUE (Excessive tiredness) (seriousness criterion hospitalization). At the time of the report, PNEUMONITIS (Some inflammation in the lungs), DYSPNOEA (Severe shortness of breath/trouble breathing), CHEST PAIN (Pain in the chest), COUGH (Cough) and FATIGUE (Excessive tiredness) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 09-Mar-2021, Oxygen saturation: low Low. On an unknown date, SARS-CoV-2 test: negative (Negative) Tested twice and both tests came negative.. Concomitant medication were not provided. Treatment included Hospitalization in ER for 2 days Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This case was linked to MOD-2021-137829 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.</p>

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1357202	5/28/2021	CA	38	F	3/19/2021	3/19/2021	BARD Power Port clogged with blood clot; cellulitis; Severe headache; abdominal pain; arm pain; chest pain; dose 1 administered in Leg Left; dose 1 and dose 2 on the same day; dose 1 and dose 2 on the same day; This is a spontaneous report receive from a contactable consumer (patient). A 38 years old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration as single dose, dose 1 administered in Leg Left on 19Mar2021 14:45 (Batch/Lot Number: EP7534), and dose 2 administered in Arm Right on 19Mar2021 (Batch/Lot Number: ER8729) for covid-19 immunisation. Medical history included myasthenia gravis, natural killer cell deficiency, gastroparesis, connective tissue disease, postural orthostatic tachycardia syndrome (POTS), known allergies: Gluten, dairy, xanthan gum, antibiotics, beta blockers, pain medication, latex. No other vaccine received in four weeks. It was unknown if the patient diagnosed with COVID-19 prior to vaccination. Since the vaccination, the patient had not been tested for COVID-19. Concomitant medication(s) included escitalopram oxalate (LEXAPRO); montelukast sodium (SINGULAIR); diphenhydramine hydrochloride (BENADRYL); sumatriptan succinate (IMITREX); promethazine (PHENERGAN), all taken for an unspecified indication, start and stop date were not reported. The patient experienced Severe headache 1.5 days, abdominal pain 3 days, arm pain and chest pain 7 days, BARD Power Port clogged with blood clot and subsequent cellulitis from many attempt to flush the clot (22Apr2021 04:00 PM). The adverse event result in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. Treatment received for the adverse event: Home nursing visits and admitted to Emergency Room (ER). Outcome of the events was recovering/resolving.
1357155	5/28/2021	CA	16	M	5/25/2021	5/26/2021	c/o chest pain began 1 day (may 26) after2nd pfizer vaccination (May 25). Patient came to ER on 5/27. C/o chest pain. Physical exam shows chest wall Tenderness to palpation.

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1357425	5/28/2021	CA	32	F		5/24/2021	CHEST PAIN; BLURRED VISION; FEVER; This spontaneous report received from a patient concerned a 32 year old female. The patient's weight was 81.64 kilograms, and height was 160.02 centimeters. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 24-MAY-2021 13:00 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 24-MAY-2021, the subject experienced chest pain. On 24-MAY-2021, the subject experienced blurred vision. On 24-MAY-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 100.0. The action taken with covid-19 vaccine was not applicable. The outcome of the chest pain, blurred vision and fever was not reported. This report was non-serious.; Sender's Comments: V0. medical assessment comment not required as per standard procedure as the case was assessed as non-serious.
1358385	5/28/2021	TN	25	F	5/28/2021	5/28/2021	25 min after pt rec'd vaccine she came back to exam room stating she felt dizzy- she wasn't sure if it was blood sugar related since she had not eaten breakfast prior to coming in or if it was the vaccine. Took pt in exam room and gave a bottle of water and some candy. 15 min later she still had slight dizziness but was feeling better. 10 min later, she c/o substernal chest pain, like something intermittently stinging her. No SOB or symptoms associated with this, no radiating pain. Patient seen and although symptoms not severe, it was determined patient needed to go to ER for evaluation.

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1357190	5/28/2021	IA	64	F	4/6/2021	4/1/2021	<p>Feet are hurting so bad; Chills; Right Ankle is starting to itch on red areas; Left Ankle Swelling; Cramps; Diarrhea; Weakness / she still has no energy whatsoever; Tired; Headache; Chest pain; Swelled Legs / Right Ankle red and swollen; This is a spontaneous report received from a contactable consumer (patient). A 64-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Lot number: EP7533), via an unspecified route of administration in upper left arm on 06Apr2021 as 2nd dose single for COVID-19 immunization. Patient previously received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Lot number: EN6208), via an unspecified route of administration on 13 Mar2021 as 1st dose, single for COVID-19 immunization. Medical history included ongoing fluttering in heart. Concomitant medications were not reported. 07Apr2021, patient experienced, headache. In APR-2021, patient experienced swelled legs. On 07-MAY-2021, patient experienced chills. In May2021, patient experienced, right ankle was starting to itch on red areas. On an unspecified date, patient experienced feet are hurting so bad. Stated she didn't call to report sooner because where she got her vaccine at facility they did not give her any information with Pfizer's number on it. Her husband went and got his vaccine at pharmacy and they gave him the paper with the number on it. Stated her right ankle was really red and swelling (In Apr2021). Says that on 06Apr2021 after her shot, she waited the 15 minutes at the facility and was fine. Stated that around midnight (07Apr2021) she had cramps, diarrhea, weakness, she was tired. A few days later her right ankle began to swell and keeps getting worse. Says now her left ankle is starting to swell. States she also has experienced some chest pain (in Apr2021) and has an appointment the a heart specialist today, 12May2021. Patient stated she reported her symptoms to the Centers for Disease Control and Prevention (CDC). Says it did not seem like they would do anything with her report. Patient stated that she still had no energy whatsoever. She had to really make herself do things that she would normally do. Stated that the diarrhea and cramps that started midnight 07Apr2021 lasted for half that day and then they were gone Patient denies any medications, medical conditions, labs, testing, or treatments relevant to events. Patient</p>

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1358077	5/28/2021		66	F	3/4/2021	3/4/2021	<p>stated that her husband had Covid 19 on 07Feb2021. He was in Hospital and they gave him antibodies for a day and a half. She states on 08Feb2021 herself and her son got tested for Covid 19 and it was negative. Says they went back on 13Feb 021 to get tested again and it was negative. Patient stated that they wondered if it was false negative tests. Stated that maybe her and her son had Covid 19 and that's why they are having side effects after the vaccine. she had been to the Emergency Room three times to check for blood clots. States her right leg was really red and really bad. She had been to her family doctor and is going to a Neurologist on 27May2021. The outcome of the events cramps, diarrhea was recovered. Outcome of the events feet are hurting so bad, chest pain was unknown and outcome of the other events was not recovered. No follow-up attempts are needed. No further information is expected. Follow-up (26May2021): Follow-up attempts completed. No further information expected.</p> <p>Lightheadedness and 5/10 chest pain. History of HTN and sarcoidosis. Blood pressure was 168/86. HR 64 and 100% spo2 on RA. CP resolved within 5 min of initial vitals. Evaluated by ems and released home in stable condition. Patient advised to follow up with PCM as soon as possible.</p>

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1357209	5/28/2021	GA	32	F	4/28/2021	4/29/2021	<p>some chest pain and gas starting on the 10th day; some chest pain and gas starting on the 10th day; got sharp abdominal pain during ovulation on the right side on 11th day after vaccine as well as bleeding during ovulation time on 13th day.; got sharp abdominal pain during ovulation on the right side on 11th day after vaccine as well as bleeding during ovulation time on 13th day.; dizziness; Fever of 102.3; chills; headache; bodyache; weakness; arm pain and swollenness near injection site for 2-3 days.; arm pain and swollenness near injection site for 2-3 days.; A little lymph node swelling in armpits; This is a spontaneous report received from a contactable consumer (patient). A 32-year-old female patient received BNT162B2, via an unspecified route of administration, administered in the left arm on 28Apr2021 17:15 (Batch/Lot number and expiry date were not reported) at 32 years-old as 2nd dose, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. No known allergies. The patient previously received BNT162B2, via an unspecified route of administration, administered in the left arm on 07Apr2021 17:45 (Batch/Lot number and expiry date were not reported) at 32 years-old as 1st dose, single for COVID-19 immunisation and experienced local pain and little bit of dizziness right after the vaccine. On 29Apr2021 02:45, the patient experienced got sharp abdominal pain during ovulation on the right side on 11th day after vaccine as well as bleeding during ovulation time on 13th day, dizziness, fever of 102.3, chills, headache, bodyache, weakness, arm pain and swollenness near injection site for 2-3 days, arm pain and swollenness near injection site for 2-3 days, a little lymph node swelling in armpits. In May2021, the patient experienced some chest pain and gas starting on the 10th day. The clinical course was reported as follows: Second dose - dizziness after vaccine, Fever of 102.3, chills, headache, body ache in the middle of the night after vaccine. Fever subsided after next day, headache and weakness persisted. Arm pain and swollenness near injection site for 2-3 days. A little lymph node swelling in armpits for next 5-6 days. Got ok after this. But again, some chest pain and gas starting on the 10th day, perhaps due to ovulation time. However, a striking note is that after almost 2 years got sharp abdominal pain during ovulation on the right side</p>

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on 11th day after vaccine as well as bleeding during ovulation time on 13th day. Chest pain still lingering. Concerned that it is not a blood clot issue. Or that the vaccine is interfering with the hormonal system. The patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within four weeks prior to the vaccination and did not received any other medications within 2 weeks of vaccination. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The outcome of the events weakness, headache and chest pain was not recovered; Fever of 102.3 was recovering. The outcome of the other events was unknown. The following information on the lot/batch number has been requested.

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1357232	5/28/2021	NY	57	F	4/30/2021	5/10/2021	A pain and intense pressure in her chest/ Chest pain; Extreme itching to the palm of her hand; runny nose; Some blotches on right hand; This is a spontaneous report received from a contactable consumer (patient reported for herself). A 57 year old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection, Lot Number: EW0179, expiry date not reported), via an unspecified route of administration, administered in left arm on 30Apr2021 as a first dose, single dose for covid-19 immunisation. Medical history included mini strokes (wherein patient felt weird and dizzy prior to vaccine) from an unknown date and unknown if ongoing. Patient have an ongoing hernia, confirmed as popped up before the vaccine, they said she would need to have surgery, maybe in a couple of months. Patient had a family history of aneurysms. Concomitant medication included clopidogrel bisulfate (PLAVIX) at 75mg once a day by mouth taken for mini strokes, from Apr2021 (also reported as started two days before the Covid vaccine), as patient had mini strokes that showed up on the MRI in Oct2020, wherein patient felt weird and dizzy prior to vaccine. She did start Plavix 2 weeks prior to the vaccine, she was unsure if they knew that she was on Plavix when she got her vaccine. On 10May2021, patient experienced a pain and intense pressure in her chest/ chest pain and she went to the ED on Monday morning (May2021), they did testing on her, and had to be admitted from 10May2021 to 11May2021, everything was negative. Chest pain was completely gone by Monday night. On 12May2021, patient had extreme itching to the palm of her hand. She was looking for information about a side effect she was experiencing and she stated her hands were itching, that she got the vaccine on 30Apr2021, itching started yesterday 12May2021, and stated every time she thinks its getting better it starts up again and it was intense itching, that saw some blotches on right hand creeping up (2021), they did subside and the itching continued. She also noticed a runny nose, started Tuesday (11May2021), and seemed to be coinciding with the itchy hands states it was persisting. The patient recovered from chest pain on 10May2021 but had not recovered from runny nose and extreme itching to the palm of her hand. The outcome of the event some blotches on right hand was unknown. No follow-up

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attempts are needed. No further information is expected.

Mild chest pain; This is a spontaneous report from a contactable consumer from a Pfizer sponsored program,. A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Batch/Lot number was not reported), via an unspecified route of administration on an unspecified date as 1st dose, single for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient experienced mild chest pain (medically significant) on an unspecified date with outcome of unknown. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

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1357331	5/28/2021	CA		F	5/10/2021	5/12/2021	Gave me GI cocktail (Alum-Mag Hydroxide-Simeth or Maalox with Lidocaine) but I still had chest pain; it hurt to breathe, could only do shallow breathing, I couldn't yawn, hurts to talk, hurts to move; Gave me GI cocktail (Alum-Mag Hydroxide-Simeth or Maalox with Lidocaine) but I still had chest pain; it hurt to breathe, could only do shallow breathing, I couldn't yawn, hurts to talk, hurts to move; I couldn't yawn; hurts to talk; hurts to move; There was great pain like right under my sternum but it was also higher up in my chest/it's my stomach; My blood pressure was little bit off. My blood pressure was 163 over 71; many, many locations of pain; sternum pain; Started having severe pain in my ribs like on the sides of my rib and then it came in my left arm, my left shoulder blade; Started having severe pain in my ribs like on the sides of my rib and then it came in my left arm, my left shoulder blade; Started having severe pain in my ribs like on the sides of my rib and then it came in my left arm, my left shoulder blade; severe chest pain like super severe; Tired; I am still a little strained from it, I am little weary from it; Experiencing a low grade fever; temperature was 98.1; Chills; Sweating; This is a spontaneous report from a contactable consumer (patient). A 62-year-old female patient received bnt162b2, dose 2 via an unspecified route of administration on 10May2021 (Lot Number: EWO175) as single dose for covid-19 immunisation. Medical history was reported as I have a condition with my heart, but it's like a premature beats or a premature rhythm and it has not been bothering me for a year or more but the symptoms I had were quite different, and not currently like 4 years ago I had an ulcer, I was even hit by a car walking across the street from an unknown date. There were no concomitant medications. The patient previously took the bnt162b2, dose 1 (Lot Number: EWO164) as single dose for covid-19 immunisation. The consumer reported: I received my 2nd dose from the Pfizer very, very enthusiastically on Monday afternoon. Monday I felt fine, Tuesday I woke up I fed the dogs and then we all went back to bed for most of the day. Wednesday I woke up I was tired but not bad, Wednesday night I was in the emergency room so it started after dinner, I started having severe pain in my ribs like on the sides of my rib and then it came in my left arm, my left shoulder blade and severe chest pain like super severe. Now when I say enthusiastically I got my

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vaccine I really did, but I am one of those people that I don't take any prescription, I am not on any medications and I am not an alamaak so I have to, I know this sounds insane. I tried to go to bed and the pain was excruciating me I mean I was screaming in my bed, I was afraid of disturbing the neighbors. And I was asking myself the question would you rather die than go to the emergency room and I am embarrassed to say I thought about it and then I decided, okay you have to go to the emergency room and I did. I had super severe I mean excruciating pain they kept offering me Morphine but the chest pain has not been resolved, I mean the chest pain has subsided by this morning, they sent me home while I was still experiencing chest pain. I have the whole paper work and reports here, they had done extensive testing of my blood for enzymes for silent heart attack and all the imaging and at one point after they at some point maybe the 7th or 9th time they offered me Morphine for my pain. I don't know what made me say this but I told them it's my stomach and she ask me why I said that and I said my gut tells me. First there was great pain like right under my sternum but it was also higher up in my chest, it was not I guess what I just I described you is I have like many, many locations of pain so they gave me a GI cocktail which calmed the sternum pain but I still had chest pain and it was very frightening and very scary. I arrived in the emergency room, I arrived at 10 'o' cock at night but I didn't leave until the next morning. The date it started Wednesday the May12th and I apologize I am still a little strained from it, I am little weary from it. They seem at first to be gradual but then it escalated rather quickly and very, very, very intensively. It starts from the gut and that's exactly where most of my pain was, it was in the gut after they gave me that cocktail (Alum-Mag Hydroxide-Simeth or Maalox with Lidocaine) I was feeling excruciating pain but I wasn't screaming. The medication I was given is called Alum-Mag Hydroxide-Simeth or Maalox with Lidocaine and that was the GI cocktail that they gave me that relieved the pain in my sternum. And then I realized I still had severe pain in my chest like it hurt to breathe. I could only do shallow breathing I couldn't yawn, it hurts to talk, it hurts to move, so everything was in my chest. So, they mixed together the Maalox and the Lidocaine and that pretty much it was like it just numbed my stomach, my esophagus and stomach.

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							Then I was also given, well this is for the imaging, for the contrasting I think it's Omnipaque and NS bolus that was for the contrast and then before they discharged me they gave me something called Ketorolac or Toradol and that's it. The patient stated no Morphine received, they offered me Morphine, but I did not want for me Morphine. I have a list of medications that they gave me and I have a list of imaging that's helpful. I also had chills and sweating. The lab test that were completed are B-type natriuretic peptide, A CBC undeferential, compressive metabolic panel, there were no abnormal finding except my blood pressure was little bit off and I was experiencing a low grade fever. This was when I left the hospital (not clarified further about hospital visit), it doesn't tell me what it was when I entered, unfortunately when I left when they discharged me. My blood pressure was 163 over 71, my temperature was 98.1, but my normal temperature is 97.1 but I also had ice packs on bac of my neck, I had ice packs on my face and I had ice pack on my chest and 4 blankets. The outcome of event severe chest pain like super severe and sternum pain was recovering, and outcome of other events was unknown. Follow up needed, further information has been requested
1357375	5/28/2021	CA	16	F	5/24/2021	5/26/2021	Patient developed left sided chest pain that lasted for approximately 12 hours. It then improved but she still had it with lifting heavy objects. Was seen in clinic. Went home and has follow-up with Pediatric Cardiology tomorrow.
1357376	5/28/2021	MA	26	M	5/13/2021	5/17/2021	I have had occasional brief chest pains, like a painful tightness around my heart that lasts a couple seconds at a time. They have been random and infrequent enough I have not done anything about it (also, I am currently uninsured), but v-safe suggested I should submit a VAERS report of it anyway. Obviously I cannot be entirely sure it is related, but it is not something I have experienced before.

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1357122	5/28/2021	PA	70	F	3/25/2021	4/25/2021	<p>Blood clot in lung diagnosed, worry related to blood thinner use; Chest pains; Chest "didn't feel right"; Blood pressure increased; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PULMONARY THROMBOSIS (Blood clot in lung diagnosed, worry related to blood thinner use), CHEST PAIN (Chest pains) and CHEST DISCOMFORT (Chest "didn't feel right") in a 70-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 021B21A and 047A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included COVID-19 in November 2020. Concurrent medical conditions included Cholesterol blood excessive, Hypertension and Hyperlipidemia. Concomitant products included APIXABAN (ELIQUIS), CELECOXIB (CELEBREX), METOPROLOL SUCCINATE and LOSARTAN POTASSIUM for an unknown indication. On 25-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 22-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 25-Apr-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced CHEST DISCOMFORT (Chest "didn't feel right") (seriousness criterion hospitalization). On 28-Apr-2021, the patient experienced PULMONARY THROMBOSIS (Blood clot in lung diagnosed, worry related to blood thinner use) (seriousness criteria hospitalization, medically significant and life threatening), CHEST PAIN (Chest pains) (seriousness criterion hospitalization) and HYPERTENSION (Blood pressure increased). The patient was hospitalized on 28-Apr-2021 due to CHEST PAIN and PULMONARY THROMBOSIS. At the time of the report, PULMONARY THROMBOSIS (Blood clot in lung diagnosed, worry related to blood thinner use), CHEST PAIN (Chest pains), CHEST DISCOMFORT (Chest "didn't feel right") and HYPERTENSION (Blood pressure increased) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 28-Apr-2021, Blood pressure measurement: increased (High) Increased. Concomitant medication included high cholesterol drug.</p>

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1359301	5/28/2021	CA	13	F	5/22/2021	5/26/2021	On 28 Apr 2021, post second dose of vaccination patient experienced chest pains and went to emergency room. Patient reports a chest scan, chest X-ray, bloodwork, EKG, echocardiogram, and various tests were performed at the hospital. Patient was diagnosed with a blood clot in lungs. Patient reports being hospitalized several days and doctors indicated "she dodged a bullet". Patient reports the treating physicians could not determine the cause of the clot, nor determine if it was vaccine related. Patient reports concomitant medication, losartan dose was recently increased from 50mg to 100mg once daily. Patient attributes that the increased blood pressure was the worry related to being placed on blood thinners [Eliquis]. Treatment information included eliquis. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This case was linked to MOD-2021-138094 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1358710	5/28/2021	TX	83	F	5/28/2021	5/28/2021	12:14 PM: Patient experiencing sudden onset of mild numbness in both hands. patient denies any SOB, chest pain or any other s/s. Numbness subsided at 12:18. VS stable. BP-147/56 P-67. Patient released at 12:50 with no numbness.
1358750	5/28/2021	OH	19	M	4/30/2021	5/28/2021	On 5/28 patient developed mid-sternal chest pain that woke him from sleep. Worse with position changes, some associated palpitations and shortness of breath. Came to ED, EKG consistent with acute pericarditis. No evidence of myocarditis on either labs (troponin 0.028) or echocardiogram (normal biventricular function). Discharged from ED with supportive care.

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1358790	5/28/2021	PR	18	U	5/20/2021	5/21/2021	On May 21, patient presented fever and headache; he took 2 Advil to alleviate his symptoms. During the following four days, he felt well. However, on May, 26 patient complaints of chest pain, coccyx/back pain and was unable to speak to his parents. At 7:30am he went to the Emergency Room. A head CT and blood test (ABGS,CMP, CBC, COVID-19) were performed. Then he was transferred to another Hospital and admitted to the Intensive Care Unit. Patient continue hospitalized and under the care of a neurologist, hematologist and cardiologist. Prognosis is reserved. Today he patient received 5U PRBC's.
1358821	5/28/2021		25	F	5/28/2021	5/28/2021	Numbness in arm, chest pain and bad taste in mouth. Evaluated by EMS-Cleared
1358823	5/28/2021	CA	14	F	5/26/2021	5/27/2021	Chest pain, shortness of breath
1358844	5/28/2021	GA	15	M	5/22/2021	5/26/2021	Abdominal pain, chest pain and myopericarditis
1359004	5/28/2021	CA	27	F	5/27/2021	5/27/2021	Patient reports start feeling shooting through her chest once they inject her with needle, start feeling little dizziness, it was her second COVID vaccine, Moderna, denies chest pain, SOB, palpitations, blurred vision, lightheadedness, swelling of the face, throat or tongue. denies weakness.
1359262	5/28/2021	WA	13	F	5/28/2021	5/28/2021	Pt. here for first dose of pfizer vaccine. Requested to sit by aid post vaccination for anxiety. Pt. complaint of chest pain without difficulty breathing. EMS contacted and pt. cleared to finish observation without incidence.

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1358260	5/28/2021	PA	43	M	5/28/2021	5/28/2021	Case received vaccine at 10:30AM and at approximately 10 minutes into recovery stated he "feels a little dizzy" Case requested a drink of water. Vital signs stable at temp 97.6 Pulse 88 Respirations 16. Pulse ox 99% BP 128/70. He denied any shortness of breath, chest pain, difficulty swallowing itching or scratchy throat. He was advised to be observed for another 15 minutes and stated he was feeling better and returned to work at 11 AM At approximately 11:50 AM patient returned to clinic with boss stating he vomited in the rest room. Patient taken to recover room cot was placed in supine position on cot vital signs continued to be stable with 97.6 88 16 120/70 He complained of funny feeling in his throat. He was give Benadryl Liquid 50mg PO and continued with stable vital signs 97.6 88 20 120/70. He continued to complain of the funny feeling in his throat he was given Epinephrine IM .5ml, He did appear anxious and tearful after speaking with his friend on the cell phone. Vital signs remained stable of 99% SAO2 Pulse 83 Respirations 22 BP 128/70. Throughout entire event he was able to speak in clear sentences with the interpreter assistance. Patient was advised to go to ED for further evaluation and observation. He consented and 911 was called. EMS arrived at approximately 12:30 PM and report was given to EMT on patient event at clinic along with written information on vaccine and vital signs.
1359277	5/28/2021	TX	12	M	5/23/2021	5/26/2021	Patient developed acute onset of chest pain on the 3rd day after receiving Pfizer vaccine. Patient describes pain as squeezing in his chest. Pain resolved after about 20 minutes, but patient's mother brought him to emergency room where he had an abnormal ECG and was admitted for further evaluation.

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1358593	5/28/2021	VA	30	M	5/21/2021	5/24/2021	Patient with no past medical history, presented to the emergency department with complaints of acute onset left-sided chest pain while getting ready for work. Pain was described as burning sensation that is somewhat improved with leaning forward. Notably patient had received his second dose of the COVID 19 vaccine series (moderna) 3 days prior to presentation. He also noted generalized weakness with hot and cold chills after the vaccination that resolved within 24 hours. ECG in the emergency department with concerning for ST-segment elevations in anterolateral leads and cardiac enzymes were positive. Patient then underwent cardiac MRI which found evidence of perimyocarditis believed to be due to acute inflammatory response to second dose of COVID-19 vaccine series as all other tests were negative and patient had no previous viral illness prodrome. The patient was treated with colchicine and later discharged home after a 3 day hospitalization.
1359311	5/28/2021	IL	37	F	4/9/2021	5/7/2021	I have been having heart palpitations and some slight chest pains for a couple weeks. I was not sure if caused by stress, but it has gone on for some time and really started a few weeks after my second dose.
1359312	5/28/2021	WA	19	M	4/23/2021	5/21/2021	left sided chest pain x1 week. Pericarditis on EKG. Troponin negative
1359510	5/28/2021	TN	17	M	5/7/2021	5/8/2021	Pt reported he was "aware of his heart" and that it "felt like when adrenaline is running through his body" that began approximately 24 hours after vaccination, and resolved 48 hours after starting. He reported this information at his second dose appointment 21 days after vaccination. He says his symptoms were hard to describe, but he overall felt poorly and says he could feel his heart beating more than normal. He denied chest pain, racing heart, excessing sweating, headache, agitation. Patient has no history of cardiac issues. After 48 hours his symptoms resolved with no intervention.

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1359550	5/28/2021	WA	58	M	5/25/2021	5/25/2021	Received shot at 1:10pm and was asked to wait 15 minutes before leaving. At 1:20pm I became very lightheaded and anxious. I stood up to look for a drinking fountain then woke up on the floor surrounded by people. Blood pressure was 80/40. Spent next two hours in ER on an IV. I was released once BP came back up. After getting home, I developed chest pain on the left side which I still have after three days so far.
1359711	5/28/2021	CA	49	F	5/28/2021	5/28/2021	49 y/o female without significant PMH other than anaphylaxis from a dental procedure, who presents to the emergency room with multiple complaints after receiving her second SARS-CoV-2 Pfizer vaccination today at about 3-3:30 PM, lot number not current available. The patient's significant other/boyfriend was driving when he noticed the patient suddenly started to complain of shortness of breath with chest pain and a maculopapular rash which later was followed by expressive aphasia and left hemiparalysis. She received Pepcid, solumedrol and Benadryl for the rash in the ER with improvement. Code neuro was called and TPA was given. Post TPA she was alert and oriented and she could currently write with her right hand and think of the words she has to say. She had associated blurry vision which has resolved after TPA was administered. She also was not able to move her left lower extremity nor her left upper extremity which is also improving to some extent after TPA administration. So far CT/CTA head and CTA neck are negative and she has been admitted for likely acute cerebral vascular accident.
1359846	5/28/2021	NY	32	F	4/30/2021	4/30/2021	Chest pain, wheezing, throat closing sensation, autoimmune flare up that lasted three weeks until the next shot.

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1359866	5/28/2021	CA	24	M	5/25/2021	5/27/2021	Diagnosis: acute pericarditis and acute myocarditis. Patient received Moderna Covid19 vaccine 1st dose 4/21/2021 LOT 037A21B to left arm. Stated he had sore arm. Patient received Moderna Covid19 vaccine 2nd dose on Tuesday, 5/25/2021 LOT 044B21A to right arm. Tuesday afternoon he developed a fever but did not take his temperature. On Thursday morning (May 27) he was at rest and stated that's when he first felt chest pressure. Chest pain got worse since yesterday, prompting a visit to urgent care then urgent care sent patient to ED. Denies shortness of breath, dizziness, cough, or other associated symptoms. complains of anterior chest pain, does not radiate. non smoker. trop 3.79, CRP 35.4; sed rate 17, EKG . ED physician consulted with cardiologist. Patient given ibuprofen 600 mg PO x1 in ED and discharged on ibuprofen and will be following up with cardiologist. discharge dx by ED doc: acute pericarditis and acute myocarditis
1357855	5/28/2021	TX	24	F	5/27/2021	5/27/2021	Headache-- 11:00 PM ongoing Dizziness-- 1:00 AM ongoing Body aches-- 1:30 AM ongoing Muscle and joint pain: 1:30 AM ongoing Chest pain: 2:30 AM ongoing Nausea: 3:00 AM receded after taking zofran Vomiting: 4:00 am, 6:00 am currently receded
1359268	5/28/2021		16	F	5/23/2021	5/27/2021	shortness of breathe, chest pains

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1358475	5/28/2021	CA	40	F	5/11/2021	5/11/2021	<p>She got her vaccine, within 10 minutes her heart felt like it was racing. She noticed over the next 2 days that she was unable to move with nausea and body aches from head to toe and had to lie in bed those days. She had been exercising regularly and now she had fatigue and had to stop exercising as her heart was acting strange and not able to do so. On 5/21/21 her heart was beating so fast and went to UC and they tested her blood work. She said that she had left chest pain, pain down her beds, and pain down her arms. They did blood work stated that she had very high troponin levels, and her BP was dropping to low levels and they called 9-1-1 and she was taken to another hospital and they did the same tests and found that her troponin levels were even higher, and that her heart was experiencing some kind of arrest. Her BP was dropping and she was admitted to the ICU where she was there 4 days. While she was there they did angiograms, echocardiograms, and every one came back stating that her heart was good. They told her that she may have had a mild heart attack and they did not know why and she said that she felt it was due to the vaccine. On 5/24/21 she was discharged and on 5/25/21 she called 9-1-1 again and her BP was high and her heart rate was high, and she was taken to the ER again. She was tested again and they did not see anything, and they felt that she had myocarditis or pericarditis and that she needed an MRI of the heart and to contact her cardiologist and her PCP. She came home that night and went to the ER again the next day and felt that she was having a heart attack, arm pain, heart racing, and did the same things again and told them what tests she was supposed to have, and they have not done an MRI of her heart yet. She is waiting to get a referral from her PCP for the cardiac MRI and she is experiencing the same reactions that she has been having. They have put her on a baby aspirin to take daily, Lopressor 25 mg twice a day, Lipitor 40 mg to take once a day. She continues to have the bouts of the chest pain, erratic heart beat, weakness and not able to take a shower due to the weakness and the heart racing and the shortness of breath. They were telling her during this time that parts of her heart were dying, and all kinds of other things, and that's when they put her in the ICU. She went to UC, and was transferred to ER and admitted to the ICU and stayed 4 days. She was</p>

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1358097	5/28/2021	VA	23	M	5/11/2021	5/13/2021	discharged from there on 5/24/21. Then back to the ER on 5/25/21, and discharged from the ER. Then she went back again last night 5/27/21 to ER and they treated her partially, they did an EKG and tried to explain her situation and they told her that she was fine, and she told them that her troponin levels were high and he more or less dismissed her and said that his troponin levels would be high if he exercises excessively. She left the ER as they were not going to do anything for her. She has a phone appointment scheduled for Tuesday as they have nothing until later in June.
1358114	5/28/2021	MD	62	F	5/11/2021	5/12/2021	Patient developed chest pain symptoms on the evening of 5/13, he said symptoms waxed and waned but worsened on 5/16 which prompted him to go the Hospital ER. There he was found to have an elevated troponin 27.9 and ST elevations on ECG. This prompted an emergent evaluation by cardiology and patient underwent a Left Heart Catherization (LHC) on 5/16 which showed no obstructive disease. Cardiology suspected possible myocarditis which was confirmed on 5/18 with a cardiac MRI. Patient also had an echocardiogram that showed mildly reduced systolic function EF 50-55% and mild hypokinesis in the left ventricle (echo obtained on 5/17). Patient was discharged on two new medications: Losartan and metoprolol and has cardiology follow up on June 1.
							She got her vaccine, she did not have any reaction that day. Her arm hurt a little when she was sleeping. She woke up the next morning and had severe chest pain, which did not stop no matter what she was doing during the day, even sitting down. The following day when she woke up everything was back to normal. She waited one additional day to make sure it was not a microvascular issue she had, and did not get it again and still does not have any issues. She did call her cardiologist who told her not to take the 2nd vaccine. The day they were going on she just took her regular medication and monitored her heart rate and her BP.

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1358118	5/28/2021	OH	36	M	4/13/2021	4/13/2021	A few hours after the administration of the vaccine the individual noted adverse effects. He states that his life is not the same, experiencing chest pain and pressure, shortness of breath, potential arrhythmias, vomiting, night sweats and fatigue. The symptoms have been ongoing and haven't resolved.
1358126	5/28/2021	NY	45	M	4/1/2021	4/1/2021	Eosinophilic myocarditis presenting as pleuritic chest pain, elevated troponin and cardiogenic pulmonary edema related to heart failure, ejection fraction and improved and patient successfully discharge from the hospital. Of note, patient also tested positive for rhino/entero on RVP and FIP1L1-PDGFRA rearrangement.
1358140	5/28/2021	TX	57	M	5/20/2021	5/28/2021	chest pain starting at 330am along with pain as I breath in. No prior heart problems at all. Made an appointment with the cardiology (Jun 14).
1358171	5/28/2021	NV	28	M	4/7/2021	4/8/2021	Fatigue w/in 12 hrs that lasted more than 2 days, after which fatigue continues even now. We believe he fainted while operating a scooter which resulted in an emergency room visit. Complains of chest pain. Concerned this could be myocarditis- he?s on government insurance so medical access is limited.
1358237	5/28/2021	NJ	20	F	4/23/2021	4/23/2021	4/23 right after recieving the vaccine, felt really fatigued, then had chills all night and couldn't sleep 4/24 started throwing up stomach acid and had chest pains, after calling, they said to go to ER, had multiple tests since my heart rate was really high so they wanted to monitor me and make sure I was okay, was there from like 4-5pm to around 9pm and felt fine after that
1358339	5/28/2021		46	F	5/17/2021	5/17/2021	Pt c/o "tongue feeling thick" while sitting in observation area after receiving the Covid vaccine. No shortness of breath, chest pain or trouble breathing. No drooling or trouble swallowing.

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1358682	5/28/2021	WA	41	F	5/3/2021	5/12/2021	seen 5/21/21 #Cough - Ongoing since 9 May 2021 - Notes cough started after she received her 1st COVID vaccine (Pfizer) - Has been using OTC Mucinex and vic vapor - + slight chest tightness; denies shortness of breath/wheezing - Denies new medications, proceeding cold symptoms - Denies fever, chills was prescribed prednisone with some improvement 5/25/21 now has nasal congestion as well. States she is feeling better today compared to yesterday. Patient Zarabee's night time to help with cough. Mucinex with some improvement. States she has not had COVID testing, states she is quarantine. Some fatigue. States chest feels tight, that is improving with prednisone. Denies fevers, chills, sore throat, chest pain and shortness of breath. Notes history of having albuterol with allergies. Notes she dose not currently have rescue inhaler. States she was advised by provider in VV that if cough getting worse, if chest tightness, or fever she may need Chest x-ray. Notes she is trying to avoid going to UC due husband. Denies muscle aches. Denies sick contact and known exposure to COVID positive person. Denies wheezing. Added flonase and albuterol
1358473	5/28/2021	NV	34	F	3/12/2021	3/20/2021	Dizziness, faint felling, fatigue, heart palpitations, resting heart rate 100+,chest pain
1358658	5/28/2021	WA	37	F	5/1/2021	5/21/2021	shortness of breath, fatigue, chest pain
1358491	5/28/2021	OH	40	M	5/23/2021	5/24/2021	patient called 911 with shortness of breath and chest pain. When squad arrived, he was still oriented and awake and told squad he had Pfizer vaccine the previous day. Thought was a pulmonary embolism had occurred. Then he lost consciousness and pulses. EMS started CPR. Despite aggressive ACLS maneuvers, the patient ultimately died.
1358498	5/28/2021	FL	29	F	5/28/2021	5/28/2021	29 yo WF c/o Chest Pain, dizziness and nausea 15 minutes after receiving her 2nd dose of the Pfizer vaccine. Patient evaluated by on-site EMS and NP. Vital signs (140/90, 96, 20), 12 Lead EKG (NSR) started. Allergies to Penicillin. No illness or chronic health conditions noted. After about 5 minutes of being evaluated, patient stated the chest discomfort was getting worse. 911 called . FD arrived, re-assessed and transferred patient to Hospital for further evaluation.

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1358550	5/28/2021	OR	21	M	5/21/2021	5/23/2021	d. This is a 21 year old male who received his 2nd dose Pfizer vaccine on 5/21/21. On 5/25/21, he presented to an urgent care for chest pain that began on 5/23/21. He had an elevated troponin, so was transferred to the ED. He described this as a dull ache in his left parasternal area. No radiation to his back, neck, or arm. He exercised after and the chest pain did not worsen, although he felt fatigued. He denies pleuritic pain, orthopnea or positional change in chest pain. Patient was admitted to hospital with concern for myocarditis following covid vaccination. Cardiology followed. ?Suspect myocarditis likely due to second Pfizer COVID vaccine, as patient has no history of recent illness, drug use, recent medication use to suggest hypersensitivity reaction, systemic illness. Patient does have a history of chest pain during childhood, however no work-up at that time and denies history of kawasaki?s or autoimmune conditions.? Symptoms resolved by 5/26 and patient was deemed stable for discharge. Patient will establish with a PCP and was referred to outpatient follow-up with cardiologist.
1358562	5/28/2021	CA	58	F	4/30/2021	5/1/2021	per patient, after she received the vaccine she developed SOB and chest pain. She said it resolved in about 2 days. she notified her pcp.
1358568	5/28/2021	WA	16	M	5/25/2021	5/27/2021	Chest pain dull in nature and constant without dyspnea, nausea, vomiting
1358573	5/28/2021	TX	25	F	5/20/2021	5/28/2021	PT SAID SHE IS FEELING SOMETHING IN MIDDLE OF CHEST. I ASKED IF CHEST PAIN SHE SAID NO, I ASKED IF ACID REFLUX BUT SAID NO. SHE IS NOT SURE HOW TO DESCRIBE. MAYBE ANXIOUS AFTER GETTING VACCINE. SUGGESTED TO CALL HER MD. PT SAID SHE HAD RASH AFTER VACCINE BUT GOING AWAY NOW.

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1358583	5/28/2021	CA	40	M	5/28/2021	5/28/2021	Patient reported sudden onset of chest pain while was waiting in observation room. He has no major medical problem, HTN or DM. No prescribed medications were taken this morning. No dizziness, SOB reported. per patient he had headache, fever, body ache, and other flu like symptoms after taking the first dose, but no signs of allergic reactions. Vital signs: BP 150/100, HR 74, O2sat 98% on RA, Pain 5/10 consistent burning/sharp on left chest anterior. Called 911 , ECG was done and result normal sinus rhythm. Patient was instructed to follow up with his primary health care provider for further evaluation.
1358584	5/28/2021	OH	63	F	3/6/2021	3/6/2021	Extreme high fever Chills Headache Muscle pain Weakness Short of breath Chest pain Rapid heart rate Fever and chills went away after 4 days, all other symptoms continue I have had pulmonary function testing, and more appointments scheduled
1358085	5/28/2021		60	U	3/2/2021	3/2/2021	Patient developed itchyyness around eyes and tingling sensation around mouth ,arms and legs (mild). Patient without sob, chest pain ,dizziness or other issue. No evidence of facial dissymetry . Ems called. See ems report for further assessment .

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1358471	5/28/2021	OR	21	M	4/24/2021	4/25/2021	Pericarditis diagnosis: This is a 21 year old male who presented to the emergency department on 4/27/21 with a two-day history of chest pain. He was seen in a emergency department on 4/26 and reported a normal EKG, blood work, and x-ray. He was discharged home. His was worsened so he reported to an urgent care in . That team had a concern for pericarditis, so referred the patient to the emergency room. He had a reproducible pain over the costal margin but did describe a positional component. Provider felt they still had to consider pericarditis as well as costochondritis. The suspicion for pulmonary embolism or acute coronary syndrome or very low. The suspicion also for myocarditis was low. His EKG did show some J-point elevation versus ST elevation in the anterior and lateral leads. There was no evidence of reciprocal depression. His troponin test was normal. His CBC and metabolic panel were normal. He had had CRP which was mildly elevated at 4.6. A bedside point-of-care ultrasound showed no evidence of a pericardial effusion. Provider felt it was reasonable to treat him for pericarditis although his EKG is not classic for this. It was recommended he use his scheduled ibuprofen 600 mg 3 times a day. He was also given a 1 month course of daily colchicine 0.6 mg. It was recommend he follow closely with his PCP to see if he needs to have this colchicine course extended. He will follow-up with his primary doctor in 1 week for repeat check.

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1357812	5/28/2021		22	M	3/19/2021	3/20/2021	<p>Chest Pain, Myopericarditis; From EPIC: From cardiologist healthy man who comes to the ER with left anterior chest discomfort for the last 36 hours or so. Symptoms are made worse by deep inspiration. Were improved following self administration of 600 mg of ibuprofen earlier today. 2 days ago he received his second COVID-19 vaccine (Pfizer). Following day he experienced arm pain muscular aches and pains severe discomfort of the right arm (injection site) later in the day there was nausea and vomiting on one occasion (nonheme). By last night he was able to eat dinner but subsequently felt short of breath with worsening chest discomfort morning the left arm continued to ache with musculoskeletal pains. Developed more discomfort in the left anterior chest radiating to the throat made worse by deep inspiration. Does not describe typical sharp catching pain of pericarditis. No cough sputum bruising bleeding abdominal pain change in color or character of bowels. Sign in the emergency room he was hemodynamically stable, in sinus rhythm with a normal EKG. Torrey work-up notable for an initial troponin of 1.28 and a follow-up troponin of 2.14. Chest x-ray perfectly normal. Elevated d-dimer. CT angiography negative for pulmonary embolism vascular injury, cardiomegaly, pericardial effusion but the radiologist did note thickening of several right posterior and lateral axillary lymph nodes raising a question of recent right-sided vaccination or injury/infection to the right arm. Presently he is perfectly comfortable able to take a deep inspiration with mild chest discomfort, breathing easily. I met him in July 2018 He came to the emergency room with a 3-day viral syndrome manifested as headache nausea vomiting diarrhea and abdominal discomfort and then developed chest discomfort. He was found with diffuse mild J-point elevation on EKG consistent with a viral type pericarditis with troponins which rose to a maximum of 10.4. Work-up for myocarditis was negative. Echocardiogram perfectly normal. Symptoms responded to a course of nonsteroidal anti-inflammatory agents and colchicine. Seen in follow-up of repeat echocardiogram was perfectly healthy. Our diagnosis was myopericarditis. There is no history of shortness of breath dyspnea on exertion decrement of exercise capacity peripheral edema orthopnea PND palpitations lightheadedness syncope or collapse. No ill contacts. He works in a high security</p>

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position and therefore qualified for early administration of the Pfizer COVID-19 vaccine. Graph past medical history notable only for the episode of myopericarditis and a remote tonsillectomy. There is no significant family history of sudden cardiac death or unusual heart disease. He takes no medications. Patient was recommended to take 4 weeks of ibuprofen and colchicine if needed for worsening chest pain. Patient was recommended to follow-up closely with his primary care doctor and check ESR, C-reactive protein as well as renal function. Needs close follow-up with cardiology as an outpatient.

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1354485	5/27/2021	CA	38	F	5/25/2021	5/25/2021	Client stating she was dizzy and turning pale. EMT and Lead RN made contact with client who stated she was feeling dizzy and nauseous, client denied any other symptoms such as chest pain, shortness of breath, and tingling of mouth, tongue or lips. EMT provided client with an emesis bag and bottle of water. Client's skin turned ashen and then client had a loss of responsiveness. RN applied a sternal rub to client who regained responsiveness in <30 seconds. Lead RN applied an instant ice pack to the back of client's neck and instructed client to take deep breaths. Client was Alert & oriented x4 following loss of responsiveness. At 1230 baseline vitals taken with client sitting in folding chair at vaccination table: blood pressure (BP) 138/78, heart rate (HR) 44, Respiratory rate (RR) 14, skins pale, cool and clammy. Client stated she has a history of fainting with every injection or blood draw and that she failed to mention this to RN when she was asked how she does with shots. Ancillary brought the zero gravity chair to the table for client to recover in. Client denied any history of allergic reaction to meds/foods/environment. Denied any other medical conditions or medications taken. Continued complaint of lightheaded/dizziness and nausea. Clients skins remained pale, cool and clammy. At 1235 HR 76, RR 16 client was given a juice box. At 1240 client's skins returned to normal color for ethnicity and were warm and dry, she was alert and oriented x4, she was able to walk to observation area on her own where she was placed in the zero gravity chair and a second set of vitals were taken while sitting: BP 120/88, RR 16, HR 80. At 1250 EMT took a third BP 118/70. Client stated symptoms were fully resolved, skins normal for ethnicity, warm and dry, alert and oriented x4. At 1325 client was finished with observation, denied any other symptoms and walked away from the observation site with a steady gait

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1354299	5/27/2021	PA	34	F	5/22/2021	5/24/2021	Site: Pain at Injection Site-Mild, Systemic: Chest Tightness / Heaviness / Pain-Medium, Systemic: Tingling (specify: facial area, extremities)-Mild, Additional Details: Tingling in left arm where vaccine administered. Tingling/pain in arm dissipated with OTC pain meds. Chest pain/tightness started on left side and has moved to directly under sternum. No shortness of breath. She experiences acute pain in chest area that comes and goes. Not alleviated by OTC pain meds. Patient was advised to go to Urgent Care to get looked at. She will call back when she gets out urgent care.
1354337	5/27/2021	CA	43	F	5/3/2021	5/6/2021	Chills with fever after 2nd vaccine - 3 days Site of injection site red/swollen/painful-2 weeks Tightness/numbing in left arm-ongoing chest pain when bending forward and shortness of breath on the 4th day-1.5 days light headed-day 4
1354370	5/27/2021	NC	50	F	3/19/2021	3/19/2021	I felt really fatigue and I was very ill for the first 24hrs. I wasn't feeling like myself. I got bronchitis and now its as mastic bronchitis. I had chest pains and wheezing and the first few weeks of April.

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1354399	5/27/2021	OR	28	M	3/21/2021	3/24/2021	<p>~~History obtained from: patient Patient is a 28 y.o. male with hx of post-viral myopericarditis in 2013 but otherwise healthy who presents for recurrence of myopericarditis incidentally not long after receiving 2nd COVID vaccine Got the 2nd COVID vaccine on Sunday. Monday felt fevers and chills and malaise all day. Tuesday morning felt some retrosternal chest discomfort that lasted an hour or so and spontaneously went away. Was able to go to work all day and do fine. Works in a garage and lifts heavy tires. Yesterday took kids to day care, felt a little pain that morning which resolved. Picked them up in the evening and was going to hang out with them but had recurrence of pain and this time was quite severe. Tried to take some tylenol but threw this up. Came to the ED and had to wait 1-2 hours to be seen, but the time he was his pain had nearly resolved. Troponin taken around 10000. Cardiology consulted, think this might be reactivation / recurrence of his prior myopericarditis." H&P 3/24/21 "This is a 28 y.o. male with hx of post-viral myopericarditis in 2013 but otherwise healthy who presents for recurrence of myopericarditis incidentally not long after receiving 2nd COVID vaccine # Myopericarditis Had episode of post-viral myopericarditis back in 2013, at which time he had an elevation of Trop I (non-HS variety) to 7.3 and echo showing basal inferolateral, basal inferior and mid inferolateral wall motion abnormalities but otherwise normal LV function. Has been highly functional. Recently got 2nd COVID vaccine and had fevers/chills after that. Recurrent chest pain 3/24 w/o provocation, aborted on its own but has trop elevated to 10,000. EKG does not show STEMI and patient actually asymptomatic in ED. No infectious symptoms. Unclear but wonder if COVID vaccine could have caused recurrence of prior myopericarditis? Cards called in ED, they would like him admitted, to treat with colchicine and advil, repeat TTE and they will consult in the morning." A/P 3/24/21 from admission</p>
1354407	5/27/2021	OH	58	F	4/14/2021	5/20/2021	Developed chest pain and shortness of breath. Went to the emergency department.
1354410	5/27/2021	MD	14	M	5/13/2021	5/20/2021	Chest pain

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1354423	5/27/2021	CA	35	F	5/27/2021	5/27/2021	Pt reported dizziness, chest pain and painful throat after receiving vaccine.
1354424	5/27/2021	IN	19	F	5/18/2021	5/21/2021	8:30 am - Sudden chest pains, pressure and shortness of breath. Came on suddenly and worsened as time went on. Shortly after 9am placed call to family Dr and was directed to go to ER. Arrived at ER around or shortly after 10am. ER immediately did a EKG then followed by all of the tests listed below. Blood work showed elevated heart enzyme which signaled there was an issue. As day progressed the heart enzyme continued to elevate. 2pm-2:30pm we had a diagnosis and were told she would need to stay overnight for observation while they started her on drugs to get her heart stabilized. She was hooked to a heart monitor throughout the night. Discharged with treatment plan the next day 5/22.

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1354446	5/27/2021	OR	37	M	3/29/2021	3/31/2021	From f/u note 5/18/21: HPI/Subjective: patient is a 37 y.o. male with above past cardiovascular history who presents today for follow-up. He was hospitalized at hospital from 4/1/21 to 4/2/21 after presenting to ED with 12 hours of chest pain, found to have markedly elevated troponin (9,142). Of note, he received 2nd COVID vaccine a day before symptoms began. CT coronary scan showed calcium score of 0. Cardiac MRI on 4/2 showed myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. He was started on colchicine x 6 months. Today, patient reports improvement in chest pain since discharge. He reports rare episode of chest pain with last episode ~3 weeks ago. He denies participating in very rigorous exercise, but did complete 20 mile bike ride recently. Denies palpitations, dyspnea, orthopnea, PND, abdominal distention, LE edema, fatigue, lightheadedness, dizziness, syncope or near syncope. Cardiovascular Problem List: #Myocarditis o 4/1/21. Echocardiogram: EF 60% o 4/1/21. CT coronary: Calcium score 0 o 4/2/21. Cardiac MRI: myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. Assessment/Plan: #Myocarditis: During admission, echocardiogram was normal with EF 60% and CT coronary angiogram showed Agatston score of 0. Cardiac MRI showed myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. Of note, he received the second Moderna COVID-19 vaccine the day prior, so - Monitor, will consider repeat MRI at follow up (more for activity recommendations given age) - Continue colchicine for total of 6 months (until Oct 2021)
1354460	5/27/2021	CA	19	M	5/11/2021	5/14/2021	Chest pain, palpitations. Diagnosed with myocarditis at hospital. (admitted 5/14/21-5/16/21).

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1354679	5/27/2021	CA	34	F	5/24/2021	5/24/2021	Patient called pharmacy to report adverse reaction thursday 5/27/21 after vaccination monday 5/24/2021. Patient reported feeling tingling, like a pin prick and numbness similar to your arm falling asleep in her right arm, the opposite arm that was vaccinated. She noticed the onset about 2 hours after receiving the vaccine. She reported it was reoccurring, but on and off, the next few days. She feels is is a constant feeling today, 5/27/21. The feeling starts about at the elbow and is felt down through the hand. After vaccine, other side effects reported were headache and mild chest pain the first day only. I referred patient to her primary care provider after no other explanation could be determined over phone consultation.
1354480	5/27/2021	CO	56	M	5/27/2021	5/27/2021	Patient received vaccine without incident. About 5 minutes into the observation period, the patient began complaining of tightness in the chest that felt like allergic reactions he had experienced in the past. Patient had a history of severe ASCVD. He appeared calm without any trouble breathing, BP 140/80, pulse 84. Patient did not appear in distress, no clammy skin, no change in outward appearance of any kind. Patient denied chest pain. He stated that is was nothing like what happens when he has ASCVD-related chest pain. He was administered 50mg of oral diphenhydramine. Within 60 seconds of taking the oral diphenhydramine, he stated that he could feel it working and was starting to feel much better. Patient was advised to remain at the pharmacy for further observation but refused (documented). He left with his caregiver.
1354255	5/27/2021	RI	20	M	3/18/2021	3/19/2021	Pt presented with 2 days of chest pain in conjunction with the expected body aches, chills and fatigue after his second Pfizer vaccine. Found to have elevated troponin and diagnosed with myopericarditis. Treated with NSAIDs, colchicine. Had normal cardiac MRI and CTA coronary. Relatively preserved EF on echo (53%) with no focal wall motion abnormalities.

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1354494	5/27/2021	OR	78	M	3/21/2021	3/21/2021	HPI/Subjective: 78 yo with above PMH who presents for new patient evaluation. He was admitted to hospital on 4/3-4/5 for acute episode of dizziness jaw pain found to be hypertensive with elevated troponin. Troponin peaked at 10K. Echo showed no WMAs. Angiogram showed mild distal PLA disease but no other obstructive disease. Cardiac MRI showed a focal area of mid wall LGE consistent with myocarditis. Supportive treatment. Additionally during this admission was found to have small acute L occipital infarcts and tiny infarcts vs artifact in the left thalamus and medulla. Lipid panel and HbA1c unrevealing. ECHO unrevealing. CTA was unrevealing. Patient will D/C with zio patch. Long term blood pressure goal is <130/80. Today, reports feeling OK. No recurrence of the dizziness or jaw pain that brought him into the hospital. No chest pain or pressure or syncope or dyspnea on exertion. No orthopnea, PND or LE edema. Walking 2 miles fast pace without any symptoms. Blood pressures are 130-200s (pre increase in Lisinopril) lower in the morning and worse in the afternoon/evening. Former smoker (quit in '85). Family history - Mom had a AVR in 70s

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1354522	5/27/2021	CT	38	F	5/17/2021	5/20/2021	<p>Patient is a 30-year-old previously healthy Mediterranean woman complaining substernal squeezing chest pain for 2 days in the setting of 2nd Pfizer COVID vaccine 2 days ago. The chest pain is pleuritic but otherwise has no exacerbating or relieving factors. It does not radiate. She has never had this pain before. The patient is worried about myocarditis or blood clot as she has heard the can be reactions from the vaccine. The pain is associated with shortness of breath. She denies vomiting, diarrhea. She has had some fever, chills and myalgias over the past few days. She denies cough. She denies history of VTE, hemoptysis, history of immobilization or trauma, estrogen birth control. She denies family history of early cardiac death or MI. 38y/o woman with no significant past medical history who had her second Pfizer vaccine on Monday and later that day developed low grade fever/ diffuse myalgias/ pleuritic and positional central dull 5/10 chest pain. On Tuesday and Wednesday she remained bedridden with same sx. Thursday morning felt improved except had persistent chest pain for which she presented to the ED for evaluation. She had tachycardia, +troponins, and +DDimer. EKG was negative for acute changes. She was admitted to the cardiology service for suspected myocarditis. She was started on colchicine, standing ibuprofen, and metoprolol. Echocardiogram complete on 5/21 was normal with an EF of 60%. She was evaluated again after her echo. She continued to feel significantly improved on medical therapy and was discharged home on 05/21/21. She will continue medical therapy as listed. She will follow-up with as arranged on 5/25/21.</p>

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1354537	5/27/2021	CT	29	M	5/12/2021	5/13/2021	<p>Synopsis: 29 y.o. male w hx myocarditis of unknown etiology in September of this year presenting w six days of palpitations - a sx he associates w prior myocarditis. No CP or SOB. No dizziness. No weight gain. Had second COVID vaccine 5/12/21 and sxs began within a day or two following. Seen in rapid care and found to have tropinemia. Spoke w cardiology who requested an echo, motrin (confirmed w pharmacy), colchicine, and planned an echo. Reeval to follow - if trop downtrending, may be able to go. He would prefer discharge. 29yo patient with history of depression, OCD, who was admitted 8/2020 with chest pain for 2 weeks found to have episode of myopericarditis with troponin T peak 0.95 and Troponin I of 6.35. CRP was 14. At the time TTE showed LVEF 50%. He was treated with lisinopril and ibuprofen and had improvement of pain. He later followed with a cardiac MRI 9/2020 which showed LVEF 55% and patchy epicardial/midmyocardial enhancement consistent with myocarditis. Trace pleural effusion. Patient was called by his cardiologist today. He reported he has been feeling unwell for past 5 days (similar symptoms to his first moderna shot) after his moderna shot #2. He had fatigue, body aches, chest pain, back pain and feelings of palpitations. He had some mild fevers and chills initially as well. These symptoms also occurred when he had moderna #1 (exact same). He was asked by cardiologist to come to the ED concerning for myocarditis given reports of myocarditis post vaccination. Upon arrival to the ED, patients vitals were stable. He does not have any chest pain at this time. He reports that he had some palpitations starting after his shot. He denies any SOB, nausea, vomiting at this time. His HR was 60s in the ED with sBP 120s/67 on room air. His CRP was normal 2.8 Troponin I POC 1.66 EKG without any significant changes from prior but slightly more accentuates TWI in leads II, AVR. 29 y.o. male w hx myocarditis of unknown etiology in September of this year presenting w six days of palpitations - a sx he associates w prior myocarditis. No CP or SOB. No dizziness. No weight gain. Had second COVID vaccine 5/12/21 and sxs began within a day or two following. Seen in rapid care and found to have tropinemia. Spoke w cardiology who requested an echo, motrin (confirmed w pharmacy), colchicine, and planned an echo. Reeval to follow - if trop downtrending, may be able to go. He would</p>

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							prefer discharge.
1354619	5/27/2021	VA	62	M	5/22/2021	5/22/2021	Heart beating fast and hard. More frequent get up and urinate during the night. More chest pain.
1354622	5/27/2021	NY	48	F	5/26/2021	5/26/2021	Patient reported feeling "flushed, hot, and a little lightheaded" with a slight headache about 10 minutes after receiving her second dose of Moderna Covid Vaccine. Pt given ice packs for face and given water to drink. Pt reported symptom improvement and resolution within a few minutes of writer evaluation. Pt denied any facial swelling, tongue swelling, throat swelling, difficulty speaking, shortness of breath, chest pain, nausea, vomiting, diarrhea, abdominal pain, fevers, chills, palpitations, dizziness, sore throat, or weakness. . Pt's vital signs were stable: BP of 122/82 mmHg, 79 bpm pulse, SPO2 97% on room air, respirations 16 breaths per minute. Pt alert and oriented x 3 and able to speak in full complete sentences. Physical exam only revealed some minor facial flushing, no wheezing on auscultation, or audible stridor - airway patent. Pt was observed by writer and staff for a total of 45 minutes from the time of receiving her second dose of Moderna. No other adverse events observed by staff or reported by the patient during that time. No medications were administered. Pt disposition was home after completion of 45 minute observation period, patient went home with family member. Additional information: Pt stated that after she got her first dose of Moderna Covid Vaccine one month prior, she experienced: "nausea, vomiting, diarrhea, fever, body pain, and rash for 7 days", she stated she went to "walk-in clinics 3 times for the body pain". She also stated the symptoms completely resolved "after 7 days". Pt denied needing to be hospitalized after her first dose of Moderna one month ago, or receiving any injections of epinephrine.

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1353629	5/27/2021			F		3/18/2021	<p>Tachycardia; Numbness; Tingling in her mouth; Feeling of congestion in the back of her throat/throat congestion; She was able to talk in complete senses but was not able to swallow; She has been on pantoprazole but that was not working for her, so she switched to Pepcid; This is a spontaneous report from a contactable physician, based on information received by Pfizer. This case was received on 24-Mar-2021 (reference number: 5796050). This spontaneous case was reported by a physician and describes the occurrence of DRUG INEFFECTIVE (She has been on pantoprazole but that was not working for her, so she switched to Pepcid), TACHYCARDIA, HYPOAESTHESIA (Numbness), PARAESTHESIA ORAL (Tingling in her mouth) and RESPIRATORY TRACT CONGESTION (Feeling of congestion in the back of her throat/throat congestion) in a 34-year-old female patient who received Pantoprazole unk (batch no. Unknown) for an unknown indication. The occurrence of additional non-serious events is detailed below. Co-suspect product included COVID-19 VACCINE unk (batch no. Unknown) for COVID-19 immunisation. Previously administered products included for Depression: Meloxicam. Concurrent medical conditions included Gastritis. On 18-Mar-2021, the patient started COVID-19 VACCINE (unknown route), at an unspecified dose and frequency. On an unknown date, the patient started Pantoprazole (unknown route), at an unspecified dose and frequency. On an unknown date, the patient experienced DRUG INEFFECTIVE (She has been on pantoprazole but that was not working for her, so she switched to Pepcid), TACHYCARDIA, HYPOAESTHESIA (Numbness), PARAESTHESIA ORAL (Tingling in her mouth), RESPIRATORY TRACT CONGESTION (Feeling of congestion in the back of her throat/throat congestion) and DYSPHAGIA (She was able to talk in complete senses but was not able to swallow). At the time of the report, DRUG INEFFECTIVE (She has been on pantoprazole but that was not working for her, so she switched to Pepcid) and DYSPHAGIA (She was able to talk in complete senses but was not able to swallow) outcome was not reported and TACHYCARDIA, HYPOAESTHESIA (Numbness), PARAESTHESIA ORAL (Tingling in her mouth) and RESPIRATORY TRACT CONGESTION (Feeling of congestion in the back of her throat/throat congestion) was unchanged. DIAGNOSTIC</p>

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RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Heart rate: heart rate was 130 so had tachycardia, the oxygen level was normal, no shortness of breath or chest pain. Pantoprazole (Unknown) was withdrawn on an unknown date. The action taken with COVID-19 VACCINE (Unknown) was not reported. For Pantoprazole (Unknown), the reporter did not provide any causality assessments. For COVID-19 VACCINE (Unknown), the reporter did not provide any causality assessments. Patient did notify the staff who provide with the vaccination. Patient was provided with Benadryl 50 mg, the symptoms improved, went home but when patient returned home developed numbness and tingling in the back of throat, throat congestion and reported to the urgent care where again they gave Benadryl, Claritin and they told patient to follow and prednisone 50 mg for five days, patient returned home again tachycardia continued, numbness and tingling, feeling of throat congestion continued. Patient called the urgent care, they recommended starting Albuterol nebulizer and following up with primary care. Patient was taking pantoprazole but when was put on prednisone gastritis got worst; had to put pantoprazole to Pepcid. Reporter Comment: The reporter's causality assessment was not reported for the events with pantoprazole and COVID-19 vaccine therapy. Company Comment: This is non-serious case report. Pfizer is a Marketing Authorization Holder in the country of incidence or the country where the product was purchased (if different). This may be a duplicate report if another marketing authorization holder has submitted the same report to the regulatory authorities.; Reporter's Comments: The reporter's causality assessment was not reported for the events with pantoprazole and COVID-19 vaccine therapy.; Sender's Comments: Based on the current available information, a possible contributory role of the suspect product Pantoprazole to the development of event Lack of drug effect cannot be excluded. Lack of drug effect is considered unrelated to the suspected drug of BNT162B2. A possible contributory role of both suspect products to the development of the other events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse

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events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1354651	5/27/2021	OR	63	F	4/2/2021	5/13/2021	<p>H&P: Patient is a 63 y.o. female who presents for chest pain found to have NSTEMI. No prior cardiac history who presents with acute onset left sided arm, and jaw pain. Associated with diaphoresis. Looked up "heart attack signs in women" and came to the ER after reading this. In the days/weeks leading up denies any chest pain or pressure, LH, dizziness or syncope. No exertional dyspnea, orthopnea, PND or LE edema. BP at home are usually 130-150s. BP in the hospital is always higher because of white coat hypertension. ER course BP 170-190s systolic, HR in the 90s, AF. EKG Q waves in the inferior lead with no significant ischemia or ST elevations. Labs notable for a troponin ~ 2000. CXR within normal limits. Given aspirin, statin, nitro and heparin. Currently feels pain free. No other acute issues or complaints/ Smoked 3 mos after a divorce, otherwise no smoking history. No significant family history of CAD. " D/C summary: "Principal Diagnosis: o Myocarditis Secondary Diagnoses: o Type II MI o Hypertension o Hypercholesterolemia o Prediabetes mellitus o Obesity Procedures/Diagnostics: 5/13/2021. Coronary angiogram. o Normal left ventricular function o Normal coronary anatomy o Right radial loop Note: A right radial loop was encountered requiring a femoral access. 5/13/2021. Echocardiogram. ? Left ventricle size is normal. Mildly increased wall thickness. Normal wall motion. Normal systolic function. LV EF is 75 % , ? Nrrmal valve function. 5/13/2021. Cardiac MRI. Evidence of myocarditis, with subepicardial late enhancement at the mid chamber and apical lateral wall with associated regional edema and mild native T1 signal elevation. Normal right and left ventricular size. Hyperdynamic LV. No significant valvular abnormality. Hospital Course: In brief, this is a 63 y.o. year old female admitted on 5/13/2021 with chest pain, troponin elevation and found to have normal coronary arteries. Preserved LV systolic function by echocardiogram. She underwent an cMRI demonstrating myocarditis. She was started on colchicine and remained pain free for the rest of the admission. Myocarditis: Presented with acute onset chest pain and troponin of ~2000. Diagnosed via MRI after normal coronary angiogram. Normal biventricular function. Etiology is likely idiopathic as she had no other obvious inciting events. Pain free prior to discharge. o Colchicine 0.6 mg twice daily. o Follow-up with Dr. on</p>

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							6/8 arrival time 12:40 PM Hyertension: well controlled today. Management per PCP o Metoprolol succinate 25 mg daily o Hyzaar 100-12.5 mg daily o Amlodipine 10 mg daily Hyperlipidemia: tolerating atorvastatin 20 mg daily. ~~
1354670	5/27/2021	CA	19	M	5/22/2021	5/26/2021	Patinet presented to the Emergency Department with burning chest pain radiating from the center of his chest 1 day post receiving his second dose of the Pfizer vaccine. Elevated Troponin (16498) and Creatinine Kinase (1187). Patient being treated for vaccine induced cardiomyopathy.
1354673	5/27/2021		20	F	5/26/2021	5/26/2021	Client received the COVID vaccine (Moderna dose 1, lot # 024C21A, expiration date 6/26) at 2010. Client reported feeling "lightheaded" at 2016. EMTs and RN responded at that time. The client appeared pale and diaphoretic, and complained of the "room spinning". The client denied any shortness of breath, chest pain, difficulty breathing, changes in vision, or nausea. The client was alert and oriented x4 at this time. The client's vital signs were as follows: heart rate 56, O2 99%. The client was transferred to the zero gravity chair by staff with no difficulty. At 2020, the client's vital signs were as follows: BP 150/88, pulse 66, respiratory rate 12, O2 99%. The client had been given snacks, water, and juice by POD staff previous to her vaccination, but had last eaten a meal at 1445. The client stated she does have a fear of needles. The client stated she doesn't have any medical conditions and doesn't take any medications. The client has allergies to bees, cats, and penicillin. At 2030, the client stated her lightheadedness and "room spinning" had resolved. The client no longer appeared diaphoretic and her skin color had returned to normal. The client's vital signs were as follows: blood pressure 138/96, respiratory rate 12, O@ 99, heart rate 74. At 2040, the client's vital signs were as follows: blood pressure 138/86, heart rate 56, O2 99%. Education provided regarding AMR activation and emergency management, primary care follow up, symptom management, and v-safe. At 2048, the client's vital signs were as follows: blood pressure 130/84, heart rate 62, O2 99%, respiratory rate 14. The client left at that time, ambulating with a steady gait, with her partner who stated he would be driving her home.

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1354476	5/27/2021	OR	63	M	4/23/2021	5/3/2021	Please refer to the H&P for full details. This is a 63 y.o. male with PMHx of HTN and HLD who presented to the ED with chest pain NSTEMI Type 2 Myocarditis Patient was seen by her PCP on 5/12 with c/o chest pain found to have elevated troponin 0.06 (0.03 upper limits of normal) otherwise EXG and CXR nl and was recommended to come to the ED. Patient reports the chest pain started ~1.5 weeks ago, initially resolved, however began to have discomfort again 4d PTA. She describes the sensation as a dull ache with radiation to the neck and her right shoulder. No history of heart disease. Risk factors for this pt include HTN, HLD and tobacco use. On admission HS-Tn elevated at 230 and EKG shows NSR, no ST/Twave changes. ECHO shows EF 60%. Received ASA and nitro in the ED. -monitor on telemetry -cardiology consulted, angio on 5/14 showed normal coronaries, cardiac MRI with evidence for myocarditis per discussion with cardiology - final read is pending at dc - colchicine started Moderate aortic stenosis Noted on ECHO, no significant change in the aortic valve pathology or aortic root dimension compared to prior in 2017 HTN Normotensive in the ED -continue amlodipine and lisinopril HLD Last lipid panel on 12/1/2020 with LDL 109 -continue statin - increased to high dose 80 mg Tobacco abuse Current everyday smoker of at least 1 ppd -cessation discussed Tremor: Continue home med Aortic root dilation - 4.0 cm. Monitor.

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1353566 5/27/2021

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experienced the event of atrial; This is a solicited report from a specialty pharmacy based on information received by Pfizer. A contactable other HCP reported that a 63-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) dose 2 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as single dose for COVID-19 immunisation; treprostinil sodium (IH TYVASO, delivered by Tyvaso Inhalation Device (TD-300/A)) oral from 06Mar2015 (Lot Number: 2101911; Expiration Date: 31Oct2021) and ongoing at 60-120 ug (10-20 breaths) 4x/day for pulmonary arterial hypertension. Medical history included ongoing secondary pulmonary arterial hypertension. Concomitant medication included warfarin. The patient got second coronavirus disease (COVID) shot and then went into atrial fibrillation about seven day later, so they were unsure if that had anything to do with vaccine or not. But, she would be going to get an ablation done on 17May2021. She had no issues with her breathing, no chest pain or other side effects. She had a history of atrial fibrillation a while ago. The action taken in response to the event for treprostinil sodium was unknown. The outcome of event was unknown. The reporter did not provide causality for the event of atrial fibrillation. Senders Comment: The company has assessed the serious adverse event of atrial fibrillation as not related to IH treprostinil and TD-300/A device. The event was likely due to complications of secondary pulmonary arterial hypertension. Underlying medical condition which led to secondary pulmonary arterial hypertension also likely contributed. The reporter's assessment of the causal relationship of the events with the suspect product was not provided at the time of this report. Since no determination has been received, the case is managed based on the company causality assessment. No follow-up attempts are needed. No further information expected.; Sender's Comments: The association between the event atrial fibrillation with BNT162b2 can not be completely excluded based on the temporal relationship. The pre-existing pulmonary arterial hypertension may have been contributory as well. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of

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							aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
1352755	5/27/2021		23	M	5/25/2021	5/26/2021	Aching intermittent Left-sided CP x 2-3 hours, started while sitting today, radiates to Lt shoulder, deep breath makes worse; J&J COVAX yesterday.23 yo m presents with chest pain that radiates to lt shoulder, chills last night. J&J COVAX yesterday
1352778	5/27/2021	IL	41	F	5/23/2021	5/25/2021	Left arm pain, a light throbbing chest pain near arm pit throughout the 2nd and 3rd day after shot.
1352791	5/27/2021	IA	19	M	4/7/2021	4/7/2021	Extreme Chest pain in heart region, 103 degree fever, extreme chills, nausea, and high heart beat
1352798	5/27/2021	IL	30	F		5/25/2021	Fever, chills, chest pain, upper abdominal pain, aches, dizziness, weakness, joint pain, fatigue
1352981	5/27/2021	WA		M		5/19/2021	SLIGHT LEFT SIDE CHEST PAIN BELOW NIPPLE; SORE ARM; This spontaneous report received from a patient concerned a male of unspecified age. The patient's height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: 205A21A, and expiry: UNKNOWN) dose was not reported, administered on 19-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 19-MAY-2021, the subject experienced slight left side chest pain below nipple. On 19-MAY-2021, the subject experienced sore arm. The action taken with covid-19 vaccine was not applicable. The patient had not recovered from slight left side chest pain below nipple, and sore arm. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure as the case is assessed as non serious.

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1353044	5/27/2021	TN	24	F	5/23/2021		<p>BRUISED EASILY; PAIN NEAR DIAPHRAGM; DIFFICULTY BREATHING AND SHORTNESS OF BREATH; CHEST PAIN; HEADACHE; INJECTION SITE PAIN; SENSITIVE SKIN; CHILLS; FEVERISH; TIRED; This spontaneous report received from a patient concerned a 24 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: 1805031 expiry: 26-MAY-2021) dose was not reported, administered on 23-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 23-MAY-2021, the subject experienced sensitive skin. On 23-MAY-2021, the subject experienced chills. On 23-MAY-2021, the subject experienced feverish. On 23-MAY-2021, the subject experienced tired. On 23-MAY-2021, the subject experienced injection site pain. Laboratory data included: Body temperature (NR: not provided) 98.7. On 24-MAY-2021, the subject experienced pain near diaphragm. On 24-MAY-2021, the subject experienced difficulty breathing and shortness of breath. On 24-MAY-2021, the subject experienced chest pain. On 24-MAY-2021, the subject experienced headache. On an unspecified date, the subject experienced bruised easily. The action taken with covid-19 vaccine was not applicable. The patient recovered from sensitive skin, chills, and feverish on 24-MAY-2021, was recovering from chest pain, pain near diaphragm, and headache, had not recovered from difficulty breathing and shortness of breath, and injection site pain, and the outcome of tired and bruised easily was not reported. This report was non-serious.</p>

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1353176	5/27/2021	CO	65	F	2/3/2021	2/4/2021	Severe body aches; Headache; Nausea; Diarrhea; Tiredness; Feeling of unwell; Lung and chest pain; Lung and chest pain; This is a spontaneous report from a contactable consumer (patient). A 65-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in left arm on 03Feb2021 18:30 (at the age of 65-year-old) as single dose for covid-19 immunisation. Medical history included arthritis, inflammation, covid prior vaccination on 10Mar2020. The patient was no known allergies. There were no concomitant medications. On 04Feb2021 at 09:00, patient experienced severe body aches, headache, nausea, diarrhea, tiredness, feeling of unwell, lung and chest pain. There was no treatment. The patient was not pregnant. There was no covid tested post vaccination. The outcome of the events was recovering. Information on the lot/batch number has been requested.

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1353480	5/27/2021	AL	22	M	5/6/2021	5/9/2021	Myocarditis; Chest pain; Elevated troponins; This is a spontaneous report from a contactable pharmacist. A 22-year-old male patient received the 2nd dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via intramuscular in the left arm on 06May2021 11: 00 am at 22-year-old as single dose for COVID-19 immunization. Medical history and concomitant medications were unknown. The patient had no known allergies. The patient previously received the 1st dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunization. The patient experienced chest pain, myocarditis, elevated troponins on 09May2021 at 03:30 AM. The events resulted in: Emergency room/department or urgent care, Hospitalization. Days of hospitalization was 3 days. The patient had no covid prior vaccination. The patient had had covid test post vaccination, on 10May2021 with negative result. Outcome of the events was recovering. This report is serious with seriousness criteria-caused/prolonged hospitalization. Information on the lot/batch number has been requested.; Sender's Comments: Based on the available information and known product profile, the causal relationship between the reported events and the use of BNT162B2 cannot be excluded. The case will be assessed further upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees, and Investigators, as appropriate.

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1353498	5/27/2021	FL	30	F	5/10/2021	5/10/2021	<p>~~It felt like I was having a heart attack"; severe stomach/diaphragm pain; evere stomach/diaphragm pain; spasms; Felt like gas and came on right after she ate bread and butter. She felt like it was in her back and chest "100 times worse than what I'm used to."; she is "unwell in general" and it is around her chest/upper stomach; She thought it was chest pain or gas; fever; Chills; Headache; body ache; soreness at injection site; This is a spontaneous report from a contactable consumer (patient). A 30-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on 10May2021 at the age of 30-years-old (Lot Number: EW0173) as single dose for COVID-19 immunisation. Patient received the first dose on 19Apr2021 at the age of 30-years-old, Lot: EW0161, administered in left arm. Concomitant medications included ongoing vitamins NOS (DAILY MULTIVITAMIN); ongoing drospirenone, ethinylestradiol (LORYNA). The patient received the second dose of the Pfizer Covid 19 vaccine 10May2021. She had a fever 102.6 or 102.8 degrees Fahrenheit. It went up to 103 degrees and was now down to 101 degrees. She had chills, headache, body ache and soreness at the injection site. These symptoms started around 9:00 or 9:30pm last night. Fever, chills, headache, body ache and soreness at the injection site were with onset date 10May2021. She was hit with the whole nine yards of symptoms. She ate bread and toast earlier 11May2021 and has been having severe stomach/diaphragm pain, spasms and contractions. She thought it was chest pain or gas. She was unsure if she should be worried or if this is a side effect. This pain started around noon 11May2021. An AE was being filed however she ate bread/toast early this morning and she began having stomach/diaphragm area pain, like spasms and contractions. Patient stated symptoms have resolved for the moment and the last "attack" she had was while she was calling Pfizer. She said it came and went. Felt like gas and came on right after she ate bread and butter. She felt like it was in her back and chest "100 times worse than what I'm used to." She said she was "unwell in general" and it was around her chest/upper stomach. "It felt like I was having a heart attack". "Is this a side effect of the vaccine? Should I seek medical attention if it gets worse?" The outcome of</p>

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1353504	5/27/2021	CA	41	M	12/22/2020	12/26/2020	<p>events (severe stomach/diaphragm pain, spasms, contractions, fever, chills, headache, body ache and soreness at the injection site) was not recovered, outcome of other events was unknown.</p> <p>Labile BP; Rapid heart rate; Migraines; Body aches; Chest pain and tightness; Chest pain and tightness; Inflammation; This is a spontaneous report from a contactable other hcp (parent). A 41-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EH9899), dose 1 intramuscular, administered in right arm on 22Dec2020 15:00 as 1st dose, single for covid-19 immunisation. Medical history included covid-19. The patient's concomitant medications were not reported. There is no other vaccine in four weeks. Prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19, covid test type post vaccination was Nasal Swab on 29Dec2020, covid test result was negative. Starting 5 days post vaccine (26Dec2020 18:00), ongoing symptoms of labile BP; rapid heart rate; migraines; body aches; chest pain and tightness; inflammation. Now going on 6 months of ongoing issues that have resulted in 4 ED visits, multiple tests and numerous doctor's office visits. There is some treatment (Medication) for AE. The adverse event result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. The outcome of the events was resolving.; Sender's Comments: Based on known safety profile it is unlikely that the reported events were causally related to bnt162b2. These are probably intercurrent medical conditions. Case will be reassessed if additional information is received. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees and Investigators, as appropriate.</p>

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1354275	5/27/2021	MI	50	F	4/1/2021	5/26/2021	Presented to emergency department on 4/17/2021 with complaint of chest pain. During work up she was found to be COVID-19 positive. Currently receiving supportive care for management of headache, nausea, and vomiting possibly due to infection. Not requiring supplemental oxygen or antiviral treatment at this time. Patient is currently admitted at time of writing.
1353563	5/27/2021	FL		U	5/6/2021	5/6/2021	my heart rate went to 168 BPM; chest pains; numbness is face and arms; numbness is face and arms; shortness of breath; elevated blood pressure; Numbness and tingling in my arms and legs; Numbness and tingling in my arms and legs; At night my limbs keep falling asleep and waking me up. I am very concerned by these symptoms!; This is a spontaneous report from a contactable consumer (patient) reported that a patient of unspecified age and gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on 06May2021 (Batch/Lot number was not reported) as 1ST DOSE, SINGLE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient reported " I received my first Pfizer shot on 06May2021. Immediately after the shot I began feeling symptoms, my heart rate went to 168 beats per minute (BPM), I had chest pains, numbness is face and arms, shortness of breath, elevated blood pressure. I was taken via Fire Rescue to the hospital where I was later admitted. Now that I am out of the hospital I am experiences a new set of symptoms. Numbness and tingling in my arms and legs. At night my limbs keep falling asleep and waking me up. I am very concerned by these symptoms!". The outcome of events was unknown.
1354256	5/27/2021	NJ	66	F	2/5/2021	3/28/2021	I never had High BP before but on March 28, 2021 I was experiencing chest pain, thinking I was having a heart attack. While in the ER, my BP was 220 / 90. Since then my BP is all over the place. Currently I am not on BP meds. I overheard someone talking in my cardiologist's office that their BP is high since the Covid Vaccine. Got me to think, could it have caused my numbers to be elevated. I was always 110 / 70 - 120 / 80.

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1353629	5/27/2021			F		3/18/2021	<p>Tachycardia; Numbness; Tingling in her mouth; Feeling of congestion in the back of her throat/throat congestion; She was able to talk in complete senses but was not able to swallow; She has been on pantoprazole but that was not working for her, so she switched to Pepcid; This is a spontaneous report from a contactable physician, based on information received by Pfizer. This case was received on 24-Mar-2021 (reference number: 5796050). This spontaneous case was reported by a physician and describes the occurrence of DRUG INEFFECTIVE (She has been on pantoprazole but that was not working for her, so she switched to Pepcid), TACHYCARDIA, HYPOAESTHESIA (Numbness), PARAESTHESIA ORAL (Tingling in her mouth) and RESPIRATORY TRACT CONGESTION (Feeling of congestion in the back of her throat/throat congestion) in a 34-year-old female patient who received Pantoprazole unk (batch no. Unknown) for an unknown indication. The occurrence of additional non-serious events is detailed below. Co-suspect product included COVID-19 VACCINE unk (batch no. Unknown) for COVID-19 immunisation. Previously administered products included for Depression: Meloxicam. Concurrent medical conditions included Gastritis. On 18-Mar-2021, the patient started COVID-19 VACCINE (unknown route), at an unspecified dose and frequency. On an unknown date, the patient started Pantoprazole (unknown route), at an unspecified dose and frequency. On an unknown date, the patient experienced DRUG INEFFECTIVE (She has been on pantoprazole but that was not working for her, so she switched to Pepcid), TACHYCARDIA, HYPOAESTHESIA (Numbness), PARAESTHESIA ORAL (Tingling in her mouth), RESPIRATORY TRACT CONGESTION (Feeling of congestion in the back of her throat/throat congestion) and DYSPHAGIA (She was able to talk in complete senses but was not able to swallow). At the time of the report, DRUG INEFFECTIVE (She has been on pantoprazole but that was not working for her, so she switched to Pepcid) and DYSPHAGIA (She was able to talk in complete senses but was not able to swallow) outcome was not reported and TACHYCARDIA, HYPOAESTHESIA (Numbness), PARAESTHESIA ORAL (Tingling in her mouth) and RESPIRATORY TRACT CONGESTION (Feeling of congestion in the back of her throat/throat congestion) was unchanged. DIAGNOSTIC</p>

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RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Heart rate: heart rate was 130 so had tachycardia, the oxygen level was normal, no shortness of breath or chest pain. Pantoprazole (Unknown) was withdrawn on an unknown date. The action taken with COVID-19 VACCINE (Unknown) was not reported. For Pantoprazole (Unknown), the reporter did not provide any causality assessments. For COVID-19 VACCINE (Unknown), the reporter did not provide any causality assessments. Patient did notify the staff who provide with the vaccination. Patient was provided with Benadryl 50 mg, the symptoms improved, went home but when patient returned home developed numbness and tingling in the back of throat, throat congestion and reported to the urgent care where again they gave Benadryl, Claritin and they told patient to follow and prednisone 50 mg for five days, patient returned home again tachycardia continued, numbness and tingling, feeling of throat congestion continued. Patient called the urgent care, they recommended starting Albuterol nebulizer and following up with primary care. Patient was taking pantoprazole but when was put on prednisone gastritis got worst; had to put pantoprazole to Pepcid. Reporter Comment: The reporter's causality assessment was not reported for the events with pantoprazole and COVID-19 vaccine therapy. Company Comment: This is non-serious case report. Pfizer is a Marketing Authorization Holder in the country of incidence or the country where the product was purchased (if different). This may be a duplicate report if another marketing authorization holder has submitted the same report to the regulatory authorities.; Reporter's Comments: The reporter's causality assessment was not reported for the events with pantoprazole and COVID-19 vaccine therapy.; Sender's Comments: Based on the current available information, a possible contributory role of the suspect product Pantoprazole to the development of event Lack of drug effect cannot be excluded. Lack of drug effect is considered unrelated to the suspected drug of BNT162B2. A possible contributory role of both suspect products to the development of the other events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse

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events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1353760	5/27/2021	MD		M			<p>COVID-19 PNEUMONIA; WEIGHT LOSS OF 30 POUNDS; DIZZINESS; LEG SWELLING; BLURRED VISION; This spontaneous report received from a patient concerned a 65 year old male. The patient's weight was 148 pounds, and height was 65 inches. The patient's concurrent conditions included arthritis, recurring polychondritis (was on a lot of prescription medications, but did not disclose any particular medications), alcohol user (did not have any alcohol in 6 months, not even beer), and ex-cigarette smoker (was quitting and did not have a cigarette since 25-MAR-2021), and other pre-existing medical conditions included the patient had no drug abuse or illicit drug use. The patient experienced drug allergy when treated with infliximab, recombinant for drug used for unknown indication. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1803609, expiry: UNKNOWN) 0.5 ml, 1 total administered on 25-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. It was reported that a receiving the vaccine on 25-MAR-2021, the patient was subsequently hospitalized for 19 days. He had a fever and started to feel bad the night of the injection. On the morning of 26-MAR-2021 06:30, his chest was hurting bad, had shortness of breath, and a fever of 102.7. His wife called an ambulance because they thought he was having a heart attack and he went to a local hospital where they ruled out a heart attack and gave something to bring the fever down. He checked himself out and came home. It was reported that four hours later, the fever came back, and he felt like he could not get any oxygen into lungs. He went to a hospital in a state, but was transferred to another hospital (in another town) due to insurance. He was in the hospital for 7 days, and was transferred to a different hospital that had better lung doctors for 10 days. He was in 4 hospitals in total. The patient checked himself out of the last hospital even though they wanted to keep him there. While hospitalized, the patient was tested negative for COVID twice. However, the third time he was tested, he was positive on Sunday night, 04-APR-2021. They tested him for the third time, because they were planning do to a procedure on his lungs, but they cancelled procedure after positive result. They had been treating him for pneumonia up until then, and that he was in the hospital</p>

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for 8 days before getting the positive result, though he had all the symptoms. He received full treatment for COVID, and got two intravenous a day for 8 days and received the plasma. The patient also lost 30 pounds while in the hospital. He was originally 153 pounds and went down to 124 pounds. The patient gained most of his weight back now. He had been at home for over a month. It was reported that the patient still required oxygen, but was not on it constantly. Though, if he tried to do anything, he was out of breath, and was not sure how his lungs were going to do in long-term and could not do too much without running out of breath. The patient had all of the symptoms listed on the fact sheet, including: difficulty breathing, fast heart beat (it still remained more than 100 beats per minute, and was typically around 115 beats per minute), dizziness/weakness, shortness of air (still happened), chest pain, leg swelling, pain in abdomen, headache, blurred vision, and bruised spots (still happened). He did not have a bad rash. He had a lot of different doctors helping him. After he was discharged, he had different doctors calling him every day for 2-3 weeks until he told them to stop. He had not seen any doctors in person since discharge. The patient had booked an appointment to see a doctor on 02-JUN-2021. Laboratory data included: COVID-19 virus test (NR: not provided) NEGATIVE, NEGATIVE, Heart rate (NR: not provided) around 115 beats per minute, more than 100 beats per minutes, and Weight (NR: not provided) 124 pounds, 153 pounds. On 25-MAR-2021, the subject experienced pneumonia, and was hospitalized. On 26-MAR-2021, Laboratory data included: Body temperature (NR: not provided) 102.7. On 04-APR-2021, the subject experienced confirmed covid-19 infection. Laboratory data included: COVID-19 virus test (NR: not provided) positive. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from weight loss of 30 pounds, and the outcome of dizziness, leg swelling, blurred vision and covid-19 pneumonia was not reported. This report was serious (Hospitalization Caused/Prolonged).; Sender's Comments: V0; 20210545010- COVID-19 VACCINE Ad26.COV2. S – Covid-19 pneumonia. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There

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1353770	5/27/2021	IN	25	F	4/12/2021	4/12/2021	<p>is no information on any other factors potentially associated with the event(s).</p> <p>Chest pain an hour later; Little bit of soreness immediately; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (Chest pain an hour later) in a 25-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 020B21A and 023C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Asthma, Narcolepsy and Endometriosis. Concomitant products included AMITRIPTYLINE, BUSPIRONE, GABAPENTIN (NEURONTIN) and MONTELUKAST SODIUM (SINGULAIR) for an unknown indication. On 12-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 10-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 12-Apr-2021, the patient experienced CHEST PAIN (Chest pain an hour later) (seriousness criterion medically significant) and PAIN (Little bit of soreness immediately). On 13-Apr-2021, CHEST PAIN (Chest pain an hour later) and PAIN (Little bit of soreness immediately) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) and mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant medication also include birth control pills. Treatment medication included paracetamol. Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded. This case was linked to MOD-2021-128681 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.</p>

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1354101	5/27/2021	NY	17	M	5/19/2021	5/24/2021	Patient hospitalized for overdose. Patient found to have potential myocarditis. Patient overdosed on antihistamines loratadine and doxylamine. Found to have rhabdomyolysis. CK levels have been trending downward. Patient found to have elevated troponin and ECHO showed decreased EF raising concern for myocarditis. Also with EKG changes. Patient is asymptomatic without chest pain or palpitations. Cannot differentiate cause of myocarditis, can be due to over dose and related to rhabdomyolysis or other causes.
1354142	5/27/2021	MN	27	M	5/5/2021	5/9/2021	Myocarditis requiring transfer to higher level of care and hospitalization x 24 hours, continued mild chest pain.
1354158	5/27/2021	NY	21	M	5/1/2021	5/18/2021	For the next few days after I received the second dose of the vaccine, I experienced muscle and body aches, fatigue, and a low grade fever. About 3 days after getting the vaccine I woke up at about 2 AM on the 18th with severe chest pain, the other side effects had subsided at this point. I ended up going to the ER after about a half hour of the pain not going away. They ran a Troponin blood test and found my levels to be high. They also tested me for Covid which came back positive. They ended up doing an ultrasound of my heart, using a catheter to take a look at my arteries, a chest xray, a CT scan, and an EKG. The final diagnosis was myocarditis of the heart. I had to stay in the hospital for a few days while my heart stabilized. I was given orders to only participate in light exercise and to take it easy for now. I have a follow up visit with the cardiologist in about a week from now. It was also found out through testing that I may have Wolf Parkinson's white syndrome.
1354172	5/27/2021	GA	67	M	3/29/2021	5/5/2021	PATIENT REPORTED DIFFICULTY BREATHING UPON EXERTION AND CHEST PAIN STARTING AROUND 05/08/2021. PATIENT WENT TO MD ON 05/12/2021 WHERE MD FOUND EKG ABNORMAL. PATIENT PASSED AWAY THAT EVENING
1354208	5/27/2021	MA	26	M	5/21/2021	5/23/2021	1 day after vaccination developed new HA and nausea 2 days after vaccination developed new SOB, pleuritic chest pain

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1354246	5/27/2021	CA	49	M	5/26/2021	5/26/2021	Site: Pain at Injection Site-Medium, Systemic: Chest Tightness / Heaviness / Pain-Medium, Systemic: Hypertension-Medium, Additional Details: pt reported L arm pain and also some numbness in lower back right as well as some chest pain after shot. was not dizzy or nauseous. BP elevated at 191/116, then decreased to 180/109 but still elevated. initially offered to call 91 or an ambulance but pt refused. chest pain resolved within minutes as well as the arm and back pain. pt was feeling very anxious before the vaccine which may have precipitated the high bp and chest pain. pt felt fine, referred pt to urgent care for hypertensive urgency.
1354654	5/27/2021	MD	14	M	5/17/2021	5/21/2021	Patient presented to ER with severe unrelenting chest pain beginning abruptly 4 days after receiving first dose of Pfizer COVID19 vaccine. He was diagnosed at the ER with pericarditis and discharged with ibuprofen. Chest pain has gradually improved over past 6 days though is still intermittently present.

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1353528	5/27/2021	TN	34	F	5/11/2021	5/11/2021	Tingling in esophagus and chest.; warm/burning sensation in esophagus; warm/burning sensation in chest.; This is a spontaneous report from a contactable Other Health Professional (patient). This is the 1st of 2 reports for the second dose. A 34-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration and administered in right arm at age of 34-years, on 11May2021 14:00 (Lot Number: EW0173) as 2ND DOSE, SINGLE for covid-19 immunisation. Medical history included systemic lupus. And the patient diagnosed with COVID-19 prior to vaccination. She had not tested for COVID-19 since the vaccination. The patient was not pregnant. There were concomitant medications but unspecified (the patient received other medications within 2 weeks of vaccination). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Historical Vaccine included the first dose of BNT162B2 that was administered in right arm at age of 34-years, on 22Apr2021 10:15 (Lot Number: ER8730) for covid-19 immunisation. The patient experienced tingling and warm/burning sensation in esophagus and chest on 11May2021. Treatment received included Benadryl for above events. Events outcome was unknown. No follow-up attempts needed. No further information expected.; Sender's Comments: Based on the available information the events Paraesthesia, Oesophageal pain and Chest pain are most likely related to an intercurrent or underlying condition which is not related to the subject drug. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate –data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1355810	5/27/2021	WA	31	F	4/10/2021	4/16/2021	superficial venous thrombophlebitis in the right leg pain, tingling right leg then neck discomfort/left sided chest pain treatment -NSAIDS, elevation, compression stockings, movement

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1355358	5/27/2021	DE	16	M	5/26/2021	5/26/2021	pt experiencing chest pain after receiving second dose of COVID 19 vaccine on 5/26/21. Pharmacist and staff suggested contacting 911 to have an ambulance come, but patient's mother wanted to take him to Hospital for children which is nearby. Pt had chest pain 1-2 days after first dose and had EKG done 5/24/21. MD cleared patient to have vaccine.
1355378	5/27/2021	CA	24	F	5/26/2021	5/27/2021	Fatigue, muscle aches, chest pain, shortness of breath, headache.
1354684	5/27/2021	NY	20	M	5/7/2021	5/9/2021	20 yr. old male, received his 2nd dose of Pfizer Covid vaccine on Friday, 5/7/21. He experienced the normal chills Friday night, followed by fatigue and chills on Saturday, 5/8/21. At 1:30am Sunday night, he experienced chest pain with no relief. Patient was seen at an urgent care and emergency room. EKG was abnormal and showed a right bundle branch block, CRP levels elevated 10.37 - normal range 0-10. He was evaluated by cardiologist and is continuing to be monitored.
1355557	5/27/2021	CA	20	M	5/2/2021	5/2/2021	Patient developed pleuritic chest pain. Presented to ER and had CT angiogram to eval for pulmonary embolism. Unfortunately, study was suboptimal but showed possible subsegmental PE vs mixing defect and consolidation in lingula consistent with pneumonia vs pulmonary infarct from PE. Scan initially read as more likely pneumonia but patient without consistent symptoms and re-read as concerning for pulmonary embolism. Patient otherwise healthy without other risk factors for PE. Repeat CTA 2 weeks later with better quality without e/o PE and improving but not resolved opacity in lingula. LE dopplers 3 wks after onset w/o DVT. Hypercoaguable labs pending.
1354624	5/27/2021	CA	48	M	5/2/2021	5/5/2021	Patient was admitted 5/24/21 ~2-3 weeks after his 2nd dose of pfizer vaccine. Stated that he had had shortness of breath and chest pain that started a few days after vaccine that never really got better. He was found to have pericardial effusion and pleural effusion of unclear etiology. Did not have evidence of myocarditis on EKG or imaging, but findings suspicious for pericarditis.
1355593	5/27/2021	VA	39	F	5/7/2021	5/7/2021	Chest pain, cough, flushing

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1355768	5/27/2021	CA	50	F	5/27/2021	5/27/2021	Pt felt dizzy s/p vaccination. Symptoms resolved with rest. Denies HA, chills, chest pain, SOB. Discharged home under stable condition. BP 128/81 HR 73 SpO2 100% RA RR 18, unlabored
1355772	5/27/2021	CO	18	F	5/20/2021	5/20/2021	The first dose of the vaccine went fairly well aside from fever, muscle aches, and pain in the left arm at the injection site. The second dose was reportedly worse. The fever ranged from 104.8 degrees Fahrenheit as a high and 102 degrees Fahrenheit being low, which receded after 3 days of care. In addition, chest pains and heart pain started at 8:00pm the day of the vaccination which was completed at 11:15am. Pain at the injection site and overall body muscle aches lasted for 3 days. The heart/chest pains have yet to recede. Instead it is occurring more frequently in ?bursts? of pain with a constant aching sensation.
1355778	5/27/2021	FL	77	M	2/8/2021	2/8/2021	Patient developed sharp chest pain radiating to the jaw 3 hours after receiving his second COVID vaccine.
1355780	5/27/2021	TX	16	F	5/17/2021	5/25/2021	arm pain, mild chest pain, mostly around the sternal area, more with on palpation, extremely elevated troponin levels (high normal is 0.04 for our labs, patient had 20) echocardiogram negative transferred to a more complex center, Hospital

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1355350	5/27/2021	OR	35	F	1/5/2021	1/21/2021	<p>~~Summary: Patient is a 35 y.o. year old female with below past cardiovascular history who was evaluated today, face-to-face, via interactive videoconferencing (secure 256-bit AES encrypted bidirectional video session). Cardiovascular Problem List: #Suspected idiopathic myocarditis</p> <ul style="list-style-type: none"> o CTA chest 1/21/21: Normal CT angiogram of the chest. o TTE 1/21/21: LVEF 55%. Normal RV size and function. No significant valvular disease. o Coronary angiogram 1/21/21: Normal coronary arteries. LVEDP moderately elevated. o cMRI 2/16/21: No evidence of acute myocarditis. There was a small focus of delayed enhancement in the mid inferior wall of the LV in a nonischemic distribution. This is compatible with a focus of myocardial fibrosis, possibly from prior episode of myocarditis. Trace TR. <p>#Type 1 diabetes #Hx of gestational diabetes Assessment/Plan: #Myocarditis - COVID infection in 9/2020 and intense chest pain with positive troponin in 1/2021. CORS, Echo, CTA were negative for an etiology. CMR revealed a focal area of mid to subepicardial enhancement without evidence of active disease, suggestive of an old episode of myocarditis. Will treat supportively with colchicine BID. Will have RN call in 4 weeks to assess symptoms. If there is no improvement would get limited echo to make sure there is no decrement to LV function. - Colchicine BID - total of 6 mos Follow-up: I have scheduled a follow up appointment in 4 months to be with me. "Doctor~~</p>
1355800	5/27/2021	IL	25	F	5/7/2021	5/8/2021	<p>Elevated heart rate and intermittent chest pain. Took doubled dose of regular steroid for approx 3 days which improved chest pain. Chest pain resumed following return to regular steroid dose. Intermittent elevated heart rate and chest pain continues at time of submission of this form on 5/27.</p>

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1355532	5/27/2021	TX	44	M	4/27/2021	5/1/2021	5/1/21: Patient woke with chest pain, elevated respiratory rate, nausea, and sweating. Recognizing symptoms of a heart attack, the patient presented to the emergency room at 5:30am. ECG normal, Troponin at 2.1 at presentation, continued to increase to 4.6 prior to being taken to Cath Lab. Coronary angiography showed no occlusion; patient admitted to telemetry unit for continued monitoring; discharged following day with order for cardiac MRI. Outpatient cardiac MRI conducted 5/5/21 revealed myocarditis. Treatment with beta blockers (Metoprolol Succinate 25MG QID) and anti-inflammatory (indomethacin 25MG TID) with direction to avoid exercise. Light yardwork on 5/22 resulted in patient feeling "racing heart".
1355814	5/27/2021	CA	17	M	5/23/2021	5/26/2021	complained of chest pain, heart palpitation, jaw pain, tingling on fingers on both hands after waking up at 7:00AM 05/26/2021, denied nausea/vomiting
1355827	5/27/2021	SC	60	F	4/29/2021	5/4/2021	Myopericarditis, chest pain, pericardial effusion, pleural effusion

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1356100	5/27/2021	CA	22	M	5/27/2021	5/27/2021	Client received 1st COVID vaccine of Pfizer (Lot# EW0185 expiration date 05/27/2021). Client reported lightheaded. EMT responded at 1521. RN notified and responded to this event. At 1521, vital signs are blood pressure 120/69, heart rate 69, oxygen saturation 97%. Client reports history of asthma, no current use of any medication, allergies to Keflex. Client reports he ate today and felt "nervous coming today". Client was offered supplemental nutrition and fluids. Client denied nutrition, but accepted fluids. At 1528, vital signs are blood pressure 125/74, heart rate 73, oxygen saturation 97%. Client states "tight throat", no shortness of breath, headache in the occipital area, no nausea, no chest pain. RN offered 50mg of Benadryl by mouth. Client denied. RN educated Client about ED precaution and common adverse effects of COVID vaccine. At 1532, vital signs are blood pressure 125/67, heart rate 71, oxygen saturation 98%. Client reports tightness in the throat is the same. RN offered 50mg of Benadryl by mouth and paramedic services. Client accepted 50mg of Benadryl by mouth, but denied paramedic services. RN advised Client that Benadryl will result in fatigue and drowsiness. Client states his mother is driving him home. At 1534, 50mg of Benadryl was administered by mouth. At 1535, Client reports the tightness in the throat is improving, no shortness of breath, no chest pain, no nausea. At 1538, vital signs are blood pressure 123/77, heart rate 81, oxygen saturation 97%. Client reports headache is improving, no shortness of breath, tightness in the throat is improving. Client is accompanied by grandmother and reports mother is driving them home. At 1544, vital signs are blood pressure 123/77, heart rate 82, oxygen saturation 97%. Client reports headache is present but improving, tightness in throat is improving, no blurred vision, no chest pain, no nausea. RN offered paramedic services in regards to the tightness of the throat, but Client denied offer. At 1550, Client stood up with no complaints. Client left facility with grandmother and picked up by mother at 1553. Client walked out with a steady gait.
1356313	5/27/2021	OR	18	F	5/12/2021	5/27/2021	Chest pain, vomiting, and elevated troponin 15 days after vaccine

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1356323	5/27/2021	LA	29	M	3/31/2021	4/26/2021	Pericarditis and subsequent myopericarditis. Intense chest pain that worsened upon lying down and a low grade fever.
1356336	5/27/2021	CA	87	F	5/27/2021	5/27/2021	Client received 2nd COVID vaccine of Pfizer (Lot# EW0185 expiration date 06/24/2021). Caregiver of Client asked EMT and EMT to check her blood pressure and her injection site. At 1754, RN responded to this event. At 1754, vital signs are blood pressure 163/84, heart rate 70, oxygen saturation 99%. Client reports she was anxious. RN answered all concerning questions in regards to COVID vaccine. Client reported to have a thyroid disorder, hypertension, high cholesterol. Client reports in taking Levothyroxine, Aspirin, Cilostazol, Amlodipine, Hydrochlorothiazide, Atorvastatin, Lantoprost. RN educated Client about ED precautions and common adverse effects of the COVID vaccine. At 1800, vital signs are blood pressure 162/80, heart rate 72, oxygen saturation 98%. Client reports no chest pain, no shortness of breath, no dizziness, no blurred vision, no headache, no nausea. At 1810, vital signs are blood pressure 160/79, heart rate 72, oxygen saturation 98%. Client reports no new symptoms and that all concerns have been addressed. Client is talking to staff and caregiver. At 1830, Client stood up with no complaints. Client walked out of facility with a steady gait using her cane accompanied by caregiver.
1356339	5/27/2021	FL	60	F	5/24/2021	5/24/2021	chest pain, shortness of breath, fatigue, malaise, headache that occurred the evening after vaccine was given

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1356343	5/27/2021	CA	15	M	5/27/2021	5/27/2021	Client received the 1st dose of Pfizer COVID vaccine lot #EW0185 and expiration date 6/24/21 at 5:52PM. Per vaccinator, reports that client was saying, "Wow that was aniclimactic" after getting vaccine. Per vaccinator, she notices within 1-2 minutes client got quiet and then reported "I am not feeling well." Client received vaccine in left deltoid. RN requested PHN 1 to get gravity chair. PHN grabbed gravity chair and asked RN to get BP cuff and pulse ox. PHN arrive to assess client and found client alert and oriented x 4 in chair at 5:53PM. Client was already drinking water given by vaccinator when PHN arrived. Client reports he was experiencing "dizziness and slight shortness of breath." PHN ask client if he thought he was steady enough to switch to gravity chair. Client stood up slowly and sat in the gravity chair. RN 1 asked client if his throat felt tight-client responds- "No" and coached client to take deep, slow breaths. At 5:55PM vitals are: blood pressure: 130/90, pulse: 55 and oxygen: 98%. At 5:57pm client reports no longer feeling shortness of breath. Client is speaking in full sentences and able to answer all PHN questions about chest pain and headache and client reports having neither. At 6pm vitals: blood pressure:125/90, pulse:75, and oxygen:100%. PHN instruct RN to get Lead PHN or Co-Lead. Client reports he has slight dizziness and feels lightheaded and reports that earlier he had blurred vision but now is seeing clearly. At 6:03PM vitals are: blood pressure:160/100, client appears pale and heart rate:140, and oxygen: 100%. Lead PHN arrives to take over assessment and PHN starts calling 9-1-1 at 6:04PM as blood pressure is repeated by co-lead :180/90, oxygen100% and pulse 129 and upon auscultation hears clear lungs and heart palpitations. Client is then reports shortness of breath and dizziness, no headache and no blurred vision. Parent reports that client has a history of asthma but rarely needs inhaler so she does not have it on her and that client recently had been on antibiotics for Gastrointestinal history and a bad cough (not COVID)-all symptoms had been resolved before receiving vaccine. At 6:07pm Vitals: blood pressure: 170/90, pulse:100%; no change in symptoms. At 6:08pm vitals: blood pressure:170/90, pulse: 94, and oxygen: 100%, client reports experiencing tightness in chest and unable to complete breath. Client reports no chest pain. Vitals taken again by RN due to new symptom, blood pressure:

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							122/70, pulse:93 and oxygen: 100%. RN auscultate again and hears palpitations have slowed and lungs clear. At 6:10PM, vitals are blood pressure:124/74 and pulse: 96. Client reports feeling "shaky, tightness on chest" and could not take full breaths. Paramedics assumed care at 6:12pm. Client and parent left on stretcher with paramedics to be transported to Hospital. Tell security that mother is leaving blue pathfinder in parking lot. Security assures he will not tow vehicle.
1356345	5/27/2021	DE	20	M	5/24/2021	5/26/2021	DEVELOPED CHEST PAIN, LEFT ARM PAIN ON 26TH MAY 2021
1356505	5/27/2021	CA	40	F	5/27/2021	5/27/2021	Client received the 2nd dose of Moderna COVID vaccine lot #026C21A and expiration date 5/27/21 at 4:08pm. Client's first dose reaction was reviewed by medical team and was approved to receive second dose. Client reports at 4:27pm to vaccinator that she was a little nauseated and dizzy 15 minutes prior. EMT took vitals at 4:28pm: blood pressure: 166/113, pulse: 86 and oxygen: 98%. EMT retook blood pressure and it was 160/110. Client reports she did not want to report because she did not want PHN to call 911. Client reports she still has nausea and dizziness and a mild headache. Vaccinator provides water bottle and offers gravity chair but client declines. Nurse assisted with vitals at 4:35PM: blood pressure: 138/98 and client reports no chest pain, no shortness of breath, mild dizziness, no blurred vision. Client reports her head hurts towards the back and she still feels nauseated. At 4:40PM vitals are: blood pressure: 136/90, pulse: 82 and oxygen:98%. Client reports headache is the same, no chest pain, no shortness of breath, dizziness still present, nausea improving, offer to call paramedics and client declines. At 4:45pm vitals are: blood pressure: 134/96, pulse:83 and oxygen:98%. Client reports no shortness of breath, nausea is improving and dizziness is slightly better. At 4:50pm vitals are: blood pressure: 138/92, pulse:88 and oxygen:98%. Client reports no changes in symptoms. At 4:55PM, vitals are: blood pressure: 134/94, pulse: 88 and oxygen: 99%. Client reports nausea is better, headache feels better and dizziness has resolved. Client walked out of the facility with a steady gait at 5pm.

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1355785	5/27/2021	IL	36	M	5/13/2021	5/19/2021	Felt like couldnt catch breath , skipping feeling in chest went to doctor he placed me on holter monitor. Interpretation: Underlying rhythm is sinus rhythm/sinus tachycardia, heart rate ranges between 58 beats per minute to 149 beats per minute, average heart rate 96 beats per minute. Episodes of sinus tachycardia are seen. QRS duration is within normal limits. Rare, Isolated PVCs. No significant arrhythmias or heart blocks were noted. Patient's reported symptoms of chest pain, skipped heartbeats, numbness in the hands, shortness of breath correlated with sinus rhythm or sinus tachycardia. Conclusions: 1. Predominant underlying rhythm is sinus rhythm with episodes of sinus tachycardia; average heart rate high normal at 96 beats per minute. 2. No other significant arrhythmias or heart blocks were noted. 3. Patient's reported symptoms of chest pain, skipped heartbeats, numbness in the hands, shortness of breath correlated with sinus rhythm and sinus tachycardia.
1354780	5/27/2021		42	U	4/11/2021	4/11/2021	42-year-old female with history of bipolar disorder presents with allergic reaction. Patient states she received the Johnson and Johnson vaccine and subsequently developed itching and scratchiness in her throat on 4/11/21 and developed hives. Felt as though throat was closing. . Denied ever having any shortness of breath or difficulty breathing. Patient was given steroids epinephrine and Benadryl and transported to the hospital. Proceeded to ED and given Epi 0.5mg and Benadryl 50 mg PTA. Discharged and instructed to go to ED if ASAP if develop new/worsening symptoms and follow-up with PCP within next 24-48 hours. Patient denies any complaints at this time. States she never had a rash and denies any shortness of breath difficulty breathing. Denies any chest pain. Denies abdominal pain nausea vomiting or diarrhea and denies any urinary symptoms including urgency frequency or dysuria.

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1354685	5/27/2021	TX	41	F	1/24/2021	1/24/2021	After the vaccination, around 9 PM 01/24/2021 I had arm pain that lasted about 12 hours. About 4 days after the vaccine on 01/28/2021 there was a prolonged period of time where my chest felt heavy and it was hard to breath, I felt like I was overweight. It wasn't as bad enough for me to use my inhaler. I had shortness of breath as well. The chest pain lasted about a month and a half. The shortness of breath lasted about a month and a half as well. The air felt very thick. Fatigue was about 2 PM the same day of vaccine on 01/24/2021 where it felt like my body shut down and I had to take a nap.
1354694	5/27/2021	CA	12	F	5/27/2021	5/27/2021	Ringing in ears, blurry vision, difficulty breathing, tingling in left foot. Denies headache, chest pain/tightness. VSS. RR 16. O2sat 98%. HR 79. Symptoms improved with rest. Discharged with parent in stable condition.

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1354704	5/27/2021	MA	32	M	5/25/2021	5/25/2021	I received the COVID-19 vaccine at 9:30 am from vaccination clinic. I had just recovered from COVID-19 about two and a half weeks prior. I had no immediate reaction. I worked the entire day with no adverse effects other than a sore arm, which I expected. Later in the day at about 7:45 pm I went for a 6 mile run and got home at approximately 8:49 pm. Within half an hour of getting home, I quickly became feverish. The fever continued to rise until I was extremely hot, and hotter than I can ever remember as an adult or child. I did not have access to a thermometer so I cannot reliably report what the temperature was but I am estimating 103. It felt like every part of my body, including my legs, was hot to the touch. By 1 am I had serious chills and was shivering under winter blankets despite an outdoor temperature of 70-80. In addition, I had an extremely elevated heart rate and chest pain. I also had generalized muscle aches all over my body. I did not sleep at all that night. The fever began to slowly dissipate early in the morning but the elevated heart rate continued for approximately 24 hours. The discomfort resulting from my elevated heart rate was substantial and alarming enough that I sought advice from my primary care physician after a nurse at my Occupational Health clinic suggested potentially getting an ECG. Ultimately, by Thursday morning, the symptoms had decreased and I declined any follow up. However, this was the single worst reaction I've ever had to any vaccine and the single worst fever I've ever experienced as an adult or in my memory as a child. Although I am aware that people who have already had COVID-19 tend to have worse reactions to the first COVID vaccine, I am filing this report primarily because of my concern that exercise may trigger an especially severe reaction.
1354719	5/27/2021	NC	31	F	4/8/2021	4/8/2021	passed out, later had chest pains, high blood pressure, high heart rate and was checked for a PE via catscan. Still experience racing heart periodically almost 2 months later.
1354720	5/27/2021	WA	65	F	4/11/2021	4/12/2021	The day after the injection I started to experience symptoms of pleurisy. I am familiar with these symptoms as I had pleurisy in my youth. There was some difficulty breathing and chest pain. The chest pain continues to this day.

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1355569	5/27/2021	CA	18	M	5/26/2021	5/26/2021	Patient is a 18 y.o. male who witnessed syncopal episode at 1605 yesterday s/p COVID vaccine. Patient says that he received a COVID vaccination yesterday at 1601. Per mother, the patient had a syncopal episode at 1605, he was sitting down and slid out of his chair with full extension of bilateral arms and legs, lasting about 30 seconds. Witnesses deny headstrike or shaking during syncopal episode. The patient denies pain. He states that he only ate cereal yesterday morning and has experienced similar symptoms in the past while receiving other shots. Patient denies recent trauma or fall. HA, confusion, changes in vision/speech, changes in gait, fever, chills, n/v, abdominal pain, chest pain, SOB, palpitations, cough, hemoptysis, back pain, neck pain, dysuria, hematuria, recent sick contact or travel. Otherwise has no complaints at this time. Patient was discharged at 16:54 and given educational materials on understanding vasovagal syncope
1354745	5/27/2021	FL	54	F	3/31/2021	4/1/2021	Beginning 4/1/2021 intense head pressure for 12 days. Beginning 4/13/2021 Severe bilateral eye twitching for 12 days. Beginning 4/25/2021 periodic bilateral eye twitching with intermittent spontaneous sharp left chesp discomfort. On 5/25/2021 I awoke with sever chest pain and was hospitalized for cardiac evaluation.
1355345	5/27/2021	MN	56	M	5/13/2021	5/24/2021	Pericarditis: presented to the ED on 5.26.2021 with chest pain x2 days. Has generally felt unwell since his 2nd COVID vaccination on 5.13.2021.

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1354925	5/27/2021	FL	21	F	5/27/2021	5/27/2021	21 y/o female with past medical history of ADHD and Depression that presents with dizziness and nausea, weakness onset post vaccination. Patient states that this is her second dose in the two-dose series. Patient denies previous reaction to 1st dose or previous vaccination in the past. Patient states that she also did not eat or take her medications this am. Patient received her vaccination to the Left arm. NP noted patient pale and diaphoretic. Patient placed into wheelchair and taken to the partitioned area with the Paramedics. Patient noted to be hypotensive (84/47 BP) patient immediately placed in Trendelenburg and placed on 2L O2 NC. Patient vitals improved, 91/54 BP, 72 HR, 98% RA, Resp 14. Patient denies difficulty swallowing, sore throat, difficulty breathing or chest pain. Patient provided with a bottle of water, a mint and a fruit bar since she did not eat today. Patient, within 15 mins, states that she is feeling better and no longer dizzy. Patient no longer diaphoretic and color has returned to her face/lips. Patient vitals rechecked, 97/65 BP and all other vitals stable. Patient instructed to sit up for 5 mins, then sitting position for 5 mins and then placed in standing position for 5 mins. Patient states that she feels better and that she is no longer symptomatic. Patient monitored for 30 mins total. Patient discharged home in stable condition with mother and sister at side.
1354928	5/27/2021	MD	18	F	4/27/2021	4/28/2021	First dose on 4/27/21. The day following first dose, pt developed chest pain (dull/tightness, 3/10). Worsened after the second dose on 5/18/21.
1354930	5/27/2021	MA	39	F	5/18/2021	5/18/2021	Hot flashes, arm swelling and redness, hallucinations, chest pain

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1355310	5/27/2021	SC	45	F	5/17/2021	5/17/2021	This is a 45-year-old female with past medical history of multiple sclerosis, hypothyroidism, pseudoseizures, conversion disorder, who presents to the emergency department from COVID-19 vaccination clinic after having a reported allergic reaction and seizure-like activity. She presents by EMS who reports that she was given intramuscular epinephrine as well as IV Benadryl for her symptoms. EMS reports that they saw generalized convulsive activity while the patient was alert and oriented, he reports this as "pseudoseizure-like activity". She was receiving her second dose of the COVID-19 vaccination today, she reports that she immediately thereafter got a rash to her torso and became short of breath. She was feeling well prior to the vaccination. She denies any other recent acute illnesses including fevers, chills, nausea, vomiting, diarrhea, chest pain. She says that she is currently undergoing a relapse of her multiple sclerosis and has been wheelchair-bound for 1 month. This is a 45-year-old female with past medical history of multiple sclerosis, hypothyroidism, pseudoseizures, conversion disorder, who presents to the emergency department from COVID-19 vaccination clinic after having a reported allergic reaction and seizure-like activity. She presents by EMS who reports that she was given intramuscular epinephrine as well as IV Benadryl for her symptoms. EMS reports that they saw generalized convulsive activity while the patient was alert and oriented, he reports this as "pseudoseizure-like activity". She was receiving her second dose of the COVID-19 vaccination today, she reports that she immediately thereafter got a rash to her torso and became short of breath. She was feeling well prior to the vaccination. She denies any other recent acute illnesses including fevers, chills, nausea, vomiting, diarrhea, chest pain. She says that she is currently undergoing a relapse of her multiple sclerosis and has been wheelchair-bound for 1 month.
1354744	5/27/2021	MA	22	F	5/21/2021	5/23/2021	chest pain (right central) noted two days later

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1355336	5/27/2021	WA	67	M	3/31/2021	4/14/2021	Three days after receiving second dose of Moderna vaccine patient began experiencing chest pain presented to ED on 4/9/21 CTE negative for PE, covid negative, respiratory viral panel negative. Echocardiogram revealed pericardial effusion. Patient diagnosed with pericarditis patient admitted 4/14/21 with ongoing chest pain due to pericarditis

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1354958	5/27/2021	NY	52	M	1/28/2021	2/22/2021	54 days after the first vaccination with Moderna Covid-19 Vaccine, and 25 days after the second vaccination, at approximately 0730 on Day 1, a 52 year old male, height 175.2cm, weight 95.5kg, without significant medical history or prodrome, had an acute onset of dyspnea manifesting as a small sigh at intervals of 4-6 minutes, which increased in frequency to intervals of 2-3 minutes over the course of the day. At approximately 1400 he had a one minute episode of tachycardia >120 bpm. At 1515, his forehead became diaphoretic. He had neither chest pain nor a pericardial friction rub at any time. He went directly to the local emergency department. Additional information for Item 18: Blood pressure at admission was 155/87, pulse 97, respiratory rate 22/minute, SpO2 98%, and Temperature 37.2. ECG at 1539 interpreted as: "NSR at 85, Lateral ST depressions; ST elevations in aVR, ischemia / Posterior wall MI". ECG at 1541 showed: NSR at 82, unchanged from prior ECG. ECG at 1552 interpreted as: "Sinus tachycardia at 102, ST depressions remain in lateral leads but now also in V3 and V4; persistent ST elevations in aVR CW evolving posterior wall MI". PR depression in leads II and V4-6, and reciprocal PR segment elevation in aVR (pericarditis ECG Stage 1) Atypically for pericarditis, ST depression, rather than ST elevation, was present in leads V3-V6. Owing to a working diagnosis of an evolving posterior wall myocardial infarction, an emergent cardiac catheterization was performed, which demonstrated non-obstructive CAD and a small myocardial bridge. Initial laboratory values were notable for a white blood cell count of 11.89 K/mm3 (4.5 - 11.5), monocytes 1.1 K/mm3 (0.0 -1.0), 9.4% (2.0 - 9.0), neutrophils 7.9 K/mm3 (1.5 - 6.6), 66.9% (40.0 - 75.0). Troponin was negative at admission and 18 hours later. D-Dimer was negative. Viral panels including SARS-CoV-2, Influenza A, Influenza B, and RSV were negative. He was admitted for overnight observation. On Day 2 an echocardiogram was normal with no effusion, and ECG was notable for the absence of PR depression and persistent ST depression in leads (PR segment normalization part of pericarditis ECG Stage 2)..... His dyspnea persisted, with a moderate sigh every 1-2 minutes at rest. He was discharged with a presumptive diagnosis of coronary vasospasm or a pulmonary etiology, and told to follow up with his pmd. Over the next several days, his dyspnea

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was continuous and progressively worsened, and he had diaphoresis of the forehead every morning approximately 0900 until Day 20. Sleep remained normal. On Day 5 he was sighing deeply more than once per minute at rest, causing him distress, and ECG showed (?persistent ST depression in V4-6 with reciprocal changes in aVR). On Day 12, ECG showed T-wave inversion in V1-6 and ST depression in V3-6 (ECG Stage 3); a computed tomography of the chest was normal; and blood tests notable for normal monocyte count .57 K/microliter (0.0 - 0.8), normal CRP 2.15 (1.0-3.0), and an ANA titer of 1:80 (elevated) described as a speckled pattern, which is associated with several autoimmune diseases. Repeat echocardiography on Day 26 showed a small, generalized pericardial effusion and was otherwise normal. Cardiac MRI on Day 29 showed delayed gadolinium uptake. Pulmonary function tests on Day 38 were normal. Stress echocardiography on Day 44 was normal. Cardiac CT angiogram on Day 46 was normal. The patient was diagnosed with pericarditis of unknown origin and started on aspirin 650 mg p.o. b.i.d. An ECG on Day 80 showed PR depression in II and V4-6, continued ST depression in II and V3-6, without T wave inversion (T wave normalization c/w ECG Stage 4). Symptoms progressively worsened from onset to nadir around Day 12, on which he had continuous moderate dyspnea upon awakening with severe dyspnea with mild exertion. Symptoms then generally improved until after Day 47, he began to have alternating periods of several days without symptoms followed by several days of mild dyspnea. Clinical symptoms resolved on Day 85.

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1355300	5/27/2021	CT	51	F	4/7/2021	4/7/2021	I was still having chest pain and breathing problems prior to getting it, so they wanted me to get the vaccine because if I got COVID, it would kill me. Over the weeks, my breathing worsened and I had terrible chest pains. They did another CT Scan to make sure I didn't have another embolism. The symptoms of my other conditions flared as well. I got the vaccine 3 or 4 days before the news was released about the blood clots. I'm still experiencing breathing issues, chest pains and dizziness. I'm now on additional meds for my lupus: Cymbalta and Lyrica. They're trying to help with the chest pain and polymyalgia. I was also given a Lidoderm patch to help with my chest pain. It just seems like everything got worse afterwards. I'm not sure if my lungs will ever function at 100% due to everything going on.
1355277	5/27/2021	WA	26	F	2/13/2021	3/1/2021	About 2 weeks after second dose started having chest pain, shortness of breath. Still having symptoms 3 months later, however, fewer and further in between and more mild
1355276	5/27/2021	NV	40	M	4/3/2021	4/17/2021	April 17th, felt chest pain and fatigue and shortness of breath. After about two weeks of it, I went to ER on the 26th. I was diagnosed with blood clot on my heart. I spent a week at the hospital Heparin blood thinners and antibiotics - discharged on May 2, 2021. They sent me home with Warfarin regiment. I am still on that. I still have some days where I'm good but some days, I can barely stand and get out of bed due to short of breath, fatigue but not as much chest pain. I think the blood thinners are working. I just have to take it easy and make sure to have some calm days. It could take weeks to months to have the blood clot totally dissolve from the system.
1355241	5/27/2021	CA	57	F	5/11/2021	5/13/2021	SOB, left sided flank pain, left sided chest pain, difficulty/painful breathing
1355142	5/27/2021	GA	16	M	4/29/2021	5/14/2021	Patient was admitted to healthcare facility on 5/23 with chest pain and elevated troponin. Normal biventricular systolic function. Cardiac MRI showed myocardial fibrosis

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1355092	5/27/2021	OH	14	F	5/24/2021	5/25/2021	Started Tuesday evening with light headed, dizziness, headache, in the early morning hours pt said she felt as if her right side was going numb & asked to go to the hospital. Later in the afternoon she got worse along with bad chest pain & stomach & started vomiting
1355081	5/27/2021	OH	61	M	5/12/2021	5/12/2021	After administration of the vaccine at 9:50 AM, the patient went out to the waiting area to wait the 15 minutes after the vaccine. About 10 minutes into the waiting time, patient became very pale, and stated that were having chest pain. Patient was given water and their blood pressure was taken, it resulted in a BP of 70/60. The patient was laid down on the ground, and legs raised, and after another 10 minutes the BP was taken again and resulted in 118/78, at this point the patient was feeling much better. However, to be precautious, the patient was rolled out in a wheel chair to make sure hypotension did not occur again. Patient stated that at 11:30 they had a scheduled appointment already with their doctor and said they would discuss with them the adverse reaction of the previous couple hours.
1355011	5/27/2021	OR	40	F	1/10/2021	1/10/2021	Starting on the 1st day of the 2nd dose vaccine-elevated heart rate, chills, fever, body aches, nausea, neuropathy (hands, feet, arm and lower legs feels like pins and needles) and loss of appetite. Participant took Tylenol and Zofran. Fever and body aches resolved after 48 hours. Tachycardia and chest pains continued for up to 6 weeks. Participant had a follow-up already scheduled on 1/25/2021. Cardiologist doubled the dose of propranolol. As of now, cardiovascular symptoms and neuropathy are not resolved. MRI and stress test have been ordered .
1352713	5/26/2021	OH	28	M	5/14/2021	5/26/2021	Chest pain, dizzy, light headed, leg and arm pain, short of breath, tired, spaced out mentally/unable to focus. No treatment at this time.
1352538	5/26/2021	NV	30	M	5/21/2021	5/22/2021	Significant chest pain, shortness of breath, and extreme fatigue after little to no activity whatsoever. I am still experiencing these symptoms five (5) days after receiving my second dose of the Pfizer vaccine. Additionally, I can assure anyone reviewing this report that I absolutely did not exhibit these symptoms (or anything similar) prior to Saturday, 22 May 2021.

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1352516	5/26/2021	CA	65	M	2/27/2021	2/27/2021	A few hours after my second shot I got a mild headache, tired, and a bit blurry vision. The next day things got worse with high fever, bad headache, and very tired. The bad side effects went away after 4 days but since then I often feel tired with a mild headache and a little chest pain now and then. Before my vaccination, I played tennis 3 times a week, each time I played about 2 to 3 hours continuously without feeling tired. But after the vaccination, it takes only 15 to 30 minutes for me to run out of breath so I have to slow down to catch my breaths. My stamina is adversely effected after my vaccination . I'm afraid that I have a case of Myocarditis, a condition similar to Pericarditis, which is an inflammation of tissue surrounding the heart, that caused by the vaccine.
1352515	5/26/2021	MN	46	F	4/12/2021	4/14/2021	Started with a mild headache which hasn't gone away despite otc pain meds. Then progressed to fatigue, swollen legs and ankles, shortness of breath, mild chest pain and several instances of abnormal heart rhythm (flutter in chest). Still having these issues
1352389	5/26/2021	SC	47	F	2/25/2021	3/3/2021	Heart palpitations, chest pain

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1352383	5/26/2021	MA	45	M	4/28/2021	5/1/2021	From hospital discharge summary: "45 y.o. right-hand-dominant male who presents with few hours of improving left arm heaviness/left hand cramping in the setting of getting his second Pfizer COVID-19 vaccination in his right arm 3 days ago and 3 weeks of mildly increased exercise/intermittent fasting. The patient reports getting his first Pfizer COVID-19 vaccination on April 7, 2021. Reports some mild symptoms afterwards. Around that same time, the patient reports having a checkup with his primary care doctor that was notable for a cholesterol elevation to 200. This prompted him to try and lose weight including intermittent fasting and increase in exercise, especially for exercises and cardio. The patient reports approximately 20 pound weight loss over the past 3 weeks. 3 days ago, the patient reports getting his second Pfizer COVID-19 vaccination in his right arm. Reports fever (maximum 103 Fahrenheit) and mild headache the subsequent 2 days after the vaccine. Last night, the patient went to sleep on his left side at around 8 PM. He woke up at 4 AM with significant left arm heaviness and left hand cramping. He tried to massage his hand with some slight improvement of the symptoms but otherwise the symptoms persisted. Hence, this morning, he called his PCP, who told him to come into the ER for further evaluation. Here, the patient reports improving left arm heaviness/left hand cramping. He also does report family history of heart attack and an uncle at a similar age and massive heart attack of his grandfather in their 60s. He denies fever, anorexia, unexpected weight change, headache, blurry vision, sinus pressure, cough, hemoptysis, orthopnea, PND, SOB, DOE, chest pain, pleurisy, changes in taste/smell, N/V/D, abdominal pain, flank pain, urinary sx, genital sx, black stools, incontinence, absence of flatus, calf pain, leg swelling, numbness/tingling, streaking redness/rash/skin changes, easy bruising. Also, deny history of HTN, DM, smoking, prior MI, prior PCI, prior CABG, prior TIA/CVA, or history of PAD. Further, denies recent trauma/fall, history of cancer, blood thinner use, recent drug use, recent travel, sick contacts, family history of connective tissue disease/congenital aortic anomaly, or family history of similar sx. --- Hospital Course by Problem # Troponinemia (Likely myopericarditis) The patient has a family history notable for MI and CABG in relatives aged 50-70 on his mother's

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side. The patient notes that most of these family members were heavy smokers and drinkers, which he is not (never-smoker, rare EtOH, never illicit drugs). His symptoms are notable for L arm heaviness/cramping that began around 8pm on 4/30/21 at 9/10 severity and subsequently was 3-4/10 severity on presentation to ED and is 0-1/10 severity at time of admission to the floor; he has no associated numbness, weakness, coolness, or pallor. His symptoms are non-exertional. He denies CP, SOB, lightheadedness, nausea, jaw pain, abdominal pain, fatigue. He notes that he recently got the second COVID shot in the R arm, and had a post-vaccine course notable for Tmax 103 ~3d ago and 101 as recently as yesterday. His EKG was notable for ST-elevation in II/III/aVF and his troponins were elevated 305 -- > 298 -- > 328. Of note, his CRP was elevated at 69. The patients symptoms and findings could certainly be compatible with atypical ACS and, given the low risk of bleeding associated with heparin, he was treated conservatively upon admission with heparin infusion, metoprolol tartrate 6.25mg q6h, atorvastatin 80mg (he received ASA 325mg in the ED). However, given his recent covid vaccination and elevated CRP and reported fevers, this could also be compatible with myocarditis or other inflammatory etiology. TTE on 5/3 demonstrated preserved EF 55% with no WMA. Given reassuring TTE, a cMRI was ordered to assess for myocarditis vs scar tissue from recent ischemic event. Cardiac MRI on 5/5 was notable for finding consistent with myopericarditis (see below). Aspirin and atorvastatin was stopped on discharge. Patient was discharged with metoprolol 25 mg daily.~~

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1352381	5/26/2021	CA	55	F	5/11/2021	5/11/2021	<p>Client received the 1st dose of Pfizer COVID vaccine (lot # EW0182 and expiration date 5/15/21) at 2:47pm. Client walked over to EMT to report that she was having pain on the opposite arm where vaccine was given and that she would like her blood pressure taken (vaccine given in left arm, pain in right arm). PHN finds patient alert and oriented x 4 sitting in a chair. Client reports she had been waiting 20 minutes in observation. Client reports a history of hypertension. Per client, she was not sure about taking her nifedipine, so she did not take her medication at the regular time. Client states she takes Losartan and took it this morning. Client denies any chest pain, headache, blurred vision, dizziness, or shortness of breath. At 3:14pm vitals: blood pressure:173/103, pulse:60, and oxygen: 98%. At 3:20pm vitals: blood pressure:161/106, pulse:60, and oxygen:99%. Client reports no symptoms. PHN came to speak to client and patient reports she has her medication with her and took it out of her purse. Client thought she should not take medication because she was getting the vaccine. Client also stated when she does not take her medication 160-180 systolic is her regular blood pressure at home. PHN let client know that she should take medication as prescribed. Client took 2nd dose of hypertension medication (Nifedipine) at 3:24pm. PHN recommended client to stay for further observation as blood pressure is high. At 3:25pm vitals: blood pressure:155/94, pulse:63, and oxygen:99%. Client reports no more arm pain on right arm and that "she was a little nervous about the vaccine and that her blood pressure goes up easily.". At 3:30pm vitals: blood pressure:160/99, pulse:66, and oxygen:98%. Client reports she is feeling better and was provided with ER precautions and to notify her provider about her blood pressure readings. Also recommended client eating and taking medication prior to dose #2. Client reports no shortness of breath, no headache, no arm pain, no chest pain, no blurred vision. At 3:38pm, vitals are: blood pressure: 152/99, oxygen:99, and pulse:60. Client reports no symptoms. At 3:44pm vitals: blood pressure: 148/99, pulse: 60 and oxygen: 98%. Client walked out with a steady gait at 3:46PM.</p>

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1352373	5/26/2021	OR	13	M	5/16/2021	5/23/2021	Patient reporting increase in chest pain starting 7-8 days after administration of vaccine
1352153	5/26/2021	HI	44	F	5/14/2021	5/14/2021	evaluation of chest tightness. She reports chest pain?described as tightness in her left chest. Pain does not radiate. She states she experienced symptoms about 10 minutes after taking her first Pfizer Covid?19 vaccine at 14:10 today. She also reports mild shortness of breath and lightheadedness. She states symptoms feel like anxiety. No rash, throat discomfort, leg swelling. Patient states she is starting to feel better at this time. Presentation likely consistent with anxiety. Vaccine adverse/allergic reaction was also considered but less consistent at this time. Patient states feels like anxiety reaction. Discussed consideration for as needed medication for intermittent anxiety attacks?safety precautions were discussed.
1350734	5/26/2021	NY	47	M	5/17/2021	5/20/2021	SHORTNESS OF BREATH AND CHEST PAINS

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1350913	5/26/2021	FL	48	F	5/25/2021	5/25/2021	<p>Patient is a 48 y/o female who speaks only Spanish. Patient had interpreter present during client registration, vaccination and post vaccine occurrence. Patient was given Janssen COVID vaccine Lot # 1805031 in the left deltoid by this nurse at approximately 2:00PM. Client left the event without c/o after 15-minute observation.</p> <p>2:55PM Client returned to the event and according to the RN client c/o drowsiness and dizziness. RN reports client HR 80 bmp (strong & regular); client B/P in right arm 152/100. Client c/o a headache at #8, on the pain scale of 1-10. Client also c/o pain in the front of her head. Client was alert and oriented skin warm and dry, color WNL and no gross dyspnea noted; client c/o left side chest pain traveling up the left side of her arm. 2:57PM Explained to client 911 will be called and 911 will decide if emergency room visit was warranted. 3PM Client remains alert and oriented with some diaphoresis and change in color noted. 3:02PM Client color returned diaphoresis improved 3:04PM Client reports she is ?feeling better?. 3:05PM Paramedics arrived. Client evaluated by paramedics. Paramedics applied oxygen and checked client vital signs. According to the paramedic client breathing was normal with good oxygenation. Client reports to paramedics she had COVID last year. The paramedic conducting the client assessment reports he felt client is hyperventilating and has no s/s of an anaphylaxis reaction. Client relayed to paramedic her headache is gone but her head, left arm and leg feels ?numb?. Client agreed to go to the emergency room. 3:25PM client left with via stretcher for ambulance transport to Emergency Room (according to paramedic ED was on diversion). 5/26/21 1:00PM Spoke with RN who reports client was discharged from the ED 5/25/21 to home and is feeling better. Per RN client plans to return to work 5/27/21.</p>

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1350522	5/26/2021	PA	54	M	4/22/2021	4/30/2021	ED Discharged 5/5/2021 - 5/6/2021 (3 hours) Last attending ? Treatment team Acute nonintractable headache, unspecified headache type Clinical impression Headache Chief complaint Triage Note: To ED c/o severe HA behind R ear since being dx w COVID 4/30. Denies cough, dyspnea, fevers. Reporting he has had 1 round of COVID vaccines. Has taken "alieve, tylenol, and advil" w/o relief. Last doses all "early this morning." pt awake and alert in triage. History of Present Illness Patient is a 54 y.o. yo male presenting to the ED with severe headache behind the right ear since 4/30. Patient was diagnosed with Covid at that time and has taken 1 round of the Covid vaccine. He has tried Aleve, Tylenol and Advil without relief. He states that his last dose were all early this morning. Denies any numbness or tingling, visual disturbances, ataxia, photophobia. He has no history of strokes, MI or blood clots. He states that prior to his Covid diagnosis he is otherwise healthy. ED Discharged 5/8/2021 (4 hours) Last attending ? Treatment team COVID-19 Clinical impression Fever Chief complaint Medical Decision Making 54-year-old male who presents today due to uncontrolled fever, diagnosed with Covid on April 30. Symptomatic for about 2 weeks now. On exam appears to be uncomfortable, is febrile and tachycardic, however remaining vitals are stable. Physical exam is also reassuring. Patient not complaining of any chest pain, shortness of breath, lightheadedness. Will provide patient with symptomatic relief including fluids and ibuprofen, if able to improve patient's symptomatology will have him discharged home. His labs also show some slight hyponatremia, he will likely improve from fluids as I believe this is secondary to his diarrhea that he has been having over the last few days. CK also slightly elevated, would likely benefit from fluids. After a single liter of fluids, patient symptoms improved, fever and tachycardia also improved, continues to endorse some generalized weakness, will give second liter of fluid and Tylenol at this time as he is due for this. After receiving a second liter, the patient states that his symptoms have greatly improved at this time, comfortable returning home. I advised the patient that she should take ibuprofen and Tylenol on 6-hour cycles very regularly, he can take it in a pattern where he takes Tylenol followed by ibuprofen 3 hours later followed by Tylenol again 3

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1350532	5/26/2021	VA	54	M	5/12/2021	5/14/2021	hours later, as long as he keeps 6 hours in between doses, explained to him that he should not take this any sooner than this however he should be sure to take these regularly as these will help control his fever. Also encouraged him to hydrate appropriately as this will likely prevent him from feeling poorly. He is agreeable with this plan, I provided him with appropriate return precautions.
1350562	5/26/2021		48	F	4/13/2021	4/30/2021	Per medical record, the patient complained of a productive coughing, difficult breathing, wheezing and chest pain. His discharge diagnosis was noted to be Saddle embolus of pulmonary artery.
1350570	5/26/2021	CT	46	M	5/18/2021	5/19/2021	presents to ED with chest pain occurring at waking on same day. troponin elevated at admission, decreased ejection fraction. Patient is evaluate and cardiac cath performed, negative for acute findings. Symptoms had fully resolved at discharge. Patient is started on aspirin and atorvastatin.
							Patient developed a fever to 103 and pleuritic positional chest pain the day after receiving dose #2. He presented to the ED 2 days later on May 21, 2021. An ECG showed acute pericarditis. His Tnl was mildly elevated. An echocardiogram showed mild LV dysfunction with LVEF 40-45%. He was diagnosed with myopericarditis. Treatment included NSAIDS and colchicine and metoprolol. He was not admitted to the hospital.

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1350585	5/26/2021	PA	56	F	4/29/2021	5/2/2021	ED to Hosp-Admission Discharged 5/2/2021 - 5/3/2021 (3 hours) Hospital MD Last attending ? Treatment team Epigastric pain Principal problem Discharge Summary MD (Physician) ? ? Internal Medicine Inpatient Discharge Summary BRIEF OVERVIEW Admitting Provider: MD Discharge Provider: MD Primary Care Physician at Discharge: DO 35 min. Admission Date: 5/2/2021 Discharge Date: 5/10/2021 Discharge Diagnosis 1. Chest pain in a patient with history of coronary artery disease cardiac catheterization and stents. 2. Nausea vomiting diarrhea most likely secondary to COVID-19 3. Positive COVID-19 no respiratory symptoms 4. History of dyslipidemia Hospital Course Patient was admitted with chest pain and GI symptoms most likely from COVID-19 nausea vomiting diarrhea. She decided to sign out AGAINST MEDICAL ADVICE and left the hospital Patient is a 56 y.o. female on hospital day number 0 presented with chest discomfort nausea vomiting diarrhea Medical Problems Hospital Problems POA * (Principal) Epigastric pain Yes Plan 1. Chest pain in a patient with history of coronary artery disease status post cardiac catheterization with multiple stents chest pain is very atypical most likely gastric in origin as she also has history of Barrett's esophagus. I will change the Protonix to 40 IV twice a day. We will start the patient on chest pain protocol we will trend the troponins 2D echo cardiology consult 2. Possible gastroesophageal reflux 3. Nausea vomiting diarrhea with positive COVID-19 most likely GI symptoms of COVID-19 we will hydrate her with normal saline at 100 mL/h. 4. Positive COVID-19 no respiratory symptoms pulse ox 95% on room air we will keep an eye on her inflammatory markers she has GI symptoms. 5. History of dyslipidemia 6. DVT prophylaxis moderate risk subcutaneous heparin bilateral compression devices. 7. CODE STATUS she is a full code. Patient will be admitted to med surgical floor under hospitalist service. Medical management was discussed with the patient in detail. Chief Complaint Patient presents with ? Chest Pain 1. *Extended Emergency Contact Information 2. Primary Emergency Contact: spouse 8. Relation: Spouse 9. Preferred language: English 10. Interpreter needed? No_ History of Present Illness Patient is an 56 y.o. female with past medical history significant for coronary artery disease

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						dyslipidemia status post cardiac catheterization with multiple stents presented to the ER with chief complaint of abdominal discomfort mainly epigastric region she been having pain off and on for 2 years she was in the ER the day before yesterday and signed out AGAINST MEDICAL ADVICE her troponin at that time was 0.04. Today she started having some abdominal discomfort again nonradiating centrally located in epigastric region, she also has diarrhea she has 6-7 bowel movements loose watery as well as she is nauseated and vomited multiple times mainly yellowish stuff with food in it. She denies any blood with stool or blood with urine. She says that she had some chills and uncomfortable feeling and felt like she is having fever. As her symptoms did not get any better she came to the ER. She denies any shortness of breath cough or phlegm. Her pulse ox is 95% on room air	
1350598	5/26/2021	MD	61	F	3/30/2021	4/30/2021	Patient presents to the ED with shortness of breath, chest pains and palpitations. Has noticed rapid heart rates for last 2 months, started immunotherapy. Started on diltiazem and symptoms resolved. Diagnosed with Afib and COPD exacerbation. Recently diagnosed with left lung squamous cell carcinoma. patient will start on eliquis, digoxin and diltiazem. Discharged with symptoms resolved.
1350604	5/26/2021	CA	53	F	5/24/2021	5/25/2021	Severe body aches, chest pain, sweating, chills, slept all day, very uncomfortable, haven't felt this sick in over a decade, unlike any ?flu?, nauseated. Weak, no energy, no appetite. Husband had same shot as me, had same reactions, terrible feeling
1350610	5/26/2021	KS	58	F	5/24/2021	5/24/2021	2nd dose received. AFter a few minutes, patieth reporting "fuzzy lip" sensation. No swelling, angioedema, chest pain, shortness of breath, tongue swelling, airway obstruction or difficulty speaking or diaphoresis. No issues with 1st dose. Monitored for 30 minutes. Symptoms improved/resolved and patient was discharged from clinic.

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1350637	5/26/2021	VA	16	M	5/23/2021	5/24/2021	<p>Previously healthy 16 year old male presenting to hospital as a transfer for chest pain and elevated Troponin levels concerning for myocarditis. Patient has otherwise been healthy. Two days ago he received his second dose of COVID vaccination. He initially felt fine, but later that day had some body aches. The next day he felt feverish off and on and had dull left upper sternal border chest pain intermittently. Today, he reports sharp 7/10 mid sternal chest pain, lightheadedness, sweating, chills, and intermittent non-productive cough. He presented to original hospital for evaluation. The patient admits to tactile warmth since Sunday with no documented temperatures. He recently received his second dose of Pfizer just before onset of these symptoms. He reports difficulty sleeping since Sunday, but no shortness of breath, rashes, syncope, nausea, or vomiting. He has not had any other recent illness, fevers, or known COVID-19 exposures. He denies any history of prior cardiac disease and there is no known family history of cardiac disease, arrhythmias, or sudden death in the child or adolescent period. He denies illicit or recreational drug use. In the ED, he was well appearing with pain now 1 out of 10. POC troponin was 16.8 ng/mL. He had labs pertinent for ESR 10, CRP 3.0, BNP 24. RP2 PCR was negative. UDS was negative except for opiates (s/p morphine). IV was placed and patient was started on IV fluids. EKG was obtained and showed questionable left atrial enlargement per ED read. Cardiology was consulted and performed Echocardiogram in the ED at bedside and was within normal limits. Cardiology resident team contacted for admission. Past Medical History: No major medical diagnoses Past Surgical History: Orchiopexy, T&A Family History: No cardiac family history Social History: Lives at home with mother. Has two healthy siblings not living at home Immunizations: Up to date Medications: None Allergies: NKDA Etiology of likely myocarditis remains unclear at this time. In his age group, this would most likely represent a viral myocarditis. He would likely benefit from cardiac MRI during this admission for further evaluation of myocarditis. His EKG findings with his age group are unlikely to be secondary to myocardial infarct. No arrhythmias or heart block noted on EKG at time of admission or telemetry in ED. There is no family history of autoimmune disease or cardiac disease to suggest an</p>

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1350702	5/26/2021	CA	31	F	5/11/2021	5/20/2021	<p>autoimmune component or genetic etiology.</p> <p>A 31-year-old female received the first dose of mRNA Covid-19 vaccine (EW0179, Pfizer) IM on May 11th, 2021, without any reported clinical problem. Patient has no known medical illness and no previous history of DVT or PE. Patient had negative COVID-19 PCR on April 16th, 2021. She had 3 healthy pregnancies and no miscarriages. She did not have any long flights or car rides for the last several months, except for over 2 months ago. Patient denies any allergic problems, smoking tobacco or use any oral contraceptives. However, patient stated patient's father has a history of unprovoked DVT. On May 20th, 2021 patient experienced worsening of left-sided chest pain and shortness and visit ED on May 22nd, 2021. At the ED, physical examination was unremarkable. Blood tests (renal, hepatic function) were normal and labs resulted in D-dimer 0.86 mcg (FEU)/mL and platelet count 288k (Baseline of 200-250k). CT showed suspected very subtle segmental and subsegmental PE involving the left lower lobe. Duplex did not show evidence of DVT in either lower extremity. Given the family history of DVT, hypercoaguable workup was done with the following results: homocysteine level 5.5, thrombin time 14.9, negative factor II and V mutations, cardiolipin Ab IgG < 1.6 GPL (normal range < 20 GPL), lupus anticoagulant with reflex indeterminate, protein C activity 92 (normal range 70-130%) and protein S activity 67 (normal range 65-140%). Patient was admitted to the hospital. At the ED, enoxaparin 60 mg x 1 and morphine 4 mg x 1 were given. Later, it was switched to apixaban 10 mg BID on the floor and patient was discharged with apixaban 5 mg BID x 7 days and once daily BID. Patient is scheduled to follow up with her PCP in regards to the duration of therapy.</p>
1350504	5/26/2021		46	F	12/31/2020	1/7/2021	<p>Shortness of breath, positional chest pain, increased heart rate over 7 days. First time in my life I have had such symptoms.</p>

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1350709	5/26/2021	VA	15	M	5/22/2021	5/23/2021	Patient developed racing heart rate ~18 hours after his vaccine at 5 am the next morning. The racing heart rate was associated with L sided jaw pain. His family gave him 81 mg aspirin x 2 but later that day his heart racing was continuing and he developed mild chest pain, prompting him to go to ED.
1350496	5/26/2021	MI	46	M	4/30/2021	5/12/2021	Evaluation on Day of Discharge: Stable for discharge Hospital Course: Patient was evaluated for sharp reproducible chest pain and shortness of breath. He was evaluated by cardiology who suggested MSK in nature. He started lifting weights earlier this week. His cardiac work up included EKG with NSR, CXR no acute process, troponin neg x3, inflammatory markers negative. He did have significant dyslipidemia and was counseled on importance of healthy lifestyle, diet modification and importance of taking statin. Patient was treated with OMT with moderate improvement of symptoms and was rx'd muscle relaxer for a few days to help with muscle spasm. He is to follow up with cardiology and get a repeat lipid panel in 3 months as well as follow up with PCP for stress echo and EGD if sx persist.
1350784	5/26/2021	NY	40	F	5/26/2021	5/26/2021	High fever of 104.3 Heart Palpitations with chest pain, shaking/chills throughout body and splitting headache (not migraine). Heavy menstrual bleeding with clots for long periods of time
1350800	5/26/2021	CA	75	M	2/6/2021	5/19/2021	patient developed an unprovoked (no antecedent ccause) multisegmental Pulmonary embolus. He developed chest pain, Shortness of breath, and tachycardia on Wednesday 19 May 2021 which continued to worsen until he was hospitalized on May 21 and diagnosed with the PE and possible pneumonia.
1350804	5/26/2021	OR	86	M	4/24/2021	5/26/2021	Chest pain Pericarditis, AFIB
1350827	5/26/2021	FL	32	M	5/20/2021	5/21/2021	Myocarditis with troponinemia to 4, no volume overload/heart failure. Presented with chest pain the day after vaccination, did not abate, associated with palpitations, went to the ED and found to have troponinemia. Treated conservatively. Left heart cath showed non obstructive CAD, preserved LVEF 55%, discharged home on colchicine.

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1350830	5/26/2021	GA	22	F	4/16/2021	4/19/2021	For the first two days, I had sever body pain, fever, and migranes. On the third day, I had severe chest pain and breathing difficulty that lasted for two additional days. The chest pain went away on the sixth day but the breathing difficulty lasted for a few more days. I never recieved treatment for any of the side effects.
1350859	5/26/2021	IN	32	M	5/5/2021	5/12/2021	Intermittent Chest pains, left and right sides, at random times of the day. Goes away on some days, stays on others. Unsure if side effect of the the first or second shot.
1350881	5/26/2021	TN	25	M	5/13/2021	5/16/2021	Patient presented with chest pain. Troponins were elevated. Echocardiogram revealed decreased left ventricular systolic function with an ejection fraction of 30-35%, MRI was consistent with myocarditis.
1350891	5/26/2021	WA	16	M	5/17/2021	5/17/2021	The evening after the client received his first dose of Pfizer, he reported chest pain and fluttering in his chest while playing basketball. This event lasted approximately 5 seconds and resolved without intervention. The client is being followed by his pediatrician. Per his parent, these events have happened before, but this was the most severe.
1350895	5/26/2021	SC	46	F	3/3/2021	3/31/2021	After the first shot I had intermittent pain along the left side of my jaw, as well as intermittent pain on the left side of my chest. This sometimes would extend to my back. The chest pain was less often and less noticeable of the two. This lasted for a few weeks following the first shot. While I did have chest tightness.. I do not recall having the same sensations in my left jaw or chest following the second shot, but I did not write my symptoms down. In addition, I have seasonal allergies that were bad during the month of April and it is sometimes difficult to tell whether chest/lung tightness is related to that. I am now having what feels like heart palpitations or racing heartrate, particularly at night, sometimes during exertion, or if I have not slept well. I do not know that the heart palpitations are related to the vaccine, but I do believe the jaw and chest pain are attributable to it.
1350898	5/26/2021	PA	19	M	5/19/2021	5/22/2021	Chest pain with EKG changes and elevated troponin - final diagnosis - myocarditis

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1352163	5/26/2021	WA	63	M	2/14/2021	2/19/2021	2/19/21- Patient presented with shortness of breath that appears to be chronic, but potentially worse (this was 5 days after 2nd Covid vaccine). Lab tests showed thrombocytopenia (unknown if this is new or old) as well as mild transaminitis (again, not known if new) 3/23/21- Patient presented with a stroke involving the R frontal and parietal lobe. Echo normal at that time 4/22/21- presented to urgent care again and was found to have elevated troponin (without associated chest pain or EKG changes). Echo was normal, but cardiac MRI showed evidence of myocarditis
1350704	5/26/2021	NY	14	M	5/23/2021	5/24/2021	Patient had midsternal chest pain stabbing for 5mins. Patient took ibuprofen and pain resolved after 10mins. Headache and tired on 05/24/21 and 05/25/21. Provider encouraged rest and fluids and referred to see cardiology specialist.
1349669	5/26/2021	IL	15	M	5/13/2021	5/14/2021	current_age: 15; Headache; chest pain; fatigue; This is a spontaneous report received from a non-contactable consumer. A 15-year-old male patient reported for himself that he received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection), via an unspecified route of administration, administered in Left Arm on 13May2021 16:00 (at the age of 15-year-old) as single dose for COVID-19 immunization. The patient medical history was not reported. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not have any known allergies. The patient did not receive any other medications within 2 weeks of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 14May2021 at 16:30 the patient experienced Headache, chest pain, and fatigue. The patient received Tylenol as treatment for the events. The reporter stated that events as non-serious. The outcome of the events was reported as recovered on an unspecified date. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

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1348839	5/26/2021	WA	21	M	5/9/2021	5/13/2021	This is a 21 year old male who had his first dose Moderna vaccine on 3/18/21 (lot#001B21A) and second dose on 5/9/21 (lot#024C21A). On 5/13/21, the patient presented to the emergency department with complaints of shortness of breath, chest pain, 'sharp shooting pain going up my leg/thigh,' pain 5/10, and nausea. Onset on 5/12/21. The patient has a history of a recent ED admission on 4/24/21 for abdominal pain, felt to be related to a recent diagnosis of hepatic stenosis, biliary sludge (unrelated to the 5/9/21 ED visit, however notable; discharged to home to f/u with established surgeon). The patient stated that this may be related to chronic anxiety. ED provider determined that acute chest pain was likely due to anxiety and/or a vaccine reaction. The patient was discharged to home with instructions to f/u if needed. No additional chart documentation available since discharge.
1348844	5/26/2021	CA	62	M	4/22/2021	4/23/2021	Day after 2nd dose, discomfort stayed in bed. 2nd day after dose shoulder pain radiating to chest, during night intense chest pain with extremely shallow breathing. By morning chest pain so bad I went to E.R. I was admitted with normal EKG and oxygen levels. Elevated test that indicates blood clot in lung. CT scan done. Diagnosis Pulmonary Embolism. Was admitted to hospital for 2 days while undergoing heparin and warfarin therapy and pain relief. Prescribed blood thinners for 6 mos. After release severe fatigue and low HGB levels limited walking of more than 50' without losing consciousness. It has been 1 month and still can only walk 100' without lightheadedness.
1348866	5/26/2021	VA	18	M	4/13/2021	4/16/2021	Experienced chest pain two days after shot. I did have covid-19 1 year prior to the shot but was sent to the hospital for myocarditis. I was in the hospital for 2 days, now in unable to exercise and cannot do any harsh work.
1348872	5/26/2021	WA	31	M	5/8/2021	5/14/2021	Minor chest pain left side. Never had this feeling before. Read few reports online, feels like heart inflammation?

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1349094	5/26/2021	MO		F	3/3/2021	3/26/2021	chest pain/ went to the emergency room / Hospitalized for one night; I still feel some nerve sensations that come and go.; shingles/shingles a few days later/As of today, my shingles have faded away; Headache; low blood pressure; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (chest pain/ went to the emergency room / Hospitalized for one night) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 065A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Medical history information was not reported. Concomitant products included DIFLUPREDNATE (DUREZOL) for Glaucoma, VALACICLOVIR HYDROCHLORIDE (VALACYCLOVIR) and TRAVOPROST for an unknown indication. On 03-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 26-Mar-2021, the patient experienced CHEST PAIN (chest pain/ went to the emergency room / Hospitalized for one night) (seriousness criterion hospitalization), HYPOTENSION (low blood pressure) and HEADACHE (Headache). On 29-Mar-2021, the patient experienced HERPES ZOSTER (shingles/shingles a few days later/As of today, my shingles have faded away). On 20-May-2021, the patient experienced SENSORY DISTURBANCE (I still feel some nerve sensations that come and go.). The patient was hospitalized on 26-Mar-2021 due to CHEST PAIN. The patient was treated with PARACETAMOL (TYLENOL) for Headache, at a dose of UNK dosage form. On 29-Mar-2021, CHEST PAIN (chest pain/ went to the emergency room / Hospitalized for one night) outcome was unknown. On 20-May-2021, HERPES ZOSTER (shingles/shingles a few days later/As of today, my shingles have faded away) had resolved with sequelae. At the time of the report, HYPOTENSION (low blood pressure), SENSORY DISTURBANCE (I still feel some nerve sensations that come and go.) and HEADACHE (Headache) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In March 2021, Echocardiogram: unknown Not reported.. In March 2021, Scan myocardial perfusion: unknown Not reported.. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. It

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1349527 5/26/2021 FL

M

5/8/2021

is not known if patient took second dose of covid-19 vaccine. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Very limited information regarding the events chest pain and hypotension have been provided at this time. Further information has been requested. Based on the pathophysiology of the event Herpes zoster it is assessed as unlikely related to mRNA-1273. Most recent FOLLOW-UP information incorporated above includes: On 20-May-2021: Significant Follow up information included addition of one new event, stop date and outcome for the event shingles added, date of hospital admission added. Ongoing events added.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Very limited information regarding the events chest pain and hypotension have been provided at this time. Further information has been requested. Based on the pathophysiology of the event Herpes zoster it is assessed as unlikely related to mRNA-1273.

developed chest pain; Troponin level greater than 1000; This is a spontaneous report from a contactable consumer. A 23-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as 2ND DOSE, SINGLE for covid-19 immunization. The patient's medical history and concomitant medications were not reported. On 08May2021, 6 days after receiving 2nd dose, patient developed chest pain. He was admitted to hospital for 2 days. Troponin level was greater than 1000 on 08May2021. Cardiologist believes this may be a severe reaction to the vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient was tested for COVID-19 via Nasal Swab (Coronavirus PCR) with negative result. The outcome of events was unknown. Follow-up attempts are completed. The following information on the batch number has been requested.

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1349528	5/26/2021	UT	29	M	4/15/2021	4/15/2021	slurred speech; Memory loss; loss of cognitive functions; increased appetite; nausea; headaches; weight gain; unable to stay focused; shortness of breath / difficulty breathing; chest pain near heart; This is a spontaneous report from a contactable consumer or other non hcp. A 29-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Batch/Lot Number: EW0162) unknown dose via an unspecified route of administration in deltoid left on 15Apr2021 at 01:45 (at the age 29 years) as single dose for COVID-19 immunization. Medical history included depression. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient received other medications within 2 weeks of vaccination: Allergy medicine, ibuprofen. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. On 15Apr2021 at 16:00, the patient experienced memory loss, loss of cognitive functions, increased appetite, nausea, slurred speech, headaches, weight gain, unable to stay focused, shortness of breath, difficulty breathing, chest pain near heart. Outcome of the events was recovered with sequelae. No follow up attempts are possible. No further information is expected.

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1349546	5/26/2021	FL	22	M	5/5/2021	5/1/2021	Bleeding; Shortness of breath; Chest pain; Fever of 102; Viral myocarditis; This is a spontaneous report from a contactable consumer (parent). A 22-year-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration assuming left arm, at age 22 years, on 05May2021 (Batch/Lot Number: EW0153) as 2ND DOSE, SINGLE for COVID-19 immunization. The patient's medical history was reported as no. Concomitant medications were not reported. Patient historically took first dose of BNT162B2 at age 22 years on 14Apr2021 for COVID-19 immunization. Reporter's son unfortunately appeared was hospitalized for adverse reaction (bleeding) and the physician told reporter to report this. Patient had has viral myocarditis of heart on an unspecified date on May2021 after he got his second dose on 05May2021. On 06May2021, patient started having symptoms of shortness of breath, chest pain and fever of 102 (unit: unknown) after the second dose, so he went to emergency room. Then on Friday , 07May2021, he ended up with bleeding, so admission date is 07May2021 and he is still in the hospital at the time of reporting, they don't know how long. Patient also underwent lab test and procedure that includes laboratory test on May2021, 2 weeks before, patient was fine until the second dose. The outcome of the events was unknown.

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1349551	5/26/2021	MD	23	F	4/17/2021	4/1/2021	the back of her tongue felt numb/developed a numb tongue; throat was itchy then sore/her throat was sore and itchy; throat was itchy then sore/her throat was sore and itchy; chest pain; not quite normal breathing/uncomfortable breathing/heavy breathing that was more of an irregular breathing; Fatigue; her lungs felt swollen; This is a spontaneous report from a Pfizer-sponsored program via a consumer reported for a patient (reporter's mother). A 23-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Right on 17Apr2021 (Lot Number: EW0162) (at the age of 23-year-old) as single dose for covid-19 immunization. Medical history included asthma and diagnosed at age 2, allergy and allergy to bull dogs. Concomitant medications included budesonid taken for allergy, start and stop date were not reported; formoterol fumarate dihydrate taken for allergy, start and stop date were not reported. The patient experienced her lungs felt swollen in Apr2021, the back of her tongue felt numb/developed a numb tongue on 17Apr2021, throat was itchy then sore/her throat was sore and itchy on 17Apr2021, chest pain on 17Apr2021, not quite normal breathing/uncomfortable breathing/heavy breathing that was more of an irregular breathing/out of breath walking up the steps on 17Apr2021 and fatigue on 17Apr2021. A family member had some reaction to the first pfizer covid-19 vaccine. Wanted to know where can she find information to determine if the second vaccine shot is safe. 40 minutes from the time of the injection the back of her tongue felt numb and her throat was itchy then sore. About 40 minutes after that those symptoms went away. Later in the day she had chest pain and not quite normal breathing. After using her asthma inhaler twice in a short time this dissipated. Fatigue remained for about a week. Her daughter was prescribed Metronidazole 500mg (she initially thought it was penicillin) and the packaging information of the antibiotic says not to receive any vaccines. She was scheduled for her second dose next Tuesday (18May2021) and wanted to know if it would this be applicable to the Pfizer BioNTech Covid 19 vaccine. Mother calling on behalf of daughter who received the first dose of the Pfizer BioNTech Covid 19 vaccine on 17Apr2021. She was told to wait 30 minutes after the

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vaccine and was okay, however after 40 minutes after the vaccine she developed a numb tongue, her throat was sore and itchy. This subsided within about 30 minutes (also reported as 40 minutes). About 4 hours after the vaccine she developed chest pain and uncomfortable breathing. Her daughter states her lungs felt swollen, and was out of breath walking up the steps. She did use her AuviQ and albuterol inhaler and the first dose of AuviQ didn't work so she repeated it and it helped. She called the doctor and used her peak flow meter and the doctor on call stated that her reading was okay and did not need further medical attention. After that evening those side effects went away. Caller has a past medical history of asthma and allergies to bulldogs. If she was even around someone who has been near a bull dog she will develop chest symptoms. Mother spoke with CDC and they told her as long as her daughter didn't go to the ER it was okay for her to receive the vaccine and wanted to know if she get her second dose of the Pfizer BioNTech Covid 19 vaccine. She is scheduled to receive it next Tuesday (18May2021). Her doctor said that some people react to the polyethylene glycol and want to know if she could get tested for that. After the patient received the vaccine, her tongue was numb and her throat was sore and itchy but it went away. This started 40 minutes after the patient received the vaccine. 4 hours after the patient received the vaccine, she had chest pain and heavy breathing. The caller is nervous because the patient has only had this chest pain during a severe allergic reaction in the past. The patient do about the second dose. The patient was also prescribed an antibiotic this week and the antibiotic paperwork said not to have any vaccines while taking that product. The patient is due for the second dose of the vaccine this week, is it okay to get because she will still be on the penicillin. This event happened after receiving the first dose of the vaccine on 17Apr2021. The patient also had fatigue for a week. The patient had the heavy breathing that was more of an irregular breathing. The patient's lungs felt swollen, it felt like there was weight on her chest, it was uncomfortable breathing. The caller felt out of breath walking up the steps. The caller used her inhaler twice. The patient underwent lab test included investigations: the on call doctor had the patient do the peak flow meter and it was fine, over 550 on 17Apr2021.

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No more information was available. The doctor also had the patient press her chest to see if there was pain when she touched it and there was not so the on call doctor felt comfortable not making the patient go to the emergency room. Caller reports that her daughter received her first vaccine dose on 17Apr2021 and afterwards experienced a severe reaction with symptoms including, tongue swelling, sore throat, and Chest pain. Caller reported that it didn't getm severe enough for her to need an Epi pen. Caller reports that they have an appointment to see her doctor as well, for further discussion. She calls today to ask if symptoms with the second dose are expected to be worse than they were with the first shot and timing of the second dose. We refer you to speak to your healthcare provider about the risks of the vaccine compared to the risks of potentially not being fully protected against COVID- 19 infection. Your healthcare provider knows your health situation and has access to information that can better help inform this decision. The outcome of the event her lungs felt swollen was unknown, the event fatigue was recovered in Apr2021, the other events was recovered on 17Apr2021. Information on lot/batch is available; further information has been requested.

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1349567	5/26/2021	PA	17	F	5/7/2021	5/8/2021	Fever of 103; chills; sweating; body ache; nausea; vomiting; diarrhea; headache; cough; chest pain; This is a spontaneous report from a contactable consumer for herself. A 17-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in left arm on 07May2021 17:00 (Lot Number: EW0176) at single dose for COVID-19 immunisation. Medical history was none. No allergies to medications, food, or other products. The patient's concomitant medications were not reported. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient was not pregnant at the time of vaccination. The patient previously received first dose of BNT162B2 (lot number=EW0153) in left arm on 15Apr2021 04:00 PM for COVID-19 immunisation. The patient experienced fever of 103, chills, sweating, body aches, nausea, vomiting, diarrhea, headache, cough, chest pain on 08May2021 13:00 with outcome of not recovered. Events were resulted in doctor or other healthcare professional office/clinic visit. No treatment received. Patient was not diagnosed with COVID-19 prior to vaccination. Since the vaccination, patient had not been tested for COVID-19.

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1349575	5/26/2021	PA	75	M	2/19/2021	4/10/2021	Chest pain; Shortness of breath; Shoulder pain; Temperature: 100.3 degrees Fahrenheit; Pericarditis; The diagnosis he has is acute Pericarditis, peritonitis; This is spontaneous report from a contactable consumer (patient). This 75-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot#: EM9810) at single dose in left arm on 19Feb2021 11:00 for COVID-19 immunization. The first dose was on 28Jan2021 (Lot#: EL9261) at noon in left arm. Adverse events following prior vaccinations was none. Additional vaccines administered on same date of the pfizer suspect was no. Prior vaccinations (within 4 weeks) was no. Ongoing medical history included controlled high blood pressure diagnosed around 2000; heart beat irregularities, diagnosed in his 20s, in 1971, he had his first EKG at that time. Concomitant medication was not reported. On 10Apr2021, patient experienced chest pain, shoulder pain, shortness of breath and ended up in the hospital. Temperature was 100.3 degrees Fahrenheit on 10Apr2021. It took a while to find out what was wrong, it was pericarditis, an inflammation and probably a viral infection of the pericardium. Patient was hospitalized on 10Apr2021, in the evening and discharged in the middle of the afternoon the next day, 11Apr2021, less than one day. The chest pain ended on 12Apr2021, but he had a relapse, and it was ongoing and persisting. Shoulder pain basically lasted for 24 hours. He was put on medicine and it got better, but he had a relapse last week and it was persisting. Shortness of breath had a relapse last week. When he was put on medicine, he felt better, but when he got off the medicine, he relapsed and he didn't know if it was persisting or getting better. Pericarditis was diagnosed on 11Apr2021 and it was ongoing and improving. Temperature was resolved the next day, the 11Apr2021 with the medicine. Patient was put on medication when he went to the Emergency Room. The medication was provided to deal with the inflammation. Ibuprofen was taken 600 mg by mouth, 3 times daily for inflammation, he took it from 11Apr2021 to 18Apr2021. The dose was lowered to 1200 mg per day, then 600 mg per day. When he went off of it, the symptoms came back. Caller was taking 200 mg tabs by mouth 6 times a day. Caller had a prescription dose that was higher before, the big ones, but that's over with now. Patient was taking colchicine at 0.6 mg by mouth

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once a day. It was an anti-inflammatory. The ibuprofen was stopped and after 3 weeks, his symptoms came back and he was put back on the ibuprofen. The colchicine was a 30-day prescription. He would run out this week and would renew it for a 30-day supply. Patient added these medications tear up the stomach, so they put him on pantoprazole at 40 mg once per day. The ibuprofen was 600 mg tabs, NDC: 65162-0465-50, quantity 21 tabs, no refills, Rx: 6330005, it was just in a bottle, not a shrink-wrapped thing. The diagnosis he had was acute pericarditis, peritonitis and the cause was unknown, but was being treated as a viral infection. He was asked if he had a cold or upset stomach, which would then indicate the type of infection he had but he didn't have anything. These would help determine which type of virus it was. In his case it was unknown and unknowable. When the caller was weaned off the ibuprofen his symptoms came back with in a couple days. His temperature went up, he experienced shoulder pain and was short of breath. He was put back on the ibuprofen at that time. He was anticipating many more weeks of symptoms based of the way he was being treated by the doctor. The patient added the symptoms that presented were almost the same as a heart attack and he was concerned when he started to experience those symptoms. There was no clear evidence of what has caused his symptoms, he did not know if it was by Covid-19 or the Covid-19 vaccine but it was possibility. Patient hoped it was not the vaccine. All the adverse events required a visit to emergency room and physician office. Therapeutic measures were taken for all the adverse events. The outcome of event body temperature increased was recovered on 11Apr2021, the outcome of event pericarditis was recovering, the outcome of events shortness of breath and peritonitis was unknown. The outcome of rest events was not recovered. The information on the lot/batch number has been requested.

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1350516	5/26/2021	MI	71	F	3/13/2021	5/11/2021	This is a 71y.o. female hx of HTN, HLD, and breast cancer dx in 2018 with lumpectomy/radiation in 2018 taking Arimidex since presenting secondary to DIB. The patient states she had her covid vaccine Pfizer completed in March. She then decided to go to her timeshare and had flown there last week. She states that they had done multiple driving trips and had only gone to one casino that was low crowds. She states starting on Tuesday prior to flying home she developed shortness of breath with exertion to where she needed a wheelchair for transport. She denies any syncope or chest pain. She denies any history of blood clots. She denies any fever or COVID exposure. In emergency department patient is found to be Covid positive as well as have acute PE. ID consulted and pt on Heparin. seen this morning. No tobacco history, resides with her husband. To check lower extremity venous Doppler studies for completeness. Plan of care discussed with patient. To coordinate outpatient follow-up with her primary care physician, Doctor. Anticipate 6mos of anticoag ID following, on decadron and Remdesivir

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1349653	5/26/2021	MD	18	M	4/30/2021	4/30/2021	Tingling in his right hand and then subsequently developed tingling in his right leg and down to his foot; Chest pain; This is a spontaneous report from a contactable physician (patient's father) via Medical Information Team. An 18-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiration date were not reported), via an unspecified route of administration in the left arm on 30Apr2021 (at the age of 18-years-old), 1st dose, single, for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The vaccine was administered at a pharmacy. On 30Apr2021, the patient developed tingling in his right hand and then subsequently developed tingling in his right leg and down to his foot, and then developed chest pain. The reporter stated that the patient went to the emergency room and an electrocardiogram was done on 30Apr2021 that came back normal, so he was sent home. The reporter would like to know if there was any guidance that could be provided on the safety of the patient getting the second dose of the vaccine. The outcome of the events was unknown. No follow-up attempts are possible; Information about lot/batch number cannot be obtained.

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1350924	5/26/2021	PA	51	F	3/6/2021	5/17/2021	<p>51-year-old female who presents today with complaint of Covid, apparently diagnosed with Covid about 1 day prior to presentation and has been having symptoms for about 3 days now. Sent in by PCP after being found to have heart rate of 140 and pulse ox of 79% from home pulse ox. On exam at this time, vitals stable, patient making complete sentences, does have some decreased breath sounds however likely consistent with her smoking history and possible COPD. Patient would prefer to return home at this time which I think is reasonable given her presentation, will provide patient with symptomatic relief, as long as she is able to demonstrate appropriate ambulation anticipate that she can likely be discharged home. History of Present Illness 51 y.o. yo female presenting to the ED with shortness of breath. Diagnosed with Covid yesterday, has been having symptoms for about 3 to 4 days now, primarily consisting of cough, decreased appetite, nausea, and diarrhea as well as sinus pressure. Yesterday she has she developed some chest pain and shortness of breath with exertion, scheduled a PCP televisit today during which she used a home pulse oximeter and was found to have a pulse ox of 79% and a heart rate of over 140 after ambulation at that time was instructed to present to the emergency department for evaluation. Currently she states that while at rest she does not feel so symptomatic however she feels significantly symptomatic with walking. She states that she has been able to eat some food however significantly decreased appetite. She does endorse a smoking history, denies a productive cough. Has not noticed any increased swelling in her lower extremities, not experiencing any chest pain today, this is primarily after having prolonged coughing fits. Has no other complaints at this time. She has a history of lupus for which she takes Plaquenil, does not take steroids. She has been taking some Tylenol on and off, and did not notice that she had a fever of 103.5 yesterday. Clinical Support RN (Registered Nurse) ? ? Encounter Date: 5/21/2021 ? ? Signed Patient is here for MAB Infusion Consent for infusion prior to this visit reviewed and verified. O2 sats > or = 90% Signs of potential reaction reviewed with patient. Tolerated IV start and MAB infusion without complication. Pt has access to pulse oximeter and thermometer for home monitoring Provided fact sheet for patients, parents and caregivers-</p>

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							Emergency Use Authorization of BAM for Coronavirus Disease 2019 for pt to review. Discharge instructions reviewed. Patient denies any questions
1349759	5/26/2021	MD	41	F	3/9/2021	4/24/2021	Developed extreme anxiety symptoms after the vaccination, thought it was normal until the onset of extreme chest pains on or around 4/24/2021. Was diagnosed with Pericarditis on 4/29/2021.
1350288	5/26/2021	IN	36	F	5/24/2021	5/25/2021	Chest pains, whole body muscle pain, fever, severe fatigue, nausea, lack of appetite, migraine, & chills and sweats
1350322	5/26/2021	MI	67	F	4/1/2021	5/12/2021	This is a 67-year-old female with a history of hyperlipidemia, depression, anxiety, hypothyroidism and presents for complaint of acute onset abdominal pain, vomiting and diarrhea. Noted that pain awoke her from her sleep this morning. Initially located in the epigastric region but states the pain is worse in the right lower quadrant. She's had several episodes of diarrhea today as well as one to 2 episodes of vomiting. She has a history of hysterectomy. Last known normal bowel movement was this morning. Review of Systems Constitutional: Negative for chills, fatigue and fever. HENT: Negative for facial swelling and trouble swallowing. Respiratory: Negative for cough, shortness of breath and wheezing. Cardiovascular: Negative for chest pain and palpitations. Gastrointestinal: Positive for abdominal pain (RLQ). Negative for diarrhea, nausea and vomiting. Genitourinary: Negative for dysuria and frequency. Musculoskeletal: Negative for back pain and neck pain. Skin: Negative for rash and wound. Neurological: Negative for weakness, light-headedness and headaches. Psychiatric/Behavioral: Negative for confusion. The patient is not nervous/anxious.
1350362	5/26/2021	PA	57	F	4/19/2021	4/29/2021	Chest pain, unspecified type

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1350383	5/26/2021	MI	76	M	3/16/2021	5/11/2021	This is a 76y.o. male significant past medical history of HTN, MI, dyslipidemia, and ESRD on hemodialysis that presented to the hospital with chief complaint of fall. He states he fell out of his recliner chair yesterday and landed on his left side. He admits to striking his head but denies any LOC. He reports he did miss hemodialysis on Monday secondary to episodic diarrhea. He is seen today resting in no acute distress. Endorsing overall he is feeling well. Denies any fever, chills, chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, or changes in motor strength. In the ED, patient hypertensive, afebrile, stable SPO2 on room air. CT head, C Spine and radiographs negative for acute process. CXR concerning for pneumonia. He was started on antibiotic therapy and admitted to observation for further evaluation and management with nephrology consultation. ROS: Constitutional: Denies fatigue, fever or chills. Eyes: Denies change in visual acuity, diplopia or pain. HENT: Denies nasal congestion, sore throat or tinnitus. Respiratory: Denies cough, difficulty in breathing or shortness of breath. Cardiovascular: Denies chest pain, palpitations or edema. GI: Denies abdominal pain, nausea, vomiting, constipation or diarrhea. GU: Denies dysuria, urinary frequency or hematuria. Musculoskeletal: Denies back pain, atrophy, spasticity or joint pain. Hematologic: Denies anemia, bleeding or bruising. Integument: Denies rash, lesions, or history of cancer. Neurologic: Denies headache, focal weakness, seizure or stroke. Endocrine: Denies temperature intolerance, polyuria or polydipsia. Lymphatic: Denies tender, abnormal, swollen glands. Psychiatric: Denies irritability, depression or anxiety.
1350384	5/26/2021	VA	27	M	5/4/2021	5/22/2021	27-year-old gentleman with history of mild intermittent asthma, anxiety, presented with complaints of fever of 99.8 °F on 5/22/2021 associated to fatigue and body aches and then chest pain, generalized with radiation to left arm since afternoon of 5/23/2021, which got worse on 5/24/2021 and he was admitted for further evaluation with initial troponin of 472. Had an NSTEMI; chest tightness, pain in left arm, lightheadedness, dizziness, presyncope. Discharge diagnosis - probable myocarditis; clinical picture most consistent with viral myocarditis.

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1350395	5/26/2021	PA	62	M	4/19/2021	4/27/2021	Fatigue, unspecified type Dizziness Fever, unspecified fever cause Weakness COVID-19 virus infection Office Visit 5/12/20Family Practice PA Family Medicine COVID-19 virus infection +4 more Dx Cough Reason for Visit Progress Notes (Physician Assistant) ? ? Family Medicine ? ? Encounter Date: 5/12/2021 Cosign Needed Expand AllCollapse All Assessment/Plan TENT. 1. covid positive - symptoms and diagnosis occurred x15 days ago. He was improving but starting yesterday he has developed R sided chest pain and has been slightly SOB. Cough has worsened as well. He has not been taking ASA, will rule out PE at this time. STAT chest CTA ordered, CBC, and CMP. Possibility of secondary pneumonia but will hold off on abx for now, review after chest CTA results. Continue Acetominaphen and hydrating. If any symptoms worsen or the following occurs go directly to ED; fever/chills, chest pain, SOB. Patient understands and agrees. If chest CTA rules out PE and shows pneumonia would cover w/ azithromycin/ceftin/prednisone. Diagnoses and all orders for this visit: COVID-19 virus infection - CBC; Future - Comprehensive metabolic panel; Future - CT angiogram chest pulmonary embolism with and without contrast; Future Fatigue, unspecified type - CT angiogram chest pulmonary embolism with and without contrast; Future Other chest pain - CT angiogram chest pulmonary embolism with and without contrast; Future Tachycardia - CT angiogram chest pulmonary embolism with and without contrast; Future
1350413	5/26/2021	FL	50	F	4/24/2021	5/24/2021	Approximately 1 hour after receiving first dose of Pfizer COVID vaccine patient experienced persistent chest pain 3/10. Pain radiated from chest to back. She denied nausea/vomiting, shortness of breath, no dizziness, no rash, no itching, no swelling, no sensation of throat closing, Blood pressure at 2:30PM: 105/74, pulse 56.

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1350454	5/26/2021	IA	41	M	4/26/2021	4/29/2021	Had expected fevers and chills day following vaccine. Started approximately 12 hours after shot and abated approximately 36 hours later. Of note, had a fever and chills when falling asleep night of 5/28 On 5/29 woke with specific chest pain localized to heart area. Waited approximately one hour to see if symptoms abated, then proceeded to ER to get checked out. EKG showed left branch block. Administration of Nitro and aspirin alleviated chest pain. Was admitted to hospital for observation and testing to ensure heart functioning properly.
1350461	5/26/2021	OH	26	F	4/13/2021	4/19/2021	Heart palpitations, chest pain, chest tightness. Started to go away within two weeks without medication. Visited urgent care, primary care and cardiologist

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1350470	5/26/2021	MI	70	M	3/12/2021	5/21/2021	71-year-old male with history of lymphoma on chemotherapy and heart transplant in 2011 on immune suppressants presenting with fever, fatigue, cough, shortness of breath x4 days. Patient is afebrile upon arrival with otherwise normal vital signs. He did desaturate to 88% while at rest and was placed on 2 L nasal cannula. He has clear breath sounds bilaterally without any focal findings. Work of breathing is not increased and very stable in my opinion. He appears clinically euvoletic and denies history of heart failure. No wheezing warranting treatment beta agonist. Patient will require admission given his acute respiratory insufficiency, will need to discuss appropriate Campus placement with the Heart Transplant Service and anticipate he will require transfer to Grand Rapids. Given his reported dyspnea, EKG ordered. Will obtain routine screening labs, COVID-19 swab. With his reported fever, although not objectively present during this visit, and current immunocompromised state, will treat via the emergency department sepsis protocol and collect blood cultures. Fri May 21, 2021 1059 EKG with a normal sinus rhythm, rate of 88 beats per minute, no acute ischemic changes are noted. Patient has a right bundle-branch block. EKG is unchanged from that of January 21, 2021. BNP is 404, no chest pain to warrant cardiac biomarkers. [SR] 1113 COVID-19 is detected. [SR] 1125 CMP was sodium of 128, chloride 95, glucose 303, creatinine 0.87. Magnesium is 1.9. Phosphorus 2.1. Urinalysis with trace blood, no urinary tract infection. Urinalysis without urinary tract infection. [SR] 1147 INR subtherapeutic at 1.2. [SR] 1149 Received a critical result from lab, white blood cell count is 0.04, patient is by definition therefore neutropenic. Platelets are 21 K without reported active bleeding. Hemoglobin is 9.3. Have a call out to Oncology to discuss need for IV cefepime given the reported fevers at home although etiologies presumably viral with COVID-19 test. Further, I do not know if IV Decadron is appropriate given his profound neutropenia, especially having recently finished a high-dose course of 100 mg prednisone orally x5 days. [SR] 1150 CXR: Airspace opacities are seen involving both the lungs, more prominent in the right lung, as described above. These are likely due to consolidation/pneumonia. Viral pneumonia can also have similar appearance. Correlate clinically. [SR] 1218

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Discussed case with Dr. from transplant team who agreed with admission to his service . He did recommend that I broaden his antibiotic regimen to include both IV vancomycin and IV cefepime. He recommended that I do provided dose of IV Decadron despite the neutropenia to treat his acute respiratory failure secondary to COVID-19. Still awaiting call back from Oncology. [SR] 1454 After multiple pages, I have not been connected to Oncology. Patient was transported by EMS. He will need a formal oncology consult upon arrival to admitting facility. [SR]

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1349586	5/26/2021	NM	46	M	4/26/2021	4/27/2021	<p>nstemi; Myocarditis; This is a spontaneous report from a contactable physician. A 46-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number: unknown) via an unspecified route of administration on 26Apr2021, SINGLE for covid-19 immunization. The patient's medical history was not reported. The patient had no known allergies. The patient's concomitant medications were not reported. The patient did not receive any other vaccine within 4 weeks prior to the vaccine. On 27Apr2021, the patient reported to the hospital with complaints of chest pain with electrocardiogram (EKG) showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers. On 27Apr2021, the patient experienced non-ST-elevation myocardial infarction (NSTEMI) and myocarditis. The patient was hospitalized for one day, and the event required an emergency room/department or urgent care visit. The patient underwent lab tests and procedures which included blood test: negative on 02May2021, covid-19: negative on 02May2021, electrocardiogram: unknown showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers, myocarditis: unknown. Cath report did not reveal coronary artery disease (CAD). Therapeutic measures were taken as a result of NSTEMI (acute myocardial infarction), myocarditis (myocarditis), chest pain (chest pain), EKG showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers. The outcome of non-ST-elevation myocardial infarction (NSTEMI), myocarditis, chest pain and electrocardiogram (EKG) showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers was recovered on an unknown date. It was also reported that since the vaccination, the patient was tested for COVID-19 on 02May2021 and was negative. Information on lot number/batch number was requested.; Sender's Comments: The information available in this report is limited and does not allow a medically meaningful assessment of the case. Based on currently known drug profile it is unlikely that events non-ST-elevation myocardial infarction (NSTEMI) and myocarditis are related to BNT162B2. This case will be re-evaluated upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety</p>

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1351607	5/26/2021	MI	81	F	3/29/2021	5/3/2021	evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and investigators, as appropriate.
1350903	5/26/2021	NC	67	F	1/19/2021	1/19/2021	81-year-old female with past medical history of hypertension, chronic respiratory failure on 2 L oxygen at night, asthma, depression, anxiety, atrial fibrillation, coronary artery disease, who presented to the hospital complaining of a shortness of breath. The patient reported that she was vaccinated for a COVID-19 couple months ago 2nd shot, again presented to the hospital for a shortness of breath getting worse for the last 2 days. The patient has been in contact with and exposed to a positive COVID person, her husband, and he is in the ICU. Vitals were T-max 98.6, heart rate tachycardic, tachypneic, and blood pressure 150/100. The patient had a chest x-ray, which showed a congestion as well as right perihilar infiltrate. Patient was in the ER on BiPAP. She denied any headache. No dizziness. No blurry vision. No difficulty swallowing or difficulty hearing. No chest pain. Reported shortness of breath with some chills. No fever. She denied abdominal pain. No nausea or vomiting. No change in bowel habits or urination habits. Diagnosed with COVID on 5/3/2021 prior to admission.
							Tightness in throat right after I took shot. Treated myself Benadryl and inhaler same day started itching rash on my chest pain at injection site pain moved to entire arm and under the breast happen with in 1 day Lymphnodes enlarged in the underarm area 3rd day stopped Benadryl and inhaler

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1351460	5/26/2021	NC	27	M	4/8/2021	4/23/2021	After like two weeks, before going to bed, I started having SOB and then a full-on chaotic panic attack. Chest pain, stomach was visually twisted and hurt, felt like I had a knot in my throat and full on anxiety. It took about a week for it to start going away after one Urgent Care visit, two ER visits, and a PC visit who prescribed me with clonazepan and Prozac. When I took both of them two weeks later, my symptoms and pain finally got better, but I am still having SOB, a little fatigue, my joints hurt once in a while, digestive problems, weird chest feeling. At least the heart pains went away.
1351472	5/26/2021	PA	48	F	1/23/2021	1/25/2021	2 days after the vaccine i went to the doctor, for something else, and i had significantly high blood pressure. 174/102, I have no history of high blood pressure. Doctor told me to watch my symptoms. I was not having chest pain, shortness of breath or any heart attack symptoms. Monitor it for the next 24 to 48 hours. The next day I checked my blood pressure, 185/110, At a clinic they did EKG, normal, Heart rate was fine. Rest drink water and rested. About 2 hours later they did another EKG. everything was normal, but my blood pressure was still high. I was given Clonidine blood pressure, and it brought down my blood pressure within an hour to 2 hours. I made an appointment for the next day. My blood pressure went up again that night 170/84, and I took another Clonidine. and it came down again. The next morning , I went to my doctor , 174/106 and a real bad headache by the time I arrived at Dr. office. Doctor reported hypertension. and ordered blood work. The friday before the vaccine, I had an annual check up and I was normal, The doctor did another EKG and it was fine. The doctor Lisinopril-hcz , diuretic , making sure she did not have a kidney infection that was causing my blood pressure to go up. Switched the meds bc my blood pressure was going to low. Feb. 8, he switched me to just lisinopril without the diuretic.

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1351476	5/26/2021	PA	25	M	5/18/2021	5/19/2021	Student started having chest pain the next day on 5/19/2021. Seen at student health on 5/21/21 for atypical chest pain. Had normal EKG. Labs drawn for D-Dimer and troponin. Sent to ED next day when troponin came back at critical level - 7.42. He was admitted from ED to hospital 5/22/21 with myocarditis - discharged on 5/52/21 with final Dx of Non-ST elevation myocardial infarction, Of note he has a twin who was diagnosed with myocarditis last year.
1351491	5/26/2021	NV	62	M	4/29/2021	5/12/2021	C/o chest pain with radiation up posterior neck and thoracic area. Mild SOB Sent to CTH 5/19/21 and returned 5/23/21 TTE shows reduced LV function with large apical aneurysm and a layered non-mobile LV thrombus. Additional medications added upon return-Coumadin 7.5mg, Losartan 25mg, Lasix 40mg, Lovenox 150 mc/ml, coreg 6.25mg, Lipitor 80mg, D/c'd amlodipine, ASA
1351505	5/26/2021		52	M	5/25/2021	5/25/2021	Patient had his 2nd dose of the pfizer vaccine 05/25/2021. Patient is c/o left arm pain and chest pain with pressure that started since last night, 05/24/2021. He denies any SOB, fevers, abdominal pain, or swelling, redness, or tenderness at injection site on the left upper arm. Told the patient to please go to the nearest ER for evaluation of the chest pain; patient verbalized understanding and states that someone will take him to the ER
1351520	5/26/2021	AZ	28	F	5/3/2021	5/4/2021	Pt began feeling bad with chest pain and fatigue, SOB after the vaccine. Per spouse woke up in the middle of the night and tried to get out of bed but fainted and possibly had a seizure, had foam coming out of her mouth. Was transported to the ER and released.

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1351539	5/26/2021	MN	41	F	5/25/2021	5/25/2021	Client received vaccination around 2:15 pm and around 2:30 pm felt dizzy. Client laid back a little, drank water, and had crackers. After about 5 minutes she was feeling less dizzy, but then became upset, most likely due to anxiety as reported by client. Around 2:40 pm, client complained of chest tightness and pain. Vitals were taken. Oxygen saturations were 95%, heart rate was 97, and blood pressure was 116/70. Client stated that she had similar symptoms yesterday and laying down helped, but it was hard to lay down because she was in a wheelchair and couldn't tip very far back. The chest pain and tightness were not improving so an ambulance was requested at 2:45 pm. At 2:54, client said that the chest pain and tightness was a little worse. Client complained of a little throat tightness and feeling hot at 3:00 pm. Client complained of a headache at 3:05 pm and feeling weak at 3:07 pm. There were no visible signs of distress and client was able to take breaths whenever asked. Around 3:15 pm the ambulance arrived and took over. Client left in the ambulance around 3:22 pm. The EMTs thought it was most likely an anxiety/panic attack.
1351562	5/26/2021	NY	20	M	4/27/2021	4/30/2021	I received the vaccine on Tuesday, April 27. On Wednesday I had a fever of 102 F, body aches, and chills. By Thursday my fever had gone away and I was beginning to feel better. Friday morning at 6 AM I woke up to intense chest pain. I considered going to the hospital but by 10 AM the pain had gone away. Around midnight the intense chest pain came back and I went to a Hospital at around 1:00 Saturday.

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1351585	5/26/2021	CA	16	M	5/22/2021	5/25/2021	Patient is a 16 y.o. previously healthy male transferred from different Hospital for chest pain and elevated troponin. He had received his 2nd dose Covid vaccine (Pfizer) on Saturday 5/22, then had a fever to 103 on Sunday and then 101 on Monday measured by laser thermometer to forehead, associated with chills. Mother gave him Advil for fever. States he was awakened from sleep on Tuesday 5/25 at ~4am by a sharp chest pain. He describes a non-radiating, aching pain with some sense of pressure in the LUSB that initially lasted 2 hours. Once he arrived to Hospital it went away completely, but then returned several times after lasting about 30-60min each. Denies pleuritic pain, positional pain, dyspnea, or exertional pain. Tried Ibuprofen which he feels helped, but then the pain returned 30min later. Also endorsed headache and fatigue. At Hospital he had elevated troponin concerning for mild myocarditis. EKG had diffuse ST elevation suggestive of possible pericarditis.
1351588	5/26/2021	HI	15	F	5/15/2021	5/15/2021	Prior to arrival, the patient received her first COVID vaccine at the clinic, after which she suddenly felt dizzy, described as lightheadedness, and felt warm. She was noted to be hypotensive with SBP at 67. She subsequently drank water with some improvement. No syncope, severe headache, numbness, tingling sensations, or focal weakness. Mother was concerned and brought the child to the ED for further evaluation. Currently the patient feels better. No similar symptoms in the past. The patient denies any chest pain or pressure, shortness of breath, or abdominal pain. No recent fever or cough. She is otherwise healthy and has a normal cardiopulmonary exam and reassuring EKG. The description of her symptoms and the environment which happened is very consistent with vasovagal syncope and she does not have any stigmata, and acute neurologic or cardiac emergency. I believe she is safe and stable for discharge home and she was discharged with return precautions and follow-up instructions.

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1351403	5/26/2021	VA	19	M	5/13/2021	5/15/2021	Patient developed chest pain, shortness of breath and fatigue. Chest pain was worse with laying down. Went to Urgent Care and EKG revealed abnormal changes and was sent to ER for evaluation. Found to have minimally elevated troponin, WBC, Sed Rate, CRP and D-dimer. CXR and CT scan were normal with only small L axillary lymph node identified. Diagnosed with pericarditis and discharged home with Ketorolac for 5 days. Symptoms resolved.
1351606	5/26/2021	HI	48	F	5/14/2021	5/14/2021	Per patient. This is a 48 year old female with no relevant PMH who presents to the ED for evaluation of chest pain and palpitations after COVID 19 vaccination. The patient reports that approximately at 8:45 AM she received the first shot of the Pfizer coronavirus vaccine. Within 15 minutes she began to develop palpitations a flushed feeling, tickling in the back of her throat. There is no itching or rash. There is no difficulty handling secretions. The patient has never had an adverse reaction to vaccine in the past. Her only allergy is of ibuprofen, which causes hives. Patient reports ongoing palpitations since this started. No difficulty handling secretions. No leg swelling. No hx of cardiac disease.
1351401	5/26/2021	WA	16	M	5/21/2021	5/26/2021	patient presented w/ acute onset Chest pain, tachycardia Found to have cardiomegaly on xray elevated BNP, elevated CRP and Echo with severe decreased Left Ventricle Function
1351650	5/26/2021	WA	41	F	5/7/2021	5/9/2021	High fever - normally 97.6^F, fever 103.3^F; severe headache; lethargic to the point of severe exhaustion - no energy to walk more than 5 steps; central, focal chest pain/pressure at base of the heart/lower sternum that lasted approximately 20hrs, associated mild wheezing/SOB for the last 10 hrs or so of that window. No appetite for 3 days following vaccination. Chest pain/pressure and shortness of breath resolved after ~20 hrs. Headache resolved within 5 days. Fever resolved within 3 days. Fatigue and lethargic resolved within approximately 1 week.

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1351684	5/26/2021	HI	16	M	5/22/2021	5/24/2021	Patient developed acute chest pain 2 days after administration of the 2nd dose of the COVID vaccine. Contacted PCP on the third day post vaccination. PCP directed him to be seen in the ED. Patient noted to have ST elevation on ECG with elevated cardiac enzymes (CKMB and troponin) thus was admitted to the PICU. Echocardiogram showed normal cardiac function. Troponin level increased further following admission, however CKMB started to trend down. Remained hemodynamically stable and did not require any significant interventions (IVIG, vasopressors, ECMO, steroids, etc). Chest pain resolved on admission to PICU.
1351721	5/26/2021	WA	26	M	5/10/2021	5/16/2021	Notes from my visit with him: May 17th 2021-- "Got his second dose of Moderna vaccine a week ago. Had some SOB afterwards, and then felt improved. But then yesterday started to have similar symptoms, as well as chest pressure, hurts to breathe all the way in, feels a twinge feeling on the inside. Also noticed a muscular pain as well in the same area, hurts to move down the middle of his chest. Also having pain on the right side. Symptoms are persistent, will wax and wane slightly but doesn't go away completely. Feels better when he is standing if feels better, has not noticed food triggers, no difficulty eating or swallowing. A few weeks ago also started a higher fat intake diet. No fevers or chills, no diarrhea, no rash, no sore throat, no runny nose. No known muscular injury that he can think of." May 20, 2021-- "Today is feeling some decrease in symptoms, but still feels like he needs to take deep breaths. Feels like "something is erratic" once in a while. Not feeling increased improvement. Laying down does seem to make it worse. One time he was leaning forward and then sitting up made it worse." May 26, 2021 -- "he reports that he is still feeling some chest pain, but overall is feeling better, symptoms are up and down. Feels like a "tiredness" in the chest wall area. The most pain is from twisting. Not worsening with acidic or greasy foods. Feels like pain is mostly in the muscle now. No SOB at all with increased exertion.~~
1351908	5/26/2021		22	M	5/16/2021	5/17/2021	22y/o AD male c/o Chest Pain since 4am today, Mid-sternal radiates to back. PT states Shivers/chills and anxious. PT is in Quarantine right now recieved J&J vaccine last night at 2300.

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1351917	5/26/2021		26	F	5/12/2021	5/13/2021	c/o worsening hives on Moderna vaccine area since 1st dose on 12 May. denies fever, chest pain, BLE pain. last Zyrtec and Tylenol last night. take Zyrtec regular base for allergy.
1351918	5/26/2021	CA	19	F	5/26/2021	5/26/2021	Client received 2nd COVID vaccine of Pfizer (Lot# EW0185 expiration date 06/24/2021). Client reported nausea and upset stomach at 1528. EMT and EMT responded to this event. RN was notified and responded at 1529. At 1529, vital signs are blood pressure 122/84, heart rate 88, oxygen saturation 97%. Client reports a history of anxiety and insomnia. Client reports current medication usage of Alprazolam, Ambien, Zoloft (sertraline) Sonata, and Zalephon. Client was offered supplemental nutrition and fluids. Client denied nutrition, but accepted fluids. RN educated Client about ED precautions and common adverse effects of the COVID vaccines. At 1540, vital signs are blood pressure 124/90, heart rate 84, oxygen saturation 99%. Client denies shortness of breath, no chest pain, no blurred vision, no headache, no lightheaded. Client reports "stomach feeling better" while drinking water. At 1550, vital signs are blood pressure 122/90, heart rate, 91, oxygen saturation 99%. Client reports "my stomach is improving", reports no nausea and continues to drink water. At 1600, vital signs are blood pressure 119/90, heart rate 86, oxygen saturation 98%. Client reports no new symptoms and that all past symptoms have resolved. At 1604, Client stood up with no complaints and states "I am ok to drive myself". Client walked out of facility with a steady gait.
1351943	5/26/2021	MN	35	M	5/21/2021	5/24/2021	Awoke to chest pain on 5/24 @ 1AM. Waited 24hrs with pain fluctuations. Went into ED 5/25 @0630, with continued chest discomfort. Was given nitro, ibuprofen, colchicine. Was diagnosed with Myocarditis.

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1351950	5/26/2021	LA	17	M	5/22/2021	5/23/2021	chest pain, nausea, sweating w/ alternate chills, and headaches onset at approximately 10-11 a.m. Sunday, 5/23/21. Because he was reporting for work to a camp, he reported to the camp nurse. After conferring with parents, he reported to Hospital for testing. EKG there was normal; minimal labwork performed - Troponin test requested by parent came back at 0.03. Advil taken earlier had resolved pain at that time, but pain was persistent the following day. Parent retrieved patient, and he reported to his pediatrician at the PCP Clinic and more labwork was performed at approximately 10 a.m. Troponin level had increased to 14, with other inflammatory markers elevated and abnormal EKG result. Pediatrician consulted with pediatric cardiologists, and parents were advised to proceed to the ER. Mother arrived with Hospital at approximately 5:30 p.m. Troponin results from 6:45 elevated to 16. Ped. Cardiologist performed echo-cardiogram, which showed no abnormal heart functioning. Ped. Cardiologist diagnosed myocarditis and prescribed 15-hour IVIg infusion. As of Wednesday, 5/26, at noon, troponin level had decreased to 10.8 and other inflammatory markers were improving. Patient is currently still hospitalized in the ICU Step Down Unit at Hospital.
1351955	5/26/2021	OR	12	M	5/12/2021	5/16/2021	He developed acute chest pain 4 days after the vaccine and presented to the ED. Pain was worse in recumbent position and improved with sitting. ED physician suspected possible pericarditis and he was given ibuprofen. Symptoms resolved within 24 hours while taking ibuprofen.
1352101	5/26/2021		25	F	2/20/2021	2/21/2021	Pericarditis with chest pain, treated with coxibine on 2/21/2021 Patient was pregnant, induced labor on 4/19 for poor maternal weight gain and hyperemesis

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1349376	5/26/2021	NY	28	F	3/16/2021	3/16/2021	Muscle ache; Chest pain; Fever; Fatigue; This is a spontaneous report from a contactable consumer, the patient. A 28-year-old pregnant female patient received BNT162B2 (Pfizer BioNTech Covid 19mRNA vaccine, Batch/lot number: 6206), via unknown route of administration on her left arm on 16Mar2021 at 11:45AM (at the age of 28-years-old) as a single dose for Covid-19 immunisation. The patient's medical history included Penicillin allergy. Concomitant medications included Yasmin. Patient had no symptoms associated with COVID-19. Patient was not enrolled in the clinical trial. Patient had not been tested positive for COVID-19 since having the vaccine. The patient experienced Chest pain, Fever, Fatigue and muscle ache on 16Mar2021 at 16 hours. It was unknown if patient received treatment for the events. The clinical outcome of these events chest pain, fever, fatigue and muscle ache was reported as not recovering at the time of this report. No follow-up attempts are possible. No further information is expected.
1351589	5/26/2021	CO	37	F	5/26/2021	5/26/2021	Pt received first dose of Pfizer lot EW0182 on May 26, 2021 and was sent to the 15 minute observation lot. Pt alerted staff in the lot and c/o neck pain, left side arm pain, upper left chest pain and some dizziness. Vitals stable: 134/72, HR 77, RR 16, PWD and Pulse ox 99%. EMS was called in non-emergent to assess the pt. Pt was feeling better at this point. Pt was assessed and released. No further action needed.
1351157	5/26/2021	CA	16	F	5/10/2021	5/13/2021	Presented to ED on 5/13/21 with trouble breathing, chest pain, back pain and numbness. Had been exposed to boyfriend with flu like symptoms 3 weeks prior and had had some symptoms around that time but had been improved. SARS-CoV-2 PCR negative in ED. patient afebrile but workup in ED revealed troponin of 0.71, no EKG changes. Symptoms resolved in ED but given troponin was admitted to the hospital for further evaluation. Echo performed and normal. Troponin trended in hospital and patient discharged without events.

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1350946	5/26/2021	MA	26	M	4/22/2021	4/23/2021	A 26-year-old male with no past medical history presents to the emergency department (ED) with an acute episode of chest pain. He reports initially mild dull substernal chest pain for a day prior to an episode of acute sharp chest pain that radiates to his left neck and left shoulder accompanied by diaphoresis leading him to present to the ED. He had received the second dose of the Pfizer-BioNTech mRNA COVID-19 vaccine three days prior to presentation and reported myalgia and weakness beginning within 24 hours of vaccination. His blood pressure on arrival was 126/83 mmHg and pulse was 61 bpm. Electrocardiogram (ECG) on admission showed diffuse upsloping 2mm STE, no reciprocal changes, and PR elevation in aVR. Troponin-I on admission was 6.03 ng/ml prior to peaking at 21 ng/ml while initial CRP was 56.8 mg/L. Transthoracic echo (TTE) showed left ventricular ejection fraction (LVEF) of 55-60% with hypokinesis of the basal lateral wall. Cardiac magnetic resonance imaging (CMR) was consistent with myocarditis showing subepicardial late gadolinium enhancement (LGE) in the basal inferior wall, no edema on T2 sequences, and a mildly reduced left ventricular systolic function with an LVEF of 51%. He was started on colchicine, low dose beta blocker and losartan and improved symptomatically along with resolution of the EKG findings prior to being discharged with plan for close outpatient follow-up and repeat imaging. In addition, a respiratory viral PCR panel was obtained which was positive for Rhinovirus/Enterovirus on nasal swab. Although it is possible that his presentation was secondary to enteroviral myocarditis, the temporal relationship to the second dose of Pfizer-BioNTech mRNA COVID-19 vaccine suggests the possibility of myocarditis secondary to immunologic response to COVID-19 vaccine itself.

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1350962	5/26/2021	IN	31	F	4/26/2021	5/13/2021	On May 14, in the afternoon, while standing, I had severe pulsed chest pain above the right breast, I felt pressure from the chest and some difficulty breathing, felt I had to sit down. It was slightly better after sitting and talking to people, but the pain didn't go away. I still felt uncomfortable for the next half hour or so. I took one Aspirin pill in the evening. A little discomfort was observed the next morning. Then the symptoms were not too obvious.
1350968	5/26/2021	NJ	23	F	5/23/2021	5/24/2021	One day after I received the Pfizer shot, in my left arm, I started to experience sharp chest pains. I was not able to take deep breaths without shooting pain, and the left side of my chest was sore. The sharp chest pain lasted for a day, but I am still experiencing soreness.
1350983	5/26/2021		44	F	5/26/2021	5/26/2021	Patient with history of stroke, blurry vision d/2 stroke, DM and PE (no longer on anticoag) took the first dose of COVID-19 Vaccine and complained about "chest squeezing". Patient reported no chest pain, just "squeezing". Observation RN reported normal HR , however, given the patient's extensive cardiac history, patient was transferred to ED for further follow-up and observation.
1351002	5/26/2021	CA	17	M	5/19/2021	5/23/2021	Rapid heart rate, Chest pain, Palpitations
1351036	5/26/2021	NY	47	M	4/28/2021	5/4/2021	pericarditis diagnosed in setting of positional chest pain, minimal EKG changes, trop negative, + leukocytosis
1351044	5/26/2021	RI	19	M	5/6/2021	5/7/2021	Patient developed substernal chest pain ~ 24 hrs after vaccination w 2nd dose of Pfizer COVID 19 vax. Pain continued x 2 days, came to ED 5/9/21; EKG abnl and had elevated troponin; was admitted for myopericarditis. Started on ibuprofen and colchicine.
1351067	5/26/2021		92	F	3/12/2021	3/29/2021	Patient presented to the ED on 3/29/21 for epigastric and chest pain. Patient presented to the ED on 4/22/21 with common bile duct stone and was admitted to the hospital.

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1351076	5/26/2021	PA	56	M	5/16/2021	5/16/2021	Note Does the patient have current symptoms of illness? Yes Date symptoms started: 5/16/21 1. Does the patient have a fever (subjective or confirmed)? No 2. Does the patient have a new onset of cough? Yes 3. Does the patient have a new onset of shortness of breath? Yes, slightly with exertion. NAD. ? If Yes: Is the patient having difficulty breathing or in distress? No 4. Additional symptoms: Congestion, runny nose, nausea and vomiting. Bronchitis Suspected COVID-19 virus infection Chest pain, unspecified type Progress Notes Encounter Date: 5/25/2021 ? ? Signed Patient is here for MAB Infusion Consent for infusion prior to this visit reviewed and verified. O2 sats > or = 90% Signs of potential reaction reviewed with patient. Tolerated IV start and MAB infusion without complication. Pt has access to pulse oximeter and thermometer for home monitoring Provided fact sheet for patients, parents and caregivers- Emergency Use Authorization of BAM for Coronavirus Disease 2019 for pt to review. Discharge instructions reviewed. Patient denies any questions Instructions COVID 19 Monoclonal Antibody (MAB) Infusion Patient Reference Guide MAB Infusion Treatment Team:
1351087	5/26/2021	MN	68	M	4/8/2021	5/3/2021	Patient presented to the ED on 3/25/21 for fatigue. Patient presented to the ED and was subsequently hospitalized on 5/3/21 for chest pain. Patient was hospitalized on 5/11/21 for percutaneous transluminal coronary angioplasty. These visits are within 6 weeks of receiving COVID vaccination.
1351088	5/26/2021		61	M	3/30/2021	4/5/2021	Patient presented in the office on 5/12 complaining of edema. The edema involves the left lower extremity. Onset was gradual 2 month(s) ago. Onset followed starting a new medication (around J and J vaccine). The symptoms occur intermittently. The patient describes this as unchanged. Symptoms are exacerbated by prolonged standing. Symptoms are relieved by leg elevation. Associated symptoms include calf pain (in upper thigh) and calf swelling, while associated symptoms do not include dyspnea, decreased urinary output, ascites, diarrhea, localized redness, localized warmth or fever. No chest pain

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1351414	5/26/2021	IL	19	M	5/21/2021	5/22/2021	5/22 having mid central chest pain, shortness of breath, hurts when breathing in.
1351124	5/26/2021	NY	33	M	4/23/2021	4/26/2021	Chest pain, SOB, left arm pain, nausea, body aches , sweating, inability to lie down. Started 4/26 10 pm. To Medical Center ER at approx 5:30 am. 4/27/21. Admitted to cardiac unit. Myocarditis
1352154	5/26/2021	MD	47	M	4/20/2021	4/28/2021	The Covid vaccine was given April 20 of 21 within eight days of having the vaccine I started to develop shortness of breath fatigue chest pain, I ended up at our local emergency room and was admitted with pulmonary embolism, blood clots in both lungs I stayed a total of three days hospitalized.
1351192	5/26/2021	OR	21	M	5/21/2021	5/23/2021	2 discrete episodes of non-exertional, non-positional chest pain without trigger (5/23/21, 5/24/21); presented to hospital after elevated troponin found at urgent care; suspected myocarditis
1351207	5/26/2021	MI	73	M	3/5/2021	4/3/2021	73 year old male with PMHx of AFib, CAD, and HTN who presents with c/o dyspnea that started 4/6/21. Patient states it got to the point where he could not walk in his house without severe dyspnea. States he was diagnosed with COVID-19 one week prior. Per chart review he was in our ER 4/3/21 and diagnosed with COVID-19. At the time he was 95% on room air. His only other symptom has been diarrhea. He states he received the Johnson and Johnson vaccine one month ago. He denies any dizziness, chest pain, abdominal pain, n/v, weakness, or numbness. In ER patient was hypoxic and improved only with BiPAP. Per chart review patient had cardiac arrest on 11/2020 for 17 minutes. He has a significant cardiac history consisting of stemi, fem-pop bypass surgery, PVD, CABG x4, AFib post ablation 2017, V-tach. He was started on therapy with steroids, anticoagulation, and Remdesivir. He failed to improve and had increasing oxygen requirements. He was eventually intubated. Due to failure to improve patient was made DNR and eventually expired.

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1351209	5/26/2021	OH	34	F	5/18/2021	5/21/2021	Patient started having significant chest pain with radiating pain down right arm 3 days after vaccination. ED labs pulled showed possible NSTEMI. Admitted with workup. Cath showed no CAD. Developed headache on day 5. CT performed. Sent home on oxycodone and ibuprofen. Seen in my office today with some continued chest pain but headache unchanged.
1351213	5/26/2021	OR	22	M	5/17/2021	5/21/2021	Chest pain, inflammation of heart sac, hard to breath
1351260	5/26/2021	OR	53	F	4/28/2021	5/16/2021	Spontaneous cardiac arterial dissection (SCAD): Starting 5/16/2021, patient had chest pain, shoulder pain, and some nausea. She went to the ER just after midnight on 5/17. She was hospitalized, had angiogram which confirmed blockage in artery off of RCA, was put on medications (Plavix, aspirin and a statin), and released later on 5/17. She had a recurrence on 5/21, was hospitalized for 3 nights at the University, repeat angiogram, and her medications modified (statin stopped; a beta blocker and calcium channel blocker started).
1351271	5/26/2021	PA	66	M	5/12/2021	5/19/2021	ED to Hosp-Admission Current 5/20/2021 - present (6 days) Last attending ? Treatment team Syncope and collapse Principal problem History of Present Illness a 66 y.o. yo male presenting to the ED with syncope. Patient is diagnosed with COVID-19. He has passed out twice today. He feels lightheaded and nauseous prior to passing out. He wakes up feeling diaphoretic. Denies chest pain. Admits to shortness of breath and the feeling of difficulty getting a deep breath in. Patient denies history of blood clots, recent unilateral leg swelling or edema, hemoptysis.

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1351283	5/26/2021	VT	31	F	5/19/2021	5/22/2021	Chest pain and back pain around heart area and shortness of breath started Saturday morning, 5/22/2021, at 11:00am. At 2:30, decided to go to ER as pain was not getting better. Had blood work, EKG, Chest X-Ray, and CT with contrast done. Advised all tests seemed ok. Diagnosed with Inflammation, possibly pleurisy. Prescribed Ibuprofen 600mg up to 4 times a day and rest. Follow up with primary care if symptoms don't improve in 3-5 days with treatment. To date, symptoms come and go, but seem worse when lifting anything heavy or getting stressed out. Sometimes, symptoms such as chest pain or shortness of breath happen when lying down, or getting up, or doing normal activities, like cooking and cleaning.

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1351319	5/26/2021	MD	24	M	5/8/2021	5/25/2021	<p>MYOCARDITIS. I experienced extreme chest pain, tightness, shortness of breath, painful heart beats, I could feel each beat. I hunched over in my bed groom grabbing my abdomen and fell onto my bed and almost passed out from whack I?d assume is lack of oxygen. I could barely breathe for about five minutes and felt relatively severe pain particularly in the right side of my chest. I could feel every muscle, tendon, and artery inflamed, enlarged, and hurting. My chest felt like it filled up with a balloon. Heart rate went up too. I have NEVER EVER felt ANYTHING like this in my LIFE. Not even close. It was a brand new sensation to me first time I?ve ever felt anything like this at all, and very intense and frustrating. Keeping in mind I am in perfect health. I am a body builder with a perfect physique. I work at a high end restaurant and have an extremely good diet. I have a normal sleep and sexual routine, I don?t use any medications whatsoever even Tylenol or ibuprofen. I have no pre existing conditions. I have no history of heart or cardio problems. My family has a history of low blood pressure. I have next to no stress or anxiety in my life. I am 24 years old I work out and run miles, five to six days a week. I don?t use nicotine, tobacco, and I haven?t had a drink of alcohol in ten years (14yrs old). I smoke marijuana on a daily basis. After about ten minutes the incident went down and I was able to breathe a little better but still had pain and tightness in my chest. I have had shortness of breath ever since. This is being written the day after the event about 26 hours later. I ran a mile last night and went to the gym it seemed to help both my breathing and the pain and tightness but it has not fully gone away. I feel my heart straining somehow as I am typing this. One thing to note is I did not want to get vaccinated but was pressured to do so, and before getting it I was very nervous and honestly upset. The woman administering it was not helpful at all and actually mocked my unsureness and was very rude and unprofessional. She didn?t answer any technical questions I had. During my interaction with her between my nerves and her behavior I?m absolutely certain my heart rate was elevated at the time of getting the shot. I have only had one shot. The episode of myocarditis occurred two weeks after my first shot. Two days after my scheduled second shot, which I missed because of work and was going to reschedule before this occurred. I am not going to be getting the</p>

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1351322	5/26/2021	MI	19	M	5/5/2021	5/12/2021	second shot. Will be following up with my primary care doctor as soon as possible. Haven?t had time. patient stated suspected myocarditis (sharp pain in chest, worse on inhale), started 1 week after 1st dose of COVID-19 Pfizer vaccine. Took ibuprofen over-the-counter and symptoms subsided
1351325	5/26/2021	NJ	53	F	3/19/2021	4/7/2021	Patient started to develop chest pain, shortness of breath, cough approximately 3 days to 1 week following second covid vaccination. This continued to get progressively worse prompting visit to PCP on 4/7/21. Initially conservative treatment with medication for allergies and asthma didn't help. Symptoms worsened and led to a second visit with PCP on 5/17/21 where patient was sent over to the ER for additional evaluation. CT of the chest revealed bilateral pleural effusions, evidence of air trapping and bronchial wall thickening. Patient diagnosed with pleurisy, pleural effusions. She is still undergoing treatment with pulmonary and is started on furosemide, prednisone, inhalers. She continues to be short of breath and may be required to be out of work for as long as 4 months as per the pulmonologist.
1351362	5/26/2021	CO	35	F	5/13/2021	5/16/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: patient presents to emergency department (ED) nauseated with intermittent chest pain and shortness of breath starting three days after vaccination. Initially experienced arms discomfort, throat tightness, chills, and numbness in face and chest that resolved. Seen at another ED three days after vaccination for chest pain and discharged. Followed-up by primary care the next day where vitals were stable and exam was not concerning. In current ED patient's vital signs within normal ranges and physical exam unremarkable. Patient diagnosed with pulmonary embolism, prescribed anticoagulants, and on follow-up with primary care provider patient reports no new symptoms and vital signs within normal ranges.

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1351090	5/26/2021	OH	49	F	4/2/2021	4/2/2021	The patient is a 49 y.o. female who reports onset of flu-like symptoms including headaches, intermittent fever, nausea and vomiting, and chills within 3 hours of receiving her first COVID-19 vaccination on 4/2/2021. She reports symptoms increased in intensity such that it required her to seek evaluation in the ER on 4/4/2021. Patient states she was tested for COVID-19 and received positive results. She states she was diagnosed with viral pneumonia and COVID-19 and was discharged home. She received IV infusion therapy for the positive COVID-19 result on 4/7/2021, went home and took a nap and was awoken with severe chest pains and shortness of breath. She was taken to the ER via ambulance where she was diagnosed with atrial flutter with rapid ventricular response and acute hypoxic respiratory failure secondary to COVID-19 infection. Patient was admitted to the hospital.

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1349009	5/26/2021	FL	27	F		5/15/2021	<p>CHEST PAIN; DIZZINESS; SHORTNESS OF BREATH; SHE WAS UNABLE TO MOVE FOR WHOLE DAY; CRAWL TO THE BATHROOM; CHILLS; HEADACHE; FATIGUE; BURNING ARM; BODY ACHE; CHEST TIGHTNESS; LEFT ARM PAIN; LEFT SIDE OF BODY OUT OF IT; This spontaneous report received from a patient concerned a 27 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: 1806025, expiry: UNKNOWN) dose was not reported, administered on 15-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 15-MAY-2021, the subject experienced left side of body out of it. On 15-MAY-2021, the subject experienced chest tightness. On 15-MAY-2021, the subject experienced left arm pain. On 15-MAY-2021, the subject experienced burning arm. On 15-MAY-2021, the subject experienced body ache. On 16-MAY-2021, the subject experienced she was unable to move for whole day. On 16-MAY-2021, the subject experienced crawl to the bathroom. On 16-MAY-2021, the subject experienced chills. On 16-MAY-2021, the subject experienced headache. On 16-MAY-2021, the subject experienced fatigue. On 18-MAY-2021, the subject experienced chest pain. On 18-MAY-2021, the subject experienced dizziness. On 18-MAY-2021, the subject experienced shortness of breath. Treatment medications (dates unspecified) included: paracetamol. The action taken with covid-19 vaccine was not applicable. The patient recovered from she was unable to move for whole day, was recovering from crawl to the bathroom, had not recovered from fatigue, burning arm, headache, dizziness, shortness of breath, chills, left arm pain, and chest pain, and the outcome of left side of body out of it, chest tightness and body ache was not reported. This report was non-serious.; Sender's Comments: V0 Medical assessment comment not required as per standard procedure as the case was assessed as non-serious.</p>
1347395	5/25/2021	CO	44	F	5/20/2021	5/20/2021	<p>mid sternal non-radiating chest pain, generalized weakness, elevated Troponin, Left heart catheterization</p>

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1347666	5/25/2021		66	M	3/20/2021	3/23/2021	3/23 , admitted 3 days after covid vaccine with chest pain. Patient with history of hypertension, hyperlipidemia, CKD stage III, right-sided sciatica, bilateral carotid stenosis, and prostate cancer. Based on the presenting signs and symptoms as well as the available laboratory data, it appears most likely that the patient has acute chest pain with concern for stable angina. Patient was previously having chest pain and had an abnormal stress test on 3/18 showing anterior wall ischemia. Patient was scheduled for a cardiac catheterization on 3/25. Patient underwent cardiac cath and had DES to proximal LAD, patient will be starting on aspirin, Plavix, Lipitor 80, will continue bisoprolol and hold losartan/HCTZ for now. Patient will have Renal function lab with his cardiologist office in 2 days.

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1347665	5/25/2021	OR	81	M	4/8/2021	5/22/2021	Patient presents to ER with chest pain that is constant, achy, occasional sharp stabbing, sometimes worse with deep breath and radiates to his back for the last 2-1/2 hours. He said it started at 10 PM. He said he has not had anything to eat since about 5 PM and says it does not feel like heartburn. Work-up included a CT angiogram of the thorax which showed findings consistent with pericarditis. Patient was noted to have diffuse but mild ST elevations on ECG. Cardiac enzymes remained negative however. Cardiology was consulted, and the patient was admitted to the hospital where he was started on colchicine and NSAIDs. Serial cardiac enzymes remained negative. The patient's chest pain steadily improved, and by last night it had completely resolved. He does have chronic shoulder pain due to osteoarthritis, and this is at its baseline. The patient will finish a 3-month treatment course with colchicine. I am discharging him on as needed ibuprofen for breakthrough pain. It should be noted that the patient did have a brief period of paroxysmal atrial fibrillation which resolved with 150 mg of amiodarone IV. The patient has been continuously monitored on telemetry, and atrial fibrillation has not recurred. After discussion with the patient and his wife, I have elected not to start the patient on aggressive anticoagulation as the period of atrial fibrillation was quite limited and occurred during an acute viral pericarditis episode. Patient's CHA ₂ DS ₂ score is 4. I recommended that he further discuss this with his primary care provider. Recommend considering an extended Holter monitor.
1347637	5/25/2021	NY	54	M	4/22/2021	4/25/2021	CHEST PAINS , VOMITING, EXTREME FEVER, MASSIVE HEADACHE BODY PAINS AND ACHES , MINOR CONVULSING , INTERNAL PAIN ALLOVER
1347635	5/25/2021	IA	28	F	5/22/2021	5/30/2021	Given the vaccination at 12:30pm on Sat. 5/22/2021 and on Sunday 5/23/2021 at 8:00 am, patient started having chest pain, shortness of breath, and severe right-sided headache. On 5/25/2021 patient had a loss of consciousness and is being evaluated in the Emergency Department

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1347565	5/25/2021	WA	33	F	4/14/2021	5/2/2021	I woke up from a dead sleep and coughed, suddenly my heart rate jumped into high gear, my heart beat was over 120 beats per minute for one hour. I had chest pain and my jaw hurt and I could not lay down because it was very comfortable for my chest and felt like there was more pressure when I laid down. I came out of it by sitting upright, breathing deeply and drinking water. It took about 2 days for my chest to feel normal again, it felt like my lungs had been really overworked, I was exhausted and I started feeling normal again about the 4th day from the event.
1347549	5/25/2021	IN	12	M	5/21/2021	5/22/2021	headache, weakness, tactile fever 1 day after the 1st dose of vaccine. On day 5 (today) developed left arm tingling and chest pain, so seen at ED. Symptoms subsided on ED arrival.
1347537	5/25/2021	KS	17	M	5/21/2021	5/23/2021	Patient received 2nd Pfizer COVID vaccine on 5/21/21. He had fever and headache for about 24-36 hours, which he had also had after the first dose of the vaccine. On 5/23, he woke up with constant substernal chest pain, which worsened with exertion and deep inspiration. The pain increased throughout the day. In the ED, he was found to have elevated troponin ,CK-MB, elevated CPK, and elevated liver enzymes. EKG was concerning for ST elevation initially. Bedside echocardiogram showed low-normal function, normal coronaries, trace effusion, and no evidence of RV strain. Troponin and NT pro BNP were increased upon admission to our facility. Repeat ECHO showed borderline global hypokinesis of the LV with an LVEF of 51%. He received IVIG on 5/24/21 and also was started on ketorolac on 5/24/21. Troponin and CK were trending downwards at the time of this submission.
1347516	5/25/2021	NM	14	M	5/20/2021	5/21/2021	Myocarditis. Patient presented with chest pain and was found to have a troponin of 9.75. Pain resolved and troponin down-trended after treatment with IVIG and Solu-medrol. Patient's brother has history of MIS-C after Covid. Patient had documented Covid in 10/2020.

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1347513	5/25/2021	NY	16	M	5/20/2021	5/21/2021	<p>Patient developed chest pain and difficulty breathing when lying down; symptoms started at 7pm on 5/21/2021. Seen in the emergency room at Hospital for chest pain, found to have elevated troponin level of 11.6 ng/mL (normal <0.05). CT chest negative for pulmonary embolism. Patient transferred to Medical Center. Initial high sensitivity Troponin-T level 1224 ng/L (normal <15), BNP 805 pg/mL (nl <300). EKG with diffuse ST segment changes. Echocardiogram (5/23 AM) with normal systolic and diastolic function, LVEF 58%; no pericardial effusion, no pathologic valve regurgitation. Patient admitted to telemetry monitoring bed (no arrhythmias noted during hospitalization). Patient treated initially with Ibuprofen 400 mg PO q6 hours and famotidine 20 mg PO q12 hours for presumed myopericarditis. Workup sent for viral causes of myocarditis: Respiratory viral panel negative. Infectious Myocarditis workup sent: CMV, Cocksakievirus A and B antibody, CMV IgG/IgM, Echovirus antibody, Infectious Mononucleosis Screen, Lyme C6 AB IgG/IgM, Mycoplasma IgG/IgM, Parvo IgG/IgM, Varicella IgG/IgM. Follow-up echocardiogram on 5/23 (PM) and 5/24 (AM) demonstrated no change in LV systolic or diastolic function. Cardiac enzymes, including high-sensitivity troponin T, CK and CKMB, were trended. Cardiac MRI was performed - preliminary results show evidence of myocarditis Lab Trends (earliest to most recent, as of 1 pm on 5/25/2021): High sensitivity Troponin T: 1224, 732, 664, 1058, 1332, 1141 CKMB: 65.6, 41.6, 19.3, 11.4, 6.3, 3.2 Pro-NT-BNP: 803,493, 392, 293 CRP: 58.2, 32.8, 28.6, 14.9. At the time of submission of this report, the patient remains in the hospital. Further results will be communicated to VAERS.</p>

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1347505	5/25/2021	PA	50	F	4/9/2021	4/20/2021	4/20/21 5:57 PM Patient contacted RN 4/20/21 6:24 PM Note Developed cough, chest heaviness, and headache today. Midsternal chest heaviness has been present all day. Uses symbicort inhaler daily. Has not relieved Sx. Denies trouble breathing. Will go to ED for evaluation. Reason for Disposition ? SEVERE or constant chest pain or pressure (Exception: mild central chest pain, present only when coughing) Protocols used: CORONAVIRUS (COVID-19) DIAGNOSED OR SUSPECTED-A-AH ED Discharged 4/20/2021 (46 minutes) Treatment team Providers Additional Orders and Documentation Results Meds Orders Flowsheets Encounter Info: History, Allergies, Detailed Report, Vitals Media From this encounter EKG-Encounter - Scan on 4/21/2021 5:06 AM ED Discharged 4/25/2021 (1 hours) Last attending ? Treatment team COVID-19 Clinical impression Shortness of Breath Chief complaint ED Provider Notes (Resident) ? ? Emergency Medicine Cosigned by: DO at 4/25/2021 9:27 PM Expand AllCollapse All ED PROVIDER NOTE Patient: MRN: This note was partially completed using voice recognition technology, and was scanned for gross errors; however some errors may still exist. Please contact the author with any questions or requests for clarification. CC/HPI Patient is a 50 y.o. female presenting to the ED with chief complaint of persistent cough and shortness of breath in the setting of Covid infection. This is a patient with pertinent medical history of asthma. Patient comes in for evaluation today mainly concerned that her asthma medications have not been helping with her breathing ever since being diagnosed with Covid. She was diagnosed about a week ago. She is not having some mild fevers as well as general achiness and fatigue. She is most concerned because she has been having persistent cough and some shortness of breath particularly over the past couple days. She is compliant with her daily Symbicort but has also been using her albuterol inhaler quite frequently. She reports she usually does not have to use her albuterol inhaler nearly as much. She also reports some lightheadedness which is mainly associated with position changes when she gets out of bed too quickly. Patient otherwise denies any previous history of blood clots; she has not had any recent calf swelling/tenderness. She feels that the shortness of breath has been progressively gotten worse

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							over the course of the past week rather than all of a sudden getting worse. Denies any chest pain, even with deep inhalation. ED to Hosp-Admission Discharged 4/27/2021 - 4/30/2021 (3 days) MD Last attending ? Treatment team 2019 novel coronavirus?infected pneumonia (NCIP) Principal problem
1347434	5/25/2021	IL	25	M	5/24/2021	5/25/2021	PATIENT CALLED TO REPORT FEVER, CHILLS, AND CHEST PAIN, PT REPORTED CHEST PAIN HAD GONE AWAY WHEN HE HAD CALLED, ADVISED PATIENT TO SEEK MEDICAL HELP IF CHEST PAIN COMES BACK, ADVISED PATIENT TO TAKE TYLENOL FOR FEVER AND TO SEEK MEDICAL HELP IF FEVER DOES NOT SUBDUE
1347427	5/25/2021	CA	43	M	4/13/2021	5/4/2021	Presented to ER 5/9/21 with chest pain for 2 days. Noted fever day one and two after 2nd Covid Vaccine 5/4/2021. T max 102. Abnormal EKG with inferior and lateral TWI. Elevated Troponin, peak 9.69 ng/ml. Cardiac catheterization -Normal coronaries, mild hypokinesis anterolateral wall. Echocardiogram - normal. Diagnosis - Myocarditis
1348821	5/25/2021	NC	28	F	4/16/2021	4/17/2021	Increased heart rate, chest pain, extreme stomach pain, vomiting, fever, body jerks and weakness in extremities . Had to call 911 to assist.
1347412	5/25/2021	CO	38	M	5/20/2021	5/23/2021	chest pain
1347679	5/25/2021	WA	62	F	4/27/2021	5/2/2021	Severe chest pain extending into left collarbone, and shoulders began on May 2nd and 3rd. Thought it could be muscular from heavy lifting over the weekend. Self treated with steroids for 2 days, and the problem resolved. I did not seek medical care. On May 10 and May 11, the pain returned. This time I knew it was not muscular so sought medical treatment. After describing to my physicians office I was advised to go to the ER.
1347391	5/25/2021	OH	75	F	4/13/2021	5/23/2021	chills, muscle aches, runny nose, shortness of breath, difficulty breathing, chest pain, nausea, headache, fatigue, abdominal pain, diarrhea, new olfactory or taste disorder

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1347387	5/25/2021	MN	36	M	4/16/2021	4/22/2021	He presented at ED on 4/22/2021 for 2 days of worsening L sided chest pain. Denied trauma, no recent illness, fever. Pt stated pain present with deep inspiration, movement. No recent travel, LE complaints, no DVT / PE hx.
1347375	5/25/2021	MT	13	F	5/18/2021	5/20/2021	2 days after vaccine was give on 5/20/21 around 430 she complained of chest pain that was sharp and pressure and that it was hard to breath. She was taken to the ED for evaluation. At the time of exam she was feeling better in her chest and complained that the pain had moved to her upper abdomen. There were no findings on physical exam or heart monitor. Her heart rate was elevated mostly in the 90's and low 100's. No further complaints of chest pain, but continues to be achy 1 week post vaccine especially in her knees.
1347355	5/25/2021	AR	38	F	1/8/2021	1/10/2021	Patient describes onset of new chest pain, fatigue, and headaches shortly after first Pfizer dose. Worsened after second dose. Unable to verify doses or lot numbers, but she recalled the second dose was on 1/8. She saw her PCP, then her rheumatologist and was sent to the ER for sustained heart rates in the 160s. Put on 1 month event monitor with no specific issues found except HRs from 60-176 when not exercising.
1347339	5/25/2021	WI	28	F	4/30/2021	5/3/2021	Chest pain in the heart. Had a CRP test done on May 4th and it came back elevated at a 2.0 instead of under .8 Chest pain came with laying down, heavy breathing and getting going the first few hours of the day. Last for about 2 weeks.
1347320	5/25/2021		30	F	5/12/2021	5/12/2021	Sporadic chest pain lasting 5-10 minutes over the course of a few hours. Cold Hands for approx two days Headache Lethargic
1347312	5/25/2021	CO	32	M	5/20/2021	5/21/2021	Day 3 post second vaccination patient experienced chest pain - admitted Hospital. Patient had chest pain , elevated Troponin and positive stress test. taken to the Cath Lab where "normal coronaries, normal LV function".
1347271	5/25/2021	NY	61	M	3/22/2021	3/22/2021	Immediate chills and fever 101 degree out of work for 2 1/2 weeks morning fatigue and fever both knees/ inflamed could not walk loss of appetite severe insomnia chest pains went to hospital fear of heart attack

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1347270	5/25/2021	NJ	26	F	5/25/2021	5/25/2021	0938 Patient presented for first dose of Moderna vaccination. Patient provided a 30 min observation card due to history of Penicillin allergy. At 1011 Patient complained of her throat itching and swelling, tongue swelling and tingling and chest pain. EMS called by assisting staff member. Assessment of throat and oral mucosa were unremarkable. Lungs clear on auscultation. Pulses bilaterally strong and equal. Patient coughing continuously with increased respirations. Skin pink, no redness or rash present. BP 126/88, P106, R22, O2 98%RA. Administered 50mg IM Benadryl into right deltoid. Continued to observe patient. 1024 EMS arrived, patient reported feeling better. Respirations were easy and unlabored, P84, O2 99RA. Patient declined emergency transport, refer to EMS call number 21-803376. Advised patient to seek immediate medical attention if symptoms progressed after episode, patient verbalized understanding.
1347247	5/25/2021	CA	56	M	1/10/2021	1/11/2021	A friend texted me today at 1231 on 1-11-21 asking me how I was doing following the COVID vaccination given 10 Jan 21 which we both received. In subsequent texts he disclosed that he was had difficulty sleeping last night due to fever and 7/10 chest pain. He took motrin 800mg and 1/2 of a Percocet, but did not relieve chest pain. He denied any SOB and he described his pulse as wnl. He also noted dizziness, sweating and left arm pain. He denied hx of HTN, but did relate a history of dyslipidemia which he felt was controlled. I then contacted him by phone and he verified his text messages. As he is over 50 yo and has symptoms suggestive of an Acute Coronary Syndrome he was advised to take aspirin and call 911...He was seen at Hospital, ER on 1-11-21. A mediastinal mass was noted on imaging. This mass was initially thought to be the cause of his chest pain and not related to his Covid vaccination. He was later seen by a thoracic surgeon with follow-up imaging showing significant decrease in the size of the mass raising the possibility in may be inflammatory or infectious in nature. He continues to be followed and has not had any surgeries for this condition. His thoracic surgeon is: MD thoracic surgery Specialized cancer program Hospital Name of a cancer institute Listed Address Listed phone number and fax number

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1347246	5/25/2021	TX	57	M	1/12/2021	3/15/2021	Shortness of breath, Fatigue, Slight pain in chest.
1347419	5/25/2021	CA	43	F	5/9/2021	5/9/2021	2nd dose: Around 6pm of the same day of the shot, I started feeling nauseous, throwing up, body aches, severe headache, fever. The next morning around 6am, I was bleeding out of my nose and butt, feeling worse than the night before. Monday evening, 5/10/21, I started having pain on the left side of my neck and chest pains and my left arm was going numb and was rushed to the ER. An EKG was done and I was checked by the Dr, which he said my neck was swollen and my arm was most likely numb from a pinch nerve. The EKG showed normal. Was sent home to rest and take Tylenol. I continued to feel sick the rest of the week. I noticed my lower part of my legs were then turning purple, which by the end of the following week has spread up to my thighs. It looks like honeycomb under my skin from my butt to my thighs down to my legs and my arms are faintly purple. The temperature does not make a difference.

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1347920	5/25/2021	OH	21	M	5/25/2021	5/25/2021	<p>Patient received Janssen COVID19 vaccine (LOT#201A21A) in his left arm at approximately 14:43 on 5/25/21. During the 15 minute observation period, he expressed "I don't feel well" and endorsed dizziness/ lightheadedness, slight tingling feeling in fingers, and nausea. Shortly thereafter at approximately 14:50, he started to slouch and appeared faint while sitting in a chair with eyes closed. He did not fall or hit any part of his body. He was easily aroused with a touch on his arm and responded to verbal questions immediately. He denied trouble breathing, chest pain, palpitations, headache, muscle weakness, vision changes, skin reactions, swelling. He was oriented x3 and not exhibiting verbal or swallowing problems. His vitals were normal- HR 80 bpm and BP 105/80 mmHg. He was offered a receptacle to vomit in if needed; however, he did not vomit. This initial reaction was consistent with potential vasovagal reaction/ near-syncope after vaccination. Patient was encouraged and instructed to sit on the floor to prevent injury in case of fall but he refused. Staff offered him water, a fan, and opened windows while monitoring. Later while waiting for a ride at around 15:10, he endorsed headache (first above his eyes and then toward the back of his head) and clarified this did not feel like a typical migraine that he has had before. Then at around 15:20 he endorsed vision changes in his right eye- he could not see a portion of vision out of that eye except peripheral vision and described not being able to see writing on the right side of a whiteboard in front of him in the room. Later he described a resolution of that gap in vision but then had blurry vision out of that eye. He denied any vision changes in the left eye. Due to alarming symptoms of vision changes and onset of headache, patient was recommended to go to ER for further observation and evaluation. He was not in urgent distress and patient did not wish for EMS to be called but agreed to go to ER when his emergency contact picked him up. Patient's emergency contact came to pick up patient at approximately 15:40 and was recommended to take him to the ER. Patient and emergency contact were amenable to this plan. He was able to stand up and walk to the car without issues.</p>

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1348817	5/25/2021	WA	21	F	4/24/2021	5/17/2021	This is a 21 year old female who reported to the emergency department on 5/17/21 at 0917 with complaints of intermittent chest pain since the previous Tuesday (5/11/21). She described it as light in pressure, pain 4/10, in the right upper chest/right breast area. The patient believed her chronic anxiety may be playing a role since she has recently started a new job that involves public speaking and she had stopped her paxil due to adverse effects. No pleuritic pain described, no pain on exertion described. Differential diagnosis included low risk for ACS, PE given oral contraceptives, anxiety. Given no evidence of abnormality in labs/work-up, the patient was discharged home with instructions to follow-up with PCP for any ongoing symptoms/anxiety.
1348652	5/25/2021	IL	24	M	4/13/2021	4/28/2021	2 weeks after my second pfizer dose I experienced intense chest pains for ~4 straight days. The pain was located in my upper-left chest / peck area. With each inhalation I experienced significant pain (a 5 out of 10, at least). This lasted for several days and slowly went away. However, about 2 weeks later and again 3 weeks later I felt this pain again. I've never had chest pain before. I am young, healthy, don't consume alcohol regularly, do not smoke, and I exercise often. I brushed off the chest pain as "the human body is weird and does weird things". However, now seeing that myocarditis may be an apparent side-effect, I want to report this strange occurrence.
1348650	5/25/2021	UT	34	M	5/23/2021	5/25/2021	Woken up by continuous chest pain at 5:30 AM, 2 days after vaccination. Breathing was also painful. Other symptoms: lightheadedness and fatigue continuing from 1 day after vaccination. Chest pain continued; going to a clinic was advised by multiple sources. At 9:00 AM, went to a clinic and got a CKG. The CKG was normal. I concluded that the problem was chest wall inflammation, and took ibuprofen. With ibuprofen, the chest pain was mostly gone by 8:00 PM.

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1348645	5/25/2021	OR	20	F	5/17/2021	5/21/2021	[Chest Pain] This is a 20 year old female who received the 1st Pfizer dose on 5/17/21. On 5/21/21 at 1723, the patient reported to our urgent care facility with a chief complaint of chest tightness (hurts when laying down), difficulty breathing, and nausea since the evening of 5/20/21. Given a recent Nexplanon insertion the day prior (5/20/21), the provider had a concern for possible PE so the patient was referred to the Emergency Department. The patient arrived at the ED and was seen by the provider on 5/22/21 at 0416. The patient continued to report chest discomfort as a heaviness, squeezing, ache. The pain was constant and worse upon taking a deep breath. Following a review of labs, EKG, Troponin, physical exam, the ED provider diagnoses 'chest wall pain' and the patient was discharged home with instructions to f/u as an outpatient for any ongoing symptoms. No additional chart documentation as of this report date (5/25/21).

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1348637	5/25/2021		15	F	5/25/2021	5/25/2021	Female 15-year old client received her first Pfizer shot (Lot# EW0185) at 15:02. She was accompanied by her mother and 12-year-old sister, who was also vaccinated at the same station with her. Client received her shot first and waited while her sister received her shot. After both girls were vaccinated, they were walking with their mother down the hallway to the observation room. RN1 stated that from the opposite end of the hallway she saw client?s knees buckle. RN1 walked toward client to ask if she was OK. Client straightened herself out, slumped onto her mother?s shoulder, and rolled onto her mother, who guided client to the floor. At 15:09 Lead RN heard client fall to the floor, went out to the client, and radioed for EMT assistance. Client was conscious and turned her face up. Client?s mother stated client passed out for 2-3 seconds and that her head did not hit the floor. Client?s mother stated that she cushioned her fall. Client was breathing adequately, appeared pale in face and lips, and stated she was OK. Lead RN and RN1 kept client lying on the floor and elevated her legs on a chair. EMT1 & EMT2 arrived at 15:10 and checked client?s pulse (HR: 74). Client denied head, neck, and back pain. Client was alert & oriented times 3 (person, place, & event). Client stated she was OK to stand up and sit in a wheelchair. Wheeled client to extra vacant breakroom where client vitals were taken by EMT2 at 15:17 (BP: 124/60, HR: 96). EMT1?s assessment found the client exhibited good circulation, sensation, and motor function in all 4 extremities. Client denied chest pain, shortness of breath, and nausea & vomiting. Client was leaning forward in the wheelchair resting her elbows on her lap. She stated she does not remember becoming nonresponsive and that she felt dizzy when lying her head back. Client stated she has a history of anxiety and panic attacks and is currently taking Prozac. Client stated she felt hot. Client?s mother stated client ate a full lunch at 12:35. At 15:20 Lead RN provided client with a bottle of water. Lead RN & EMT also observed client?s color returning to her face at that time. Client sat upright and stated that she felt better and was alert & oriented times 4. Client and mother declined going to the hospital and calling 911 for evaluation. At 15:23 client was wheeled to the observation room with her mother and sister where she remained seated in the wheelchair for 30 minutes for additional observation by EMT1. At 1600

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1348624	5/25/2021	CA	67	M	1/18/2021	2/6/2021	<p>EMT1 took client vitals while she was seated (BP: 116/82, HR: 68, RR: 16). EMT1 took client vitals again while having client stand (BP: 120/86, HR: 72, RR: 16). Client and mother stated they were OK to go home. Client and mother were instructed by Lead RN to follow up with HCP if client experienced any additional symptoms after going home and to call 911 if client experienced SOB or any difficulties breathing. Lead RN and EMT observed client leave the facility walking with a steady gait with her mother and sister.</p> <p>Patient presented at Emergency Dept. with chest pain, blurred vision left eye; headache; left arm, side and leg pain. BP 150/100; EKG, troponin, brain scan, all negative. Patient admitted overnight, echo stress test in AM also negative. Patient discharged at 3:00PM.</p>

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1348622	5/25/2021	MD	37	M	5/1/2021	5/2/2021	Timeline just provided to neurologist. 5/1 - 2nd COVID vaccine (Pfizer) 5/3 - Went to Urgent Care for primarily chest pains 5/5 - GP sent to ER after continued severe chest pains and getting very winded after only a few steps. Weekend of 5/8 - vomiting, likely fever (felt like true vaccine side effects) - no vomiting/fever since. Since then, lots of tests/dr visits. Current symptoms: tingliness/numbness - left leg - midshin to foot/toes. Left arm - elbow to hand/fingers. Face started to tingle ~2 weeks post vaccine - left side. Extremely fatigued. Some brain fog/forgetfulness. Lack of motivation. Irritability some days. Headaches - some days really bad, other days none. Chest pains come/go throughout day. Was getting winded walking up 3 stairs but that has been slightly better. Some days - extensive muscle pain. Especially in lower back & left hip area. Some days - whole body aches. Chills - feels like body temp is off. Things come in waves - numbness/tingliness is pretty much all the time though. Also, insomnia. Did start to take 1.25mg of melatonin as needed but still very fatigued. 5/19 - Started acupuncture (plan is 2x a week) Around 5/21 - developed rash. Face (R&L side), neck/jaw area (L), inner thigh (L). Doesn't itch all the time but when it does, it really itches. Has continued 5/22 & 5/23 - headaches worsened 5/22 & 5/23 - developed diarrhea 5/23 - more tingliness developed midshin to right foot and more in right arm. 5/25 - joints began to hurt more - especially in elbow area Lung dr. Rx'ed albuterol (?) on Friday, 5/21 just in case something was going on in lungs. Has not helped. The lung dr. noted weakness in right leg during physical exam. Lung dr. and cardiologist discussed possibility of Guillain Barre Syndrome. Another blood test was ordered to check for some receptors. Awaiting results. Neurologist appt scheduled for 5/ 28

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1348490	5/25/2021	CA	42	F	5/25/2021	5/25/2021	Client received the 1st COVIC vaccine of Moderna (Lot# 024C21A expiration 06/23/21). Client has completed 15 minutes in the observation area before feeling nauseated and a "slight headache". At 1803, EMT and Student Worker responded. At 1803, vital signs are blood pressure 146/100, heart rate 84, oxygen saturation 97%. At 1805, RN responds to this event. Client reports no known allergies, no medication, no past medical history. Client is offered supplemental nutrition and fluids. Client states "I was anxious coming here". RN addressed her concerns related to vaccines. Client denies nutrition, but accepts fluids. At 1812, vital signs are blood pressure 134/94, heart rate 74, oxygen saturation 97%. Client reports that nausea has resolved, no shortness of breath, no chest pain, but still has a "slight headache". RN educated Client about ED precautions and common adverse effects of the COVID vaccine. At 1819, vital signs are blood pressure 147/99, heart rate 79, oxygen saturation 98%. Client reports no changes and no new symptoms. Client reports her headache is the same and "manageable", and continues to drink water. At 1824, vital signs are blood pressure 129/93, heart rate 83, oxygen saturation 97%. Client reports no new symptoms and no changes. Client reports the present of the "slight headache" and continues to drink water. At 1834, Client stood up with no complaints and a steady gait. At 1835, Client left the facility with a steady gait.

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1348485	5/25/2021	MI	48	F	3/23/2021	3/23/2021	At 1615 (3/23/21), experienced left leg heaviness, intermittent chest pain, body aches, fever 102.5, headache, chills, rigors, and tachycardia - most symptoms lasted only 36 hours. Left leg heaviness persisted and is still present. Intermittent chest pain x 10 days. Near syncope lasting from days 4-11 post vaccine - with one syncopal event occurring on day 5. Tachycardia and palpitations persist. April 14 - chest pain returned. On April 15 - Went to Emergency Department for heart rate of 172, shortness of breath, and palpitations. Persistent left leg heaviness since vaccination. Evaluated for potential pulmonary embolism, myocardial infarction, DVT, and post Covid vaccine infectious pericarditis, Admitted to Hospital overnight. Tested negative for Covid-19. Left leg heaviness persists. Intermittent tachycardia persists. May 10 developed a cold sore 1 day post sun exposure (normal for me). Evening of May 11 - fever, tachycardia, body aches, headache, chills. May 11 - negative Covid test May 20 - message from CDC requesting I fill out a VAERS.

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1348482	5/25/2021	MA	36	F	5/15/2021	5/18/2021	<p>Patient is a 36 yo female with history of IVDU, Hep C, fibromyalgia who presents with left leg pain and swelling found to have significant left leg DVT now s/p femoropopliteal vein thrombectomy. HPI: Patient is a 36 y.o. female with history of IVDU, Hep C, fibromyalgia who presents with left leg pain and swelling. Patient woke up this morning with her entire left leg being painful, swollen, "tight", and "achy" throughout. She had been experiencing 1 week of left leg pain, followed by an acute worsening in the last 2 days. She denies any recent travel or leg trauma. She denied any fevers, chills, SOB, or chest pain. She denies any new tattoos, recent malignancies, or blood clotting disorders. Of note, she is currently undergoing evaluation for lupus due to fatigue and rashes. Per her IVDU, she injects heroin in her arm (last use 1 month ago after 4 years of sobriety), and is currently on methadone. This pain is different from her fibromyalgia. Of note, she got her first Moderna COVID vaccine last week. Highlights of ED course: Pertinent exam findings: tachycardia, marked LLE swelling (mid thigh 70 cm vs 64 cm on RLE) Warm bilateral LE, palpable pulses Important data gathered: LENI: left deep vein thrombosis extending from common femoral vein to distal posterior tibial veins, ESR 47, CRP 58, elevated d-dimer > 4000 Key treatments administered: heparin gtt, oxydone 5 mg for pain, vascular medicine, cardiology consult Patient was subsequently evaluated by vascular medicine, who brought her to cath lab for venography and endovenous intervention. She went to the cath lab. U/s guided access to L popliteal vein with micropuncture. J-wire into L CIV, serial dilation and placement of 12F sheath. Multiple passess with Penumbra lightning aspiration catheter. Femoropopliteal vein with restored patency, continued organized clot in iliac vein, infusion of 6mg TPA with 10 min dwell time. Further passages of aspiration catheter. Decision to leave 30 cm infusion cath. When seen on the floor, patient was hemodynamically stable. Still with pain in lower extremities and back. No chest pain or SOB. #DVT, s/p vascular surgery thrombectomy 2 days of acute left leg pain and swelling. Initial exam notable for purplish LLE in ED. LENIs notable for left DVT extending from CF vein to distal PT veins. Vascular evaluated and performed femoropopliteal vein thrombectomy with restored patency, continued</p>

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1348340	5/25/2021	CA	28	F	4/24/2021	5/16/2021	Cardiac inflammation, chest pain for about 3 hours
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organized clot in iliac vein, infusion of 6mg TPA with 10 min dwell time. Further passages of aspiration catheter. Decision to leave 30 cm infusion cath. On OCPs but no known other risk factors (quit smoking), suggesting unprovoked DVT. Other potential etiology includes venous congestion. Hypercoaguable w/u pending. Notably, Moderna vaccine 1 week ago, although limited evidence suggesting relation between mRNA vaccine and increased thrombosis risk. Hypercoagulability workup was sent. Patient transitioned from heparin to apixaban for discharge with vascular medicine and vascular surgery followup

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1347672	5/25/2021	PA	76	M	4/12/2021	4/28/2021	ED to Hosp-Admission Discharged 4/28/2021 - 5/4/2021 (6 days) CRNP Last attending ? Treatment team COVID-19 virus infection Principal problem HPI: For complete history and physical see the H&P dictated by Dr. on 4/28/2021. This is a 76-year-old male who presented to the emergency department with upper respiratory symptoms for three days. He reports having cough, sneezing, runny nose and poor appetite. His caregiver had Covid recently and he was exposed. He was admitted for further evaluation and treatment. Hospital Course: Patient was admitted inpatient to the medical surgical floor. He was not on telemetry. Patient reports that his caregiver had recently tested positive for Covid and he was exposed. He has been having upper respiratory symptoms including cough, sneezing, and runny nose. His COVID-19 test was positive. He was started on the COVID-19 treatment protocol which included IV remdesivir and IV dexamethasone. He underwent a CT scan of the chest which showed small patchy areas of groundglass infiltrates in the peripheral portions of the left and right upper lobes and also the posterior aspects of the right lung base. These findings are probably due to pneumonia. Hospital course consisted of gentle hydration with IV normal saline. He was also started on antibiotic therapy oral azithromycin and IV Rocephin. He had completed the course of antibiotics while on the unit, therefore, at the time of discharge no antibiotics were prescribed. He initially was hypoxic and started on nasal cannula oxygen to maintain pulse oximetry greater than 92%. Eventually, oxygen was weaned and pulse oximetry on room air has remained in the 95-96% range. He has a history of diabetes mellitus and while on the unit blood glucose levels have fluctuated. His point-of-care glucose have been in the 80-500 range. He has had numerous episodes of hypoglycemia and insulin has been adjusted. The fluctuations of the blood glucose levels may be secondary to IV dexamethasone. At the time of discharge he will continue dexamethasone 6mg daily for the next three days. He was advised to increase insulin 70/25 insulin five units daily for the next three days. After that time he can return to his normal dose of insulin. He also had been treated with IV remdesivir and had completed the 5-day course. On examination today he has been asymptomatic. He denies any chest pain,

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							dyspnea, abdominal pain, nausea, or vomiting. The initial lab studies showed an elevated creatinine level, although he has a history of chronic kidney disease. At the time of discharge the creatinine level trended downward and he was advised to follow-up with the primary care provider for possible repeat BMP in 1 to 2 weeks. All other lab studies have been within normal limits. The systolic blood pressure has been in the 120-150 range. The most recent systolic blood pressure was 151/66 mmHg with a heart rate of 66 bpm. He denies any lightheadedness or dizziness. He was advised to continue all of his current medications. While on the unit he was in isolation secondary to COVID-19. At the time of discharge he should maintain social distancing/isolation, mask wearing and good handwashing. He will need to follow-up with the primary care provider. He was also advised if the oxygen level dips below 89% he will need to return to the emergency department. At this time he is resting comfortably, offers no complaints and is stable for discharge. Patient is alert, oriented answering all questions appropriately. He is continent of bowel and bladder. He is able to make his own decisions. He is able to perform his own ADLs. . At this time he is in agreement with the plan and feels comfortable to be discharged home. Thank you.
1348069	5/25/2021	PA	68	M	4/19/2021	4/20/2021	burning at injection sit, 12 hours later 3am total body aches, trouble walking, breathing, chest pains, tingling in hands and feet
1347674	5/25/2021	OH	34	M	3/13/2021	3/13/2021	thoracic spine pain a few hrs after 2nd vaccine. persistent for a few weeks, then severe chest pain, resulting in ER visit and hospital admission. final diagnosis myocarditis. discharged in stable condition.
1347891	5/25/2021	MI	26	M	5/14/2021	5/24/2021	Chest pain...irregular heart beat. Started 1 week after shot.

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1347853	5/25/2021	MN	22	M	4/23/2021	4/26/2021	<p>Patient is 22 year-old, admitted to the Cardiology 3 Emergency Department with acute myocarditis shortly following the receipt of his 2nd Moderna COVID-19 vaccination. He has a remote history of acute pericarditis (01/12/2014) following viral illness, which was treated with high dose ibuprofen 800 mg t.i.d. At that time, he presented with retrosternal chest pain worse with laying down and fever/myalgia, rigors and chills (T 103.3°F) with laboratory findings consistent with leukocytosis 17.3, elevated inflammatory markers (CRP 43, but normal ESR 12) with a negative influenza screen. ECG demonstrated diffuse ST wave elevations in leads I, II, aVF, V1-V6. He had resolution of symptoms with NSAID treatment. On this occasion, he presented with non-radiating retrosternal chest pain not responding to Ibuprofen 800 mg. At the ED, ECG demonstrated diffuse ST elevation, troponinemia 629/725/712/1319, elevated inflammatory markers (CRP 38.2, ESR 19). He had normal D-dimer and SARS-CoV-2 PCR was undetected. A cardiac MRI was obtained that demonstrated patchy subepicardial enhancement in the mid-apical lateral-anterolateral myocardium, suggestive of myocarditis. EKG showed diffuse ST elevation. He was treated with Toradol and fentanyl for pain management with improvement of symptoms. He was then admitted to Cardiology 3 for further evaluation and management. Upon admission, Infectious Disease was consulted given the novelty of his presenting symptoms and findings. Extensive evaluation including connective tissue cascade, respiratory viral panel and tick bone panel have not yielded any significant findings. They suspected this could be related to his recent COVID vaccine given that there have been reports of myocarditis that have occurred following COVID-19 messenger RNA vaccinations, though it is not clear whether there is a definite cause or effect. Moreover, the association of myocarditis and the messenger RNA COVID-19 vaccinations appears to be controversial, not supported by recent FDA reports. All in all, the Infectious Disease team recommended no specific therapies, but the case should be reported as a possible adverse event associated with the recent Moderna vaccination to VAERS. The center where the patient received this vaccination should make this report. Emergency Management Director was notified to report the event.</p>

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They also felt that it may be reasonable to avoid the Moderna and perhaps even the Pfizer messenger RNA COVID-19 vaccination in the future to be conservative. While inpatient, his troponin level continued to trend up and peaked at 1707. An EKG was repeated and showed improvement in ST elevation from his initial EKG with no other acute changes. His case was discussed with Dr., who felt that a steroid taper would be appropriate. Additional chest pain was treated with PRN Ibuprofen 600 mg QID. After initiation of steroids, troponin markedly improved to 706. Due to his history of impaired fasting glucose, his blood glucose levels were monitored q.i.d. While slightly elevated, he did not require any sliding scale insulin while inpatient. We will plan to have his primary care provider assess his glucose level at his follow-up visit. Additionally, while receiving NSAIDs and steroids, his blood pressure was elevated to the 150s to 160 systolic. He was initiated on Coreg prior to dismissal. He was dismissed on 04/29/2021 given improving troponin and no concerning arrhythmias on continuous telemetry monitoring. He will follow up in the Cardiomyopathy Clinic in 3 months with a repeat cardiac MRI and stress ECG. We have recommended the patient to avoid heavy lifting or strenuous activity for the next 3 months until seen by the cardiomyopathy Clinic. He was provided with education and a letter delineating work restrictions.

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1347846	5/25/2021	MN	31	M	4/15/2021	4/18/2021	<p>Patient is a very pleasant 31-year-old white male who previously healthy, he works with a maintenance crew, he was in his usual state of health last week, he did receive his 2nd dose of the COVID-19 Moderna vaccine on Thursday. Over the next 24-48 hours he began experiencing myalgias malaise and fatigue, he self treated with ibuprofen and Tylenol as needed. He felt a little bit better on Sunday and went to assist in picking up a brush more. During the process he became short of breath as well as midsternal chest discomfort. He presented to the ED. Evaluation found a CRP of 112, elevated troponins and a leukocytosis of approximately 20,000 along with elevated neutrophils. His influenza A and influenza B testing have been negative and his SARS COVID the PCR was negative. Given his elevated troponins, he was started on IV heparin and admitted for further evaluation. On admission to the floor, he was chest pain free. We were concerned for potential myo/pericarditis given his history and laboratory study findings. Cardiac MRI was performed which suggested active myocarditis with biventricular systolic dysfunction (LVEF 34%, RVEF 37%). Given his new LV dysfunction he was started on low dose lisinopril and metoprolol succinate. It is unclear whether this is atypical viral myocarditis or whether it potentially could be vaccine related, the MRI is consistent with that of myocarditis. We did not proceed with cardiac biopsy unless since there was no evidence for clinical decompensation, unstable heart rhythm or other worrisome features. He will plan to follow up with Dr. 1 week post hospitalization with repeat echocardiography and blood work. If at that time there are any signs of instability we would proceed with more aggressive workup at that time. Infectious disease was consulted who recommended infectious work up including serology testing for: parvovirus IgG and IgM was positive, Herpes Virus type 6, EBV, CMV (undetected) adenovirus, enterovirus (negative) and HIV (negative). He does not have any family history of cardiomyopathy. There is no family history of sudden cardiac death, he states that his family has been quite healthy from a cardiac standpoint he was previously healthy before this episode.</p>

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1347811	5/25/2021	SC	41	M	5/21/2021	5/23/2021	Friday after the shot was good, just a sore arm. On Saturday I developed a fever of 101 and chills and was very tired. I felt a little better on Saturday night and Sunday morning after some Tylenol 500 mg. My fever would break then come back for a bit. By Sunday afternoon my back began to really hurt. I have some chronic back pain so didn't think too much of it just tried to massage it and stretch it out. However it just kept getting worse and the pain radiated into my chest around 9:00 PM Sunday night. It continued to get worse until about midnight, and I ultimately decided to go to the ER. The tylenol helped reduce the pain by the time I got into the ER but I went in anyway because I was concerned about the intensity of the chest pain I'd had earlier. I was tested for heart enzymes and they were slightly elevated, at .12. On this result, I was admitted to the hospital on suspicion of having suffered a heart attack. I was put on a heparin drip and my troponin levels were tested every 3 hours. They continued to rise to a high of .67. More testing was done, and the cardiology department concluded that I had not suffered a heart attack due to the low troponin levels but that instead I was dealing with heart inflammation. Every doctor and nurse there commented that there had been other patients coming in with cardiac inflammation from vaccines as well. Due to my family history of heart issues and my own existing risks, I was moved to the hospital where I was examined in the cath lab via angiogram. This found no blockages in my arteries, further confirming the cardiology suspicion of cardiac inflammation, and I was given a diagnosis of pericarditis and prescribed colchicine to treat the inflammation.
1347801	5/25/2021	TX	36	F	5/23/2021	5/24/2021	SHORTNESS OF BREATH, chest pain, palpitations, night sweats, dizziness, body aches, chills, headache
1347752	5/25/2021	RI	20	M	3/18/2021	3/20/2021	Patient rec'd Pfizer COVID vaccine dose 1 on 2/26/21; dose 2 on 3/18/21. He began to have substernal chest pain on 3/20/21, took Tums with partial relief. He had additional episodes of chest pain over the next 2 days and came to the ED on 3/22/21. EKG was abnormal and troponin was elevated, so he was admitted with a diagnosis of myopericarditis .

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1347732	5/25/2021	MA	69	M	4/10/2021	4/20/2021	Pt developed chest pain/shortness of breath by 4/20, proceeded to local Hospital ER by 4/21 w/ N-STEMI on EKG w/ elevated troponin >8000, ECHO with global hypokinesis and mod-severe AR,, Chest CTA neg for PA/PNA. Emergent cardiac catheterization negative for CAD, Transferred to another Hospital 4/22 where cardiac MRI confirmed acute edema. he was monitored by Dr's team for 10 days with improvement in LV function and reduction to near normal troponin level. Workup neg for eosinophilic carditis. Discharged home by 5/1 w/ rest precautions and adjustments made to his BP medications. Now followed by local cardiologist Dr.
1347720	5/25/2021		62	M	3/10/2021	3/22/2021	3/22, admitted for NSTEMI 2 days after Covid vaccine. Patient was shoveling snow on the morning of March 22, 2021. Shortly after doing that, he developed chest pain. He did not immediately seek medical attention, however. Rather, he had a preexisting appointment with his primary care provider, which he went to later that morning. The PCP did an EKG and found him to be having an acute inferior ST elevation MI. The patient was subsequently transferred by EMS to the emergency room at the hospital and then was taken immediately for emergency cardiac catheterization. The catheterization revealed 100% acute occlusions of both the proximal LAD and the distal RCA. These were both opened and stented. There was 1 drug-eluting stent placed in the proximal LAD, and 2 overlapping drug-eluting stents were placed extending from the distal RCA into the proximal PDA. Postprocedure, the patient did well with resolution of his chest pain. His peak troponin was 38.6. An echocardiogram was done on March 22, 2021, and showed inferior akinesis and septal hypokinesis with an estimated ejection fraction of 45% to 50%. The patient was started on the usual medications post MI and PCI. On the morning of discharge, March 24, 2021, he is feeling well and is medically stable for discharge.

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1347714	5/25/2021	MI	46	F	11/9/1974	5/25/2021	Following the administration of the Pfizer vaccine the client c/o chest pains and tightness in her throat. Client was given 0.5ml of epi IM in Left thigh. followed by RN. vital were 97.8 ,88 , 24, 160/80 breathing was regular and unlabored and safety was maintained (O2 93%) . 3-5 minutes later she stated that she was feeling better. She responded to all questions appropriately, but 10 minutes later client became less alert and I tried ammonia and a sternum rub but a loss of consciousness happened. EMS was called but prior to them arriving client became alert.
1347713	5/25/2021	CA	23	F	5/25/2021	5/25/2021	Patient is a 24 year old, female who received her first dose of Moderna lot 037C21A exp 06/17/21 around 10:22 am. While being monitored patient nausea and begin vomiting around 10:35 am. The vomitus was small and clear - 3 episodes. The patient reported she had eaten since last night (05/24/21) and went to the ER for chest pain. Her labs and discharge diagnosis is not known. The patient is HIV+ and has taken biktarvy for the past three years. Patient reported face tingling, "rushing" sensation in her head, back pain, headache. The patient had cold, sweaty hands, upper extremity shaking. An cold pack was placed on the patient's neck, given sips of gatorade. EMS called at 10:45am and arrived at 11:10am. Patient transported to ER Initial vital signs @1035 - 98.2, SpO2 92%, 106/68, 18, HR 88. Vitals @ 1047 120/95, HR 93, SpO2 95%, RR 18 Pt was AAOx4, weak, dizzy, vomiting, cool & sweaty palms. Cardio: S1, S2, no r/m/g. Resp: CTAB

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1347707	5/25/2021	PA	76	F	4/13/2021	4/28/2021	<p>Hypoxia & Shortness of breath Chief Complaint Patient presents with ? Shortness of Breath x 3 days, denies any cough, congestion, or fever. daughter is with her. Oxygen very low 74, provider notified right away and he came into room. ED to Hosp-Admission Discharged 4/15/2021 - 4/17/2021 (2 days) Last attending ? Treatment team Aspiration pneumonia of left lower lobe, unspecified aspiration pneumonia type (CMS/HCC) Principal problem Hospital Course HPI: a 76 y.o. female presenting to the ED with chief complaint of chest pain and shortness of breath. Patient is being seen in the emergency department for evaluation of the above, here with her daughter. Patient was seen and evaluated by local urgent care and referred here for evaluation. Is reported that patient was hypoxic. Patient's daughter also states that they have been monitoring her oxygen saturation at home and it has been in the 60s and 80%. Patient does report a cough. She has been using her inhaler more frequently. Received her Covid vaccination 2 days ago. Hospital Course: Patient was admitted and placed on supplemental O2. Chest x-ray 4/15/2021 showed some opacity at the left costophrenic angle effusion with some areas of atelectasis possible. Chest CT performed on 4/16/2021 revealed small areas of consolidation/infiltrate in the right upper and left lower lobes of the lungs, emphysema, and a 3 mm pulmonary nodule in the left upper lobe. Small bilateral pleural effusions have decreased since CT of 12/11/2020. Initial CBC revealed white blood cell count of 9.3. Hemoglobin and hematocrit were stable at 8.8 and 29.4. Renal function was stable as well. Glucose on 4/16/2021 fasting was 222. Magnesium was at goal at 2.5. Procalcitonin levels were performed and were 0.19. She was initially started on IV vancomycin and cefepime as well as Flagyl due to possible aspiration pneumonia. On 4/17/2021, patient was adamant on being discharged. She did discuss possibly signing out AMA. I did explain to her the ramifications of that. She voiced understanding. I also discussed this with her daughter, as well. She required 4 L of supplemental O2 and achieved an O2 sat of 93%. On room air patient was 78%. Therefore, home O2 was ordered. IV antibiotics were changed to oral Levaquin 250 mg to take 1 by mouth daily (based on renal function) for 7 days and generic Flagyl 500 mg to take 1 3 times a day for 7 days.</p>

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She was instructed to take antibiotics as prescribed as well as use supplemental O2. She was also advised that if symptoms worsened she was to return to the emergency room. At time of discharge she was stable with supplemental O2 in place. ED to Hosp-Admission Discharged 4/28/2021 - 5/4/2021 (6 days) Last attending ? Treatment team Hospital Course HPI: a 76 y.o. female with a past medical history of systolic and diastolic heart failure, diabetes mellitus type 2, above-the-knee amputation of left lower extremity, who comes from home where her oxygen saturation as per the daughter was 25%. She was recently discharged from here on 4/17/2021 for left lower lobe pneumonia. She does not want to be in the hospital. She states that she felt fine when she came in this time. She was evaluated by the ICU who stated she is a DNR/DNI and felt that with BiPAP modification she was satting better. She was adamant that she wanted to leave the last time she was here and went home with oral Levaquin and Flagyl. When she arrived, nursing states that there was dried stool on her bottom. The patient denies any current shortness of breath. She wants her BiPAP mask removed as it is uncomfortable to her. After explaining it as needed she agreed to have it on. She denies any abdominal pain, she denies any chest pain. She denies any fevers or chills. Hospital Course: Patient was admitted for acute on chronic diastolic CHF, acute on chronic hypoxic respiratory failure secondary to CHF and COVID-19. Patient was also treated for elevated blood pressures. Cardiology was consulted, patient was placed on Lasix twice daily and was started on hydralazine for blood pressure. From pneumonia standpoint, patient started on Zosyn, for COVID-19 patient was started on Decadron and remdesivir. Patient finished a course of remdesivir in the hospital. Patient went from using 5 L oxygen to only 1 L, meanwhile chronically she has been using 3 L at home prior to coming into the hospital. Patient has not been requiring any further BiPAP. She has been afebrile for more than 48 hours. Today nephrology recommended to lower Lasix down to once daily instead of twice daily to avoid kidney injury. Patient is medically stable for discharging home today to finish her course of Augmentin and Decadron. Patient appears to be very hesitant about having to continue self isolating. Family understands the need for further

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					isolation. Patient will receive a remote monitoring kit upon discharge. ED to Hosp-Admission Discharged 5/10/2021 - 5/17/2021 (7 days) Last attending ? Treatment team Pneumonia due to COVID-19 virus Principal problem Hospital Course HPI: Patient was admitted with hypoxia and pneumonia due to COVID-19 virus. For details please see the history and physical. Hospital Course: Patient had previously been diagnosed with COVID-19 pneumonia about 3 weeks ago and had been treated with remdesivir Decadron and antibiotics. She was now admitted with pneumonia and hypoxemia. Her oxygen requirement went up and she was at 1 point requiring high flow oxygen up to 15 L/min. Subsequently her oxygen requirement was able to be tapered. She was treated with steroids during this hospitalization. Her oxygen requirement is now down to 4 L/min. She is feeling better. She is now felt stable for discharge with outpatient follow-up with her PCP. Steroids have been stopped on discharge. Her daughter was regularly updated during this hospitalization. I called and left a message at the time of discharge today.	
1347216	5/25/2021	MA	47 F	4/27/2021	4/28/2021	Received 2nd COVID-19 vaccine 4/27. On the evening of 4/28, noticed chest pain especially with deep breaths. Felt like couldn't get air in, some improvement with position changes. Took 3 advil with some improvement. Off and on for days following. SOB position changed to improve breathing. Following day, audibly out of breath at a meeting meeting. Felt similar to last march- suspected COVID- periodic SOB. Advised to go to ED Had a rub murmur. Off and on SOB. Bedside ECHO did not show pericarditis but never had an official ECHO.

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1348297	5/25/2021	PA	59	F	4/7/2021	4/11/2021	Second shot on April 7th ? Pfizer. On April 8, didn?t feel so great. 9th and 10th: Better, but not 100%. On April 11, BP very low (80?s), and I didn?t feel well. I had chest pain while walking for exercise. On April 12, BP again very low (90?s), and I didn?t feel well. I had chest pain while walking again, and excruciating back pain, which stopped when I stopped walking. Called my cardiologist. Stopped BP meds on the 13th, didn?t walk, felt better. Cardiology appointment on April 14. ECG was not normal ? ?New lateral T wave abnormality? ? sent me to the ER. There I had positive troponin tests. Echocardiogram showed reduced function. The left ventricular ejection fraction was 44%. Went to the cath lab. Arteries clear. Stent placed in 2018 beautifully open. Diagnosis: Stress induced cardiomyopathy -- no known cause. Treatment is a beta blocker, and reduced activity. I am starting cardiac rehab in June. I asked if the "stress" could have been the vaccine, and they did not rule it out, but they had no other cases. I thought with the recent news on myocarditis and the vaccine that I would report this.
1346421	5/25/2021	NC	38	M	5/24/2021	5/24/2021	Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Chest Tightness / Heaviness / Pain-Severe, Systemic: Flushed / Sweating-Mild, Systemic: Hypertension-Severe, Additional Details: patient reported filling shortness of breath and chest pain. I checked blood pressure it was 174/103 with a pulse of 95 bpm. I gave patient a benadryl and called 911. 911 instructed me to give the patient a 325mg of aspirin.

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1346610	5/25/2021	FL	39	F	5/25/2021	5/25/2021	39 y/o female with past medical history of Anxiety, HTN, Anemia, Asthma, Hypercholesteremia who presents with dizziness and palpitations post vaccination. Patient states that this is her second vaccination in the two-dose series. Patient denies previous vaccination reaction. Patient discloses now that she had an anaphylactic reaction to anesthesia in the past but did not disclose to registration and/or nursing staff prior to any of her vaccination. Patient placed and monitored by the NP and paramedics. Patient initial vitals showed that patient hypertensive, 206/112 BP, 89 HR, 99% RA and 16 Resp. EKG was obtained and showed NSR. Glucose 108. Patient states that she did not take her blood pressure medication today and that she only takes it if she feels that it is elevated. Patient is prescribed Losartan and Ferritin. Patient denies sore throat, difficulty swallowing, chest pain, nausea, itch or rash. Patient describes her symptoms as a ?Panic Attack? which she suffers from. Patient requested emesis bag to breath but became dizzy post. Patient placed on NRB at 15L O2 due to nasal cannula not available at this time. Patient monitored for over 30 mins with resolution of symptoms. BP normalized at 137/76. Patient was weaned off O2 and sats remained normal, 99% RA. Patient HR 78 prior to discharge. Patient again denies chest pain and/or palpitations prior to discharge home. Patient aware that if symptoms return or worse to please seek medical attention at an Urgent Care or ER. Patient cleared home in stable condition.
1346589	5/25/2021	MI	28	F	3/19/2021	3/19/2021	I had the normal arm soreness. I had rapid heart rate and it continued for about 24 hours. I had a fever of 103 and every part of my body was hurting. I had severe chest pains, severe migraines for about a month and muscles aches for about 2 months.
1346582	5/25/2021	PA	19	M	5/6/2021	5/11/2021	Patient had chest pain starting a few days after receiving second dose of COVID-19 vaccine, patient was hospitalized, initially had elevated tropamine levels, but then after EKG and angiogram all came back normal, hospital reported cause of chest pain to be myocarditis. After seeing reports of correlation with vaccine, patient believes to be associated with vaccine. Patient symptoms have since resolved.

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1346551	5/25/2021	OR	60	F	5/24/2021	5/24/2021	Anaphylactic response noted at 0955: Audible wheezing and dyspnea-Epipen 0.3mg administered to Left outer thigh. 0958 911 called. 1005 EMT on scene. SaO2 96 Room Air and HR 112. Taking sips of PO fluids (water). 1015 Decreased audible wheezing 2LNC Sao2 98 and HR 115 States "feeling better".. 1020 Room Air SaO2 98 HR 111. States feeling better. Without audible wheezing. Spoke with Dr and gave report. Patient encouraged to go to hospital now but she refused. Explained risk of rebound respiratory event for next 6 hours. Patient acknowledged understanding but still refused transport to ER. 1025 Room Air SaO2 98 HR 105 Talking Alert Drinking water Offers no complaints. States she "feels better". Still refusing transport by EMT to hospital. Stated she does not regret having vaccine. Stated she "wanted to get the vaccine." No Chest pain No dyspnea. 1030 Signed AMA (a copy scanned into chart). Walked out of clinic with escort. No complaints. No dyspnea. Advised to call 911 immediately if any adverse effects. Verbalized she understands risks and recommended treatment needed. Called patient at 1412 and left VM inquiring about her and asked she return my call.
1346500	5/25/2021	CO	39	M	5/3/2021	5/5/2021	Two days after round 2 of vaccine: Severe chest pain and shortness of breath, followed by low energy and drowsiness. Felt just like Pericarditis that I had back in February. This was confirmed with EKG. Chest X-Ray unremarkable. Pericarditis earlier diagnosed on February 16th, assumed by medical professional that likely had COVID at that time based on recurrence after vaccine. No previous occurrence of Pericarditis prior to Feb 2021

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1346496	5/25/2021	TX	52	M	3/16/2021	3/19/2021	I had COVID in early December 2020. I waited a few months to get the vaccine. I was fine the day of the vaccine 16 MAR. I took the next day off 17 MAR because I was running a fever and had body aches. I did not have any alcohol on St Patty's day. I pretty much slept the whole day. I went back to work on 18 MAR and was feeling better with only a mild fever. The night of 18 MAR I began to run a fever and had body aches. The body aches worsened during the night I could not sleep. The body aches became centralized in my upper back and shoulders, My neck was hurting too. I began to feel chest pains. The chest pains increased in intensity. I researched the symptom's which suggested I was having a heart attack. I took some aspirin to try to alleviate the pain. The pain continued and more severe so I drove myself to hospital. The staff gave me an EKG and took blood samples for testing. The EKG was normal. The blood test came back with elevated levels of Troponin. The Dr. advised that the Troponin level indicated that I probably had a heart attack. the first hospital did not have a cardiac unit so I was transferred to downtown location. The staff there ran more test. The EKG was again normal and the Troponin elevated so a Coronary angiography was conducted with catheter and dye. The angiography was also normal with no sign of a heart attack the doctor said I probably had a reaction to the vaccine. He suggested that I still get the second vaccine. I did get the second vaccine. After the second vaccine I only had fever and body aches, I pre-gamed with aspirin and plenty of rest for the second vaccine.
1346487	5/25/2021	IL	36	F	1/29/2021	2/12/2021	Chest pain followed by ectopic heart beats. Present til this day.
1346483	5/25/2021	NY	21	M	4/11/2021	4/13/2021	21M caucasian who received 2nd dose of Pfizer vaccine on 4/11/21 and started having fever chills and headache next day. The following day he started having substernal chest pain which was non exertional. He presented to hospital where he was found to have normal vital signs.

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1346481	5/25/2021	NY	28	M	2/3/2021	2/6/2021	Patient developed fever, headache, neck pain and myalgias several hours after vaccination. Then presented to our hospital 3 days after vaccination with chest pain. ECG concerning for STEMI and patient had cardiac catheterization which showed normal coronaries. Cardiac MRI suggestive of myocarditis.
1346476	5/25/2021		17	M	5/24/2021	5/24/2021	Patient complained of tongue feeling numb intermittently . Given water to drink no difficulty with swallowing. B/P 122/74 Pulse 83 pox 98% benadryl 25mg po administered 1010. Patient stated not feeling numbness as frequently now. Patient does have anxiety attacks. Pulse and oxygenation remaining stable. Patient able to drink water without difficulty . States feels some numbness at right side of back of neck now only , tongue not swollen.1030 b/p 130/79 pulse 75 Pox 98% From EPIC: Presents to ED with concern for initial numbness at the corners of his mouth about 1 minute after receiving his second Covid vaccine around 10 AM, however symptoms have now resolved. Patient stated that he felt slightly anxious prior to receiving the second Covid vaccine, but not as anxious as he did after receiving the first vaccine. Patient stated he received the vaccine around 10 AM and within a minute started feeling numbness at the corners of his lips. Denies any tongue numbness or other facial numbness or paralysis. Denies any rash, chest pain, shortness of breath, feeling of throat closing, or difficulty breathing. Denies any swelling. Denies any fever, URI symptoms, abdominal pain, vomiting, or diarrhea. Denies any headache, dizziness, or lightheadedness. Denies any slurring of speech or facial drooping. Denies any weakness. Patient received 25 mg of Benadryl at around 10:15 AM and was monitored for total about 30 minutes. He stated that at about 1/2-hour mark, his symptoms then resolved. Patient denies any symptoms at this time and states he feels much better and back to his baseline. Mom stated that while he was being monitored for the half hour, they watched his vital signs which were unremarkable. Of note, mom states the patient has never been formally diagnosed with anxiety however due to he and his sister both having anxiety symptoms, they are going to follow-up with his PCP regarding this.

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1346451	5/25/2021		23	M	5/23/2021	5/23/2021	Patient had second Moderna vaccine on Sunday, 5/23, and later that day started having body aches, tired, and fever of 99.5. She stated she gave him Tylenol, and temperature went down to 98.5. Today he has a fever of 100.5, and has body aches and is tired. RN asked if he had any SOB or chest pain, and Mother stated he has not. Mother stated he is taking Tylenol every 12 hours. Reviewed supportive care and if temperature does not go down or increases call provider.
1347238	5/25/2021	NY	25	M	5/14/2021	5/17/2021	Pt developed upper body pain 5/17, then back and chest pain 5/18. + Troponin. CT showed LMCA and RCA SCAD. Cardiac MRI showed active myocarditis.
1346427	5/25/2021	NY	63	F	3/14/2021	4/8/2021	Initially presented to emergent care on 4/8/21 for left arm pain, SOB on exertion, and intractable headache. Headache had been ongoing for 12 days. It was throbbing and in the frontal region with nausea. No phonophobia. No weakness. No vision loss. No speech impediment. She was somewhat less active given her severe headache. She was found to have a DVT in the left arm and bilateral PE with heart strain. Referred to Hospital and admitted. Started on lovenox 1 mg/kg every 12 hrs and elected to be transition to coumadin since her sister had another blood clot on Eliquis. Neurology started her on gabapentin. She was discharged and told to follow-up with hematology and warfarin clinic. Presented to the ER on 4/27/21 with SOB at night that had been worsening the past 2 nights. Denied dyspnea or chest pain. Sx were thought to be due to anxiety given her hx of panic attacks. She was discharged home and saw hematology the following day. Hematologist noted that her SOB was gradually improving and her left arm swelling and vascular changes had resolved. Repeat CT showed improvement in clotting burden and stable pulmonary and hepatic nodules.
1346663	5/25/2021	NY	44	M	5/11/2021	5/14/2021	chest pains during breathing (harshness of this has subsided), severe joint pain, chest pains what feels like behind my heart, and it comes and goes
1345997	5/25/2021	IN	27	M	4/30/2021	5/17/2021	Myocarditis. I had to go to the ER on last Monday after having chest pains. After doing EKG, chest x ray, and other tests, they determined it was myocarditis due to an infection. Pain level was an 8/10

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1345837	5/25/2021	CA	64	F	1/21/2021	1/1/2021	<p>Possible pericarditis; Tight chest; Sore throat; Chest pain; Sinus bradycardia; Laryngitis; Hypertension; Hoarseness/Hoarse voice/Loss of voice; Throat swelling; Palpitation; Shortness of breath; Burning sensation; This spontaneous case was reported by a physician and describes the occurrence of PERICARDITIS (Possible pericarditis) in a 64-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Gastritis on 17-Apr-2020, Trigeminal neuralgia and Obstructive sleep apnea syndrome. Concurrent medical conditions included Hypertension, Hyperlipidemia since 21-Jul-2015, GERD since 31-Mar-2020 and Drug allergy (History of intolerance to multiple medications. Blood pressure test kit-adult extra large cuff.). Concomitant products included DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL [DIPHENHYDRAMINE HYDROCHLORIDE]), LORATADINE (CLARITIN [LORATADINE]), COLCHICINE (MITIGARE) and OSELTAMIVIR PHOSPHATE for an unknown indication. On 21-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In January 2021, the patient experienced PHARYNGEAL SWELLING (Throat swelling), PALPITATIONS (Palpitation), DYSPNOEA (Shortness of breath) and BURNING SENSATION (Burning sensation). On 21-Jan-2021, the patient experienced DYSPHONIA (Hoarseness/Hoarse voice/Loss of voice). In February 2021, the patient experienced OROPHARYNGEAL PAIN (Sore throat), CHEST PAIN (Chest pain), SINUS BRADYCARDIA (Sinus bradycardia), LARYNGITIS (Laryngitis) and HYPERTENSION (Hypertension). On an unknown date, the patient experienced PERICARDITIS (Possible pericarditis) (seriousness criterion medically significant) and CHEST DISCOMFORT (Tight chest). In February 2021, PERICARDITIS (Possible pericarditis), CHEST DISCOMFORT (Tight chest), DYSPHONIA (Hoarseness/Hoarse voice/Loss of voice), PHARYNGEAL SWELLING (Throat swelling), PALPITATIONS (Palpitation), DYSPNOEA (Shortness of breath), BURNING SENSATION (Burning sensation), OROPHARYNGEAL PAIN (Sore throat), CHEST PAIN (Chest pain), SINUS BRADYCARDIA (Sinus</p>

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bradycardia), LARYNGITIS (Laryngitis) and HYPERTENSION (Hypertension) had resolved with sequelae. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In January 2021, Electrocardiogram: normal (normal) normal. In January 2021, Oxygen saturation: 98-99 (normal) 98-99. In January 2021, Physical examination: normal (normal) normal. On 17-Feb-2021, Blood pressure measurement: 149/62. On 17-Feb-2021, Chest X-ray: normal. On 17-Feb-2021, Electrocardiogram: Showed sinus bradycardia. On 17-Feb-2021, Heart rate: 59 (Inconclusive) 59. On 17-Feb-2021, Heart sounds: (normal) Regular rate and rhythm with normal S1 and S2. No murmur, pericardial rub.. On 17-Feb-2021, Physical examination: normal (normal) normal. On 24-Feb-2021, Blood pressure measurement: 130/58. On 24-Feb-2021, Heart rate: 53 (Inconclusive) 53. On 24-Feb-2021, Heart sounds: (normal) Regular rate and rhythm with normal S1 and S2. No murmur, pericardial rub.. On 03-Mar-2021, Blood pressure measurement: 133/54. On 03-Mar-2021, Heart rate: 61 (Inconclusive) 61. On 03-Mar-2021, Heart sounds: Regular rate and rhythm with normal S1 and S2. No murmur, pericardial rub.. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered PERICARDITIS (Possible pericarditis), CHEST DISCOMFORT (Tight chest), DYSPHONIA (Hoarseness/Hoarse voice/Loss of voice), PHARYNGEAL SWELLING (Throat swelling), PALPITATIONS (Palpitation), DYSPNOEA (Shortness of breath), BURNING SENSATION (Burning sensation), OROPHARYNGEAL PAIN (Sore throat), CHEST PAIN (Chest pain), SINUS BRADYCARDIA (Sinus bradycardia), LARYNGITIS (Laryngitis) and HYPERTENSION (Hypertension) to be probably related. Treatment for the event included antibiotics, prednisone and colchicine. Medical Clinic Coordinator provided events were resolved in mid Feb 2021 with residual effects of hoarseness and tightness of chest. Company comment Very limited information regarding these events has been provided at this time. The events are probably related to the patient's comorbidities, further information required. This case was linked to MOD-2021-046995 (Patient Link). Most recent FOLLOW-UP

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information incorporated above includes: On 13-May-2021: Vaccine adverse event reporting form and medical records received. Multiple fields updated.; Sender's Comments: Very limited information regarding these events has been provided at this time. The events are probably related to the patient's comorbidities, further information required.

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1345823	5/25/2021	WV	37	M	3/27/2021	4/24/2021	chest pain; Difficult breathing; fever; chills; body aches; Headache; This spontaneous case was reported by a patient and describes the occurrence of CHEST PAIN (chest pain) and DYSPNOEA (Difficult breathing) in a 37-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 037B21A and 006B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 27-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 24-Apr-2021, the patient experienced PYREXIA (fever), CHILLS (chills), MYALGIA (body aches) and HEADACHE (Headache). On 06-May-2021, the patient experienced CHEST PAIN (chest pain) (seriousness criterion hospitalization) and DYSPNOEA (Difficult breathing) (seriousness criterion hospitalization). The patient was hospitalized on 06-May-2021 due to CHEST PAIN and DYSPNOEA. At the time of the report, CHEST PAIN (chest pain) and DYSPNOEA (Difficult breathing) was resolving and PYREXIA (fever), CHILLS (chills), MYALGIA (body aches) and HEADACHE (Headache) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Computerized tomogram: negative (Negative) negative for presumed pneumonia. On an unknown date, Ultrasound chest: negative (Negative) negative for presumed pneumonia. No concomitant medication. Treatment medication were reported as prednisone and Aztec. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information have been requested; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information have been requested

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1345822	5/25/2021	AL	28	F	4/8/2021	4/8/2021	slight delirium; racing heart; tachycardia at 120 bpm; not hungry but very thirsty; not hungry but very thirsty; lot of trouble sleeping; low grade fever; EKG at home and she was catching Afib; tinnitus - ears ringing; could'nt talk; could'nt move; TIA with eyes fluttering; TIA with eyes fluttering, couldn't talk or move; chest pain; shortness of breath; extreme hypertension 200/115; forgot name for about 15 minutes; sterile diarrhea; lost 20 pounds; This spontaneous case was reported by an other health care professional (subsequently medically confirmed) and describes the occurrence of ATRIAL FIBRILLATION (EKG at home and she was catching Afib), DELIRIUM (slight delirium) and TRANSIENT ISCHAEMIC ATTACK (TIA with eyes fluttering, couldn't talk or move) in a 28-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 003B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included COVID-19 (For about a month.) in March 2020. Concomitant products included INTRAUTERINE CONTRACEPTIVE DEVICE (COPPER IUD) and MULTIVITAMIN [VITAMINS NOS] for an unknown indication. On 08-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 08-Apr-2021, the patient experienced WEIGHT DECREASED (lost 20 pounds). On 09-Apr-2021, the patient experienced DIARRHOEA (sterile diarrhea). On 10-Apr-2021, the patient experienced MEMORY IMPAIRMENT (forgot name for about 15 minutes). On 18-Apr-2021, the patient experienced CHEST PAIN (chest pain), DYSPNOEA (shortness of breath) and HYPERTENSION (extreme hypertension 200/115). On 19-Apr-2021, the patient experienced TRANSIENT ISCHAEMIC ATTACK (TIA with eyes fluttering, couldn't talk or move) (seriousness criterion medically significant), BLEPHAROSPASM (TIA with eyes fluttering), SPEECH DISORDER (could'nt talk) and HYPOKINESIA (could'nt move). On 20-Apr-2021, the patient experienced TINNITUS (tinnitus - ears ringing). On 27-Apr-2021, the patient experienced ATRIAL FIBRILLATION (EKG at home and she was catching Afib) (seriousness criterion medically significant). On an unknown date, the patient experienced DELIRIUM (slight delirium) (seriousness criterion medically significant), PALPITATIONS (racing

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heart), TACHYCARDIA (tachycardia at 120 bpm), DECREASED APPETITE (not hungry but very thirsty), THIRST (not hungry but very thirsty), INSOMNIA (lot of trouble sleeping) and PYREXIA (low grade fever). On 10-Apr-2021, MEMORY IMPAIRMENT (forgot name for about 15 minutes) had resolved. On 05-May-2021, PYREXIA (low grade fever) had resolved. At the time of the report, ATRIAL FIBRILLATION (EKG at home and she was catching Afib), DELIRIUM (slight delirium), TRANSIENT ISCHAEMIC ATTACK (TIA with eyes fluttering, couldn't talk or move), CHEST PAIN (chest pain), DYSPNOEA (shortness of breath), HYPERTENSION (extreme hypertension 200/115), BLEPHAROSPASM (TIA with eyes fluttering), PALPITATIONS (racing heart), TACHYCARDIA (tachycardia at 120 bpm). WEIGHT DECREASED (lost 20 pounds), DECREASED APPETITE (not hungry but very thirsty), THIRST (not hungry but very thirsty), TINNITUS (tinnitus - ears ringing), DIARRHOEA (sterile diarrhea), INSOMNIA (lot of trouble sleeping), SPEECH DISORDER (could'nt talk) and HYPOKINESIA (could'nt move) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 13-Apr-2021, Dehydroepiandrosterone test: increased (High) Elevated. On 18-Apr-2021, Blood pressure measurement: 200/115 (High) Extreme hypertension. On 18-Apr-2021, Urine analysis: increased (High) High leukocytes in urine. On 18-Apr-2021, White blood cell count: increased (High) Elevated.. On 19-Apr-2021, Body temperature: increased (High) Low grade fever. On 19-Apr-2021, Heart rate: 120 (High) 120 beats per minute. On 20-Apr-2021, Neutrophil count: increased (High) high. On 27-Apr-2021, Electrocardiogram: atrial fibrillation catching atrial fibrillation. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. On 09-Apr-2021, the patient reported that she consulted her primary care, followed by an OBGYN consult on On 13-Apr-2021, and unspecified blood work was done. The patient reported that she visited the ER (emergency room) on 18-Apr-2021, 19-Apr-2021 and 20-Apr-2021 with a follow-up visit with her primary care on 19-Apr-2021. The patient also reported that she started

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consulting her primary care physician since March 2020, for abnormal weight gain and blood tests were done for thyroid levels. It was reported that this whole period the patient lost 20 pounds. The Treatment medications included Tylenol (acetaminophen), hydroxyzine and propranolol. The patient reported that she had taken buspirone and quetiapine for insomnia, but stopped the medications on an unspecified date. On an unspecified date, Ativan (lorazepam) was discontinued. Company Comment: Based on the current available information which shows a temporal association between the use of mRNA-1273 and the onset of the other events, a causal relationship cannot be excluded. Fever is consistent with the product known safety profile.; Sender's Comments: Based on the current available information which shows a temporal association between the use of mRNA-1273 and the onset of the other events, a causal relationship cannot be excluded. Fever is consistent with the product known safety profile.

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1345808	5/25/2021	NY	67	F	2/28/2021		Shortness of breath increasing; lethargy; Hyperkalemia; Acute kidney injury; metabolic encephalopathy; Uremia; metabolic acidosis; protein calorie malnutrition; Hyperuricemia; Hyperphosphatemia; Hyponatremia; Anemia; Substernal chest pain aggravated; increasing abdominal girth; Abdominal Pain; Weakness; Nausea; multiorgan failure; This spontaneous case was reported by a physician assistant (subsequently medically confirmed) and describes the occurrence of MULTIPLE ORGAN DYSFUNCTION SYNDROME (multiorgan failure), DYSPNOEA (Shortness of breath increasing), LETHARGY (lethargy), HYPERKALAEMIA (Hyperkalemia), ACUTE KIDNEY INJURY (Acute kidney injury), METABOLIC ENCEPHALOPATHY (metabolic encephalopathy) and AZOTAEMIA (Uremia) in a 67-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 001121A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Breast cancer stage IV since March 2019, COPD since an unknown date, GERD since an unknown date, Hypertension since an unknown date, Tobacco user since an unknown date, Transaminases increased since an unknown date, Peritoneal carcinomatosis since an unknown date and Metastatic bone disease prophylaxis (Lumbar spine pelvis and proximal femurs) since an unknown date. Concurrent medical conditions included Acute renal failure (Due to Foley catheter placement) and Pneumonitis. On 28-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MULTIPLE ORGAN DYSFUNCTION SYNDROME (multiorgan failure) (seriousness criteria death and medically significant), DYSPNOEA (Shortness of breath increasing) (seriousness criterion hospitalization), LETHARGY (lethargy) (seriousness criterion hospitalization), HYPERKALAEMIA (Hyperkalemia) (seriousness criterion medically significant), ACUTE KIDNEY INJURY (Acute kidney injury) (seriousness criterion medically significant), METABOLIC ENCEPHALOPATHY (metabolic encephalopathy) (seriousness criterion medically significant), AZOTAEMIA (Uremia) (seriousness criterion medically significant), METABOLIC ACIDOSIS (metabolic acidosis),

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MALNUTRITION (protein calorie malnutrition), HYPERURICAEMIA (Hyperuricemia), HYPERPHOSPHATAEMIA (Hyperphosphatemia), HYPONATRAEMIA (Hyponatremia), ANAEMIA (Anemia), CHEST PAIN (Substernal chest pain aggravated), WAIST CIRCUMFERENCE INCREASED (increasing abdominal girth), ABDOMINAL PAIN (Abdominal Pain), ASTHENIA (Weakness) and NAUSEA (Nausea). The patient was hospitalized on 09-Mar-2021 due to DYSPNOEA and LETHARGY. The patient died on 13-Mar-2021. The reported cause of death was Multiorgan failure. It is unknown if an autopsy was performed. At the time of death, DYSPNOEA (Shortness of breath increasing), LETHARGY (lethargy), HYPERKALAEMIA (Hyperkalemia), ACUTE KIDNEY INJURY (Acute kidney injury), METABOLIC ENCEPHALOPATHY (metabolic encephalopathy), AZOTAEMIA (Uremia), METABOLIC ACIDOSIS (metabolic acidosis), MALNUTRITION (protein calorie malnutrition), HYPERURICAEMIA (Hyperuricemia), HYPERPHOSPHATAEMIA (Hyperphosphatemia), HYPONATRAEMIA (Hyponatremia), ANAEMIA (Anemia), CHEST PAIN (Substernal chest pain aggravated), WAIST CIRCUMFERENCE INCREASED (increasing abdominal girth), ABDOMINAL PAIN (Abdominal Pain), ASTHENIA (Weakness) and NAUSEA (Nausea) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 12-Mar-2021, Blood culture: negative (Negative) Negative. On 12-Mar-2021, Blood gases: abnormal (abnormal) Compensated mixed respiratory and Metabolic alkalosis. On 12-Mar-2021, Blood pressure measurement: 96/52 (Inconclusive) 96/52 mmHg, 100/50 (Inconclusive) 100/50 mmHg and 88/58 (Inconclusive) 88/58 mmHg. On 12-Mar-2021, Blood test: normal (normal) WBC-2.9 Normal, Hg-Normal, Platelet count-Normal. On 12-Mar-2021, Body temperature: 36.1 (Inconclusive) 36.1degrees Celsius, 35.9 (Inconclusive) 35.9 degrees Celsius and 36.2 (Inconclusive) 36.2degrees Celsius. On 12-Mar-2021, Brain natriuretic peptide: normal (normal) normal. On 12-Mar-2021, Chest X-ray: normal (normal) No acute thoracic pathology. On 12-Mar-2021, Computerised tomogram: abnormal (abnormal) revealed a right sided pleural effusion bony metastatic disease and hepatic metastatic disease, as

well as small amount of ascites in the upper abdomen. On 12-Mar-2021, Echocardiogram: inconclusive (Inconclusive) Ejection fraction 60-65% and otherwise no significant findings. On 12-Mar-2021, Heart rate: 92 heart beats per minute (Inconclusive) 92, 86 heart beats per minute (Inconclusive) 86 and 90 heart beats per minute (Inconclusive) 90. On 12-Mar-2021, Oxygen saturation: 96 (Inconclusive) 96 percent, 93 (Inconclusive) 93 percent and 98 (Inconclusive) 98 percent. On 12-Mar-2021, Prothrombin time: normal (normal) normal. On 12-Mar-2021, Respiratory rate: 16 (Inconclusive) breaths per minute, 18 (Inconclusive) breaths per minute and 19 (Inconclusive) breaths per minute. On 12-Mar-2021, SARS-CoV-2 test: negative (Negative) Negative. On 12-Mar-2021, Troponin: normal (normal) normal. On 12-Mar-2021, Urine analysis: normal (normal) normal. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MULTIPLE ORGAN DYSFUNCTION SYNDROME (multiorgan failure), DYSPNOEA (Shortness of breath increasing), LETHARGY (lethargy), HYPERKALAEMIA (Hyperkalemia), METABOLIC ENCEPHALOPATHY (metabolic encephalopathy), AZOTAEMIA (Uremia), METABOLIC ACIDOSIS (metabolic acidosis), MALNUTRITION (protein calorie malnutrition), HYPERURICAEMIA (Hyperuricemia), HYPERPHOSPHATAEMIA (Hyperphosphatemia), HYPONATRAEMIA (Hyponatremia), ANAEMIA (Anemia), CHEST PAIN (Substernal chest pain aggravated), WAIST CIRCUMFERENCE INCREASED (increasing abdominal girth), ABDOMINAL PAIN (Abdominal Pain), ASTHENIA (Weakness) and NAUSEA (Nausea) to be possibly related. No further causality assessment was provided for ACUTE KIDNEY INJURY (Acute kidney injury). Concomitant medications were not provided. Treatment for the events included proton pump inhibitors, oxygen, Tylenol, and comfort care. Company comment: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.; Reported Cause(s) of Death: multiorgan failure

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1345801	5/25/2021	ME	79	F	2/4/2021	2/2/2021	Second dose not given; it was like if periaureal area felt some numbness; there was no visual swelling just the feeling of swelling and numbness; Flushed; Sweaty; possible allergic reaction; Allergic reaction with angioedema secondary to IM drug and Covid-19 vaccine; the top of her lip was numb; This spontaneous case was reported by a nurse (subsequently medically confirmed) and describes the occurrence of ANGIOEDEMA (Allergic reaction with angioedema secondary to IM drug and Covid-19 vaccine) in a 79-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 011M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Allergy to vaccine (Allergy to Hepatitis B vaccine.), Psoriasis, Chest pain and Sinus disorder NOS. Concomitant products included VITAMINS NOS for an unknown indication. On 04-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Feb-2021, the patient experienced HYPOAESTHESIA ORAL (the top of her lip was numb). On 04-Feb-2021, the patient experienced ANGIOEDEMA (Allergic reaction with angioedema secondary to IM drug and Covid-19 vaccine) (seriousness criterion medically significant), HYPOAESTHESIA ORAL (it was like if periaureal area felt some numbness), VACCINATION COMPLICATION (there was no visual swelling just the feeling of swelling and numbness), FLUSHING (Flushed), HYPERHIDROSIS (Sweaty) and HYPERSENSITIVITY (possible allergic reaction). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (Second dose not given). On 04-Feb-2021, HYPOAESTHESIA ORAL (it was like if periaureal area felt some numbness) and VACCINATION COMPLICATION (there was no visual swelling just the feeling of swelling and numbness) had resolved. At the time of the report, ANGIOEDEMA (Allergic reaction with angioedema secondary to IM drug and Covid-19 vaccine) and PRODUCT DOSE OMISSION ISSUE (Second dose not given) outcome was unknown and FLUSHING (Flushed), HYPERHIDROSIS (Sweaty), HYPERSENSITIVITY (possible allergic reaction) and HYPOAESTHESIA ORAL (the top of her lip was numb) had resolved. DIAGNOSTIC RESULTS (normal

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ranges are provided in parenthesis if available): On 04-Feb-2021, Blood pressure measurement: 198/80 193/80 at 14:38 144/66 at 15:58. On 04-Feb-2021, Body temperature: 97.4 97.4 at 14:48 97.6 at 15:58. On 04-Feb-2021, Heart rate: 77 77 at 14:38 71 at 15:58. On 04-Feb-2021, Mean arterial pressure: 117 117 at 14:38 92 at 15:58. On 04-Feb-2021, Oxygen saturation: 98 percent 98 percent at 14:38 99 percent at 15:58. On 04-Feb-2021, Pain assessment: 4 pain level 4/10. On 04-Feb-2021, Respiratory rate: 18 18 at 14:38 20 at 15:58. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Follow up received on 13-May-2021 was significant and included the completed VAERS form. The new events of missed second dose of covid-19 vaccine, angioedema, allergic reaction, flushing, sweaty, numbness top lip were added and medical history was updated. On 04-Feb-2021, it was reported that the patient developed perioral swelling and numbness that came on approximately fifteen minutes after receiving her first covid-19 vaccine. The patient was taken to the emergency department, and was kept under observation for two hours with no worsening of her condition. Treatment medication included 50 milligram of Benadryl (diphenhydramine). The patient was given a prescription for diphenhydramine and asked to follow-up with her primary care physician/ emergency department if symptoms worsened. Company comment This case concerns a 79-year-old female with a serious unexpected event of angioedema and nonserious hypersensitivity, hypoaesthesia oral, flushing, hyperhidrosis, vaccination complication, and product dose omission issue. Latency within 1 day after mRNA-1273 dose. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Most recent FOLLOW-UP information incorporated above includes: On 13-May-2021: Follow up received included the completed VAER form and medical records from the emergency department. Additional information included medical history, patient demographics, age of patient, patient contact details, concomitant medication, new events with outcome of events, missed second dose.; Sender's

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Comments: This case concerns a 79-year-old female with a serious unexpected event of angioedema and nonserious hypersensitivity, hypoaesthesia oral, flushing, hyperhidrosis, vaccination complication, and product dose omission issue. Latency within 1 day after mRNA-1273 dose. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

1345724	5/25/2021	IN	19	M	4/9/2021	5/6/2021	Heart region pain, thick heart beats, pain in chest after physical movement, irregular heartbeat
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1345704	5/25/2021	CA	21	M	4/10/2021		<p>PAIN IN THE REAR OF THE RIGHT RIB CAGE; SHARP PAIN; SORE THROAT; NAUSEA; LIGHT RINGING ON THE RIGHT EAR; LEFT EYE DRYNESS; SLIGHT NECK STIFFNESS; BOTH EYES SENSITIVITY TO LIGHT; LEFT EYE IRRITATION; SLIGHT PRESSURE-LIKE FEELING ON THE NECK; SLIGHT PRESSURE-LIKE FEELING ON THE CHEST; DROWSINESS; HOT FLASH ON CHEST AND NECK; TOP LEFT OF THE ARM (AND SHOULDER AREA) FELT LIGHTLY NUMB; DIARRHEA; NERVOUSNESS; ANXIETY; SLIGHT LEFT SIDED CHEST PAIN; VERY SORE ARMS; LOSS OF APPETITE; ARMS AND LEGS FELT HOT TO THE TOUCH; HANDS WERE CLAMMY; SHORTNESS OF BREATH (UPON ACTIVITY - BUT WHENEVER LYING DOWN OR SITTING, THERE IS NO SHORTNESS OF BREATH); SMALL "HIVES" APPEARED ON HIS BODY; UPSET STOMACH; STOMACH PAIN; LIGHT HEADEDNESS; FATIGUE; HEADACHE; FEVER; CHILLS; TROUBLE SLEEPING; This spontaneous report received from a patient concerned a 21 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included seasonal allergies, non-alcohol user, and non-smoker, and other pre-existing medical conditions included the patient had no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 205A21A - VHC expiry: UNKNOWN) dose was not reported, administered on 10-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 10-APR-2021, the subject experienced trouble sleeping. On 10-APR-2021, the subject experienced chills. On 10-APR-2021, the subject experienced headache. On 10-APR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 102.4 deg. On 12-APR-2021, the subject experienced light headedness. On 12-APR-2021, the subject experienced fatigue. On 13-APR-2021, the subject experienced upset stomach. On 13-APR-2021, the subject experienced stomach pain. On 16-APR-2021, the subject experienced small "hives" appeared on his body. On 18-APR-2021, the subject experienced shortness of breath (upon activity - but whenever lying down or sitting, there is no shortness of breath). Treatment medications included: dexamethasone, and</p>

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diphenhydramine hydrochloride. On 19-APR-2021, the subject experienced arms and legs felt hot to the touch. On 19-APR-2021, the subject experienced hands were clammy. On 19-APR-2021, the subject experienced loss of appetite. Laboratory data included: Body temperature (NR: not provided) negative for fever. Treatment medications included: paracetamol. On 20-APR-2021, the subject experienced very sore arms. On 21-APR-2021, the subject experienced anxiety. On 21-APR-2021, the subject experienced slight left sided chest pain. Laboratory data included: Blood test (NR: not provided) no abnormality, Chest X-ray (NR: not provided) no abnormality, and EKG (NR: not provided) no abnormality. On 22-APR-2021, the subject experienced top left of the arm (and shoulder area) felt lightly numb. On 22-APR-2021, the subject experienced diarrhea. On 22-APR-2021, the subject experienced nervousness. On 23-APR-2021, the subject experienced hot flash on chest and neck. On 26-APR-2021, the subject experienced drowsiness. On 28-APR-2021, Laboratory data included: Body temperature (NR: not provided) no fever. On 01-MAY-2021, the subject experienced slight pressure-like feeling on the neck. On 01-MAY-2021, the subject experienced slight pressure-like feeling on the chest. On 03-MAY-2021, the subject experienced left eye irritation. On 04-MAY-2021, the subject experienced both eyes sensitivity to light. On 08-MAY-2021, the subject experienced slight neck stiffness. On 09-MAY-2021, the subject experienced left eye dryness. On 14-MAY-2021, the subject experienced light ringing on the right ear. On 15-MAY-2021, the subject experienced sore throat. On 15-MAY-2021, the subject experienced nausea. On 16-MAY-2021, treatment medications included: ibuprofen. On 17-MAY-2021, Laboratory data included: COVID-19 virus test (NR: not provided) NEGATIVE. On 18-MAY-2021, the subject experienced pain in the rear of the right rib cage; sharp pain. On 19-MAY-2021, treatment medications included: azelastine hydrochloride, cetirizine hydrochloride, and methylprednisolone. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chills, and fever on 12-APR-2021, headache on 18-MAY-2021, and nausea on MAY-2021, was recovering from loss of appetite, very sore arms, diarrhea, and sore throat, had not recovered from upset stomach, fatigue, light headedness, small "hives"

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appeared on his body, arms and legs felt hot to the touch, stomach pain, top left of the arm (and shoulder area) felt lightly numb, hot flash on chest and neck, slight pressure-like feeling on the neck, left eye dryness, both eyes sensitivity to light, nervousness, anxiety, light ringing on the right ear, slight pressure-like feeling on the chest, and left eye irritation, and the outcome of shortness of breath (upon activity - but whenever lying down or sitting, there is no shortness of breath), hands were clammy, pain in the rear of the right rib cage; sharp pain, trouble sleeping, slight left sided chest pain, drowsiness and slight neck stiffness was not reported. This report was non-serious.

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1345696	5/25/2021	CT	27	F	4/10/2021		<p>CHEST PAIN; GENERALISED ACHING; FEVER; HEADACHE; This spontaneous report received from a patient concerned a 27 year old female. The patient's weight was 132 pounds, and height was 177 centimeters. The patient's concurrent conditions included alcohol use, and non smoker, and other pre-existing medical conditions included the patient had no known allergies and no history of drug abuse. The patient was not on any medication at the time of event. The patient had no illness at the time of vaccination, no past history of similar event, no adverse event after any previous vaccination, no history of allergy to vaccine, drug, or pre-existing acute illness 30 days prior to vaccination. The patient had no history of hospitalization in last 30 days and no family history of any disease (relevant to vaccination) or allergy. The patient was not breastfeeding at the time of reporting. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202A21A, expiry: UNKNOWN) dose was not reported, administered on 10-APR-2021 16:00 for prophylactic vaccination. Concomitant medications included calcium for maintain normal calcium levels. On 10-APR-2021, the subject experienced chest pain. On 10-APR-2021, the subject experienced generalised aching. On 10-APR-2021, the subject experienced fever. On 10-APR-2021, the subject experienced headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain, generalised aching, fever, and headache on 12-APR-2021. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure as the case was assessed as non-serious</p>

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1345676	5/25/2021	MA		M	4/1/2021		<p>CHEST PAINS; IRRITABLE BOWEL SYNDROME FLARE-UP; NAUSEA FLARE UP; FEVER; PAIN IN THE BACK OF THE HEAD; INFLAMED TISSUES IN THE NOSE; INFLAMED TISSUES IN THE EAR SINUSES; EAR PAIN; SINUS PRESSURE; FELT LIKE PASSING OUT; This spontaneous report received from a parent concerned a 24-year-old male. The patient's height, and weight were not reported. The patient's concurrent conditions included asthma, irritable bowel syndrome, penicillin allergy, sulfas allergy, peanuts allergy, grapes allergy, and cephalosporin allergy, and other pre-existing medical conditions included no prior reactions to vaccination in the past, no vaccination in the month before Janssen covid-19 vaccination. The patient experienced drug allergy when treated with topiramate. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unk) dose was not reported, administered on APR-2021 for prophylactic vaccination. Concomitant medications included fluticasone propionate for asthma, salbutamol for asthma, diphenhydramine hydrochloride for drug used for unknown indication, cyproheptadine for ibs, famotidine for ibs, lansoprazole for ibs, and ondansetron for ibs. On 2021, the subject experienced ear pain. On 2021, the subject experienced sinus pressure. On 2021, the subject experienced felt like passing out. On 2021, the subject experienced inflamed tissues in the nose. On 2021, the subject experienced inflamed tissues in the ear sinuses. On 2021, the subject experienced pain in the back of the head. Laboratory data included: Blood test (NR: not provided) No abnormalities, CAT scan (NR: not provided) no abnormalities, and Nasoendoscopy (NR: not provided) inflamed tissues in the nose/ear sinuses. On APR-2021, the subject experienced irritable bowel syndrome flare-up. On APR-2021, the subject experienced nausea flares up. On APR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 102 F. On 11-MAY-2021, the subject experienced chest pains. Treatment medications (dates unspecified) included: ketorolac tromethamine, meclizine, hydrocortisone, azithromycin, prochlorperazine, and prednisone. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from fever on APR-2021, had not</p>

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							recovered from pain in the back of the head, ear pain, sinus pressure, felt like passing out, chest pains, nausea flare up, and irritable bowel syndrome flare-up, and the outcome of inflamed tissues in the nose and inflamed tissues in the ear sinuses was not reported. This report was non-serious.; Sender's Comments: V0 Medical assessment comment not required as per standard operating procedure as the case assessed as non-serious.
1345603	5/25/2021	CA	28	F	2/10/2021	3/7/2021	Pericarditis occurred end of February and was seen by a doctor early March and was diagnosed. Still ongoing side effect and taking colchicine for the inflammation of the pericardium. Ongoing chest pain and pressure is present with pain radiating to the left side of my shoulder blade. There is also neck pain present. These symptoms are ongoing and still being treated for.
1345445	5/25/2021	CA	13	F	5/19/2021	5/19/2021	Chest pain shortly after the vaccination. Swallowing and throat. Long lasting and was sent to the emergency room. Labs and EKG were normal. Sore throat lasting up to five days after the vaccine. Tightness in throat and chest experienced
1346428	5/25/2021	IN	15	M	5/22/2021	5/23/2021	Patient began to have chest pain 12-24 hours after administration of vaccine. Chest pain worsened over 48 hours. Pain described as constant pressing sternal chest pain. He also had associated fatigue. Initial work up consistent with peri/ myocarditis. Chest pain has no longer been persistent during admission. No chest pain at rest any longer. Patient describing some ?throbbing? heart pressure with walking.
1346910	5/25/2021	CA	35	M	4/27/2021	5/18/2021	Received his second Pfizer COVID vaccine Tuesday 5/18/2021. On Wednesday started developing systemic symptoms such as chills, headache, myalgia. Also developed constant sub-sternal chest pain. Worse with movement or deep inspiration. No clear positional component. CP persisted until he came to the ED today. Initial ECG showed concave ST elevations lateral leads. Given his history this was felt to be most consistent with pericarditis. He received toradol, morphine and SL NTG with near complete relief of the pain. Repeat ECG showed resolution ST elevations. Troponin was elevated, peak 9.08 ng/ml.

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1345932	5/25/2021	NV		U			CHEST PAIN; TINGLING; SWELLING; NUMBNESS; MOBILITY ISSUE; SHOULDER ISSUE; STIFFNESS IN LEFT SIDE OF NECK/STIFFNESS; SWELLING IN LEFT LEG; EMOTIONAL DISTRESS/SUFFERING; PAIN; EXTREME HEADACHE; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: Unk) dose was not reported, administered on 29-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the subject experienced chest pain, tingling, swelling, numbness, mobility issue, shoulder issue, stiffness in left side of neck/stiffness, swelling in left leg, emotional distress/suffering, pain, and extreme headache. The action taken with covid-19 vaccine was not applicable. The outcome of the tingling, stiffness in left side of neck/stiffness, swelling in left leg, extreme headache, chest pain, emotional distress/suffering, pain, numbness, swelling, mobility issue and shoulder issue was not reported. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure since case was assessed as non serious
1347194	5/25/2021	FL	19	M	5/23/2021	5/24/2021	chills, possible fever, pain in chest on either side and cough; trouble breathing
1347193	5/25/2021	AZ	59	F	3/12/2021	4/1/2021	Around 4pm, I had severe chest pains. I thought I had a heart attack. I called the ambulance and spent time in the ER. I was then told I had a perforated ulcer. Then I had surgery. In 2014, I did have gastric bypass surgery done and was later told the perforated ulcer is sometimes a result of the gastric bypass surgery.
1347189	5/25/2021	WA	25	M	5/11/2021	5/18/2021	Possible pericarditis. Substernal chest pain worse with inspiration and laying down starting 1 week after 2nd COVID vaccine. Normal EKG. Physical exam is normal/negative.

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1347148	5/25/2021	CT	65	M	3/30/2021	3/31/2021	Heart pain/ chest pain. Hard to breathe Swollen legs Erratic heart rate Outcome: death 3 days after. Heart failure
1347147	5/25/2021	NC	38	M	3/3/2021	4/6/2021	More than 30 days after receiving the Janssen vaccine, I tested positive for COVID-19. Symptoms began as runny nose, sneezing, and sinus pressure/burning on April 6, 2021. Tested for COVID-19 on April 11, 2021 (nasal swab, PCR test) after a family member tested positive. Symptoms worsened on April 12, 2021, including shortness of breath, chest pain, complete loss of taste and smell. Sought treatment for breathing difficulty at ER on April 13, 2021 (Vidant Medical Center and was instructed to rest at home. Sought treatment for breathing difficulty at PCP on April 14, 2021 (Medical Center) and prescribed Prednisone. Symptoms worsened on April 15, 2021, including shortness of breath, chest pain, numbness in face/arms/legs, dizziness, loss of balance, memory and speaking difficulty, near fainting. Sought treatment at ER on April 15, 2021 (Vidant Medical Center, Greenville, NC). Held for three days, treated with Remdesivir (3 doses) and supplemental oxygen. Discharged from hospital on April 18, 2021. Symptoms did not improve following discharge. Sought treatment for ongoing symptoms at ER on April 21, 2021, instructed to rest at home. Symptoms continued to worsen on April 24, 2021, including shortness of breath, chest pain, numbness in face/arms/legs, dizziness, loss of balance, memory and speaking difficulty, near fainting, and slurred/incoherent speech. Sought treatment at ER on April 15, 2021, admitted to hospital on April 25, 2021 diagnosed with probable TIA. Treated with Optiflow high-flow oxygen therapy, nebulizer, and steroids. Received a variety of tests and scans of head, neck, spine, chest, heart; none showed signs of any serious cardiac, vascular, or neurological problems. Transferred to in-patient rehabilitation on May 1, 2021 for physical and occupational therapy. Discharged from in-patient rehabilitation on May 6, 2021. Prescribed out-patient physical and occupational therapy to resolve remaining dizziness, balance, and endurance deficits.

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1347125	5/25/2021	PA	57	M	5/3/2021	5/10/2021	Patient received a 2nd dose of Pfizer vaccine on 5/3/2021. Patient presents to the ED on 5/23/2021 with chief complaint of fatigue, chest pain, shortness of breath on exertion. Patient reports fatigue of 2 week duration associated with right-sided chest discomfort, dyspnea, and night sweats. He reports approximately 1 week ago onset of pleuritic R-sided, nonradiating chest pain, with provocative factor of cough and palliative factor of lying supine. He additionally reports dyspnea on exertion and at rest and night sweats of 1 wk duration. CT chest angio showed Large Pericardial effusion, moderate Left pleural effusion, mild right pleural effusion, ascites. On 5/24/2021, patient underwent pericardiocentesis with 800cc of reddish fluid drainage, and left thoracocentesis with transudative fluid. Cytology is pending.
1347122	5/25/2021	VA	39	F	4/1/2021	4/17/2021	About 2 weeks after the vaccine I developed SOB and went to the Urgent Care where I received an irregular EKG so I was transported to the ER and was admitted into the hospital for 3 days. On 5/1 I developed severe chest pains again so I went so I went to another Hospital and was informed that my D-Dimer was elevated and was transferred to a different hospital where I was monitored for 24hrs and was released. I visited the Cardiologist who performed a Stress test which was abnormal so I have another Stress Echo tomorrow but I have never had any heart issues in the past.
1347101	5/25/2021	CO	35	F	5/13/2021	5/16/2021	Shortness of breathe, chest pain, numbness which resulted in pulmonary embolism
1347087	5/25/2021	NC	47	F	3/16/2021	3/17/2021	I had really sharp chest pain that lasted about 8 hours the same and short of breathing.
1346994	5/25/2021	OR	20	F	4/20/2021	4/24/2021	chest pain, abnormal EKG, elevated troponin peaked at 15.9, normal echo Admitted to hospital x 1 day Treated with NSAIDS and colchicine
1346967	5/25/2021	FL	43	F	4/9/2021	4/9/2021	body aches- 2 days, fever-2 day2, sweats- 2days, left arm tremors and brain tremors- 1-2 weeks off and on, arm pain and rash- 1 week, fatigue- 2 weeks, diarrhea- 3 weeks, nausea- 3 weeks, muscle weakness - 5 weeks, debilitating headaches-5 days, headaches - 5 weeks, dizziness and brain fog- 6 weeks, chest pain and heart palpitations- 6 weeks

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1346637	5/25/2021		47	F	5/25/2021	5/25/2021	Pt felt chest pain, complained of headache, complained of shortness of breath. Pt has history of anaphylaxis where she had to use epipen, multiple allergies. All patients vitals normal, EMS called and pt taken to hospital
1346940	5/25/2021	LA	18	F	3/2/2021	3/27/2021	rapid heart rate and chest pain
1346660	5/25/2021	UT	35	F	5/21/2021	5/21/2021	This is a 35-year-old female, G2, P1 Ab0, 23 weeks pregnant, who presents to the emergency department for chest pain. Patient reports receiving her second Madura COVID-19 vaccine yesterday at around noon. She states that later that evening, she reports onset of fatigue, and pleuritic chest discomfort. She reports increasing in discomfort into this afternoon, with shortness of breath. She also reports body aches, and bilateral lower extremity calf pain. No fevers, or chills. No nausea, or vomiting. Patient is currently being followed by doctor of OB/GYN, with whom she had a conversation with this morning. Doctor already recommended she come in for evaluation. Otherwise patient denies any vaginal bleeding, discharge. No urinary symptoms. No prior history of a cardiac or pulmonary disease. No lightheadedness, dizziness, or syncope. No prior history of DVTs, pulmonary embolisms.
1346890	5/25/2021	UT	82	F	3/2/2021	3/27/2021	Dizzy, head pressure, increased sleepiness, headache, nausea, congestion, ringing in ears, chest pain

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1346862	5/25/2021	CA	41	F	4/15/2021	4/21/2021	On 4/16-4/18 minor soreness and fatigue that temporarily disappeared. Then on 4/21, I experienced High Fever (103.8), Body aches, headache, extreme fatigue that lasted through Monday 4/26. Through that time I went and got a Covid test on Friday 4/23 and it came back negative. On Thursday 4/29, I started having pain on the right upper side of my abdomen. Friday evening, the pain grew even more intense which I could not lay down to sleep and no pain meds were taking it away. Saturday, 4/30 at 6 am ended up in ER at Facility. They were testing me for blood clots due to the chest pain and sever right side pain and the results showed no blood clots and my heart was fine. CT scan showed pneumonia, scarring in my lungs and a nodule growth on my lung. The doctor asked me if I was in the dessert recently if I had ever had valley fever. Valley Fever came back negative, another Covid 19 test came back negative. I completed taking 2 antibiotics and now on 5/25 (day 40) I am still feeling bouts of fatigue, wheezing in my lung and pain in my lung. I was healthy prior to getting the 2nd dose of Moderna and can't help but feel the vaccine triggered something in my system. Reporting this just in case it is an adverse effect from the vaccine.
1346837	5/25/2021	KS	24	M	5/20/2021	5/23/2021	Developed severe chest pain, admitted and found to have myocarditis, troponin 8, cardiac cath negative

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1346832	5/25/2021	ND	25	F	3/27/2021	4/15/2021	After receiving my second dose, I was seen by my primary doctor for suspected Celiac disease (which came back positive). I had a strange medical episodes during the bloodwork (April 15th) that they originally assumed was anxiety. Symptoms were shortness of breath, lightheadedness, and loss of feeling in extremities. I'm a first responder and did not feel this was anxiety, but didn't argue and forgot about it until it happened again. I had my second episode on April 20th, and debated going to the ER for it. A third episode on April 23rd did put me in the ER. I proceeded to have more episodes on almost a daily basis after that and started monitoring blood pressure, pulse, blood sugar, and food intake at home (some of my bloodwork levels were off due to the celiac). I purchased a heart rate monitor, a blood glucose meter, and a smartwatch to monitor some of my symptoms. Both devices (monitor and watch) would later flag me as having a suspicious heart rhythm (heart monitor could be for fast/slow rhythm or for arrhythmia, smartwatch flagged me as Afib twice). I could not recreate these results when my husband wore the devices. Episodes could be as brief as 45 mins or last more than 12 hours. I have a high pain tolerance and illness tolerance, and had to leave work several times due to my symptoms (extremely abnormal for me). After several more appointments with my primary doc and another visit to the ER (where they did another EKG, an X-ray, and more bloodwork), things were still coming back inconclusive. After about April 28th, I started having significant chest pain with my episodes. The ER checked me for possible clotting related to the heart issues and my birth control pills. My arrhythmia could not be captured on their devices. My doctor has since diagnosed it as suspected myocarditis (pending more testing). We've ruled out all possible things related to my Celiac diagnosis, and can't seem to find a cause for this. I had a few things I brought to her attention that may be the cause (pinched nerve at chiropractors, covid vaccine) and she says it may be the vaccine, and said I should report it to you.

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1346800	5/25/2021	CA	44	F	2/5/2021	2/8/2021	I did not seek medical care but about 3 days after the second dose of Moderna, I started experiencing intermittent, left-side, anterior chest pain (dull). It felt like pain was localized to my heart. I took OTC ibuprofen during the first week for pain, up to 800mg per day. Pain was worse (5-6 out of 10) during the first week and began to improve thereafter. The pain fully resolved by mid-March.
1346785	5/25/2021	WA	46	M	4/29/2021	5/6/2021	Chest Pain, High Blood Pressure, Shortness of breath
1346784	5/25/2021	CO	45	F	4/12/2021	4/17/2021	I experienced chest pain/pressure, shortness of breath, rapid/irregular heartbeat approximately 5 days after receiving my first dose of the Moderna shot. I had been exercising outdoors (as I normally do) when it came on. It subsided some and returned in intensity the following day following a long walk. It was mostly mild pain and pressure during the week. However, on 4/24, following exercise, I had pronounced symptoms and acknowledged that I needed to go to the emergency room, as I thought I was having a heart attack. They admitted me and ran various heart tests and ruled out a heart attack or blood clot.
1346733	5/25/2021	FL	14	M	5/18/2021	5/22/2021	Patients mom stated her son got the vaccine on Tuesday 5/18/21 and about 4 days later he ate seafood and then started to get an allergic reaction about 2 hours later. Patient started to feel that his lips swelled up along with a rash all around chin, neck and around mouth, on forehead between eyes. He took Benadryl which helped symptoms subside. He also complained of a little chest pain that lasted less than an hour but no shortness of breath. As of Monday 5/24/21 he feels fine no other symptoms. No c/o fever, fatigue, nor headache, body aches. Pain at injection site from vaccine was also reported but that subsided.
1346714	5/25/2021	VA	85	M	4/26/2021	5/7/2021	death J18.9 - Pneumonia, unspecified organism shortness of breath chest pain

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1346713	5/25/2021		14	M	5/22/2021	5/22/2021	Patient is a 14 yo male c/o intermittent upper left chest pain for >20 min after Pfzier vaccine. Reported pain 3/10, described as sharp and non-radiating. Denied previous episode w/ similar symptoms. Reported feeling some anxiety but denied being diagnosed or treated with anxiety. Upon assessment no acute distress noted. Alert and orientedx4, verbal and able to make needs known. Respiration even and unlabored. Skin pink, warm, dry and intact. No sx of allergic reaction. Chest non-tender, heart rate WNL, noted irregular rhythm, no murmur or extra sounds noted. No loss or altered level of consciousness noted. Mother present with patient and reports having HX of elevated BP which physician recommended increased activity and weight loss, denied medication treatment. No HX of allergies per mother. Past medical HX obtained from patient and physical assessment completed simultaneously. Pt assessed while sitting in chair. VS 160/81, HR 62, O2 97% RR 20, sponataneous resolution on symptoms after 2-3 minutes, patient observed additional 30 minutes, no acute distress noted, pt denied pain or symptoms. Advised mother to have patient evaluated by PCP for irregular heart rhythm ASAP. Advised mother to take patient immediately to ER if symptoms return or develop new symptoms. Advised mother to call 911 if patient develops chest pain, SOB, altered or loss of consciousness. Mother verbalized understanding of all advice and education. Patient went home with mother
1346699	5/25/2021	CA	19	M	4/8/2021	5/23/2021	My son woke up and complained to us of pain in shoulder where he got shot and pain in chest. Chest pain worse when inhaling or bending over. We had been telling him he sounded congested and ill for several days prior, but he denied feeling ill. Just thought he was groggy from waking up or having usual allergies. Sunday morning he told us ?I think you were right. I am sick. Told us about pains. Advised him to call advise nurse on insurance card. He was told to rest and take otc pain reliever. He rested but took no medication. By the next day his arm pain was gone and chest pain reduced to only on deep inhale.
1347236	5/25/2021	AZ	23	M	2/26/2021	3/1/2021	Chest pain 2 days following vaccine. Was admitted to hospital and diagnosed with myocarditis. Please note that he had Coxsackie related myocarditis in May 2019.

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1346944	5/25/2021	MN	48	F	4/8/2021	4/8/2021	Symptoms lasted for at least 16 days. Pretty much every symptom in the book. Everything from shortness of breath to congestion to headache to muscle ache neck ache, dizziness and chest pain. I had extreme muscle weakness and ringing in ears. Dizziness, ringing in ears and chest pain around heart are still present.

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1345835	5/25/2021	PA	33	M	3/1/2021		<p>Worse coughing; Neck hurts from artery pumping hard; Back pain; Arm pain; has been in bed all month; Flu like symptoms; Nausea; Headache; Joint ache; Cold chills; Jaw pain; Hot flushing; Severe bilateral foot pain; Shortness of breath; Felt like having heart attack with bad chest pain; sick to his stomach; Feeling worse since getting second covid shot; Fainted a couple times/collapsed/becomes faint if he exerts himself; Pulmonary hypertension was high at 124; Suspected immune response to the vaccine; This spontaneous case was reported by a health care professional (subsequently medically confirmed) and describes the occurrence of SYNCOPE (Fainted a couple times/collapsed/becomes faint if he exerts himself) and PULMONARY HYPERTENSION (Pulmonary hypertension was high at 124) in a 33-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect product included non-company product MACITENTAN tablet for Pulmonary hypertension. Concomitant products included SILDENAFIL CITRATE and TREPROSTINIL SODIUM for an unknown indication. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form and MACITENTAN (Oral) 10 mg once a day. In March 2021, the patient experienced SYNCOPE (Fainted a couple times/collapsed/becomes faint if he exerts himself) (seriousness criterion medically significant), PULMONARY HYPERTENSION (Pulmonary hypertension was high at 124) (seriousness criterion medically significant), VACCINATION COMPLICATION (Suspected immune response to the vaccine) and CONDITION AGGRAVATED (Feeling worse since getting second covid shot). On an unknown date, the patient experienced PAIN IN JAW (Jaw pain), HOT FLUSH (Hot flushing), PAIN IN EXTREMITY (Severe bilateral foot pain), DYSPNOEA (Shortness of breath), CHEST PAIN (Felt like having heart attack with bad chest pain), ABDOMINAL DISCOMFORT (sick to his stomach), COUGH (Worse coughing), NECK PAIN (Neck hurts from artery pumping hard), BACK PAIN (Back pain), PAIN IN EXTREMITY (Arm pain), BEDRIDDEN (has been in bed all month), INFLUENZA LIKE ILLNESS (Flu like symptoms), NAUSEA (Nausea), HEADACHE</p>

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							(Headache), ARTHRALGIA (Joint ache) and CHILLS (Cold chills). At the time of the report, SYNCOPE (Fainted a couple times/collapsed/becomes faint if he exerts himself), PULMONARY HYPERTENSION (Pulmonary hypertension was high at 124), VACCINATION COMPLICATION (Suspected immune response to the vaccine), PAIN IN JAW (Jaw pain), HOT FLUSH (Hot flushing), PAIN IN EXTREMITY (Severe bilateral foot pain), DYSPNOEA (Shortness of breath), CHEST PAIN (Felt like having heart attack with bad chest pain), ABDOMINAL DISCOMFORT (sick to his stomach), CONDITION AGGRAVATED (Feeling worse since getting second covid shot), COUGH (Worse coughing), NECK PAIN (Neck hurts from artery pumping hard), BACK PAIN (Back pain), PAIN IN EXTREMITY (Arm pain), BEDRIDDEN (has been in bed all month), INFLUENZA LIKE ILLNESS (Flu like symptoms), NAUSEA (Nausea), HEADACHE (Headache), ARTHRALGIA (Joint ache) and CHILLS (Cold chills) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Brain natriuretic peptide: 570 (High) elevated up to 570. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment information included paracetamol. Company Comment: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.
1343841	5/24/2021	CA	40	F	5/22/2021	5/23/2021	Chest Pain, burning, sharp, stabbing all the way to my back. Shortness off breath.
1344009	5/24/2021	AZ	25	M	5/2/2021	5/22/2021	Lost vision, lost ability to move, collapsed on floor, one side of body regained movement, dizziness, chest pain

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1343997	5/24/2021	TX	40	F	5/12/2021	5/16/2021	After first covid shot (L arm), got a little bit of chest pain, went away 9 days after, got a large whelp on L deltoid, eventually went away Had 2nd shot 5/12/2021 (R arm), next day had some malaise "completely what I expected" The Sunday after, had pain on R FA and veins were larger/darker than normal Some ankle pain Repeat on chest pain again Would be worse after deep breathe or laying down, other times no apparent rhyme or reason
1343994	5/24/2021	TX	59	M	4/8/2021	5/1/2021	Vaccine 3/15, 4/8. Admit 5/1. Admit for hypoxia d/t COVID PNA. H/O RA w/interstitial lung disease. In ER temp 100.1, SpO2 94%. WBC WNL, later elevated. CXR shows interstitial lung disease. Treated w/steroid, dose of convalescent plasma, supportive care, oxygen. Brief History: Patient who presented with the above complaints. Patient with a history of longstanding rheumatoid arthritis who presents to the ER with above-stated symptoms. Patient reports history of chronic dry cough which she attributes to having lung disease related to rheumatoid arthritis. Patient has received both doses of Pfizer COVID-19 vaccine, 2nd dose on April 8th. About 2 weeks ago he started having low-grade fevers with worsening of cough and shortness of breath. Patient was tested at an urgent care center and tested negative for COVID-19. Denies any known sick contacts. No recent travel history. Symptoms worsened about a week ago with persistent fevers, increasing cough and shortness of breath. Patient went to see his rheumatologist and diagnosed with interstitial lung disease this week and referred to see pulmonology. He was monitoring his oxygen saturations at home which have been dropping down to 88-89% on room air that made him come to the ER. Patient tested positive for COVID-19 in the emergency room. CT angiogram of the chest showed no evidence of any pulmonary emboli but evidence of interstitial lung disease bilaterally. He is currently being admitted for hypoxia secondary to COVID-19 pneumonia. Patient denies any chest pain Hospital Course: Patient was admitted. Kept on steroids and oxygen. Seen by Infectious Disease. Got a dose of convalescent plasma This morning he is on room air. Past the walk study. Feeling lot better. Seems to be stable for discharge on oral steroids to finish up the course.

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1343980	5/24/2021	WA	22	M	4/10/2021	5/6/2021	Myocarditis with elevated cardiac biomarkers and decreased EF. Patient had chest pain on admission along with nausea, vomiting and diarrhea.
1343945	5/24/2021	WA	24	M	5/11/2021	5/13/2021	Chest pain on 2nd and 3rd nights after the vaccination for approximately 3 hours each episode.
1343933	5/24/2021	CA	17	M	5/11/2021	5/18/2021	Symptoms of heart beating faster, louder and harder with mild pleuritic chest discomfort starting about 5 days after second COVID vaccine, ongoing but improving. Got his second COVID vaccine on 5.13.2021. Feels like heart is beating out of his chest, constant throughout the day, worst when laying down. Heart rate up to 100 at home. intermittent shortness of breath. No chest pain. After the vaccine, he developed a high fever for 2 days, a sore arm and tiredness. vitals normal at time of clinic exam today, May 24, 2021 RX: slow breathing, albuterol inhaler, reading recommendation: Breathe by hcp
1343885	5/24/2021	MN	56	M	4/28/2021	5/11/2021	Patient admitted to the hospital on 5/11/21 with nonrheumatic aortic valve stenosis and had heart catheterization. Then on 5/17/21 patient presented to the ED and was subsequently hospitalized with chest pain.
1343883	5/24/2021	NC	28	F	5/2/2021	5/17/2021	Adverse Events: I went to the emergency room on 5/18 after experiencing major back pain, sharp pain in ribs, chest pains, difficulty breathing, shortness of breath and chronic coughing. Outcome: After x-rays, EKG, D-Dimer Test and a CT scan the doctor determined that I have Pulmonary Embolism (blood clots in my lungs). I've never had any symptoms prior to receiving the covid vaccine. Today is 5/24 and I am still experiencing most of the same symptoms despite taking my medications as prescribed. The worst symptoms are difficulty breathing and chronic coughing. Treatment: -No longer taking birth control (Azurette) since that can cause blood cots - Xarelto (to treat and prevent blood clots) -Gabapentin 100MG 3x Day (for pain) -Benzonatate 200MG 3x Day (for cough) -Tizanidine 2MG 1X day (for pain) -Albuterol Inhaler Every 4 hours

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1343870	5/24/2021	AR	29	F	1/15/2021	1/18/2021	I got my second vaccine on Friday January 15, 2021. On the following Monday (January 18), I started having chest pain around 5:00 pm before leaving work. The chest pain got worse until I woke up in the middle of the night afraid I was having a heart attack and vomiting. I got up and planned to go to the hospital at around 5 am but the pain started to subside. I made an appointment to see my PCP the following Friday (January 22nd) and had cardiac labs drawn. My heart enzymes were elevated that day so my PCP chose to admit me into the hospital. I had a heart cath, wore a heart monitor, had EKGs, had my enzymes trended, and had a heart ultrasound. The cardiologist discharged me with possible myocarditis. I took a regimen of ibuprofen and symptoms subsided. I had been having chest pain off and on for about a month before this episode but thought it was heart burn because it was very mild.
1343689	5/24/2021	IN	17	F	5/16/2021	5/16/2021	My child was accidentally given moderna instead of Pfizer even though she is under 18. After the mistake was made she began to have nausea and vomiting, headache and lethargic. After 6 days she began to have chest pain, rapid heartbeat and the nausea continued. We have ended up in the hospital admitted because of the tachycardia.
1343845	5/24/2021	NH	19	M	5/12/2021	5/14/2021	Typical side effect symptoms experienced and cleared within 24 hours. Same symptoms returned (chills, low fever, heavy sweating, tense breathing) approx. 60 hours later along with severe aching chest pain. All symptoms resolved by next morning besides chest pain, which was severe enough to warrant emergency room admission about 72 hours after vaccination. Admitted to hospital overnight with an episode of palpitations around 6pm on the first night, being given motrin and colchicine throughout stay. Pain somewhat resolved and was discharged aprox. 100 hours after vaccination. Continued use of ibuprofen and colchicine in weeks following as pain slowly resolves.
1344133	5/24/2021	TN	29	M	5/7/2021	5/12/2021	Heart/chest pain. Doesn't seem to relate to activity, occurs multiple times per day but only lasts a minute or so. 3/10 pain

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1343836	5/24/2021	PA	68	F	2/2/2021	4/28/2021	04/29/2021Expand AllCollapse All Number of Diagnoses or Management Options Acute non-recurrent maxillary sinusitis Close exposure to COVID-19 virus Diagnosis management comments: 68-year-old female no acute distress presents to urgent care with cough, sinus pain and congestion, postnasal drip, loss of taste and smell. Patient states that 1 week ago she was mowing her grass and her seasonal allergies "flared up" she started having a cough, postnasal drip, sinus pain and pressure. She reports that yesterday she lost her sense of taste and smell. She states she has been fully vaccinated for COVID-19. Due to patient's loss of taste and smell she was swabbed for COVID-19 PCR. I also treated her for sinusitis with a Z-Pak. Tessalon Perles were prescribed for cough. Patient is aware to quarantine until results come back and are negative. If she develops severe chest pain or shortness of breath she is to go to the emergency room.
1343805	5/24/2021	NJ	20	F	5/19/2021	5/23/2021	Chest pain starting on 5/23, 4 days after receiving the vaccine
1343789	5/24/2021	CA	25	F	3/31/2021	4/18/2021	The evening of 4/18 my daughter began feeling short of breath, and had pains in her chest. She waited a while but then had difficulty breathing and extreme chest pain so she went to the ED. Over the next several hours they performed a chest Xray, EKG, urine tests, and blood tests (metabolic panel, CBC, test for heart muscle injury, blood clotting problem test)

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1343775	5/24/2021	TX	16	M	4/24/2021	4/26/2021	Vaccine administered at outside facility. Pt. is a 16 yo male with no significant PMH admitted on 4/26 with myocarditis, elevated troponin, and abnormal EKG. Pt. states that he was feeling his usual self until the day that he received his 2nd dose of the COVID vaccine on 4/24. On 4/24, he started to have a headache and subjective fevers. On 4/26, he reports having substernal chest pain at rest, non-radiating, associated with shortness of breath. Patient took tylenol with minimal relief. Patient denies cough, congestion, abdominal pain, nausea, vomiting, diarrhea, rash. No sick contacts. Since admission, troponin has been rising (up to 16), BNP normal, CRP to 87, ESR normal, CBC and electrolytes unremarkable. Clinical course and findings consistent with myocarditis. ID consulted for infectious workup and management. In my prelim recs upon admission, I recommended a dose of IVIG and holding off on steroids and antibiotics.
1343734	5/24/2021	VA	66	F	4/28/2021	4/30/2021	2 DAYS POST SECOND MODERNA VACCINATION (4/30) PTNT BEGAN EXPERIENCING SHORTNESS OF BREATH AND CHEST PAIN. 6 DAYS POST SECOND SHOT (5/4) PTNT WENT TO PRIMARY DOCTOR WHO DID BLOOD WORK. PATIENT WAS ADMITTED TO HOSPITAL ON MAY 19TH FOR CONFIRMED PULMONARY EMBOLISM TREATMENT. PATIENT DISCHARGED FROM HOSPITAL ON MAY 20TH ON 6 MONTH COURSE OF XARELTO.
1343727	5/24/2021	OR	56	M	5/11/2021	5/11/2021	After receiving COVID vaccine, patient reported Shortness of Breath, dizziness, loss of appetite, headache and chest pain. On 05/19/2021, patient exhibited right sided extremity weakness. Upon ED evaluation, was found to have suffered a TIA.

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1343709	5/24/2021	TX	16	F	4/15/2021	4/19/2021	Vaccine administered at outside facility. Patient is a 16 yo girl, admitted on 4/19 with myocarditis, s/p IVIG (4/19) after presenting with progressive new onset chest pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (4/15). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Patient is a 16 yo girl, s/p admission (4/19-4/23/21) with myocarditis, s/p IVIG (4/19), has now been readmitted on 5/10 with myocarditis after presenting with headache and neck pain for 2 days. Following discharge from the PICU on 4/23, patient states that symptoms have lingered (low grade fevers, feeling tired, on and off chest pain). After developing a progressive headache and neck pain, she came back to the ER for re-evaluation. Upon readmission, her troponin was elevated (2.06 on 5/10). Her CBC and CMP were reassuring. Blood culture collected on 5/11 and urine culture collected on 5/10. ID consulted for workup.
1343694	5/24/2021	LA	66	F	2/12/2021	3/30/2021	acute pericarditis, chest pain and fatigue
1345393	5/24/2021	FL	52	F	4/24/2021	5/4/2021	Initial presentation was chest pain for 3 days. I was seen by a cardiologist. Diagnosis: Unstable Angina I was given a loading dose of Heparin, Aspirin, Concor and Crestor. Chest pain persisted and I was admitted to hospital on May 7, 2021, treated and sent home on May 9, 2021. Intermittent bouts of chest pain over the last 2 weeks. I returned to the cardiologist on May 19, 2021. Diagnosis: Pericarditis. I am currently being treated with Arcoxia.

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1343848	5/24/2021	VA	17	M	5/20/2021	5/22/2021	17-year-old male with no medical history, no allergies and no surgeries presented to the ER on 5/22 at 11 PM with concern for chest pain. The patient received his 2nd COVID-19 Pfizer vaccine on Thursday, 05/20/2021 in his left arm. The patient developed a temperature of a 102.5° with aches, chill, and pain overnight. The symptoms subsequently dissipated. Around noon on 5/22 he began to experience an achiness and pressure beneath the sternum and it has been constant since. The pain does not radiate into the back. No associated ripping or tearing sensation. No shortness of breath or difficulty breathing. In ED, EKG showed normal intervals, no ST changes and no STEMI. The patient underwent a CT angio of the chest and abdomen and did not show any dissection of the aorta. The left and right proximal coronaries are visible, however their path could not be seen on the studies performed. No pneumomediastinum both pneumothorax was observed. He had an elevated troponin of 3.1 and it increased to 7.3 prior to transfer to the ICU. VS were stable with HR 80 - 90 and normal BP. Repeat ECG was normal but his troponin increased x 2 with maximum of 16. His CRP was mildly elevated and BPN upper limits of normal. Echo was normal. Cardiologist consulted and pt diagnosed with myocarditis. As of 5/24/21, patient remains hospitalized as troponin was 13.1 at 9:00 am.
1344847	5/24/2021	CA	29	M	5/20/2021	5/23/2021	Second dose of vaccine received 5/20 at 5:00 PM. At approximately 4:00 AM 5/21 the patient began experiencing flu like symptoms (fever, chills, body aches, headache) for entire day which had resolved by morning of 5/22. At approximately 6:00 AM 5/23 the patient began experiencing substernal chest pain 5/10 that lasted approximately 3 hours. He sought medical treatment at an urgent care facility and was referred to Hospital for higher level of care. At the hospital he was found to have an elevated troponin level with a peak of 1.50. He underwent Coronary Angiography to rule out coronary artery disease. The procedure found no evidence of coronary occlusion and was completed without complication.

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1345283	5/24/2021	NJ	17	F	4/29/2021	5/3/2021	Patient developed substernal chest pain that began about 3 days after her first Pfizer Covid shot. It was worsened by laying flat and relieved somewhat by sitting upright or forward. NSAIDS were slightly effective at improving the pain. It took about a week to totally resolve. The patient went to a walk-in clinic initially and they noticed right-axis deviation on an EKG and sent her to the Hospital for further workup. She was discharged from the ER several hours later with no clear diagnosis but a suggestion that it sounded clinically like a viral pericarditis.
1345265	5/24/2021	TX	24	F	4/30/2021	4/30/2021	Within 20 minutes I felt like I couldn't breathe my whole body went numb and I felt like I was gonna pass out. I had chills, cough, nausea, body aches, loss of appetite , shortness of breath , accelerated heart, and chest pain. Since the day of the vaccine I have been struggling with my physical and mental health. I've been in and out of hospitals, doctors, specialist.
1345255	5/24/2021	NY	24	M	5/5/2021	5/9/2021	I was woken up by severe chest pain, which continued for the next few hours. I felt the pain above my stomach, below my sternum, and above my heart, and it was a sharp, stabbing pain. My heart was also beating faster than normal. The stabbing chest pain continued for the next few hours before eventually subsiding. However, for the next few days I occasionally felt a fleeting, stabbing chest pain. After a few days, it went away completely. I had never had such a sustained chest pain before.
1345072	5/24/2021	WV	56	F	4/1/2021	4/3/2021	Chest pain, short of breath, fatigue, sore throat, diarrhea, feeling faint. I did not connect this to the vaccine until I heard on the news today, 05/24/2021. I am an active person but wasn't able to exercise and when I did I felt sick. On a hike, I felt like I was going to faint and throw up because my heart was beating so hard and fast. I regularly hike and have never had these symptoms before. I am back to doing cardio and don't have any of the symptoms 7-1/2 weeks later.
1345058	5/24/2021	NY	70	M	2/20/2021	2/21/2021	Fever to 100.8, Nausea and vomiting, Pleuritic chest pain which was worse when supine and improved with sitting up. Symptoms started within 24 hours of the vaccination. Symptoms improved a few hours the initiation of treatment with anti-inflammatory agents.

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1345055	5/24/2021	WA	31	F	5/23/2021	5/24/2021	I started having chest pains today around 3:30pm. When I came home from work, I decided to take my blood pressure since it feels like my heart is overworking itself. I checked three times, and all times my blood pressure was in the Stage 1 HTN range. Decided to take a break and try to relax. Took my blood pressure again and it is still in the Stage 1 HTN range. I have no history of HTN. My blood pressure has always been normal. The only other notable symptom after the vaccine is an odd feeling at the frontal part of my head. Not necessarily a headache, but my brain has a weird tingly feeling in the frontal area. My chest still hurts and feels like it is overworking itself.
1345051	5/24/2021	AL	30	M	5/6/2021	5/8/2021	Got shot Thursday May 6th, ran 103 degree temp Friday, Saturday had temp of 100 and felt like was going to pass out once around lunch, then a dizzy spell. Sunday morning (6:00 am) presented with chest pain for about ten minutes that subsided. Sunday night/ Monday morning at approximately midnight (12:00 am) presented again with chest pain that continued as we sought medical attention from local fire department, to which an ambulance was called, meds were given and diagnosis was heart attack from labs drawn at hospital. Took him back for a heart cath and there was no blockage. From everything I was told they couldn't figure out what caused the chest pain. He spent 2 days in CCU. He discharged Wednesday the 12th of May. He is now on Plavix, Coreg, a low dose aspirin, and Atorvastatin.
1345034	5/24/2021	KS	28	F	3/1/2021	3/3/2021	Chest pain/pressure Hypertension
1345026	5/24/2021	HI	15	M	5/18/2021	5/19/2021	5/19/2021: Fever, Chills, headache, cough. 5/20/2021: Chills persist, fever & headache resolve 5/21 /2021 at 0300: Severe Chest pain, fever recurs, admitted to hospital where ST elevation seen on EKG, Echocardiogram shows pericardial enhancement, normal function , no abnormalities. troponin high at 832, proBNP high at 308, CKMB 54.6

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1345025	5/24/2021	CA	47	F	2/16/2021	2/16/2021	Heart Rate and blood pressure increased after 2nd dose within 12 hours. HR did not return to normal since 2nd vaccine. 3 months after 2nd dose, visits to doctor and emergency room for chest pain, increase heart rate and short of breath showed 2 blood clots, one in each lung (bilateral pulmonary embolism)
1344085	5/24/2021	NY	28	M	5/24/2021	5/24/2021	Almost immediately after injection was given, patient complained of chest pain, light-headedness and sweating. He admitted to a previous history with past vaccinations although inconsistently. Chest pain resolved, per patient. Patient transported by wheelchair to paramedic area with brief loss of consciousness, spontaneously resolved. Patient able to transfer from wheelchair to cot, reporting improvement when lying down. Paramedic and EMT monitored vitals, paramedic advised transport to hospital to rule out cardiac event, patient consented. Transported to Hospital
1344891	5/24/2021	CA	21	M	4/27/2021	4/30/2021	Day 4 (April 30) After 2nd vaccine dose: chest pain started and continued through the night. . Day 5 (May 1) after 2nd dose: chest pain intensified. Visit Urgent Care where EKG abnormal, chest X-ray okay. Sent to ER on basis of abnormal EKG. At ER (still day 5 (May 1) after 2nd dose) echocardiogram normal. EKG abnormal. Blood labs showed elevated Enzyme Troponin (7-8ng/ml). Admitted to hospital. Started colchicine 0.6 mg 2x/day. Troponin levels continued to rise and elevated to 12 ng/ml within 24 hrs from start of meds. Took another 36 hrs to bring Troponin down to 6 ng/ml. Sent home May 3 where continued Meds.
1344116	5/24/2021	VA	70	F	5/22/2021	5/22/2021	70 year old female complaining of headache ,nausea.No chest pain or SOB.BP 110/72, Pulse 74 Pulse ox 98%.Patient has not taken any oral fluids or eaten since last night .Pt started feeling better with being reassured and resting.Feels comfortable going home.advised to increase oral fluids and eat well in the next 24-48 hours.
1344649	5/24/2021	WA	17	F	5/17/2021	5/20/2021	Received dose #1 on the 17th, about 3-4 days later noticed having chest pain, described as a "pressure" that is worse with deep breathing and lying down. This was a telemedicine visit. She was well appearing, but sent her to urgent care for further eval.

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1344379	5/24/2021	CA	24	F	5/13/2021	5/15/2021	Chest pain, troponin elevation
1344363	5/24/2021	WA	17	M	5/21/2021	5/23/2021	17 y/o M with no PMHx presenting to ED from another ED for work-up of acute onset chest pain. Patient experienced this pain at approximately 2200 on 5/23 and this prompted ED visit. His chest pain was 8/10 at that time. Did not radiate. He mentioned pain with deep inspiration. Prior to Sunday night he describes feeling tired, malaise on Saturday. He says he had a fever on Saturday. Temperature at that time unknown. Otherwise patient was in usual state of health. Of note, Friday 5/21 was his second dose of the COVID-19 vaccine. He denies having any adverse effects after vaccine #1. Patient diagnosed with acute pericarditis at this time thought to be due to COVID-19 vaccine
1344350	5/24/2021		19	F	5/23/2021	5/24/2021	Chest pain,
1344347	5/24/2021	VA	37	M	3/30/2021	3/31/2021	Severe chest pain. Worse than the usual chest pain I have every once in awhile. Made a doctor's appointment. They couldn't figure out what was causing it. It finally subsided after 4 days.
1344337	5/24/2021	WA	18	F	5/20/2021	5/22/2021	Patient presented to the emergency room with acute chest pain in the sternal area and a troponin of 1.1. EKG showed early repolarization, not concerning for ACS. Her pain was classic for pericarditis in that it was worse when leaning back, nonexertional, and not accompanied by diaphoresis or nausea. She was treated for presumed pericarditis with ibuprofen and colchicine. Her troponin peaked at 4.6 and then downtrended. Her chest pain resolved. She was discharged with presumed pericarditis.

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1344312	5/24/2021	OH	14	M	5/19/2021	5/23/2021	Patient developed maculopapular uticular rash day of vaccine that started on his lower extremities and progressed over a few days to include part of his trunk and his proximal upper extremities. Parents gave benadryl at home. It began to self resolve 5 days after vaccine, with complete resolution on day 6 after vaccine. Additionally, on day 5 following vaccine, the patient had one, isolated, episode of chest pain and SOB that lasted 2-3 minutes. Patient believed he was having a panic attack. Patient's mother took BP during event which was 190/95. Patient subsequently brought to ED where all his vitals were diffusely within normal limits including BP. No persistent chest pain and physical exam unremarkable. Troponin was obtained in ED and found to be elevated at 1951. Patient was admitted, troponins were trended, and patient remained in stable condition without further adverse events, and was subsequently discharge home with diagnosis of suspected myocarditis.
1344267	5/24/2021	OR	19	U	5/14/2021	5/16/2021	Patient developed severe 8/10 chest pain 2 days after the 2nd COVID Pfizer vaccine. Troponin elevated 4. Cardiac MRI was consistent with myocarditis. Echo is normal.
1344220	5/24/2021	TN	19	M	4/28/2021	4/29/2021	Patient was admitted approximately 24-36 hours after vaccination with chest pain, fever. Had elevated troponin, decreased ejection fraction. He was treated with corticosteroids and high dose aspirin in addition to colchicine. He did require oxygen.
1343673	5/24/2021	TX	41	F	4/8/2021	4/1/2021	The morning after I received the vaccine, I started having chest pressure and acid reflux. There was a hard pressure in my chest and my heart was beating weird. I started to develop a headache. I had low blood pressure a couple days later. I went to the clinic and they said I may have a blood clot. I also went to Hospital and they took some blood and did an X-ray and they told me I was fine. I was told that it may be anxiety or stress. The chest pain started to go away, but now my teeth are hurting and are sensitive. I feel that the adverse event lasted for three weeks.

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1344914	5/24/2021	TX	68	M	1/15/2020	1/21/2020	My husband had the shot at a center. A few days pass I noticed his strength deteriorated. By that morning he passed out with chest pains. We went to the er. Then off to the hospital. He had inflammation around his heart. 24 ounces of fluid! After being released with in a few days again chest pain back to the hospital. This time fluid around the sac of one lung. So questions were asked. Our cardiologist said she had another younger patient who got the Moderno shot as well and had the same issues. So weeks of steroids, meds to clear up the liquids as well as the inflammation. This had already caused scarring. They did a cath on him and unrelated to the reaction and inflammation and scarring. He needed a several bypasses. Because of the scarring they couldn't find arteries to get my husband back into shape. I believe this has set my husband back, on returning to the hospital and talking to several cardiologist there?s a 10% rise with patients in the hospital right now with the same issues! Why arnt you sharing this! I now feel that my husband is living on borrowed time. I wish we never got the shot! Now younger adults are having issues.
1343016	5/24/2021	FL	21	M	5/21/2021	5/22/2021	chest pain, dizziness started next day
1343221	5/24/2021		53	M	3/10/2021	3/15/2021	Vaccine Received on Wed 3/10/2021. On Saturday - shortness of breath, very elevated resting pulse (by 25 bpm) reduced oxygen saturation (87 on oximeter vs 95), moderate ongoing chest pain. Primary care doctor advised to go to ER. ER visit resulted in misdiagnosis of Heart Attack which was later changed to heart inflammation. Troponin levels elevated and stayed elevated and continue to be elevated 8 weeks later. AFter 8 weeks Troponin levels still elevated and pain occurs upon anything more than modest exercise. Patient has a history as an edurance athlete. All other tests on heart function - stress test/ Ekg, perfusion, echo - show a high performing heart - no other defects other than heart inflamation.
1343218	5/24/2021	MA	34	F	5/5/2021	5/7/2021	Pt received the second dose of Pfizer vaccine on 5/5/21 815 am left arm, on 5/7/21 pt experienced some chest pain which got worse on 5/8/21 with chills, body ache. Then on Monday went to see cardiologist, labs, cat scan, echo & ekg were performed.

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1343174	5/24/2021	MO	36	F	5/15/2021	5/20/2021	chest pain
1343163	5/24/2021	ME	43	F	5/11/2021	5/19/2021	Patient presented with 3-4 days of increasing shortness of breath/chest pain. Was found to have a pulmonary embolism. started on Heparin drip, transitioned to apixaban after 24 hrs and DCed home
1343140	5/24/2021	NY	51	F	2/27/2021	2/28/2021	Since receiving the vaccine I have extreme lightheadedness requiring me to grab things to avoid falling over until it passes. I passed out once. I have chest pain and fullness as well. My doctor told me to drink juice, wear compression socks, eat salty foods and drink more water. I began tracking my BP and my diastolic is in the 40s and 50s when these incidents occur which is often. The chest pain is consistent. I saw a cardiologist who told me to drum more water and eat more salt. EKGs are fine. I?m going to the Clinic on June 2nd since we all know women?s heart issues are dismissed. The pain and fullness in my chest are becoming annoying and distressing. Since taking the vaccine my exercise fell off almost completely except for pickel ball and when I did play I couldn?t play as I had before at all. I?ve now stopped playing and I?m walking as I used to so that I keep moving. I can?t run. :(
1343128	5/24/2021	NC	28	F	5/14/2021	5/17/2021	Brain fog for a week long. Heart palpitations and sever Chest pain a week after vaccination. Seem to be getting better now but not totally gone yet

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1343102	5/24/2021	NC	65	F	3/19/2021	3/21/2021	<p>On 3/21/21 experienced Increased coughing, shortness of breath, rapid heart beat even when resting, fatigue, high blood pressure, difficulty sleeping, increased asthma, chest pain Went to on 3/24/21 Primary Care Dr. who prescribed using Advair 250/50, Albuterol Sulfate, and Ipratropium bromide Inhaler four times per day. she ordered blood work and COVID testing 3/26/21 Went to ER with severe chest pain and difficulty breathing and was treated by both the ER Dr. and Cardiologist Doctor . The EKG did not show a heart attack. They applied oxygen and Suggested I see a pulmonologist and follow up with Cardiology. Passed a kidney stone on 3/31/21 and brought it in for analysis on 4/6/21 4/6/21 met with APRN in Cardiology to review symptoms, she ordered a limited Echo. Subsequently she ordered a Zio Patch Heart study to collect data over a 2 week period 4/22/21 met with Pulmonologist Dr. she suggested that I needed to meet with ENT to rule out allergies and she increased the Advair to 500/50 and she ordered blood work which was done on 4/26/21 4/29/21 met with APRN in ENT Dr. office for a scope to determine if allergies, Acid Reflux, or sinus issues existed. The scope showed only a bit of scare tissue may be pressing against the voice box which might cause a cough so she ordered a CT scan of the neck (scar tissue from previous intubation 15 years ago) 5/18/21 ZioXT Patch installed 5/18/21 at 1:50 to be worn for 2 weeks to record unusual events with the heart 5/19/21 Revisited Dr. who summarized that blood work was normal. 5/21/21 had Limited Echo Cardiogram which showed no significant difference from previous echo done one year prior. 5/25/21 follow scheduled with primary care Dr. 6/17/21 follow up scheduled with Dr. in ENT to do a further study of the scare tissue found below voice box 7/9/21 flow up schedule with Dr. 7/19/21 Follow up scheduled with Dr. Patient (me) is feeling better, still experiencing cough and heart chest pain and breathing issues but not as difficult as before.</p>

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1343069	5/24/2021	IN	27	F	5/21/2021	5/21/2021	Pt was extremely anxious prior to injection. Pt experiences chest, nausea, extreme anxiety immediately post injection. Immediate post injection symptoms and monitoring included pulse ox 99% for entirety of monitoring, BP 187/97 not typical for patient. 10 minutes into monitoring period, chest pain 6/10, BP 154/82. 15 minutes into monitoring CP 6/10, bp 167/84. Initiated EMS. EMS Arrived at 12:30. Transported to ED
1343067	5/24/2021	AL	49	F	1/11/2021	1/12/2021	The first night symptoms included insomnia, joint pain, stomach cramps, sweats and general malaise that continued until the following evening. Over the next six days low energy, headaches and brain fog. Then random muscle twitches began. One week after the injection frequent muscle twitches up to 30 through the night that would wake me from sleeping. The next few days significant increase in heart rate upon standing or with any physical activity. Increased blood pressure up to 179/108 with headache. Heart Palpitations became almost constant with strong and painful skipped beats and bounding heart rate which caused chest pain, light headedness and shortness of breath. Within the following week I was experiencing gastric reflux, bloating and pale stools. Tingling and pain in feet and lower legs.
1343693	5/24/2021	TX	23	M	4/9/2021	4/15/2021	About 2 days after I received my first dose of the Pfizer vaccine, I started experiencing chest pain and muscle cramps. On day 6 I experienced it the worst, my chest tensed up and all at once my left side of my body started cramping. Most noticeable of the pain was coming from my heart. It got better as the day ended. Noticed serious muscle cramps for the week after.
1343050	5/24/2021	NY	49	F	4/14/2021	4/18/2021	4/15/2021: Body aches, mild fever, mild headache. 4/18/2021: Light-headed, chest pain, shortness of breath, rapid pulse, dizziness, higher than normal blood pressure. (Normal for me is 100/70. Pressure was 150/90)

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1343304	5/24/2021	NY	28	M	3/14/2021	3/28/2021	In the weeks following the first dose of the vaccine I began experiencing near daily chest pain, primarily on the left side of my chest. I also felt that I was breathing heavier than normal while doing normal activities, such as walking or going up stairs. I also feel as if when my heart does get elevated my heart is thumping and beating much harder than normal. This is unusual for me as I am young and in very good shape. This also came with frequent panic attacks.
1342997	5/24/2021	MA	23	M	5/19/2021	5/20/2021	Patient developed chest pain and on workup had diffuse ST elevations on EKG w/ elevated troponin suggestive of peri/myocarditis
1342985	5/24/2021	MO	28	M	5/19/2021	5/19/2021	Patient received vaccine at 7:45 pm on 5/19/2021. Chest pain and rapid heart rate occurred approximately 2 hours post vaccine shot. Patient went to ER. Diagnosis was atrial fibrillation with RVR (CMS/HCC). Medication given: Metoprolol 5mg/5ml injection - ADS override pull (10:41pm), sodium chloride 0.9% bonus 1000mL stopped at 5/20 12:36am. Patient spontaneously came out of atrial fibrillation and was released
1342945	5/24/2021	MN	27	M	5/20/2021	5/22/2021	Development of substernal chest pain with elevated troponin 3 days after vaccination. Normal EKG. CT angio w/o evidence of PE.
1342926	5/24/2021	NY	49	M	3/12/2021	3/18/2021	Serious chest pains began 5 days post receiving 2nd vaccine. 3 days later ended up in hospital with massive heart attack.
1342592	5/24/2021	CT	44	F	5/23/2021	5/23/2021	heart palpitations chest pain dizzy headache Feeling as if I was suffering the effects of "severe dehydration". This all came on very sudden, as opposed to a slow onset if I was actually dehydrated.
1342589	5/24/2021	OR	23	M	5/7/2021	5/21/2021	Patient presented with chest pain and found to have bilateral pulmonary emboli. He was 2 weeks post 2nd dose of Moderna vaccine. He has personal history of cerebral venous sinus thrombosis and also has positive family history of DVT's (mom had 2 DVT's during pregnancies)

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1342436	5/24/2021	CA	17	M	5/6/2021	5/8/2021	Chest pain (midsagittal), feeling similar to heartburn, pain felt midsagittal throughout chest, but especially immediately below heart. Diaphragm movements when breathing increased severity of pain. Symptoms subsided within 12 hours with use of Kwan Loong Pain Relieving Oil. Unlike heartburn, nothing worked to relieve pain immediately. This was in addition to known side-effects that were present including: fatigue, slight fever, headache, muscle pain, and soreness at injection site.
1342427	5/24/2021	AZ	25	M	5/2/2021	5/22/2021	5/22/2021 - evening time, right side of body went numb, knee locked up, collapsed on floor, chest pain, could not move whole body for 30 seconds then couldnt move right side for another 10 minutes, last 10 minutes called 911, dizziness conscious whole time 5/23/2021 - Hospital said had TIA mini stroke, prescribed blood thinner, have to follow up with Dr
1342411	5/24/2021	WA	31	M	4/26/2021	4/30/2021	Standard flu like symptoms, then on the 4th day I felt chest pain right underneath my sternum and my left arm started to go numb. Was diagnosed with myocarditis and released from the hospital 3 days later with a prescription for colchicine and metoprolol.
1342400	5/24/2021		16	F	5/12/2021	5/20/2021	Patient reporting worsening chest pain x 3 days, headache x 3 weeks, dizziness today
1343065	5/24/2021	WA	38	F	3/30/2021	3/30/2021	Began feeling achy and not well about 5 hours after receiving shot. I had a bad headache as well. About 8 hours after the shot I felt severe chest pain and a tightness around my heart. It lasted all through the night. It lessened in severity by morning and went away by midday on day 2. All other symptoms persisted on day 2 and resolved on the 3rd day.
1343502	5/24/2021	MA	31	F	5/3/2021	5/10/2021	Shortness of breath and chest pain, pericarditis

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1343641	5/24/2021	CA	43	F	5/6/2021	5/7/2021	Patient states she woke up from sleep after receiving the vaccines with chest pain. Per provider note: "having a tightness in her chest in the middle and to the left. She experienced the same thing after her first dose. It has been on and off since the first dose (she did not make the connection until she got the second dose). No association with foods. She is able to breathe okay and is taking it easy today. Last night she woke up at 3am and she has had it since that time. Feels like a muscle pain that seems to go away and come back.~~
1343640	5/24/2021	NC	16	M	5/8/2021	5/17/2021	16yr old patient (Wt = 92.6kg) administered both doses of COVID-19 Pfizer vaccine (1st dose: 4/17/2021, LOT # EW0169 IM via right deltoid; 2nd dose: 5/8/2021, LOT # EW0170 IM via right deltoid). Patient with past medical history per chart review. On 5/18/21, patient presented to urgent care complaining of non-radiating chest pain (7/10), tightness in center of chest since the previous day which occurs at rest and with activity. Symptoms worse when taking a deep breath. Other symptoms denied including fever/chills, cough, sore throat, nausea, vomiting, fatigue, and myalgias. After second COVID-19 vaccine on 5/9, patient had fever, fatigue and similar chest pain, but it had resolved until 5/17 when it returned. ECG obtained noting "Normal sinus rhythm, ST elevation, consistent with pericarditis". Labwork including D-dimer (0.353), troponin (< 0.019) and CBC (WBC 4.2), were all non-concerning. Upon discussion with cardiologist, recommended indomethacin 50mg TID with meals x 10 days (# 542899912) and colchicine 0.6 mg PO BID (# 542899913). Patient presented to Peds Cardiologist on 5/20, noting colchicine had not been started due to prior authorization issue. On 5/20, ECG noted "ST elevation" and transthoracic echocardiogram (no obvious defects or abnormalities). Patient to return for peds cardiology check up within 4 weeks or sooner if needed with repeat ECG. Plan to continue indomethacin however, patient instructed not to start colchicine at this time.
1343628	5/24/2021	FL	30	M	4/30/2021	5/2/2021	chest pain 4 days after receiving his second dose of the Pfizer vaccine.

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1343627	5/24/2021	MO	34	F	3/27/2021	4/6/2021	Around 1:30pm on Tuesday April 6th, I was sitting at my desk in my home office, working. I began experiencing moderate chest pain and shortness of breath. These symptoms continued to worsen for the next hour. I had difficulty breathing, and taking a full breath was painful enough to prevent me from doing so. I drove myself to the ER. While waiting in the ER, I began experiencing chills, severe joint pain, and moderate pain generally throughout my body beginning around 4:00pm, which I advised ER staff. While being examined by the ER doctor around 7pm, there was some tenderness noted in my right upper quadrant. My blood pressure was extremely high (205/130) and I developed an intense headache. I was admitted overnight and discharged the afternoon of April 7th. While the chills and pain improved on April 7th, my chest pain and shortness of breath continued for another week or so. The night of April 7th at home, I woke up several times with difficulty breathing and ended up sleeping fitfully while propped up at a 45 degree angle so I could at least breathe mostly normally. The chest pain and difficulty breathing slowly improved over about 10 days until I was no longer experiencing symptoms.
1343617	5/24/2021	FL	20	M	3/2/2021	3/4/2021	2-day history of progressive chest pain, 2 days after receiving his second dose of the Moderna vaccine.
1343604	5/24/2021	NY	58	F	4/7/2021	4/14/2021	Chest pain, Pericarditis diagnosis.
1343602	5/24/2021	FL	22	F	3/26/2021	3/31/2021	myocarditis presented with chest pain. elevated troponins to 16,263 pg/mL, viral studies negative. MRI showed revealed late gadolinium enhancement involving the basal inferior, basal to mid inferolateral, mid anterolateral, apical lateral, apical septal, and apical inferior wall segments in a subpericardial distribution pattern, consistent with myocarditis
1343594	5/24/2021	IA	28	F	5/20/2021	5/21/2021	Sever fatigue , migraine, chest pain
1343578	5/24/2021		52	F	5/22/2021	5/22/2021	Chest pain
1343570	5/24/2021	MI	46	M	5/22/2021	5/23/2021	Pt states that approximately 24 hours after receiving his first dose of the Pfizer vaccine he began having 8/10 chest pain and feels like he cannot take a deep breath.

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1343246	5/24/2021	CA	18	M	5/18/2021	5/19/2021	chest pain, ECG ST changes, depressed biventricular functions on cardiac echo
1343535	5/24/2021	CA	35	M	5/16/2021	5/17/2021	I had chills for 2 nights that cause my body to be feel rigid. Then on Thursday I had chest pain on 2 occasions that lasted around an hour each time and on Friday I had to go to the ER. I was released on Saturday and I either have myocarditis or pericarditis. I need more tests to be done
1343272	5/24/2021	FL	47	F	5/24/2021	5/24/2021	5/24/21 53 years old female with past medical history of cardiopathy (murmur) presents with numbness to the right arm and leg post vaccination. Patient 12 lead EKG shows some PVC?s. Patient is hypertensive. Vital sign 175/89, 82 HR, 95%, 18 respiration rate, blood sugar is 88. Patient right fingers are very cold and are turning blue. Patient received second dose of Pfizer. Patient denies any reactions to previous vaccinations. Patient denies any chest pain and palpitations. NP and Paramedic by the stretcher monitoring patient. Vitals sign rechecked 163/103, 86, 95%, 19. Patient is still hypertensive. Patient denies any history of HTN. Rescue transported patient to hospital.
1343492	5/24/2021	CA	18	M	5/17/2021	5/20/2021	Myocarditis, recurrent chest pain over 3 days time, resolved with NSAIDS, EKG with repolarization changes and elevated serum troponin levels. Normal echocardiogram
1343476	5/24/2021		22	F	4/18/2021	4/21/2021	Chest pain two days after vaccine. Of note, patient had COVID infection in March 2020.
1343454	5/24/2021	KS	37	M	5/3/2021	5/3/2021	Chest pain, shortness of breath, pain, headache. Diagnosed with pericarditis.
1343445	5/24/2021	MA	17	M	5/4/2021	5/24/2021	Woke up on 5/7 with pleuritic chest pain, and admitted to the PICU on the same day. Found to have myopericarditis confirmed by MRI, now with residual low-normal EF of 56%. Discharged from hospital on 5/11.

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1343424	5/24/2021	MI	19	M	5/20/2021	5/23/2021	Patient's father called us to report that he developed chest pain and was admitted to CCU at hospital. His father reported that his troponin was elevated. I called the hospital and told the resident that he was vaccinated on May 20 with Moderna. I asked him to complete a VAERS, since I don't know if that happened I'm submitting this too.
1343389	5/24/2021	CA	57	M	4/30/2021	5/5/2021	Patient came in for second COVID-19 Pfizer Biontech vaccine on 5/21/21. Patient stated 5 days after receiving the first dose, he experienced severe chest pain for 2.5 days and experienced chest tightness and was in pain. Patient did not seek any medical attention and the pain went away after 2.5 days. We have not seen reports of this adverse event, therefore, did not provide the second dose of the vaccine and recommended the patient to follow-up with their PCP before receiving the second dose.
1343357	5/24/2021	NC	17	M	5/20/2021	5/22/2021	Fever and headache 24 hours after vaccine. Continued fever and chest pain 48 hours after vaccine.

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1343353	5/24/2021	MA	24	M	5/5/2021	5/6/2021	Initially I had experienced the standard adverse effects of drowsiness, a little difficulty sleeping, minor chills. The next day following my Dose 1 of the Moderna Vaccine, I started noticed chest pains on both sides of the chest. It wasn't from breathing and not very consistent or something I could re-create on command. It seemed to happen every hour for a few seconds and was a sudden, sharp pain. That was a concern for me so I did some basic internet searches and found that Chest pains are a symptom of the vaccine. I didn't think too much of it after that but It was a concern I kept in my head. My timeline gets a little foggy here but either that same day or the following day, the chest pains were still happening and I wasn't feeling 100%. One evening I went to take a bath. As I was laying in the water, my heart rate felt off, almost as if it was skipping a beat or not in the right rhythm. I remember laying in the bathtub, trying to count my pulse or seeing if I could "catch" the incorrect beat. Rather than one normal heartbeat it felt like there was 2 beats very closely timed with each other. My heart rate felt faster than normal considering I was only laying down in water and didn't do any exercises the past few days. Unfortunately I never was able to find a good way to track the pulse and timing, but I was sure that something was wrong. I had difficulty sleeping that night because I kept feeling something wrong with my heart rhythm. I got worried that I would need to go to the emergency room, but I told myself to sleep it off and if the chest pains and awkward heart beat continues for 5 days, I would go see a doctor. As for an outcome, thankfully I stopped noticing it around day 4 and haven't had chest pains since. I am extremely worried as to how my body will react to Dose #2.
1343349	5/24/2021	VA	34	F	5/13/2021	5/16/2021	Chest pain
1343717	5/24/2021	OR	74	F	5/17/2021	5/18/2021	chest pain and shortness of breath, constant dull pain

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1343566	5/24/2021	CA	18	F	5/18/2021	5/20/2021	This is a 18 Years old Female presenting with chest pain for [a couple hours last night]. Pain started [gradually]. It is described as [dull and aching], radiating into [nowhere]. Pain is described as [moderate] upon onset and is currently [mild]. [No] history of the same. Pain [is not] worse with exercise. Patient [has no] decrease in exercise tolerance recently. Patient states that she received her second dose of her Pfizer vaccination 3 days ago, and last night she started to experience chest pain, headache, palpitations, and shortness of breath, and feeling dehydrated.
1343698	5/24/2021	CO	31	F	2/26/2021	3/1/2021	I began having very mild tachycardia and occasional shortness of breath after I had Covid 19 in the middle of December. My symptoms were very mild and did not require a doctors visit. I improved and went to get my first covid vaccine on 1/26/21. I started noticing some more mild tachycardia and shortness of breath a few days after my vaccine but I assumed I was just out of shape from not working out & being sick. I got my second vaccine on 2/26/21 and began having more severe tachycardia and shortness of breath with lightheadedness a few days later. I went to the ED March 12th due to heart rate in 160s at rest, chest pain, and difficulty breathing. I saw the cardiologist March 18 and was told I most likely have myocarditis. No treatment other than rest and no exercise. I began feeling back to normal again around the week of April 12.
1342121	5/23/2021	MD	22	M	2/23/2021	2/26/2021	Chest pain turned out to be myocarditis. Was hospitalized for a 2-3 days were I received treatment to lower heart rate and inflammation. Discharged on March 1st with little chest pain and prescribed Colchicine for 3 months to continue to lower inflammation.
1341490	5/23/2021	OR	12	M	5/20/2021	5/21/2021	Pericarditis, temp 100, chest pain

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1341538	5/23/2021	KS	47	F	5/3/2021	5/7/2021	Developed deep lowerchest/upper abdomen pain on right side 4 days after vaccine was administered. Pain got progressively worse and a rash developed on right thorax in the Thoracic rib 5 region; Visited Army doctor on 12 MAY. Based on visual exam of multiple, tiny water-filled blisters only on right side of thorax + description of pressing pain in chest similar to feeling of a heart attack, both doctors on shift diagnosed shingles. Forgot I received COVID vaccine 4 days before symptoms started so I never mentioned it to the doctor. TRX= 800mg acyclovir 5x/day x 7 days. Rash continued to get worse and spread more before finally subsiding and starting to crust over. Nearly 3 weeks later, rash is now a combo of scabs and open wounds. Pressing deep pain in right chest is persistent and only relieved partially with 800mg ibuprofen q 8 hours.
1341698	5/23/2021	MD	40	M	4/13/2021	4/28/2021	Fever, chills, chest pain, shoulder pain, short breath. Recommended to see cardiologist and GI doctors. Admitted into emergency hospital and found out that my lungs and hearts inflammations. it was pericarditis and treatment given for this and still on medication and still PCR report shows the inflammation high count.
1341717	5/23/2021	MA	23	M	5/19/2021	5/22/2021	One day following second dose of vaccine, patient developed chest pain. Was admitted to the hospital with concerning ECG features and high troponin elevation. No wall motion abnormalities, so less concern for STEMI. Likely diffuse myopericarditis. Full workup still pending
1341730	5/23/2021	KS	18	M	5/18/2021	5/19/2021	Chest pain episodes 1-3 days after vaccine, Cardiac MRI shows small area of acute myocarditis
1341769	5/23/2021	DC	26	M	4/30/2021	5/6/2021	10 days after the second dose, experienced minor chest pains, eventually almost fainted. Went to the ER and found troponin levels that peaked at 5.78, eventually trended down to 3.55 by the next morning. MRI revealed myocarditis in the left ventricle.
1341773	5/23/2021	VA	20	M	5/18/2021	5/20/2021	Pt developed chest pain on 5/20, 2 days after receiving the vaccination. It persisted and he presented to the ED on 5/21 and was found to have elevated troponins and ST elevation concerning for myocarditis/pericarditis. Symptoms improved with ibuprofen.

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1341778	5/23/2021	NY	20	M	4/27/2021	4/29/2021	Experienced mild chest pain two days after vaccination. Visited the ER, and was Hospitalized due to a decreased ejection fraction and elevated cardiac enzymes. My ejection fraction returned to normal the following day, and I showed a decrease in cardiac enzymes. The pain also subsided about 36hrs after starting. I remained at hospital for a few days to have a cardiac MRI which showed patchy myocarditis. I was discharged that day, and have been taking metoprolol and avoiding physical exertion. Later, on May 13th I returned to the ER due to an increase in heart palpitations. They turned out to be PVC, which is generally harmless, but I began taking a potassium supplement since my levels were low. I've been taking it easy since. Currently, I am expected to avoid exercise and exertion for six months, but am waiting for a follow-up to get more details.
1341851	5/23/2021	CO	40	M	4/26/2021	5/15/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: patient presented to urgent care reporting shortness of breath, cough, and chest pain. Transferred to emergency department then admitted to current facility for a management of new onset heart failure with possible etiologies of myocarditis or sarcoid. Also found to have LV thrombus, anemia, and lymphadenopathy. Patient initiated on medications to manage heart failure and anemia and anticoagulated. Patient improved and discharged to home medically stable.
1341479	5/23/2021	WI	22	M	5/15/2021	5/18/2021	Received second dose on Saturday, woke up on Tuesday at 5 AM with chest pains. Went to the emergency room around 4PM Tuesday, transferred to another hospital, diagnosed with myocarditis, and treated and monitored there for 2 days and then discharged. On medication for the next 3 months due to condition.
1342111	5/23/2021	IN	20	F	4/1/2021	4/23/2021	Two days after the vaccine, I developed a rash on my arm and severe pain. Then the day after I was having horrible chest pain and heart palpitations. I was given heparin directly to my heart to treat a possible blood clot.

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1341868	5/23/2021	FL	51	M	4/22/2021	4/23/2021	Approximately 4 hrs after vaccine administration, dark, red, raised rash appeared on torso, arms, buttocks, and legs. So severe that dexamethasone started. Rash did not improve for weeks and steroids continued during that time. Patient noted to then go into congestive heart failure, had 2-3+ pitting edema, "ground glass"/pulmonary congestion in lungs, rapid A-fib with RVR 170-180s. treated at Hospital with admission from 5/15-5/17/2021. Patient complained of chest pain and trouble breathing starting 5/13/2021. Patient has mostly recovered, and is at home now. Now on high dose beta-blockers and eliquis for the new onset A-Fib.
1342126	5/23/2021	TX	71	M	2/24/2021	2/27/2021	A few days after the second Covid shot I started having chest pains, shortness of breath, dizziness after just walking or mild exercise . This persisted fir a couple days until I went to a heart doctor had PET test , went to heart hospital for angiogram and had a stint placed into LAD heart artery on March 29. I am still having chest pains and shortness of breath. But not as severe as before the stint was put in artery. Before I had the second Covid shot I could exercise hard with no ill effects. After Covid shot I could barley walk 50 yards without severe chest pains etc.
1342174	5/23/2021	CA	43	F	5/15/2021	5/15/2021	I experienced chest pain, elevated heart rate an shortness of breath instantly upon receiving the second dose of the Pfizer vaccine. It did not get better until hours later, and I am experiencing these symptoms intermittently over a week later.
1342247	5/23/2021	CO	41	M	4/9/2021	4/10/2021	Acute myocardial infarction in the LAD. Chest pain migrating to left arm down through elbow. Cardiac catheterization s/p DES-pLAD. Chest pain started roughly 19 hours after the first dose of the Pfizer vaccine.
1342252	5/23/2021	NY	35	M	4/6/2021	4/12/2021	Random chest pain starting about 6 days after vaccination. Has been intermittent but persistent for over a month now. I've been to the er twice and had blood tests, chest x-rays and a CT, but no findings.
1342268	5/23/2021	PA	17	M	5/4/2021	5/7/2021	Patient complained of chest pain 3 days after his second Pfizer COVID vaccine and was diagnosed with Myocarditis.

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1342277	5/23/2021	NY	21	M	4/11/2021	4/12/2021	day after second vaccination I experienced fever, migraine, Chills, muscle soreness, chest pains , fatigue, loss of appetite.
1342327	5/23/2021	CA	50	F	3/13/2021	3/15/2021	Right Lung Pulmonary Embolism - Shortness of Breath - Chest Pain. Currently on Oxygen and Anti-Coagulation Therapy (Lovenox Injections and Pradaxa Oral)
1342336	5/23/2021	CA	32	M	3/24/2021	3/25/2021	Chest pain, malaise 1 day after 2nd dose, day2 after dose fewer chest pain episodes, day 3 intense chest pain prompting ER visit
1341869	5/23/2021	TX	72	M	5/12/2021	5/14/2021	fever, chills, chest pain/dizziness for 4 days starting 48 hours after vaccine - dizziness - SOB since
1342056	5/23/2021	WA	68	F	3/28/2021	5/9/2021	The patient presented to the ER with chest pain on April 11, approximately 13 days after receiving the second dose of COVID vaccine. She then developed dyspnea about a month later and was subsequently found to have a moderate sized bloody pericardial effusion and pericarditis on May 18th, for which no alternate cause has been found.
1341455	5/22/2021	OH	18	F	5/5/2021	5/6/2021	Vomiting fever chest pain trouble breathing high heart rate and high blood pressure

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1340286	5/22/2021	WA	36	F	4/14/2021	4/22/2021	hiccups back; she felt her head is hot to the top; Chest tightness; Headache got worse; left arm twinges; Chest started hurting bad; extreme itchy left inner ear/ itchy left side of the neck; swollen up the left jaw; swollen lymph node on left side of the face; Sensation of and in left arm that was buzzing with alcohol and occasional ache; Neck muscle Pain affects swallowing; continuing neck pain that some days is lighter,neck muscle pain going up to mouth, up to tongue, going down to clavicle/felt like whiplash on the neck/front of neck sore; Neck muscle soreness; neck muscle Pain; general pain and soreness coupled with twinges of more acute pain; general ache; heart squeezing and angina; Chest pain; Chest pain felt like heart burn; painful hiccups; felt chest tightness; This spontaneous case was reported by a medical assistant (subsequently medically confirmed) and describes the occurrence of ANGINA PECTORIS (heart squeezing and angina) in a 36-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 047B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was provided by the reporter. Concomitant products included MESALAMINE for Ulcer gastrointestinal. On 14-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 22-Apr-2021, the patient experienced ANGINA PECTORIS (heart squeezing and angina) (seriousness criterion medically significant), HICCUPS (painful hiccups), CHEST DISCOMFORT (felt chest tightness), CHEST PAIN (Chest pain), DYSPEPSIA (Chest pain felt like heart burn) and MYALGIA (general pain and soreness coupled with twinges of more acute pain; general ache). On 23-Apr-2021, the patient experienced DYSPHAGIA (Neck muscle Pain affects swallowing), NECK PAIN (continuing neck pain that some days is lighter,neck muscle pain going up to mouth, up to tongue, going down to clavicle/felt like whiplash on the neck/front of neck sore), PAIN IN EXTREMITY (Sensation of and in left arm that was buzzing with alcohol and occasional ache) and MYALGIA (Neck muscle soreness; neck muscle Pain). On 29-Apr-2021, the patient experienced PRURITUS (extreme itchy left inner ear/ itchy left side of the neck), SWELLING FACE (swollen up the left jaw), LYMPHADENOPATHY (swollen lymph node on left side

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of the face), CHEST PAIN (Chest started hurting bad) and PAIN IN EXTREMITY (left arm twinges). On 05-May-2021, the patient experienced HICCUPS (hiccups back), HOT FLUSH (she felt her head is hot to the top), CHEST DISCOMFORT (Chest tightness) and HEADACHE (Headache got worse). On 23-Apr-2021, ANGINA PECTORIS (heart squeezing and angina), CHEST DISCOMFORT (felt chest tightness), CHEST PAIN (Chest pain) and DYSPEPSIA (Chest pain felt like heart burn) had resolved. On 27-Apr-2021, HICCUPS (painful hiccups), PAIN IN EXTREMITY (Sensation of and in left arm that was buzzing with alcohol and occasional ache) and MYALGIA (general pain and soreness coupled with twinges of more acute pain; general ache) had resolved. On 01-May-2021, PRURITUS (extreme itchy left inner ear/ itchy left side of the neck) had resolved. At the time of the report, DYSPHAGIA (Neck muscle Pain affects swallowing), NECK PAIN (continuing neck pain that some days is lighter, neck muscle pain going up to mouth, up to tongue, going down to clavicle/felt like whiplash on the neck/front of neck sore), SWELLING FACE (swollen up the left jaw), LYMPHADENOPATHY (swollen lymph node on left side of the face), CHEST PAIN (Chest started hurting bad), HICCUPS (hiccups back), HOT FLUSH (she felt her head is hot to the top), PAIN IN EXTREMITY (left arm twinges), CHEST DISCOMFORT (Chest tightness), MYALGIA (Neck muscle soreness; neck muscle Pain) and HEADACHE (Headache got worse) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 01-May-2021, Chest scan: normal (normal) normal. On 01-May-2021, Electrocardiogram: normal (normal) normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. The SD narrative is complex and a number of the captured events may be duplicates of each other, created due to potential varying descriptions of what may be the same event.; Sender's Comments: Based on the current available information and temporal association between the use of the product

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and the start date of the events, a causal relationship cannot be excluded. The SD narrative is complex and a number of the captured events may be duplicates of each other, created due to potential varying descriptions of what may be the same event.

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1340284	5/22/2021	NV	64	M	3/13/2021	4/12/2021	This spontaneous case was reported by a patient (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Myocardial infarction) and CHEST PAIN (Pain in the chest) in a 64-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 002B21A and 040A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Penicillin allergy. Concomitant products included LISINOPRIL and ATORVASTATIN. On 13-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 10-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 12-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Myocardial infarction) (seriousness criteria medically significant and life threatening), CHEST PAIN (Pain in the chest) (seriousness criterion life threatening), LETHARGY (Lethargic), DYSPEPSIA (Heart ache) and FATIGUE (Tired). On an unknown date, the patient experienced HEADACHE (Headache). On 14-Apr-2021, MYOCARDIAL INFARCTION (Myocardial infarction) and CHEST PAIN (Pain in the chest) outcome was unknown. At the time of the report, LETHARGY (Lethargic) and FATIGUE (Tired) had not resolved, DYSPEPSIA (Heart ache) was resolving and HEADACHE (Headache) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In April 2021, Electrocardiogram: abnormal Showed mild Heart Attack. His doctor gave him nitroglycerin which he could not take due to headache and full aspirin. His cardiologist appointment is coming up on 25MAY2021. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested. This case was linked to MOD-2021-114362 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.

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1341385	5/22/2021	TN	51	F	3/20/2021	3/30/2021	Had chest pain, dizziness, arm pain, neck and jaw pain, nausea and pressure on the chest. Thought it was heart related and went to the ER -- kept overnight for observation but they could find no heart-related cause.
1341288	5/22/2021	NY	76	F	3/26/2021	5/18/2021	Pt received her 2nd covid 19 vaccine on 3/26. Patient is a 76-year-old female with a past medical history significant for hypertension, depression, hypothyroidism 2nd covid 19 vaccine on 3/26 who presented on 5/18 to the ER with complaints of lightheadedness and nausea that occurred over the weekend and was diagnosed with new onset rapid atrial fibrillation. She denied chest pain or shortness of breath but noticed intermittent bouts of palpitations. She went to see her PCP who referred her to the emergency room. EKG and telemetry in the emergency room were significant for new onset rapid atrial fib. She was given diltiazem and admitted to the hospitalist service. CT of the chest was negative for pulmonary emboli or focal consolidation. She had no electrolyte derangements she has no history of sleep apnea and no history of obesity. Her troponin and delta were unremarkable. She was subsequently admitted to the hospitalist service. She was treated with metoprolol and amiodarone along with Eliquis. She was seen by her cardiologist. Her recent echocardiogram was normal. Her TSH was actually elevated at 11.0 so her levothyroxine dose was increased to 175 mcg daily with a TSH in 6 weeks. At this time patient's rate is much better controlled but she remains in atrial fib. She will be following up with her cardiologist closely post discharge. She is also complaining of persistent R shoulder pain and weakness since her vaccine. Her shoulder x ray showed arthritic changes. She also c/o the worst headache of her life that lasted a week starting on May 4th. CT head was neg.
1341278	5/22/2021	OR	34	F	5/20/2021	5/20/2021	Chest pain. Difficulty breathing, upper back pain, numbness and tingling in right arm.

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1341167	5/22/2021	FL	21	M	5/19/2021	5/20/2021	The following 2 days after second dose with malaise, fatigue, myalgias, subjective fevers, third day post vaccine with chest pain consistent with myopericarditis after evaluation. Echocardiogram pending, elevated ESR, CRP, Leukocytosis, elevated CPK level, Troponins uptrending from 8, EKG with diffuse ST segment elevation and PR interval depression, clear CXR.
1341024	5/22/2021	WA	46	M	3/29/2021	5/19/2021	Patient with no known past medical history received his 2nd dose of Pfizer COVID-19 vaccine on 3/29/21 presented 5/19/21 with sudden chest pain presented to ED via EMS with acute inferior ST elevation MI. Cardiac cath revealed 95% ostial stenosis not consistent with ECG changes. Treated for myopericarditis with NSAIDs and steroids with resolution of chest pain.
1341017	5/22/2021	CA	17	M	5/19/2021	5/19/2021	COVID-19, mRNA, LNP-S, PF (PFIZER-BIONTECH) 5/19/2021 (17 Y) , 4/28/2021 (17 Y) Severe chest pain, Requiring hospitalization for pain management and MI/Myocarditis therapy.
1341001	5/22/2021	WA	37	F	4/21/2021	5/17/2021	Patient without significant past medical history presented 5/18/21 to the ED with sudden shortness of breath, chest pain and syncope. Found to have narrow complex tachycardia with 1st degree heart block with elevated troponin. Patient was admitted 5/18/21 with diagnosis of myopericarditis. Also found to have junctional tachycardia. Workup included CTA of chest negative for PE, echo showed preserved ejection fraction and cardiac cath was negative for CAD. Patient was treated with colchicine with improvement in chest pain and was discharged on 5/21/22. She was readmitted 5/22/21 with near syncopal event with sinus arrest and junctional bradycardia.
1340977	5/22/2021	WA	29	M	4/15/2021	5/1/2021	Patient presented to the ED on 5/3/21 with sharp chest pain since 5/1/21. He had received his second dose of Moderna COVID-19 vaccine on 4/15/21. The patient was diagnosed with gout approximately 1 week prior and had been placed on prednisone. The patient was found to have ST elevation MI with myocarditis along with cardiogenic shock. He was managed in the CCU requiring IV dobutamine and IV furosemide. Patient was transferred to secondary Medical Center on 5/4/21 for advanced heart failure therapy

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1340857	5/22/2021	WA	18	M	5/5/2021	5/8/2021	Three days after second dose of vaccination patient presented to ED with pleuritic chest pain and dyspnea. Patient found to have acute myopericarditis. Patient treated with IV toradol and acetaminophen with resolution of symptoms. Treated with metoprolol and colchicine. Patient was hospitalized for 48 hours then discharged in stable condition.

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1340331	5/22/2021	PA	47	F	1/20/2021	1/30/2021	2 weeks post second vaccine with pericarditis (classic positional chest pain and pericardial effusion); 2 weeks post second vaccine with pericarditis (classic positional chest pain and pericardial effusion); 2 weeks post second vaccine with pericarditis (classic positional chest pain and pericardial effusion); This is a spontaneous report from a contactable Physician (patient). A 47-year-old female patient (pregnant: no) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via unspecified route of administration in right arm on 20Jan2021 (lot number: EL3302) at 19:00 at single dose for COVID-19 immunization. The relevant medical history included CSF leak (Cerebrospinal fluid leakage) from an MVA, depression, asthma, reglan allergy and COVID-19 (Prior to vaccination, was the patient diagnosed with COVID-19?: Yes). Concomitant medications included fluticasone furoate, vilanterol trifenate (BREQ ELLIPTA), montelukast sodium (SINGULAIR), fexofenadine hydrochloride (ALLEGRA), fluoxetine hydrochloride (PROZAC), lamotrigine (LAMICTAL) and temazepam (TEMAZE). The patient experienced 2 weeks post second vaccine (as reported) with pericarditis (classic positional chest pain and pericardial effusion) on 30Jan2021 at 12:00. The event resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Treatment included prednisone, colchicine, aspirin and anakinra, received for the adverse events. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The outcome of the event was not recovered.; Sender's Comments: Based on known drug safety profile, there is reasonable possibility of causal association between the events Pericardial Effusion, pericarditis, Chest Pain and the suspect BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1340262	5/22/2021	PA	33	M		5/20/2021	BACK PAIN; NUMBNESS IN BACK AND ARMS; CHILLS FEELING HOT AND THEN COLD; This spontaneous report received from a patient concerned a 33 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included post traumatic stress disorder, chest pain (heart and lungs problems), and body pain. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A) dose was not reported, administered on 20-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 20-MAY-2021, the subject experienced back pain. On 20-MAY-2021, the subject experienced numbness in back and arms. On 20-MAY-2021, the subject experienced chills feeling hot and then cold. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from chills feeling hot and then cold, back pain, and numbness in back and arms. This report was non-serious.
1340825	5/22/2021	PA	52	F	4/30/2021	5/14/2021	PFIZER VACCINE- DOSE 1 -4/30/2021 5/7/2021- SUDDEN ONSET UTI- UNSPECIFIED HEMATURIA- SUGAR IN URINE LEG CRAMPING/PAIN FATIGUE SEVERE PELVIC PAIN SEVERE BACK PAIN SHORTNESS OF BREATH HEART PALPITATIONS DURATION- STARTING 5/1/2021- CURRENTLY 5/14/2021 SUDDEN ONSET- UTERINE/VAGINAL BLEEDING -PROFUSE!!! DURATION- 5/14/2021- 5/17/2021- PROFUSE/HEAVY 5/18/2021- 5/22/2021 (AS OF THIS SUBMISSION)- LIGHT SPOTTING (NOTE- LAST MENTRUAL CYCLE- 2/2021- DID NOT MENSTRUATE 3/2021 OR 4/2021) DIZZINESS/RACING HEART/LEG PAIN/CHEST PAIN/SHORTNESS OF BREATH/THIRST/EXTREME WEAKNESS AND FATIGUE

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1340329	5/22/2021	TX	17	M	4/8/2021	5/2/2021	Acute chest pain; Elevated troponin 16; This is spontaneous report received from a contactable Healthcare professional. A 17-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) intramuscularly on 08Apr2021 13:15 (Batch/Lot Number: EW0151) (at 17-year-old) as first dose, single in arm left for COVID-19 immunisation. Other unspecified Pfizer vaccine was received via an unspecified route of administration on 08Apr2021 (Batch/Lot Number: EW0170) as second dose, single in arm. Medical history included ongoing hospitalization (Vaccine received during existing hospitalization). The patient's other concomitant medications were not reported. No other vaccines within 4 weeks prior to the COVID vaccine. Other medications received within 2 weeks of vaccination was reported as unknown. On 02May2021 04:00 AM, the patient experienced acute chest pain and elevated troponin 16, he was admitted to hospital. It's reported AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Prolongation of existing hospitalization (vaccine received during existing hospitalization). Prior to vaccination, the patient was not diagnosed with COVID-19. On 02May2021, PCR Nasal Swab was performed and showed negative. Ketorolac tromethamine (TORADOL) and ibuprofen (MOTRIN) were received as treatment. Duration of hospitalization was 4 (discharged on 06May2021). The outcome of the event was resolved in May2021.; Sender's Comments: Based on the strong temporal relation, the association between chest pan, troponin increased and vaccine administration cannot be completely ruled out with the information available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

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1340322	5/22/2021		24	M	4/12/2021	4/13/2021	Started developing chest pain a week after taking the first dose. Progressively worsened since then till present/had bouts of sharp chest pain/CP; X-Ray showed pleural effusion and slight fullness of main pulmonary artery.; pleural effusion; Fatigue/tiredness/High fatigue and tiredness persisted from right after the vaccine till present; diarrhea; tiredness; high fever; chills; nausea; brain fog; This is a spontaneous report from a contactable consumer. A 24-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on 12Apr2021 as 1st dose, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient started developing chest pain a week after taking the first dose (13Apr2021). Progressively worsened since then till present. At present also have fatigue, diarrhea and tiredness. Yesterday, had bouts of sharp chest pain so got an X-Ray from ED which showed pleural effusion and slight fullness of main pulmonary artery. Doctor stated it was indicative of CP. In the initial few days after the first dose, had high fever, chills, nausea and brain fog. High fatigue and tiredness persisted from right after the vaccine till present. The patient was very healthy and have never had a heart complication before. The timing might be indicative of a causation between the vaccine and the present medical condition. Ae resulted in doctor or other healthcare professional office/clinic visit. There is no other vaccine in four weeks, no other medications in two weeks, no treatment for ae, no covid prior vaccination. The patient tested covid post vaccination (RT-PCR) with Nasal Swab on 03May2021, covid test result was Negative. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. List of any other medications the patient did not receive within 2 weeks of vaccination. The outcome of the events was not resolved. Information on the lot/batch number has been requested.

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1340384	5/22/2021	NC	18	M	5/4/2021	5/6/2021	pericarditis; headache; fever; having trouble breathing; chest pain; tingling down his arms; This is a spontaneous report from a contactable consumer. An 18-year-old male patient received second dose of BNT162B2 (BNT162B2), via an unspecified route of administration, administered in Arm Left on 04May2021 at 16:00 (Batch/Lot Number: ER8736) as 2ND DOSE, SINGLE for covid-19 immunization. The patient's medical history and concomitant medications were not reported. The patient had no Covid prior to vaccination and was not tested post vaccination. The patient experienced Pericarditis, headache, fever, having trouble breathing, chest pain and tingling down his arms all on 06May2021. It was reported that the patient had all the normal reactions to a significant extent, the headache, the fever, etc. But two nights after the vaccination he was having trouble breathing, he had chest pain, and tingling down his arms. The next day, patient was taken to urgent care and was diagnosed with pericarditis. The patient underwent lab tests and procedures which included EKG (electrocardiogram): pericarditis on 06May2021 (EKG showing Pericarditis and 10 days of medication). Therapeutic measures were taken as a result of all the events. The outcome of all the events was unknown.

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1340386	5/22/2021	CA	28	F	5/6/2021	5/6/2021	ear ringing; stomach and kidney pain; stomach and kidney pain; nausea; achiness; inflammation; light headed; vasovagal response; some chest pain; collapsed/fainted; low grade fever; congestion; chills; This is a spontaneous report from a contactable consumer (patient). This consumer reported similar events for two patients. This is the first of two reports. A 28-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on 06May2021 11:00 (Batch/Lot number: EW0170) as 2nd dose, single, at the age of 28-years-old for COVID-19 immunization. The patient is not pregnant. The patient had no known allergies. Medical history included a few kidney stones and one surgery to remove stones. She reported she was very healthy and active otherwise and hadn't had any sort of cold or illness in 2 years. The patient's concomitant medications were not reported. Historical vaccine included first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), on 15Apr2021 09:45 AM in the left arm as 1st dose, single for COVID-19 immunization. The patient did not have any other vaccine in four weeks and no other medications in two weeks. At 06May2021 9:00pm (10 hours after her 2nd shot), she started having a low grade fever, congestion, and chills. She went to sleep at 12:00am, chills and fever were more intense at this point. At 2:00am on 07May2021, she woke up with a fever of 103, no chills, but intense ear ringing (a volume of 9/10) in her left ear, extreme stomach and kidney pain, nausea, and achiness. The ringing in her ears was the worst symptom. She sat up and drank water for the next 5 hours, to try to get the inflammation down. She went to the bathroom every hour and her ear ringing started to lessen. At 7:00am she went to the bathroom for the 5th time and began to feel extremely light headed. She had a vasovagal response and collapsed/fainted (luckily, she had a family member who was monitoring her). She went back to rest and have had on and off low-grade fever, some chest pain, and aches since then. She has a twin sister, who got her shot on the same day and time, and she also had a vasovagal response, but not nearly as many of the other symptoms. The patient had no prior vaccination and was not tested for COVID post-vaccination. No treatment was received for the events. The outcome of the events was unknown. Information on

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the lot/batch number has been requested.; Sender's
Comments: Linked Report(s) : PFIZER INC-2021521315
same reporter/drug, similar event, different patient

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1340403	5/22/2021	KY	82	F	3/4/2021	3/4/2021	leg swelling; ultrasound showed an occlusive clot in her femoral artery; femoral vein clot; had pneumonia; fever; developed chills; then chest pain; shortness of breath; This is a spontaneous report from a contactable physician. An 82-year-old non-pregnant female patient received bnt162b2 (BNT162B2 reported as PFIZER CORONA VIRUS VACCINES-COVID-19), dose 2 intramuscularly administered in the right arm on 04Mar2021 (Batch/Lot number was not reported) as 2nd dose, single for covid-19 immunization. Medical history included hypertension, hypothyroidism and osteoporosis. The patient was not diagnosed with COVID-19 prior to vaccination. The patient received the first dose of bnt162b2 (BNT162B2 reported as PFIZER CORONA VIRUS VACCINES-COVID-19) on an unspecified date for Covid-19 immunisation. Concomitant medications included levothyroxine sodium (SYNTHROID); calcium; acetylcysteine, calcium levomefolate, mecobalamin (METAFOLBIC PLUS); losartan; hydrochlorothiazide; denosumab (PROLIA) and trazodone; all indication, start and stop date were not reported. It was unknown if the patient receive any other vaccines within 4 weeks prior to the COVID vaccine. It was reported that in the evening of the vaccination (04Mar2021), she developed chills and fever, then chest pain and shortness of breath. The physician obtained a CXR (chest x-ray) on the patient on 04Mar2021 and found that she had pneumonia. She was treated with levofloxacin and prednisone. The physician rechecked her in one week and gave her Kenalog injection and Rocephin injection. The physician rechecked her on 22Mar2021 and she was improved, but she returned to the office 12Apr2021 with left leg swelling. The ultrasound on 12Apr2021 showed an occlusive clot in her femoral artery. The patient was admitted to the hospital (Apr2021) for 1 day and placed on heparin, then sent home on Eliquis. The adverse events resulted in doctor or other healthcare professional office/clinic visit and the patient received treatment which included antibiotics and steroids for pneumonia and blood thinners for the femoral vein clot. The patient has not been tested for COVID-19 since the vaccination. The outcome of the events leg swelling, occlusive clot in her femoral artery and femoral vein clot were recovered on Apr2021 while the outcome of the other events was recovered on 22Mar2021. Information about lot/batch

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number has been requested.; Sender's Comments: As there is limited information in the case provided, the causal association between the events peripheral swelling, peripheral artery thrombosis and venous thrombosis limb and the suspect drug BNT162B2 cannot be excluded. The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees, and Investigators, as appropriate.

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1340442	5/22/2021		39	F	3/4/2021	3/4/2021	BP 202/102; BP 185/106; BP 179/94; BP 199/113; This is a spontaneous report from a non-contactable pharmacist. A 39-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number EN6199), intramuscularly in the left arm on 04Mar2021 (at the age of 39-years-old) as a single dose for COVID-19 immunization. The patient's medical history included COVID-19 on an unspecified date. It was unknown if the patient was pregnant at the time of vaccination. Concomitant medications were not reported. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number EN6199), intramuscularly in the left arm on 10Feb2021 (at the age of 39-years-old) as a single dose for COVID-19 immunization and experienced cardiac and febrile symptoms including chest pain/discomfort, insomnia. The patient consented to receiving the second dose after education with RN, physician Dr. (Name), and pharmacist. The following tests were reported for 04Mar2021: at 1535: BP (blood pressure) 202/102, HR (heart rate) 91, O2 100%, Temp 36.8C; at 1540 BP 185/106, HR 98, O2 100%, Temp 36.8C; at 1545 BP 179/94, HR 90, O2 100%; at 1557 BP 199/113, HR 88, O2 100%, Temp 36.2C. The patient received no medications in the emergency department. The outcome of the event was unknown. It was also reported that the patient was not tested for COVID post vaccination. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on temporal association, the contribution of the suspect drug to the onset of event cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

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1340501	5/22/2021	CA	16	M	5/12/2021	5/13/2021	<p>have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; This is a spontaneous report from a contactable Physician. A 16-year-old male patient received bnt162b2 (BNT162B2), dose 2 intramuscular, administered in arm left on 12May2021 10:15 (Batch/Lot Number: EW0167) as single dose at the age of 16-year-old for COVID-19 immunisation, administered ad hospital. Medical history included acne with no medications. The patient's concomitant medications were not reported. patient received bnt162b2 (BNT162B2), dose 1 intramuscular, administered in arm left on 21Apr202110:15 (Batch/Lot Number: ER8735) as single dose at the age of 16-year-old for COVID-19 immunisation. No past drug history. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No other medications the patient received within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis, 36 hours of left chest pain radiates to left arm on 13May2021. The course of events was as follows: Previously healthy 16 year old male complaining of 36 hours of left chest pain radiates to left arm. Had Pfizer vaccine dose #2 about one day prior to chest pain onset. Found to have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis. Admitted to the Pediatric ICU for further management on 15May2021 7:00AM. The patient was hospitalized for the events, considered life threatening. Since the vaccination, the patient has been tested for COVID-19: Sars-cov-2 test: negative on 15May2021 Nasal Swab. Therapeutic measures were taken as a result of events, treatment in process. The outcome of events was unknown.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible</p>

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contributory role of the suspect product BNT162B2 to the development of reported events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1340504	5/22/2021		58	F	2/27/2021	2/27/2021	severe allergic reaction; difficulty breathing; swelling of face and throat; swelling of face and throat; fast heartbeat; a bad rash all over the body; dizziness; weakness; pain at injection site on left arm/left arm started hurting; tingling hot pins all over; tingling hot pins all over; nausea; swelling on opposite shoulder on the right; back pain; chest pain; a cold sore on her lip; This is a spontaneous report from a contactable consumer (patient herself). A 58-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 27Feb2021 (Batch/Lot number was not reported) as 1st dose, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Patient stated that side effects began on 27Feb2021. Side effects included tingling hot pins all over, nausea, pain at injection site on left arm/ left arm started hurting, swelling on opposite shoulder on the right, back pain, chest pain and a cold sore on her lip. She went to the doctor a couple times and reported to her doctor that all her symptoms stopped on 04May2021. She was scheduled to go back to the doctor on 14Jun2021 and they are going to test her for antibodies. She would like to know since her side effects lingered for so long, if she should receive the second dose? She wants to receive the vaccine and be fully vaccinated but she doesn't want to go through this all over again. Everyone in her family was vaccinated and they did not have any side effects. Her doctor didn't want to tell her yes or no if she should receive the second dose. After reading the severe allergic reaction side effects that include difficulty breathing, swelling of face and throat, a fast heartbeat, a bad rash all over the body, dizziness and weakness, the patient stated that she has all of those side effects in the middle of the night and worse. Her doctor told her that a lot of stuff happened to her and it lingered for so long in a person that doesn't usually have reactions so she should hold off and mask up and social distance and come back for her appointment in June where she will be tested for antibodies. Her doctor did blood work and took pictures and made a report and told her to call and make a report as well. Outcome of the events was recovered on 04May2021. Follow-up attempts are needed. No further information is expected.

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1340402	5/22/2021			F	5/7/2021	5/8/2021	<p>She fell to the floor at home and went "unconscious"; She fell to the floor at home and went "unconscious"; feel uncomfortable; Dizzy; Headache; Felt severe pounding in the heart; Fast heart beat; Felt cold in hands and feet; She had fever later that day 101.4 F; She had chest pain when deep breathing after the fall; This is a spontaneous report from a non-contactable consumer (patient). An adult female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 07May2021 (Batch/Lot Number: Unknown) as 2ND DOSE, SINGLE for covid-19 immunisation. The patient is not pregnant at time of Vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19 and since the vaccination, the patient has not been tested for COVID-19. It was unknown if the patient did receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient medical history and concomitant medications were not reported. The patient previously took bnt162b2 first dose on an unspecified date (lot: not reported) for covid-19 immunisation. It was reported that on Friday (07May2021), the patient received 2nd dose of Pfizer Covid vaccine and felt fine. But on next day (Saturday 08May2021) morning, she started to feel uncomfortable, dizzy, headache. She felt severe pounding in the heart and fast heart beat, felt cold in hands and feet. She fell to the floor at home and went "unconscious". Her husband took her up and gave her electrolyte drink and she slowly regained consciousness. She had fever later that day 101.4 F and took Tylenol. She had chest pain when deep breathing after the fall. Today (09May2021) her fever from vaccination recovered but she still feels chest pain from the fall, planning to see her family doctor next week. The outcome of the event she had fever later that day 101.4 f was recovered; for the event She fell to the floor at home and went "unconscious" was recovering; for all other events was not recovered. No follow-up attempts are possible; information about lot/batch number cannot be obtained.</p>

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1340510	5/22/2021	AL	79	F	2/1/2021	2/1/2021	deceased alone at home; Constant Complains of severe chest pains after taking the first shot and she was found deceased alone at home clutching a hot water bottle to her chest; This is a spontaneous report from a contactable consumer. A 79-years-old female patient (not pregnant) received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on Feb2021 (Lot Number: EL8982) as 1ST DOSE, SINGLE for covid-19 immunization. The patient medical history was none. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. On Feb2021, the patient experienced constant complains of severe chest pains after taking the first shot and she was found deceased alone at home clutching a hot water bottle to her chest. Since the vaccination, the patient has not been tested for COVID-19. The patient died on an unspecified date. It was not reported if an autopsy was performed. The outcome of chest pain was not recovered.; Reported Cause(s) of Death: deceased alone at home

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1340507	5/22/2021	RI	24	M	5/6/2021	5/9/2021	I have been discharged from the hospital with pericarditis; Went into walk in on 10May, and was rushed to ER due to heart issue. ER states I possibly had a heart attack; The Sunday following 2nd dose, woke up with severe chest pains; This is a spontaneous report from a contactable consumer (patient). A 24-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 06May2021 18:30 (Lot Number: ew0171) as 2ND DOSE, SINGLE for covid-19 immunisation. Medical history was none. The patient was healthy. No other vaccine in four weeks. No covid prior vaccination. Concomitant medication(s) included ibuprofen. The patient took the first dose of bnt162b2 on 15Apr2021 07:00 PM (Lot number EW0153) in left arm for COVID-19 immunisation. On 09May2021 03:30 AM, the patient woke up with severe chest pains. Went into walk in on 10May, and was rushed to ER due to heart issue. ER stated he possibly had a heart attack, and now he had been discharged from the hospital with pericarditis. AE resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). The patient hospitalized for two days. Multiple treatments administered. The patient had covid test type post vaccination nasal swab on 10May2021 with negative result. The outcome was unknown.
1336480	5/21/2021	CA	16	M	5/17/2021	5/19/2021	fever and chills followed by chest pain - elevated troponins
1336805	5/21/2021	CT	23	F	5/8/2021	5/8/2021	The night of vaccine, started with fever, aches and sweats, all resolved by 5/11/21. on 5/12/21 chest pain and difficulty breathing began. Was admitted to Hospital that night.
1336694	5/21/2021	NC	16	M	5/8/2021	5/9/2021	05/09 Woke up with Chest pain/fever/headache 05/17 went to urgent care due to chest pain/diagnosed with Pericarditis 05/20 pericarditis diagnosis confirmed by cardiologist No other contributing factors
1336574	5/21/2021	PA	35	F	3/27/2021	3/28/2021	I experienced intermittent panging chest pains over a 24 hour period.

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1336571	5/21/2021	FL	35	F	5/21/2021	5/21/2021	35 y/o female with past medical history of Migraines and Venous Insufficiency who presents with numbness to left side of tongue, shortness of breath and some difficulty breathing post vaccination. Patient received the J&J vaccination (1 dose). Patient states that she did not mention to registration or nursing staff of her medical history of Venous Insufficiency. Patient denies reactions to previous vaccinations. Patient denies chest pain, itch or rash. NP and Paramedics at bedside. Patient provided with Benadryl 25 mg PO x1 and a bottle of water. Patient vitals within normal limits, 112/73 BP, 75 HR, 97% RA, Resp 12. Patient monitored by the NP over 30 minutes with resolution of symptoms. Patient with improvement of difficulty swallowing and difficulty breathing within 10 mins of Benadryl administration, but tongue numbness didn't improve until 25 mins post medication administration. Patient was able to eat a protein bar without difficulty (patient requested). Patient last set of vitals also within normal limits, 115/77 BP, 65 HR, 98%, Resp 12. Patient advised on concerning symptoms and when to seek ER evaluation. Patient discharged home in stable condition.

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1336281	5/21/2021	CA	67	F	4/1/2021		SORE THROAT; SHORTNESS OF BREATH; MYALGIA; FATIGUE; HORRIFIC HEADACHE; HORRIBLE PAIN IN CHEST LIKE HEART ATTACK; BONE WRACKING DRY COUGH; METALLIC TASTE IN MOUTH; FELT DIZZY; FELT LIKE HIT BY DUMP TRUCK; BODYACHE; NOT FEELING WELL; AGITATED; URINATING A LOT; BILATERAL EARACHE; WAS TOO SICK; HEART RATE WENT UP TO MORE THAN 80 BPM; This spontaneous report received from a patient concerned a 67 year old female. The patient's weight was 66.7 kilograms, and height was not reported. The patient's past medical history included tachycardia, atrial fibrillation, left periorbital ecchymosis, dry eyes, trouble focusing, headache, nausea on right side of chest, felt like gas bubble and emesis, possible post concussion symptoms, voice hoarse/raspy voice, chronic laryngitis, flare up of hemorrhoid, constipated over a weekend, increased heart rate, nontoxic uninodular thyroid goiter, atherosclerosis of aorta, fatigue, papillary thyroid cancer, right thyroid lobectomy, deep vein thrombosis, gerd, melanoma of skin, dyspnea, deep vein thrombosis, sinus pain, tooth pain, treatment non compliance, pharyngitis, stroke, vertigo, and influenza like illness, and concurrent conditions included non-smoker, no alcohol use, asthma, cerebral palsy, qt prolonged, chest pain when tired, diabetes mellitus, chronic kidney disease stage 3, hypertension, congenital nystagmus, hearing loss, hypothyroidism, and diabetes, and other pre-existing medical conditions included the patient had no history of abuse or illicit drug usage. The patient was previously treated with phenoxymethylpenicillin, guaifenesin for sore throat, calcium carbonate, famotidine, simeticone, promethazine, cefalexin, diphtheria vaccine toxoid/pertussis vaccine acellular/tetanus vaccine toxoid for prophylactic vaccination, salbutamol, ciclesonide, and polymyxin for red eyes; and experienced drug allergy when treated with atenolol, ciprofloxacin, and erythromycin. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A, and expiry: 21-JUN-2021) dose was not reported, administered on 04-APR-2021 11:15 for prophylactic vaccination. Concomitant medications included disopyramide phosphate. On 10-MAR-2014, Laboratory data included: Factor V Leiden mutation (NR: not provided) negative, and Prothrombin

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mutation G20210A (NR: not provided) HET Abnormal, coagulation. On APR-2021, the subject experienced heart rate went up to more than 80 bpm. On APR-2021, the subject experienced agitated. On APR-2021, the subject experienced urinating a lot. On APR-2021, the subject experienced bilateral earache. On APR-2021, the subject experienced was too sick. On APR-2021, the subject experienced bodyache. On APR-2021, the subject experienced not feeling well. On 04-APR-2021, the subject experienced metallic taste in mouth. On 04-APR-2021, the subject experienced felt dizzy. On 04-APR-2021, the subject experienced felt like hit by dump truck. On 05-APR-2021, the subject experienced horrible pain in chest like heart attack. On 05-APR-2021, the subject experienced bone wracking dry cough. On 05-APR-2021, the subject experienced horrific headache. On 09-APR-2021, the subject experienced fatigue. On 13-APR-2021, Laboratory data included: COVID-19 virus test (NR: not provided) Negative. On 20-APR-2021, the subject experienced sore throat. On 20-APR-2021, the subject experienced shortness of breath. On 20-APR-2021, the subject experienced myalgia. Laboratory data included: Anion gap (NR: not provided) 10 mEq/L, B-type natriuretic peptide (NR: not provided) 64 pg/dL, BUN (NR: not provided) 26 mg/dL, Blood pressure (NR: not provided) 214/91 mm Hg, Body temperature (NR: not provided) 97.8 F, CO2 (NR: not provided) 26 mEq/L, Chloride (NR: not provided) 102 mEq/L, Creatinine (NR: not provided) 0.92 mg/dL, Differential white blood cell count (NR: not provided) Normal, Glomerular filtration rate (NR: not provided) more than 60 mL/min, Glucose (NR: not provided) 328 mg/dL, Hematocrit (NR: not provided) 42.9 %, Hemoglobin (NR: not provided) 14.9 g/dL, Lab test (NR: not provided) Normal (no blood clots/thrombocytopenia), MCV (NR: not provided) 91 fL, Nucleated red cells (NR: not provided) 0 kilo per microliter, Oxygen saturation (NR: not provided) 98 %, Pain scale (NR: not provided) 1 (units unspecified), Platelet count (NR: not provided) 190 kilo per microliter, Potassium (NR: not provided) 4 mEq/L, Pulse rate (NR: not provided) 81 beats per minute, RBC count (NR: not provided) 4.73 million per microliter, Respiratory rate (NR: not provided) 18 (units unspecified), Sodium (NR: not provided) 138 mEq/L, Troponin I (NR: not provided) more than 0.02 ng/dL, WBC count (NR: not provided) 7.3

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kilo per microliter, and X-ray (NR: not provided) Aortic atherosclerosis. Treatment medications included: hydralazine. On 20-APR-2021 17:34, Laboratory data included: Blood pressure (NR: not provided) 190/100 mm Hg, Body temperature (NR: not provided) 36.6 degree celsius, Glasgow coma scale (NR: not provided) Eye opening:4, Verbal response:5, Motor Response: 6, Total Coma Score:15, Oxygen saturation (NR: not provided) 97 %, Pulse rate (NR: not provided) 74 bpm, and Respiratory rate (NR: not provided) 16 (units unspecified). On 28-APR-2021, treatment medications included: prednisone. Additional treatment medications (dates unspecified) included: estradiol, levothyroxine, paracetamol, verapamil hydrochloride, salbutamol, diphenhydramine hydrochloride/lidocaine/nystatin, budesonide/formoterol, guaifenesin, benzonatate, chlorhexidine gluconate, ipratropium, aciclovir, fluticasone, montelukast, hydralazine hydrochloride, fluticasone propionate/salmeterol xinafoate, and famotidine. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from metallic taste in mouth on 05-APR-2021, felt dizzy on 20-APR-2021, felt like hit by dump truck on 16-APR-2021, was too sick, and shortness of breath, and horrific headache on 19-APR-2021, had not recovered from bone wracking dry cough, horrible pain in chest like heart attack, sore throat, and bilateral earache, and the outcome of heart rate went up to more than 80 bpm, myalgia, not feeling well, fatigue, urinating a lot, agitated and bodyache was not reported. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure as case assessed as non serious

1336488 5/21/2021 NY

42 M

5/9/2021

5/11/2021

Having long covid since May 2020, my lingering symptoms have been fatigue, shortness of breath, chest pain, loss of taste. All were subsiding and have come back since the first injection and have not abated for 2 weeks. Fatigue is particularly intense in the morning, loss of taste is now constant.

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1336832	5/21/2021	WI	26	F	3/13/2021	3/16/2021	Experienced 2 days of worsening fever, chills, myalgias, mild chest pain, fatigue and malaise. Went to the ER after having a low grade fever, chills, shortness of breath, mild chest pain, and an elevated resting heart rate. Was diagnosed with SIRS as a response to the covid vaccine and hospitalized for observation. Was discharged the next day. Diagnosed with SIRS, possibly due to the COVID vaccine with a secondary diagnosis of asthma.
1337141	5/21/2021	PR	21	M	5/13/2021	5/15/2021	Patient presented high fever around 5pm the day of the vaccination. He continued with high fever and joint pain all Friday. He then presented with respiratory difficulties and chest pain when lying down on Saturday morning. He noticed that pain was less intense if he was seated upright. Pain became more intense around 10pm Saturday night. He was taken to an Emergency Room and was determined after evaluation that a cardio evaluation was granted due to abnormal labs and EKG results. Patient was transferred to secondary hospital. He was admitted for further evaluation and treatment.
1336496	5/21/2021		30	F	5/17/2021	5/19/2021	Severe chest pain. Swollen breast on opposite side of vaccine injection. Urgent care diagnosed with Costochondritis. Severe breast swelling still needs to be diagnosed.
1336845	5/21/2021	WI	32	M	4/27/2021	5/1/2021	no notable previous history who presented 5/1/2021 ~0130 with chest pain and shortness of breath. History notable for Moderna COVID-19 vaccination 4 days prior (that would be 4/27/21) with subsequent development of fever, myalgias, sore throat. Then on 4/30/21 developed acute onset of shortness of breath and chest pain. Seen at ED. Exam and work-up revealed elevated troponin, unremarkable CTA of chest, EKG with diffuse slight ST changes. Patient was subsequently admitted to hospital for possible myocarditis. Per consult - Differential diagnosis includes pericarditis, myocarditis, acute coronary syndrome. Later in the day (~1530), had worsening chest pain and ST elevated noted on EKG. Pt did disclose at that time that he used cocaine about 8 days earlier. Pt transferred to Hospital for treatment of STEMI. Note: covid-19 vaccine info is pt reported, unable to access any Immunization records for this patient. Place where pt received vaccine is also unknown.

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1337375	5/21/2021	CA	17	M	5/7/2021	5/8/2021	Second COVID vaccine was administered 5/7/21. Patient then developed chest pain and presented 3 days later to Hospital on 5/11/21. Admitted for treatment of myopericarditis.
1337339	5/21/2021	CA	42	F	5/21/2021	5/21/2021	Pt. received 1st dose approximately at 08:53 a.m. Pt. stated that she could feel her heart beating fast and complaint of feeling light. Pt. denied shortness of breath and chest pain. Pt's heart rate increased to 140-160m. Oxygen @3L via nasal cannula given by LVN. Oxygen saturation 100%, Respiration 20. HR started to improve and decreased to 84, BP taken manually 142/78. Pt. stated she was feeling better just weak. 09:19, pt's vital signs were monitored for 45 min. Pt. refused to see one of the providers at clinic. Stated she feels better. C/o of headache, 5/10. Pt. discharged in good spirits when discharged to son who took her home. Was advised to go to ER if symptoms of shortness of breath, chest pain, dizziness, lightheaded, or heart palpitations occur and to follow up with provider.

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1337275	5/21/2021	MI	62	M	4/21/2021	5/10/2021	past history of diabetes, hypertension, hyperlipidemia and recent diagnosis of COVID-19. Apparently the patient received his initial dose of COVID vaccine on 03/31/2021 and subsequently developed loss of taste and smell. He was tested for COVID-19 at local Pharmacy and received notification that his result was positive. He subsequently had improvement in his symptoms and was retested 2 weeks subsequent with negative results. On for 01/20/2021 he received his 2nd COVID 19 vaccination and subsequently developed recurrence of feeling ill 2 days afterwards. He progressively had feeling of shortness of breath along with nonproductive cough. The patient then developed complaints of chest pain and rib discomfort. He presented to the emergency department where he was found to be hypoxic along with abnormal labs including a creatinine of 1.84 BNP of 12,699, elevated transaminase levels, hemoglobin of 8.9. Chest x-ray showed patchy airspace disease to the right lung consistent with COVID-19 pneumonia. At time of admission he was given IV Lasix and started on Rocephin and Azithromycin. The use of steroids as well as any antiviral treatment was withheld because of presumptive symptoms related to bacterial pneumonia (secondary to COVID 19.) He also did not require oxygen supplementation during his stay.

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1337216	5/21/2021	UT	43	F	5/13/2021	5/13/2021	I immediately felt sharp pain and burning in my arm while being injected. The burning in my arm lasted for about 20 minutes. I got a severe migraine about an hour after the vaccine that lasted for about ten hours. I broke out in hives all over my body later that night, the same day as the vaccine. I also had intense heartburn. I never get heartburn so this is not normal for me. The following day, I was still having hives and started also having chest pains. I was consistently taking antihistamines to keep the hives under control. On Saturday morning, 2 days after the vaccine, I was still breaking out in hives. My throat also started to swell and I was having a hard time breathing. My heartburn was also getting more severe. I ended up going to urgent care. There I was prescribed 2 stronger antihistamines and prednisone to help with my reaction. I was also given an epi pen. Later that night, I ended up going to the ER as I was having severe chest pain. I have a history of DVT so I was concerned about blood clots. I had several tests done along with a chest CT scan. Thankfully everything came back clear for blood clots and heart attack. The ER doctor could not explain why I was having chest pain and advised me to monitor it and to come back in if it got worse. The following day, I was still needing antihistamines for hives and difficulty breathing. I woke up in the middle of the night with severe stomach pain and cramping. I had intense vomiting and diarrhea. The diarrhea started to have a lot of blood in it. I went back urgent care and they sent me for a CT scan which showed I now had colitis. The bleeding lasted for about 3 days.
1337070	5/21/2021	NY	38	F	5/20/2021	5/20/2021	The patient experienced pain, numbness and weakness to R UE and R LE and chest pain about 20 minutes following the vaccine which worsened over night.
1337028	5/21/2021		18	M	4/14/2021	4/17/2021	The patient presented to the emergency department with chest pain. Admitted the hospital and diagnosed with myopericarditis.
1336944	5/21/2021	IL	40	F	4/29/2021	5/3/2021	Fever, chills, headache, nausea, chest pain, leg pain, rhabdomyolysis

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1336939	5/21/2021	FL	35	M	3/17/2021	4/1/2021	started as severe dizziness and weakness, chest pain was hospitalized once I got to the ER because my heart was not working properly, after many test the found my heart was in heart failure with an output of 35% only, was in hospital for 5 days. Doctors couldn't see what caused such a sudden weakness of the heart, they did cardio path and arteries have zero blockage, they did ECO, and a EP Study. My heart now suffers from PVCs or arrhythmia and they are very irregular and frequent. Was given medicine to help the heart and control the PVCs, and discharged with wearing a safety vest, to follow up with the cardio doctors. Followed up with doctors and they have done an MRI which shows scarring of the heart. The doctor has determined that the diagnosis is myocarditis. There is no proof this direct relation with the vaccine, however symptoms started soon after the vaccine in a healthy young man. Now I still have to go to another electrophysiologist to see what he can do to help alleviate the PVCs and continue to take the medication to see of the heart can improve. I could not work for a month, and still cannot resume normal activities because my heart is to weak to sustain it.
1336148	5/21/2021	TX	23	F	5/19/2021	5/21/2021	24 hours later, shaking chills, diarrhea, chest pain
1337559	5/21/2021	IN	18	M	5/14/2021	5/18/2021	The patient was admitted to the hospital with chest pain, abnormal ECG, and elevated troponin. He underwent urgent cardiac catheterization, which showed normal coronary arteries. His left ventricular ejection fraction was reduced. His clinical picture was consistent with myocarditis.
1337251	5/21/2021	OH	67	M	4/15/2021	5/16/2021	To ED via ambulance for chest pain and shortness of breath. Decompensated during transport, hypoxic, cyanotic, hypotensive. Intubated in ED. CTA of chest positive for saddle embolism. 1/2 TPA/heparin given. Admitted to ICU. Change in mental status, CT of head showed intracranial hemorrhage. Patient had reportedly been sick about a week or 2 earlier, covid positive PCR on admission to hospital.
1337858	5/21/2021	FL	32	M	4/22/2021	5/18/2021	Chest Pain for 1 week leading up to event that got worse the day after 2nd vaccination. EKG with elevated ST levels from PCP same day - sent to ER same day.

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1337583	5/21/2021	PA	30	M	5/16/2021	5/19/2021	sudden onset of chest pain 05/19/2021 night into 05/20, unable to sleep. Troponin elevated on arrival to ER. He received his 2nd dose of Pfizer CoVID vaccination on Sunday 05/16/2021. Diagnosed with acute myocarditis, probable cause post-CoVID vaccination.
1337396	5/21/2021	MN	13	F	5/13/2021	5/16/2021	Several days of chest pain and abdominal pain throughout the rib cage.
1337615	5/21/2021	PR	19	M	5/13/2021	5/17/2021	On May 14, patient developed fatigue and weakness. He took 2 tablets of acetaminophen 500mg and after a couple of hours he felt better. Three days later on May 17, at 5 am patient developed chest pain. He visited a local health clinic patient presented high troponin levels 2533.4. At 6:58 pm he was transferred to the Emergency Department. Patient was admitted to the Pediatric Intensive Care Unit (PICU) at 8:00pm. The date of the event patient received Motrin 400mg, Toradol 30mg, Aspirin 81mg, Brilinta 180mg and Tridil 250mg/50ml (at 3 ml/hr). An acute myocardial event was rule out with a negative result of the catheterization procedure. Patient was diagnosed with myopericarditis. He still hospitalized, his troponins levels are decreasing and chest pain has been resolved.
1337622	5/21/2021	GA	36	F	3/9/2021	5/16/2021	PUI was admitted PUI went due to shortness of breath & chest pain
1337640	5/21/2021	AZ	55	F	3/16/2021	3/1/2021	timeline of events: 11/2020 seen by cardiology for atypical chest pain, abnormal ekg, and lower leg edema. lexiscan and echo done, negative. 12/2/2020 vein mapping done BLE, negative for clots. med changes done and venodynes ordered. 3/16/2021 vaccine received. approximately 2 weeks later, developed severe GI virus, increasing back pain, left leg tightness and pain. 3/31 follow up with cardiology, told doctor unable to wear venodynes due to severe pain in knee area. 4/1 phone appt with PCP, treated for GI virus. 5/1 went to PCP for increasing pain and difficulty walking. discovered new swelling in left leg, large area medial calf just below left knee. labs done, normal. 5/12 US left leg done. 5/20 back to PCP; told that US showed large hematoma and surgical consult needed.

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1337709	5/21/2021	PR	18	M	5/14/2021	5/16/2021	A day after receiving the vaccine (on May 15, 2021) patient complaints of not feeling well and he took 1 tablet of Zyrtec 10mg to treat his allergy symptoms. On May 16, he developed chest pain and went to the Emergency Department at the hospital. Patient presented high levels of troponins and was admitted to the Intensive Care Unit (ICU). An EKG and Echocardiogram were performed and patient was diagnosed with Myocarditis. Patient continues to be hospitalized in the unit and he is receiving Lovenox 70mg Q12hrs, Ibuprofen 600mg, Aspirin 81mg daily, Colcrys 0.6mg daily. Chest pain has been resolved and his troponins levels are decreasing.
1337796	5/21/2021	MD	65	M	3/25/2021	3/26/2021	that night got a 102.7 fever / Trouble breathing / very bad chest pains . My wife called 911 , went to hospital next morning at 6:30 am , came home that afternoon then 8:30 pm that night called 911 again , was in 3 different hospitals for next 19 days . lost 30 pounds in hospitals, been home now
1337800	5/21/2021	OR	47	M	5/13/2021	5/14/2021	MYOCARDITIS: Patient developed chest pain and shortness of breath. He was seen by me in the emergency department on 5/16/21 and was found to have an elevated troponin. He was admitted to the hospital and underwent a coronary angiogram which was normal. He has evidence of some global hypokinesis on his echocardiogram and eventually had a cardiac MRI which confirmed that he has myocarditis. He became ill the day after his 2nd Moderna shot and then more ill the next few days and I saw him on Day #3 after his 2nd shot. He is otherwise healthy. He was hospitalized for two days. He was discharged on Losartan and Metoprolol and was not on any medications prior to his presentation.

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1337493	5/21/2021	MD	22	F	4/6/2021	4/6/2021	COVID VACCINE possible Reaction: given in office today: BP 112/88 P;78/min at 11:54 am approx 15 min s/p J & J COVID Vaccine had sensation of throat tightening, no respiratory no chest pain tongue swelling, no headache vomiting, rash. Given Benadryl 25 mg x 1 po and symptoms resolved immediately. Observed 45 minutes, states no symptoms . Hx Peanut allergy. Advised to contact us at anytime if worse reviewed side effects with patient and her mother who was present to drive home with her. Follow up 90 minutes later. Patient called states feels fine now. TC 6:00 PM 6 HRS AFTER VACCINE LEFT MESSAGE advised to contact us if any symptoms as discussed.
1336878	5/21/2021		28	F	4/5/2021	4/6/2021	Pt admitted to the ED with chest pain one day following the vaccination. Pt described this as subtle at first that increased to wake pt up in pain. Sharp pleuritic pain localized in the center of her chest and slightly in the epigastric region. No prior symptoms previously. Pt has been diagnosed with bilateral pleural effusion, acute pericardial effusion and acute pulmonary embolism.
1337544	5/21/2021	NY	27	F	4/9/2021	4/11/2021	I had the usual side effects, sore arm, fatigue? then 2 days after the vaccine I had a panic attack, then continued to have them along the week. I believe that on the 17th I was taken to the ER with high heart rate, chest pain, tremors? but doctors ran test and believed to be another panic attack, they referred me to a doctor. The past month ive been struggling with extreme anxiety and panic attacks, ive been on escitalopram, weekly therapy. I had no prior history with mental illness.
1337956	5/21/2021		89	M	4/27/2021	5/1/2021	Patient with a history of coronary disease presents to the ED with complaints of chest pain, has had previous heart attack. While hospitalized was given nitroglycerin and became asymptomatic. Discharged with further recommendation for blood pressure control.
1338123	5/21/2021	FL	56	F	4/18/2021	4/18/2021	Intermittent Chest pains. Emergency Room visit on 4/23/21, stayed overnight for observation. EKG, echocardiogram and chest x-ray completed. All tests did not reveal source of chest pain, however one EKG report did show abnormal when taken during the occurrence of chest pain. Discharged with no further treatment.

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1338137	5/21/2021	NV	52	F	5/14/2021	5/14/2021	Day of Vaccine Friday May 14 Almost immediately following the vaccine I had a severe headache and nausea. I was unable to eat anything the entire rest of the day. A few hours later I experienced severe diarrhea. Saturday May 15th Moderate pain at injection site Severe headache Moderate body aches Mild fatigue Moderate diarrhea Sunday May 16th During the day Mild pain and mild swelling at the injection site Moderate headache Moderate fatigue Sharp intermittent pain in both ears that lasted a few hours After bed I had a severe headache and moderate nausea that woke me in the middle of the night. I took tylenol and drank some gingerale. Monday May 17th Mild headache Mild fatigue Mild nausea Tuesday May 18th I was feeling ok with only mlid fatigue then later in the afternoon my heart started fluttering. My pulse kept dropping into the 40's then going high into the 120's. I was having chest pain's and my blood pressure was higher than normal. My oxygen level was good. Around 10pm my husband brought me to the emergency room. My BP was 181/98 when I arrived. They did an EKG immediately and said I had multiple PVC's. Then they did chest x-rays, a CT scan, blood work and an echo cardiogram. The heart monitor over the next few hours showed frequent PVC's and Bigeminy. They started me on heparin and admitted me. May 19th I was in the hospital and experienced a moderate headache and nausea. They continued the heparin and IV fluids and also gave me potassium. The PVC's continued but were less frequent. May 20th I was discharged from the hospital later in the day. I had a moderate headache and moderate nausea. The PVC's continued but less frequent. May 21st Moderate headache Moderate fatigue Moderate nausea I'm not thinking clearly and I'm having troubles concentrating. My headache woke me up at 2am and I could not get back to sleep until almost 3am when the tylenol finally took the edge off.

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1338373	5/21/2021	CA	28	M	5/15/2021	5/15/2021	13 Hours After Dose: Chills set in, which caused back spasming and back muscle seizing in addition to shaking for approximately 20 minutes (it may have been convulsions). Also had a fever, nausea, dizziness, and injection site pain. 24-70 hours later: Fatigue and a headache 70 hours later: Woke up with major chest pains and went to ER. Testing eventually determined it to be myocarditis. Hospital stay was approximately 54 hours.
1338394	5/21/2021		39	M	4/7/2021	5/7/2021	Death N17.9 - Acute kidney failure, unspecified FATIGUE CHEST PAIN NAUSEA
1338624	5/21/2021	DE	76	M	3/1/2021	4/3/2021	04/2021 Seen in ED for c/o left sided chest pain increased with deep inspiration. Blood work, chest a-ray and chest CT. DX with 2 blood clots left lung and pneumonia. COVID test done - Negative. Admitted to hospital and anticoagulated with Heparin. Numerous blood tests performed. Followed by Hospitalist and seen by Pulmonologist and Hematologist.
1338627	5/21/2021		17	F	5/13/2021	5/14/2021	Chest pains, difficulty breathing, outcome: diagnosed with myopericarditis and costochondritis as well as inflammation in joints. Was in the hospital for 7 days and was on IV, morphine and then switched to hydro-morph for severe pain. Was given ketorlax via lv for inflammation as well and steroids. Has been put on steroids for 1 month, Colchicine for 3 months, naproxen for inflammation.
1338822	5/21/2021	PA	19	M	5/15/2021	5/15/2021	Client had an episode of dizziness , presyncope immediately after receiving his vaccine. Denied shortness of breath or chest pain . He reported tingling in his hands. He had not had breakfast prior to arrival . He was offered water . His symptoms resolved within 15 minutes and he was able to leave after his symptoms were resolved.

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1337813	5/21/2021	IL	59	F	2/8/2021	5/11/2021	Patient presented to emergency department on 5/11/21 with report of worsening of shortness of breath and chest pain for previous one week. Patient reports that she had COVID-19 3 weeks ago and at that time was diagnosed with community acquired pneumonia. CTA performed in ED noted bilateral pulmonary emboli greater on the right than on the left. There was an embolus in the right main pulmonary artery with some evidence of right heart strain with RV/LV ratio 1.1. Peripheral ground-glass opacity in right lower lobe also noted. Patient treated with heparin. No thrombectomy performed as clot burden had decreased after receiving heparin. Patient was transitioned to Eliquis and discharged to home.
1334612	5/20/2021	WA	16	M	5/15/2021	5/16/2021	Chest pain, fever, headache and fatigue starting morning after vaccination. Progression of chest pain prompting evaluation in the emergency room where he was found to have a Troponin of 23,000 (nl less than 50). D'Dimer mildly elevated. ST changes on EKG. CTA negative. LFT mildly elevated. Sent to hospital where admitted to cardiology service pm 5/19 and given a diagnosis of myocarditis. Still under care at this time of report.
1334110	5/20/2021	WA	41	F	5/19/2021	5/19/2021	10:58AM Pt complains of heart rate "going too fast." Pt denies chest pain, SOB, dizziness or nausea. Vitals signs were obtained and pt was given water and juice. Pt reports "I feel fine except for my heart rate going fast." Aid (EMS) was called and attended to pt. Pt was cleared by EMS and was safe for pt to go home with her husband driving. Pt reported "I feel okay now." 11:15AM Pt reported a second time of feeling her heart rate "going fast again." Pt denies chest pain, SOB, dizziness or nausea. Aid was called and attended the pt. Pt remained alert and oriented, speech and gait at baseline. Pt skin warm and dry. Aid collected vital signs. Aid advised pt to seek medical attention if symptoms re-occur. Pt reports "feeling better" and agrees to seek medical attention if previous symptoms return. Pt driven home by her husband.

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1334114	5/20/2021	NJ	20	F	4/23/2021	4/23/2021	felt tired within 30 minutes of receiving the vaccine; later that night had extreme chills and could not sleep, the next day on 4/24 throwing up stomach acid and then went to hospital after having chest pain, received fluids and when testing came back okay, I was discharged and felt better
1334164	5/20/2021	NH	16	F	5/20/2021	5/20/2021	Within 15 minutes, pt complaining of chest pain, not radiating, in center of chest. Coughing, stating sore throat. Given PO 50 mg Benadryl. Vital signs stable. No other s/s. Took private vehicle to hospital with RN.
1334084	5/20/2021	AL	16	M	4/27/2021	4/27/2021	PFIZER-BIONTECH COVID-19 VACCINE EUA. PATIENT'S MOM REPORTED THE FOLLOWING: HAD VOMITING ON 4/27 AT 9PM. ON 4/28 EVENING HAD FEVER. CHEST PAINS ON 4/29 LATE EVENING. TIRED AND BODY ACHES THE WHOLE TIME. FELT BETTER FRIDAY BUT CHEST PAINS OFF AND ON. CONTACTED DOCTOR AND THEY DID BLOODWORK. MD CALLED PEDIATRIC CARDIOLOGY AND ADMITTED TO HOSPITAL WEEKEND OF MAY 1ST. FOUND MYOCARDITIS AND ALSO REPORTED TO VAERS. HIS NUMBERS WERE IMPROVING WHILE AT HOSPITAL SO THAT IS WHAT THEY PUT ON DISCHARGE. 5/3- TROPONIN 0.68, CREATININE 4.8.
1334286	5/20/2021	CA	12	M	5/20/2021	5/20/2021	onset of chest pain after initial injection which resolved prior to disposition home with mother. Denied any other symptoms.
1334290	5/20/2021		46	M	3/26/2021	4/4/2021	Patient presented to the ED on 4/4/21 with viral illness and left sided chest pain. Patient presented to the ED on 4/14/21 with chest pain and was subsequently hospitalized for NSTEMI. These visits are within 6 weeks of receiving first COVID vaccination dose.

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1334302	5/20/2021	CA	52	M	4/23/2021	4/24/2021	Within one day of receiving the 2nd shot started having heart palpitations in the middle of the night, Went to Urgent care, not help. Went back to hospital and a got a heartmonitor and wore that for a week. Thenon Friday, May 7th went to the emergency with sweats and almost passed out. They kept him there for over a day, ran tests, etc. Blood work came out fine. He was released the following day. No answers. One doctor there admitted that he believed it's related to the vaccine. Now here we are, May 20th, no answers and feeling the same, but now chest pain, shortness and breath. Never had ANY HEART PROBLEMS BEFORE THIS!
1334529	5/20/2021	CT	53	M	5/5/2021	5/13/2021	A 53-yo male patient with a nonsignificant past medical history presented to the hospital with worsening generalized muscle pain, and weakness. Patient reported that he received the Janssen COVID-19 vaccine 3 weeks prior to admission and symptoms began 8 days later. On the morning of admission the patient also developed pressure-like and pleuritic chest pain. EKG findings showed ST elevations in V5-V6 with depression in aVL. D-dimer was found to be elevated however PE evaluation was negative. Troponins were also found to be elevated. The patient was diagnosed with acute pericarditis and underwent left heart catheterization, selective coronary angiography and left ventriculography. The coronary angiography revealed no significant obstructive coronary artery disease, and left ventriculography revealed normal LV size and function. Patient was subsequently initiated on colchicine therapy for acute pericarditis. He remains admitted at hospital.
1333739	5/20/2021	PA	67	F	4/10/2021	5/20/2021	Patient has received 2 doses of Pfizer COVID19 vaccine (1st dose 3/20/21, 2nd dose 4/10/21) per PA Registry. Patient has tested positive for COVID19 today, 5/20/21. She presented w/ c/o chest pain x 2 days. Admitted for observation on Telemetry unit.
1334109	5/20/2021	CA	34	M	4/1/2021	4/26/2021	Racing heartbeat, Diarrhea, Chest pain, Hypnic jerks, Overall weakness and tingling throughout the body especially the legs
1334567	5/20/2021	CO	42	F	4/20/2021	4/23/2021	chest pain, myocarditis.

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1336094	5/20/2021	CA	23	M	5/13/2021	5/16/2021	Pt. developed arm site pain, fever chills and muscle aches day after 2nd dose, 05/14/2021 symptoms resolved by night time. He awoke on 5/15/2021 with waxing and waning chest pain/ burning and chest pressure, seemed too improve but by 5 AM on 5/16/21 was more intense and he presented to E.D. where EKG showed diffuse ST elevations and PR interval depressions. Troponin was elevated at 0.494, increased in next hour to 0.569 and patient was admitted. TTecho showed normal E.F. of 60-65%, nl valves and trace pericardial effusion. CXR was negative for pulmonary infiltrates, (no Hx of Covid Dx) P.E. showed no conjunctivitis, no rashes, all else also WNL
1334092	5/20/2021	CA	23	M	5/16/2021	5/16/2021	Same day fever associated with chest pain that was positional. Admitted to the hospital, diagnosed with Myopericarditis based on elevated troponin, CRP, clinical history, and cardiac MRI.
1334617	5/20/2021	OR	13	M	5/15/2021	5/16/2021	Presented 3 days after Covid vaccination with ongoing chest pain since then. He was found to have elevated troponin and elevated ST segments consistent with pericarditis. He was also found to have be Covid positive by PCR. No medications initiated. ECHO normal.

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1334783	5/20/2021	MI	65	M		3/31/2021	DEHYDRATED; URINARY INCONTINENCE; PLEURISY; CHEST PAIN; This spontaneous report received from a patient concerned a 65 year old male. The patient's height, and weight were not reported. The patient's past medical history included neck surgery, back surgery, left knee replacement, and covid-19 infection, and concurrent conditions included alcohol consumer, non smoker, and heart patient, and other pre-existing medical conditions included the patient has no known drug allergies and drug illicit use. the patient also had 29 surgeries. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: 1802068, and expiry: UNKNOWN) dose was not reported, administered on 30-MAR-2021 for prophylactic vaccination. Concomitant medications included alprazolam for drug used for unknown indication, apixaban, clopidogrel, lisinopril, metoprolol, ranolazine, rosuvastatin calcium, and . On 31-MAR-2021, the subject experienced pleurisy. On 31-MAR-2021, the subject experienced chest pain. On 01-APR-2021, the subject experienced urinary incontinence. On an unspecified date, the subject experienced dehydrated. Laboratory data (dates unspecified) included: Chest X-ray (NR: not provided) Pleurisy on left lung, and Diagnostic ultrasound (NR: not provided) No abnormal finding. The action taken with covid-19 vaccine was not applicable. The patient recovered from pleurisy, chest pain on APR-2021, and urinary incontinence on 04-MAY-2021, and the outcome of dehydrated was not reported. This report was non-serious.
1334858	5/20/2021		28	F	4/9/2021	4/9/2021	Pt c/o nausea 15 mins after receiving vaccine. She denied chest pain, SOB, difficulty breathing, or other complaints. Past med hx as reported by patient is carotid artery disease. Pt assessed and evaluated by NP and paramedic. Pt had mild anxiety, BP - 157/80.

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1334941	5/20/2021	FL	48	F	4/20/2021	4/20/2021	<p>arrhythmia; chest pain; felt like she had the flu; Body aches; fever; fatigue; arm began hurting; short of breath; This is a spontaneous report from a contactable consumer (patient). A 48-years-old female patient received bnt162b2 (BNT162B2), via an unspecified route of administration, administered in arm left on 20Apr2021 16:45 (Batch/Lot Number: ER8732) as 2nd dose, single for covid-19 immunisation. The first dose was received on 29Mar2021 (lot number: ER8730) on the left arm, and experienced sore arm and tired. Medical history included ongoing outbreaks on lips. Concomitant medication(s) included valacyclovir. Patient went to the emergency room on 21Apr2021 with chest pain that started on 20Apr2021. She was put through tests and the medical staff didn't know what was wrong and was discharged on 22Apr2021 and went back to the emergency room with chest pain on Friday, 23Apr2021. The medical staff could not figure out what was causing her chest pain during the second emergency room trip. Patient reported that the arrhythmia occurred when she got the chest pain on 20Apr2021. If she does any sort of activity, her heart rate skyrockets and her heart beats really super fast. She will become totally short of breath and feel like her lungs were burning. She experiences the arrhythmia and shortness off breath not even with exercise, but just activity within the house. On 21Apr2021, patient had a fever, body aches, and felt like she had the flu for 3 days following the second dose of the Covid-19 vaccine. She went back to the emergency room again at a different hospital on Thursday, 29Apr2021 until 30Apr2021. She was going to see a cardiologist this on 07May2021 because she can't do anything. Her chest pain didn't start off this way, but now the patient can't be active without having chest pain, arrhythmia, feeling like something is sitting on her chest, and shortness of breath. The chest pain was initially brought on by exercise, but as of time of report, if she moves around or does too much, the chest pain will be brought on. Symptoms have changed a bit as time has gone by. If she sits still not doing anything, she will be fine. If she takes a shower, walks around her house, walks upstairs, she will experience the chest pain, shortness of breath, and feeling like something is sitting on her chest. If she does absolutely nothing like an invalid, she's ok. Event chest pain resulted in physician's office visit. Patient had EKGs (21Apr2021, 22Apr2021,</p>

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							23Apr2021, 29Apr2021 and 30Apr2021), a stress test (22Apr2021), CT of the chest (21Apr2021), CT of the heart and arteries on (30Apr2021), X-rays, and echocardiograms (22Apr2021 and 29Apr2021) which were all of the diagnostic tests have come back normal. There was no way that she could do a stress test now. Her fatigue began the day after she received the second dose of the Covid-19 vaccine on 21Apr2021. Fatigue was the most intense the first couple of days when she felt like she couldn't get out of bed but she still gets tired very easily. It was worse in the sense that now she has no fever and yet still can't function normally. Her arm began hurting on 20Apr2021 and was sore for about a week. Patient had covid-19 screening on Apr2021: negative. Outcome of the events of arrhythmia, chest pain, shortness of breath and fatigue was not recovered, while for the remaining events was recovered.
1335999	5/20/2021	AZ	16	M	5/16/2021	5/17/2021	Patient developed chest pain starting 3 PM on 5/17. Presented to a local ED for this on 5/18 and was found to have elevated troponin level. Transferred to a hospital with pediatric floor and was seen by a pediatric cardiologist. Echocardiogram notable for evidence of pericarditis but normal cardiac function. Given concern for development of arrhythmia, transferred to a hospital PICU. Chest pain was mild to moderate, stabbing, and was somewhat relieved by antiinflammatory therapy. He never had fever, chills, vomiting, diarrhea or rash. He had no ill contacts. He had no history of prior COVID nor did his family

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1336007	5/20/2021	NJ	49	F	4/8/2021	4/8/2021	I received my vaccine at 5:35pm on Thursday 4/8/21. I started feeling arm soreness in both arms and developed a headache, I took Tylenol at 10pm. I woke up at 3am Friday morning with body aches and still had the headache. I took more Tylenol. By 9am Friday morning I had severe adverse reactions. I still had a severe headache and body aches with muscle soreness and extreme fatigue. I also experienced chills, light sensitivity and brain fog. Around 4:30 pm I developed chest pains that lasted about one hour. My headache, body aches and fatigue have not subsided as of today. I have had a televisit with my physicians office on may 10 where bloodwork. Some of my headaches rk was requested. The results showed elevated kidney function due to the amount of Advil I had taken to control the headache and muscle soreness. The recommended Tylenol did not alleviate my headache or muscle soreness so I have not taken either medicine. Some of my headaches have been accompanied with nausea and light sensitivity. I went for a physical exam on 5/18/21 and more bloodwork was requested. It has been 6 weeks and these adverse effects have not subsided.
1336040	5/20/2021	WI	17	M	5/13/2021	5/14/2021	About 18 hours after the vaccine was given, the patient developed chest pain. The chest pain progress over about 24 hours to 9/10. He presented to the ER where he was found to have elevated troponin (up to 15) and ST changes on EKG. Echo was normal x2. He was treated for myopericarditis with NSAIDs and colchicine. He quickly improved. No clear etiology of his myopericarditis was identified, raising suspicion that it may have been an adverse reaction to the vaccine.
1336042	5/20/2021		16	F	5/20/2021	5/20/2021	arrhythmia, heart palpitations, pain in left arm, pain in chest (particularly left side) radiating into shoulder blade, fatigue, muscle aches

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1334563	5/20/2021	WA	15	M	5/14/2021	5/15/2021	Received vaccine on 5/14 around 6 pm. Started noticing chest pain, chills and fatigue on 5/15 around 6 pm. Evaluated by ED on 5/17 subsequently admitted to PICU with intermittent chest pain and elevated troponin in the setting of recent Covid vaccination as well as a history of WPW status post ablation with recent onset of intermittent tachycardia. EKG demonstrates nonspecific ST segment changes and has elevated troponin which likely points to myocarditis as a diagnosis. Continues with elevated troponin level, no medication intervention at this time, no longer having chest pain
1333796	5/20/2021	WA	81	F	4/22/2021	4/27/2021	Presented on 4/27/21 (5 days after 2nd dose of Pfizer COVID vaccine) with acute onset of chest pain around 7am the same morning. Testing ultimately confirmed the diagnosis of acute pericarditis.
1333267	5/20/2021	FL	48	F	5/20/2021	5/20/2021	Pt started complaining of being dizzy and dry mouth about 10 minutes after vaccination. Denies SOB/difficulty breathing, increased HR, chest pain. No rash or hives. Patient vitals: HR 84, Resp 18, B/P 160/70, O2 94%, BG 191. Patient specified dizzy when her legs are crossed. Expressed she has not eaten since 6 AM and was sitting in the sun for 1 hour prior to arriving for vaccine. After drinking 2 bottles of water, and resting, patient denied EMS services. PT released.
1333399	5/20/2021	TX	25	M	4/21/2021	4/24/2021	The patient had his 2nd Moderna vaccine on 4/21/21. He had headache and malaise for 2 days that resolved. On 4/24, he developed chest pain radiating to his jaw and left upper arm. He presented to the ED, he had an elevated troponin of 2.24 increased to 12.87. EKG showed ST elevation consistent with myocarditis. He was transferred to RRH and underwent cardiac cath on 4/26 which showed no CAD. He was not febrile. He was treated with metoprolol

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1333629	5/20/2021	NY	16	M	5/12/2021	5/14/2021	Patient developed sudden onset of chest pain and shortness of breath worse with supine position. Patient went to the ER and ECG was done which was consistent with Acute Pericarditis. Patient was treated with Ibuprofen 600mg PO TID with resolution of his chest pain and SOB. patient was discharge home from the ER with cardiology follow-up 2 days later. Patient continues to have no chest pain or SOB and continues on Ibuprofen 600mg PO TID at this time. Repeat labs are pending.
1333689	5/20/2021	IN	21	M	5/7/2021	5/17/2021	Chest pain
1333699	5/20/2021	IL	35	F	4/30/2021	5/2/2021	2 days after vaccination (Sunday May 2) I began to feel slightly chest pain when I would breath on the upper left chest shooting downward to the bottom breast rib area. Every time I would take a deep breath I would feel the pain. Called loyola hotline to discuss and state worries I had. Pain continued the next day. Went to the loyola urgent care center Monday at about noon. Took EKG test there and everything seemed fine however they did mention my birth control and possible side effects. So they sent me to thenhospital for more test. Sent me to the ER. From the ER took several test and blood work. Another eck as well as D-dimer test, lots of blood work and a CT scan. Later that night I was told I had a pulmonary embolism (blood clot in my lung) and I needed to stay overnight. They continued to take addt. Exams the next day and more blood for test. Took a heart echo since pains were happening on my left side. As well as ultrasound on my leg to check for DVT and if more blood clots exist.. Addt. Test done that Tuesday, then was discharged Tuesday at about 5pm.

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1333218	5/20/2021	PA	71	M	2/24/2021	3/19/2021	ED, Discharged , 3/13/2021 (4 hours), Hospital ED, MD Last attending o Treatment team Shortness of breath +1 more Clinical impression Chest Pain o Shortness of Breath o Dizziness Chief complaint, Patient presents with o Chest Pain, o Shortness of Breath o Dizziness. History of Present Illness , Patient is a 71 yr.. male with Hx of stage IIICM Metastatic Adenocarcinoma of the sigmoid Colon, Coronary disease, Hypertension, Dyslipidemia, Chronic Renal insufficiency, presenting to the ED with chest pain. Patient notes that he woke up this morning with pain in the right side of the chest with some associated shortness of breath. Notes symptoms. Additional information for Item 18: Notes symptoms are worse when he is up trying to exert himself and gets incredibly short of breath and fatigued. States he tried to do some workout in the garage but was unable. Denies chest pain worsening with exertion, but has been fairly constant since it began. Reports it is a dull ache. Pain is dissimilar from his previous heart attack. States he has had a mild cough, but no significant production. Denies any fevers, chills. No abnormal nausea or vomiting other than typical chemo induced side effects. Given continued issues, decided to come in for further evaluation. Review of Systems; Constitutional: Positive for fatigue. Negative for appetite change, chills, diaphoresis and fever. HENT: Negative for sore throat. Eyes: Negative for visual disturbance. Respiratory: Positive for cough and shortness of breath. Negative for choking and chest tightness. Cardiovascular: Positive for chest pain. Negative for palpitations and leg swelling. Gastrointestinal: Positive for nausea and vomiting. Negative for abdominal pain and diarrhea. Genitourinary: Negative for dysuria. Musculoskeletal: Negative for back pain and neck pain. Skin: Negative for rash. Neurological: Positive for light-headedness. Negative for seizures, syncope, numbness and headaches. ED to Hosp-Admission, Discharged, 4/5/2021 - 4/25/2021 (20 days) Hospital, MD, Last attending Treatment team Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present. Principal problem Discharge Summary, DO (Physician), Inpatient Discharge Summary; BRIEF OVERVIEW; MD, Discharge Provider: DO, Primary Care Physician at Discharge: MD, Admission Date: 4/5/2021, Discharge Date: 4/25/2021. Discharge Diagnosis; Medical Problems ;Hospital

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Problems; POA, (Principal) Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present, Yes, Essential hypertension Yes, Chemotherapy-induced peripheral neuropathy, Yes. Overview Signed 5/10/2019 2:03 PM by MD, Pins and needles and numbness in tips of finger and toes, Lung metastasis Yes. Hypoxia Yes. COVID-19 Unknown, Acute respiratory failure with hypoxia Yes, Palliative care encounter Not Applicable, Declining functional status No. DETAILS OF HOSPITAL STAY; Presenting Problem/History of Present Illness/Reason for Admission, Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present. Acute hypoxemic respiratory failure due to COVID-19, Respiratory failure. Sigmoid perforation with abscess. Hospital Course; 71-year-old male prolonged admission for acute hypoxic respiratory failure secondary to COVID-19. No history of colorectal adenocarcinoma with lung mets. Prior resection of bowel, prior chemotherapy. Required management in the ICU due to worsening respiratory failure over the time that he has been admitted to Hospital (20 days). He had remained on BiPAP therapy throughout that time, received appropriate corticosteroids, and antiviral therapies. Approximately 1-1/2 weeks ago he began to develop mild left lower quadrant abdominal pain. In the last 48 hours this is significantly worsened. CT abdomen and pelvis was obtained on Friday, which displayed pneumoperitoneum, sigmoid abscess with sigmoid perforation. There is a prior anastomotic site distal to this. Given his overall complexity he was to be medically managed to avoid the need for OR and intubation. He did well through the initial 24 hours of IV antibiotics, fluids and bowel rest. This afternoon he became increasingly dyspneic, required implementing nonrebreather mask, and subsequently developed severe rigors, tachycardia. I obtained a stat follow-up CT scan which shows similar findings of free air within the abdomen. Given signs of impending sepsis, BiPAP therapy was initiated, bolus IV fluids were given. Blood gas, blood counts, lactic acid are pending. He is receiving empiric Zosyn. I discussed this with general surgery, whom is well-known to the patient. In agreement the patient likely needs surgical intervention. However given his overall complexity and in light of the fact that this area surrounds the ureter, and

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we do not have urology coverage. It was felt he was most appropriate to be managed in Hospital. Case was discussed with Dr. at Hospital, patient will be transferred there via air transit. At this time his blood pressure appears stable, he is tachycardia, is currently on BIPAP which will be transitioned to CPAP for transport. He has received several doses of Dilaudid, for improved pain control. No further advancement of airway was performed prior to discharge. Case was discussed with family at length, all risks and benefits of transfer were discussed with wife and patient. It is recommended to involve pulmonary critical care services including surgical ICU care as if requiring surgery he is high likelihood for prolonged vent needs. Operative Procedures Performed: Treatments: See above; Procedures: Na Consults: pulmonary/intensive care and general surgery. Pertinent Test Results: CT abdomen pelvis with contrast [3279871876] (Abnormal) Resulted: 04/25/21 1811. Order Status: Completed Updated: 04/25/21 1812. Narrative: PROCEDURE INFORMATION: Exam: CT Abdomen And Pelvis With Contrast, Exam date and time: 4/25/2021 17:36, Age: 71 years old, Clinical indication: Abdominal pain; Additional info: Sepsis, bowel perf. HX of Covid19 +, malignant colon with lung metastasis. Bowel perf. TECHNIQUE: Imaging protocol: Computed tomography of the abdomen and pelvis with contrast. Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction. Contrast material: 350 OMNI; Contrast volume: 80 ml; Contrast route: INTRAVENOUS (IV); COMPARISON: CT ABDOMEN PELVIS W CONTRAST 4/23/2021 16:46, FINDINGS: Tubes, catheters and devices: Catheter terminates in the right atrium in satisfactory position. Lungs: Moderate airspace opacities throughout the lung bases are similar to prior and consistent with Multilobar pneumonia consistent with the history. Liver: No hepatic masses. Gallbladder and bile ducts: Cholelithiasis. Pancreas: No ductal dilation. No masses. Spleen: No splenomegaly or focal lesions. Adrenal glands: No mass. Kidneys and ureters: 10 mm benign left renal cyst, no follow-up necessary. No renal masses or Hydronephrosis bilaterally. Stomach and bowel: Redemonstration of

perforated proximal sigmoid diverticulitis. Small pneumoperitoneum is stable. Predominantly gas containing, 25 x 28 mm collection adjacent to the inflamed sigmoid colon similar to prior; a fistulous tract extends toward the midline containing gas and fluid, with suspected fistula to adjacent loops of small bowel. Moderate to severe descending and sigmoid diverticular burden. Minor right diverticular burden. No small bowel obstruction. A somewhat clumped appearance of small bowel in the right lower quadrant near the colon enteric fistula. Appendix: No evidence of appendicitis. Intraabdominal space: Mesenteric edema around the small bowel, slightly increased, however no new mesenteric collection. There is no extravasation of enteric contrast into the collection adjacent to the sigmoid colon. Vasculature: Mild aortoiliac atherosclerosis. Lymph nodes: No significantly enlarged lymph nodes. Urinary bladder: Unremarkable as visualized. Reproductive: Unremarkable as visualized. Bones/joints: Degenerative changes in the spine. Multilevel disc space narrowing. Multilevel central canal and neuroforaminal stenosis in the lumbar spine. No acute fracture or subluxation. Soft tissues: Small fat-containing right inguinal hernia. Small fat-containing left inguinal hernia. Large ventral abdominal hernia containing gas, which has replaced the previous contents of fat and bowel loops. Volume increased compared to prior. IMPRESSION: 1. Redemonstration of perforated proximal sigmoid diverticulitis. Small pneumoperitoneum is stable. 2. Similar perisigmoid collection; colon enteric fistula, probably at least subacute in duration. The perisigmoid collection is prominently gaseous and there is no frank abscess. 3. Suspected mild enteritis the small bowel loops or loops associated with the fistula. No obstruction. 4. Additional findings as described are similar to recent prior imaging. COMMENTS: Any incidental renal lesion less than 1 cm or classified as too small to characterize, or any incidental cystic renal lesion characterized as simple-appearing, is likely benign. No follow-up imaging is recommended for these lesions per consensus recommendations based on imaging criteria. THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MD, CT abdomen pelvis with contrast (Abnormal) Resulted: 04/23/21 1804, Order Status: Completed Updated: 04/23/21 1804, Addenda: THIS

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REPORT CONTAINS FINDINGS THAT MAY BE CRITICAL TO PATIENT CARE. The findings were verbally communicated via telephone conference with RN at 6:03 PM EDT on 4/23/2021. The findings were acknowledged and understood. THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MD Signed: 04/23/21 1804 by, MD. Narrative: PROCEDURE INFORMATION: Exam: CT Abdomen And Pelvis With Contrast, Exam date and time: 4/23/2021 4:42 PM, Age: 71 years old Clinical indication: Abdominal pain; Localized; Left; Additional info: HX of colon cancer. Worsening left sided abdominal pain. HX of colon cancer. Worsening left sided abdominal pain. TECHNIQUE: Imaging protocol: Computed tomography of the abdomen and pelvis with contrast. Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction. Contrast material: OMNIPAQUE 350; Contrast volume: 80 ml; Contrast route: INTRAVENOUS (IV); Other contrast: Oral, omnipaque 12mg premixed solution, 500mL pt unable to drink 1000mL; COMPARISON: 1. CT ABDOMEN PELVIS W CONTRAST 2/12/2021 11:06 AM, 2. CT ABDOMEN PELVIS W CONTRAST 11/13/2020 11:42:26 AM, 3. CT ABDOMEN PELVIS W CONTRAST 8/24/2020 10:14:40 AM, FINDINGS: Lungs: Bilateral lower lung consolidation. Liver: No mass. Gallbladder and bile ducts: Cholelithiasis, no biliary ductal dilatation. Pancreas: Normal. No ductal dilation. Spleen: Normal. No splenomegaly. Adrenal glands: Normal. No mass. Kidneys and ureters: Normal. No hydronephrosis. Stomach and bowel: Collection of fluid and gas adjacent to the proximal sigmoid colon where there are multiple diverticuli, extraluminal gas arises from a proximal sigmoid perforation which is proximal to the sigmoid anastomosis. No bowel obstruction, no wall thickening at the anastomosis. Appendix: No evidence of appendicitis. Intrapertitoneal space: Pneumoperitoneum. Small collection of fluid and gas in the left pelvis and left lower abdomen, maximum short axis diameter approximately 2 cm, arising from the proximal sigmoid colon. Vasculature: No abdominal aortic aneurysm. Lymph nodes: No significant adenopathy. Urinary bladder: Unremarkable

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as visualized. Reproductive: Unremarkable as visualized. Bones/joints: No acute findings. Soft tissues: Ventral hernia containing bowel without entrapment. IMPRESSION: Perforated diverticulitis, small pericolic abscess; the sigmoid perforation is proximal to the sigmoid anastomosis. Physical Exam at Discharge; Heart Rate: (!) 131, Resp: (!) 42, BP: (!) 168/92 Temperature: 37.1 °C (98.7 °F) Weight: 107 kg (236 lb. 12.4 oz.), General appearance: alert, appears stated age, cooperative, severe distress and morbidly obese, Head: Normocephalic, without obvious abnormality, atraumatic, Neck: supple, symmetrical, trachea midline and thyroid not enlarged, symmetric, no tenderness/mass/nodules. Lungs: retractions and diminished breath sounds Heart: tachycardia, RR. Abdomen: Distended significantly tender in the left lower quadrant with guarding throughout. Extremities: Trace pretibial, Skin: Skin color, texture, turgor normal. No rashes or lesions or Ecchymosis areas throughout upper extremities. Neurologic: Alert and oriented X 3, no focal deficit. Discharge Instructions; Condition at Discharge, Discharge Condition: critical. Admission, Discharged 4/25/2021 - 5/1/2021 (6 days) Hospital, MD, Last attending Treatment team Respiratory failure, acute. Principal problem, Discharge Summary MD (Resident) Cosigned by: MD at 5/18/2021 1:24 PM; Final Summary for Deceased Patient, BRIEF OVERVIEW; Admitting Provider: MD; Discharge Provider: MD Primary Care Physician at Discharge: MD Admission Date: 4/25/2021, Discharge Date: 5/1/2021, Final Diagnosis, Principal Problem: Respiratory failure, acute. Active Problems: Malignant neoplasm of sigmoid colon. Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present COVID-19. Perforated viscus. DETAILS OF HOSPITAL STAY Presenting Problem/History of Present Illness/Reason for Admission Respiratory failure, acute, Hospital Course; Patient is a 71 yr.. male with history of metastatic colorectal adenocarcinoma with lung metastases, prior bowel resection and chemotherapy. The patient initially tested positive for Covid in early March. His symptoms at that time are mild and resolved. He was later vaccinated and that month. He started having severe symptoms again on 4/3 for which he presented to Hospital. Since that time, he has received full course of Remdesivir and steroids.

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He had a CT scan performed on 4/23 which revealed pneumoperitoneum secondary to presumed perforated sigmoid diverticulitis with focal sigmoid abscess. Patient was weaned down to minimal nasal cannula settings but somewhat suddenly earlier on 4/25 patient had increased work of breathing, became tachycardia, and had rigors. Hospital ordered repeat CT scan which showed similar findings in the abdomen. Patient had been maintained on Zosyn. Repeat labs were sent which were largely unremarkable. Given concerns for worsening sepsis and potential need for surgery, he was subsequently transferred Hospital. On admission to hospital, he had a normal lactic acid and no leukocytosis. He did not have evidence of peritonitis. The decision was made to treat his diverticulitis conservatively. However, early on 4/26 the patient started to develop a lactic acidosis. An extensive discussion was had with the patient and his wife regarding surgery and the possibility the patient may never be able to separate from the vent given his worsening Covid pneumonia. The patient elected to undergo an exploratory laparotomy with with segmental resection of distal descending and loop transverse colostomy. However, as the days progressed the patient had worsening respiratory status that required deep sedation, paralytics and proning all of which were unsuccessful in maintaining his oxygen saturation greater than 88%. His wife, knowing that he would not want to have a prolonged course on the ventilator, elected for transition to palliative extubating with comfort care on 4/30 and the patient expired roughly 10 minutes after extubation.

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1333759	5/20/2021	FL	79	F	4/5/2021	4/7/2021	My mom, patient was a health 79 year old women, only two health issues were COPD and moderate dementia. She had even gotten her annual labs done recently which came back all with in normal range, she as far as we knew did not have any issues with her heart. After her first vaccination in March she started to lose interest in things and didn't have energy to be as active as she was. After the second shot with in two days she started to report pain in chest and head and trouble breathing, She went to her PCP on 5/12 and he wanted her to go to a cardiologist, this referral was made but by the 16th she was in the ER due to extreme chest pain and trouble breathing, a stent was placed in her heart on 4/17/21 my mom's 80th birthday. with in 4 days she died. Her heart just deteriorated. i feel that if she didn't get this shot she would be alive today, she was healthy, now she is dead.
1333670	5/20/2021	IN	21	M	5/7/2021	5/17/2021	Pt has been admitted with chest pain

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1333863	5/20/2021	PA	52	M	4/9/2021	4/30/2021	<p>Clinical Support 3/31/2021. Exposure to SARS-associated coronavirus +1 more. Dx Labs Only. Reason for Visit ED Discharged 4/30/2021 (2 hours) Treatment team. Providers COVID-19 Clinical impression, Fever, Generalized Body Aches, Chills. Chief Complaint Patient presents with Fever, Generalized Body Aches, Chills. HPI: 52-year-old male with history of diabetes, hypertension, obesity presents the emergency department with gradual onset of moderately severe generalized nasal congestion with associated cough unproductive of sputum and fever, T-max 103.8 at home the patient states began approximately 1 week prior to arrival. The fever worsened today and he decided to be seen at that time. He states he had his first dose of Pfizer COVID-19 vaccine 3 weeks ago. Denies sick contacts, chest pain, shortness of breath, syncope, dizziness, lightheadedness, numbness, focal weakness, abdominal pain, nausea, vomiting or diarrhea, changes in bowel or bladder habits or other complaint. No other signs or symptoms and no treatment prior to arrival. ED Discharged 5/1/2021 - 5/2/2021 (5 hours). Last attending Treatment team COVID-19 +1 more. Clinical impression, Chest Discomfort, Chief complaint. ED Provider Notes. Expand AllCollapse All. HPI. Chief Complaint Patient presents with. Chest Discomfort. Patient History. 52-year-old male with history of asthma, diabetes, heart murmur, hypertension, obesity, sleep apnea and was seen in the emergency department yesterday complaining of generalized nasal congestion, fever and cough and was discharge with a diagnoses of COVID-19 4/30/2021 presents to the emergency department with complaint of chest tightness. The patient states that tonight he developed chest pain which woke him from sleep. He describes the pain as burning. He states the pain is similar to the pain he had when he had a gallbladder attack. He also states the pain is well localized and does not radiate. Initially the pain was 10/10 initially and is currently a 4/10. He took his temperature and states he had a fever of 101.6 and took 1,000 mg of tylenol just prior to arrival. His O2 saturation today has not gone under 90%. Medical History. Past Medical History: Diagnosis Date Asthma 5/29/2017, Diabetes mellitus, Heart murmur, Hypertension, Obesity, Sleep apnea, obstructive. APAP 8-20CM WME AIRVIEW. Surgical History. Past Surgical History: Procedure Laterality Date</p>

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CARDIAC CATHETERIZATION 03/2004. OTHER SURGICAL HISTORY ear surgery as a baby. STRABISMUS SURGERY repair of congenital strabismus-childhood. Family History. Problem Relation Age of Onset. Hypertension Mother. Diabetes Father. Hypertension Father. Hearing loss Other. Kidney disease Other. Social History. Tobacco Use. Smoking status: Never Smoker. Smokeless tobacco: Never Used Vaping Use. Vaping Use: Never used. Substance Use Topics. Alcohol use: No. Drug use: No. Review of Systems. Constitutional: Positive for fever. Respiratory: Positive for chest tightness. Cardiovascular: Positive for chest pain. All other systems reviewed and are negative. ED to Hosp- Admission. Discharged 5/4/2021 - 5/6/2021 (2 days) Hospital. Last attending Treatment team Acute hypoxemic respiratory failure due to COVID-19. Principal problem. Presenting Problem/History of Present Illness/Reason for Admission. Acute hypoxemic respiratory failure due to COVID-19. Hospital Course. Patient is 52 yo BMI around 40, presents to the hospital with severe sepsis secondary to COVID-19 pneumonia. He was first positive on 04/30, had progressive shortness of breath with weakness and worsening cough. He presented to the hospital originally on 05/04, and desaturated to 85% on room air. He admitted to the medicine service, pulmonology was consulted. Severe sepsis (tachycardia, tachypnea, and fevers with acute hypoxemic respiratory failure) secondary to COVID-19 pneumonia. He was started on dexamethasone IV, and transition to oral dexamethasone. He will continue 7 more days at home to complete 10-day therapy. He was started on remdesivir therapy and received 3-day treatment. Pulmonary consulted, as he was a possible candidate for Actemra, however his inflammatory markers including D-dimer, ferritin, CRP improved, and his oxygen requirements also improved. On discharge, he will continue with oxygen supplementation 2 L with rest, 4 L with activity, 2 L with sleep to be infused into his CPAP therapy. Hyperlipidemia. Continue rosuvastatin 10 mg Monday, Wednesday Friday. Benign essential hypertension. Holding hydrochlorothiazide Continue lisinopril and metoprolol.

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1333892	5/20/2021	NJ	29	M	3/28/2021	4/13/2021	Difficulty breathing and chest pain for several hours- went to Dr following week-sent to hospital ER- admitted for 3 days-with multiple blood tests, EKG's and cardio cath done- diagnosis was Myocarditis/Pericarditis. Had MRI on Heart done 5/18/2021 follow up with cardiologist 6/1/2021

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1333926	5/20/2021	CT	24	M	4/14/2021	4/17/2021	<p>24-year-old male with no prior medical problems presents for evaluation of chest pain. Patient complains of midsternal chest pain that started approximately an hour ago. He states that it woke him up from sleep. Pain is sharp without any radiation or other associated symptoms including diaphoresis presyncopal symptoms or palpitations. He denies any significant air hunger or shortness of breath. He otherwise had been feeling better after what he tall was post COVID vaccine symptoms. Patient received a 2nd dose of pfizer vaccine 3 days ago. He states that within 24 hours he had symptoms of myalgia fever and feeling unwell. That has been resolving patient has been feeling better until the chest pain today. Patient otherwise denies any other medical problems in. He denies any history of drug use including any recent cocaine or other drug abuse. Elevated cardiac enzymes and chest discomfort are likely secondary to myocarditis and secondary to vaccination/ inflammatory reaction. Although there is low likelihood of obstructive coronary artery disease as well. I recommended cardiac catheterization for clarification. He does not want to have the procedure done, understands the risk of undiagnosed coronary artery disease and risk of MI. He would like to be discharged home. I reviewed the images of echocardiogram and it seems that he has a small area of hypokinesis in infero basal segment. Recommended to take aspirin and be seen in Cardiology office in 2 weeks. Advised to abstain from exercise and significant physical activity till that time and return to the hospital if any symptoms.</p> <p>Subjective: I saw patient in consultation for evaluation of chest pain and elevated cardiac enzymes. Patient is a 24-year-old healthy male who had COVID-19 vaccination with his second Pfizer shot 4/14/21. He developed fever, chills, nausea and vomiting 1 day after vaccination. He did not have any reaction to the 1st dose. He presented to the hospital with substernal chest discomfort which woke him up from sleep, radiated to throat and had a throbbing feeling. This lasted for 1 to 2 hours and subsided completely in the hospital. He smokes 5 cigarettes a day, is physically very active and exercises regularly. He is not on any medication at home.</p>

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1333963	5/20/2021	FL	27	M	5/10/2021	5/13/2021	<p>Starting at about 5pm on the day of vaccination, I experienced intense but expected side effects including full body muscle ache, fever, drowsiness, cold sweats, joint pain. These symptoms lasted for about 24hrs before subsiding completely by that Tuesday evening. On Thursday, 5/13, I woke up with moderate tightness in my chest that progressed over the course of 45 minutes to be severe chest pain. At that point, my wife drove me to the ER in where I was checked in at about 8:30am. By the time I was checked in the chest pain had subsided to be just a slight discomfort, overall the chest pain had lasted for approximately 2 hours. At the ER my bloodwork was done and the initial blood samples returned an elevated Troponin I level of 5.04 ng/ml. While at the ER at the I experienced one more incident of chest pain which lasted roughly 30 minutes and was moderately low on the pain scale. I was given multiple EKGs, X-rays, and Echocardiograms, all of which showed no abnormalities. Repeated troponin tests however showed an increase in my levels over the course of the day from 5 up to 12.6 and 13. I was placed on a heparin drip in the afternoon. By doctor recommendation I was air-lifted to later that night at 10:30pm so that further scans and a possible cardiac catheterization and CT scans. The following day, Friday, at 1am at my bloodwork was taken and troponin levels had increased to 14. I was scheduled for a CT scan, cardiac MRI, and echocardiogram to confirm the diagnosis of Myocarditis. By Saturday afternoon I was taken off of the heparin drip and told that they would not be able to perform any of the scheduled tests until Monday at the earliest. My most recent troponin level came back as a 9. At this point I decided to check myself out of against medical advice since they were not able to run the necessary scans and my wife and I do not live in . I returned home to and followed up on 5/19 with a doctor at the ER at since I was unable to find any available appointments with any cardiologists in the area for the next few weeks. My troponin levels and EKG taken at came back as normal, so I continue to follow doctor advice of bedrest and no alcohol for the next 4-6 weeks. My pulse is still elevated (roughly 85 bpm resting when it used to be at <65 bpm resting) and seems to easily increase with even moderate activity such as walking in the house up to over 100 bpm.</p>

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1334013	5/20/2021	NH	28	F	5/7/2021	5/7/2021	constant chest pain/ heart pain.
1334031	5/20/2021	CA	65	F	5/18/2021	5/18/2021	Reaction to 1st- 10 days after - achy muscles & bones , swollen glands, SOB - felt like I had Covid again. Lasted 3 dsys Reaction to 2nd - super achy muscles & bones, SOB, breathing pain, swollen glands, low grade fever, headache, ears hurt, burning watery eyes, itching around injection site - felt like I had Covid again but worse
1333710	5/20/2021	CT	23	M	5/15/2021	5/18/2021	Course of the Hospitalization: 05/18/2021 Today the patient was seen examined. Patient denies any chest pain, shortness breath, nausea, vomiting or diarrhea. Patient is in good spirits such time. Patient has any changes to vision/hearing/taste/smell. Patient will follow-up with his cardiologist from the hospital. Patient was told if he any discomfort in his chest, changes to vision/hearing/taste/smell go immediately to emergency room for further workup and evaluation as necessary. Patient was discharged on Pepcid 20 milligrams to be taken twice daily for next 14 days. Side effects, risks, benefits of medications discussed great length. I asked the patient to discuss with the pharmacist any questions comments or concerns he may have both this medication as well. Admitting ER Note: 23-year-old male presenting to emergency department for evaluation of chest pain. Reports pain started 2 nights ago. He received his 2nd COVID vaccine early Saturday morning, by Saturday night started having symptoms including chest pain. Other symptoms resolved the chest pain has persisted, and waxing and waning. Was seen at urgent care and found of ST elevations on EKG and sent to emergency department. While here in the ED again found to have ST elevations in anterior leads with reciprocal changes inferiorly. Troponin elevated to 11. Bedside echocardiogram performed by myself and cardiologist negative for tamponade or significant hypokinesis. Patient will require admission for further management and evaluation.

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1332548	5/20/2021			M	1/27/2021	1/27/2021	temperature 98.8; oxygen is at 94; Chest pain/The pain is when he breathes and they are in the center of chest, they are very strong pains; have been same for past 8 hours; This is a spontaneous report from a contactable consumer. This consumer reported for a male patient (Husband). A male patient of unspecified age received BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: solution for injection, Lot Number: unknown) via unspecified route of administration on 27.Jan2021 as UNKNOWN, SINGLE for covid-19 immunisation. The patient's medical history was not reported. The patient's concomitant medications were not reported. The patient had taken the Pfizer Covid-19 vaccine yesterday at 6pm. By 12 that night he had chest pains. The pain was when he breathes and they were in the center of his chest, they were very strong pains. It had not got worsened but continued to be the same for about the past 8 hours. His oxygen was at 94, temperature 98.8 and he had no other symptoms. The outcomes of the event chest pain were not recovered and other events was unknown. Declines to provide an address or email. Declines report. Just wants to speak to someone. Also recommended if husband does get worse to seek emergency care/provider care. Information about lot/batch number requested Follow-up attempts are completed. No further information is expected.

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1332359	5/20/2021	AR	62	M	3/1/2021		CARDIAC ARREST (SEVER CHEST PAIN); CLOGGED VEIN; LEFT ARM GOES TO SLEEP; This spontaneous report received from a patient concerned a 62 year old white male. The patient's past medical history included blood clot, heart attack, lump in leg, and stents in main arteries, and concurrent conditions included heavy smoker, and heart issues. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808025, expiry: UNKNOWN) dose was not reported, 1 total administered on 12-MAR-2021 to left arm as prophylactic vaccination. The patient was previously treated with clopidogrel bisulfate for blood clot. On an unspecified date in 2021, Laboratory data included: Echocardiogram (NR: not provided) unknown, and Lab test (full workup)(NR: not provided) unknown. On an unspecified date in Mar-2021, a week later vaccination, the patient experienced that left arm went to sleep which felt worse next day, on 25-APR-2021, patient experienced severe pain in chest, called ambulance and was taken to hospital. On same day patient was hospitalized. Patient went to full cardiac arrest twice same day. It was stated that vein that was 60 percent good earlier was 100 percent clogged (clogged vein) in one month after getting the vaccine. They tried to put stent in, clear vein out, and put piece of metal and expanded it, to make alley way for blood flow. Patient stated that patient would not take Plavix this time. According to patient, stent was reacting with Plavix, and decided to take something different. They did same job twice. It was stated that patient was discharged on 05-May-2021 from hospital. On 12-MAY-2021, patient went to consult the health care professional to make sure everything was okay. The patient gave lot number 1808025, then stated that, patient thinks it is 180, and then either 5 or 8, and next it was either D or 0, and then after the space it is 25. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the cardiac arrest (sever chest pain), left arm goes to sleep and clogged vein was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210523134-COVID-19 VACCINE AD26.COV2.S-CARDIAC ARREST (SEVERE CHEST PAIN), CLOGGED VEIN. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown

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							scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY, UNDERLYING DISEASE
1333696	5/20/2021	CT	23	M	5/14/2021	5/16/2021	23 y.o. male with no pmhx however did receive 2nd pfizer COVID vaccine 5/14/21 and began to experience fevers, body aches, and chills as of 5/15/21. He did have prn ibuprofen with good effect however 5/16/21, he experience anterior chest pressure that radiated into his back prompting his mother to bring him to the ER. He had negative EKG for acute ischemia however troponin 14.2 on lstate and 9.2 on lab work. Otherwise lab work unremarkable. Bedside echo w/ ERP w/ intact wall motion (Reported). No other recent illnesses or complaints. Low grade fever in ER. Patient did endorse palpitations w/ fever and his mother reports a pulse ox that read a HR of 122 at time of complaint. He is SR in ER. No further reported palpitations. Laying flat comfortable. No dyspnea Hospital Course: # myocarditis likely related to pfizer vaccine. Chest pain and fever now resolved. Noted to have elevated troponin at 14 with repeat is trending down. Abnormal EKG likely secondary to myocarditis . He was admitted with telemetry monitor without significant event. Was seen in consultation by Cardiology. Echocardiogram unremarkable. Underwent cardiac catheterization without occlusive disease, see report. He was advised to avoid NSAID, no strenuous physical activity. Follow up with Cardiology in 2-3 weeks.
1332424	5/20/2021	AZ	31	F	5/14/2021	5/14/2021	Heart pain 3-4 hours after injection. Heart pain subsides 13 hours after injection. Chest pain center near sternum, chest tightness in center of chest 8 hours after injection. Chest pain is ongoing since injection and is now day 5. The chest pain worsens when lifting heavy objects, bending over, and laying down.

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1333197	5/20/2021	CA	16	F	5/15/2021	5/16/2021	<p>Patient received first dose of Pfizer vaccine (lot EW0170) on 4/24/21 at University and received 2nd dose of Pfizer vaccine (lot EW0182) on 5/15/21 also at University. Came to hospital ED on 5/16 AM with diagnosis of acute chest pain, acute dehydration, and adverse reaction to vaccine administration. Was discharged to home and returned to ED on 5/17/21 for continued chest pain (central, throbbing, non-radiating chest pain). Medical tests and laboratory results revealed elevated troponin level (1.546 at peak, then declined to 0.585 prior to discharge home). Patient was admitted to PICU for close monitoring. CT angiogram of chest was negative, chest x-ray was negative, EKG showed normal sinus rhythm, echocardiogram was done and it was a normal study. Dr. discussed with the cardiology department at Hospital. Possible myocarditis due to vaccine. COVID-10 IgG IgM antibodies were positive for the patient which indicates good efficacy of the vaccine. Patient to have follow-up with outpatient pediatric cardiology Dr. Discussion with father on 5/20/21 indicates that patient's symptoms were improving.</p>

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1332563	5/20/2021	MN	32	F	1/28/2021	1/28/2021	<p>her period is now 11 days late; tired; stabbing shocks in her chest (chest pain) that lasted for 3 hours; heart started to pound; she had a metallic taste in her mouth; face was numb and warm; face was numb and warm; heart rate at 160 bpm; her mouth/tongue felt itchy; her mouth/tongue felt itchy; throat felt itchy; lips numb; This is a spontaneous report from a contactable consumer (patient) from a Pfizer Sponsored Program. A 32-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 1 via an unspecified route of administration, administered in left arm on 28Jan2021 16:00 (lot number: EL3247) at the age of 32 years old, as 1ST DOSE, SINGLE for COVID-19 immunisation. Medical history included asthma from 3 years, allergies (all her life), Chiari malformation from 10 years, vocal cord dysfunction from 3 years, Vitamin D low, constipation and Ferritin low. Concomitant medications included albuterol [salbutamol] (ALBUTEROL) taken for asthma; clarithromycin (CLARITIN) taken for allergies; iron taken for ferritin low; magnesium taken for constipation; and vitamin d [vitamin d nos] (VITAMIN D) taken for Vitamin D low; all taken from an unspecified start date and ongoing. The patient reported she had the first dose of the Pfizer COVID 19 vaccine on 28Jan2021 at 16:00PM in the left arm. About 10 minutes into her wait period (28Jan2021), her heart started to pound; her lips numb and face went numb and warm; she had metallic taste in her mouth; and her mouth/tongue and throat felt itchy. She went up to the nurse to tell her about her symptoms and they hooked her up to an O2 monitor that showed her heart rate at 160 beats per minute but her O2 was okay, it was not under 97%. She was given a generic form of Zyrtec. They monitored her for an hour and her heart pounding stopped. The metallic taste was very brief, and lips and face numbness, and mouth and throat felt itchy all resolved that same day. The next day (29Jan2021), she was tired. Then about 50 hours after the shot, in the night on the 29Jan2021 to 30Jan2021 she started getting weird stabbing shocks in her chest (chest pain) that lasted 3 hours. She would wake up with the pain and then fall back to sleep. It happened several times for a few hours then went away. Lastly, she added that she never ever misses her period but now she is two weeks late (also reported as 11 days late) and she is not</p>

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pregnant. She expected her period to start on 02Feb2021. She did visit her allergist before getting the vaccine and he said none of her allergies were related to any of the ingredients in the shot. Then she saw the allergist again after the shot and the allergist didn't think she needed to be concerned as the allergist said her symptoms are not in line with an anaphylactic reaction. She is planning to receive the second dose of the vaccine on 18Feb2021. Outcome of the event 'stabbing shocks in her chest (chest pain)' was recovered on 30Jan2021. Outcome of 'her period is now 11 days late' was recovered on unspecified date. Outcome of tired was recovered on 29Jan2021, while outcome of the remaining events was recovered on 28Jan2021.

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1332734	5/20/2021	PA	59	F	3/22/2021	4/18/2021	Cardiac arrest; Heart attack; complete heart block; Chest pain; This is a spontaneous report from a contactable nurse (patient). A 59-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscular on 22Mar2021 (Lot Number: EN51318) as 2nd dose, single for COVID-19 immunization. The patient previously received the 1st dose of bnt162b2 on an unspecified date (Lot Number: EL9269) for COVID-19 immunization. There were no medical history and concomitant medications. The patient reported her dramatic health change after she had the vaccine. On 18Apr2021, the patient end up in the emergency room with a heart block. She went to the emergency room with chest pain. Patient stated that it was more than chest pain. It was a complete heart block. The patient almost died. The patient was in the hospital for a week in intensive care unit. the patient was hospitalized from 18Apr2021 due to heart attack, heart block, and cardiac arrest, occurred on 18Apr2021. The patient received treatment for the events which included pacemaker in her chest. Outcome of the events was unknown, reported as being managed. Causality assessment by the reporter was reported as yes.; Sender's Comments: The Company cannot completely exclude the possible causality between the reported heart attack, heart block, and cardiac arrest, and the administration of the suspect, COVID 19 vaccine, BNT162B2, based on the reasonable temporal association and lacking alternative explanations. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RA, IEC, as appropriate.

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1333191	5/20/2021	VA	39	F	2/19/2021	2/19/2021	It started the afternoon of 02/19/2021 neck pain and dizziness, it continued through the night with chest pains and rapid heart rate, I could not go to sleep because my heart rate was so fast, the chest pains would wake me up every time I went to fall asleep. By morning the chest pains and rapid heart rate went away, The next day 02/20/2021 body aches, chills, fever, fatigue and later on in the day I had dizziness, that went on through Sunday and I was better by Monday. I called my family doctor on Monday when the office reopened. The told me to go to the ER if it happens again. At that point the symptoms had subsided so there was no point to go in.
1332771	5/20/2021		60	F	4/14/2021	4/14/2021	BP 169/101; HR 109; tongue and throat itching; tongue and throat itching; chest pain; discomfort; This is a spontaneous report from a non-contactable pharmacist. A 60-years-old non-pregnant female patient received bnt162b2 (BNT162B2), at the age of 60 years-old, dose 2 intramuscular, administered in Arm Left on 14Apr2021 (Batch/Lot Number: ER8733) as a single dose for covid-19 immunisation. And dose 1 Lot number: ER8727Administration route: Intramuscular, Administration Date: 24Mar2021, Vaccine location: Left arm. Medical history and concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Vaccination was given in a hospital. on 14Apr2021, at 1557: Pt went up to nursing staff 15minutes after vaccine administration to report tongue and throat itching. VS assessed: BP 169/101, HR 109, O2 99%. Pt then c/o chest pain and discomfort, was seen gripping chest for relief. Code MET called 1602: Code MET team transported pt to ER for higher level of care. Pt received diphenhydramine 50 mg PO and methylprednisolone 125 mg IV in the ED as well as cardioversion (as reported). Prior to vaccination, the patient was not diagnosed with COVID-19, nor was tested after vaccination. The outcome of the events was unknown. No follow-up attempts are needed. No further information is expected.

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1332790	5/20/2021	OK		F			<p>thought she was having a heart attack; cramping in abdominal area; finger went blue; sweating; chest pain/pain in chest; pressure near breast; back cramping/severe cramping; left pupil dilated; arm went numb; turned pale; Veins popping out of skin; This is a spontaneous report from a Pfizer-sponsored program, COVAX Support. A contactable consumer (patient) reported that an adult female patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot and expiry were not reported), via an unspecified route of administration on an unspecified date as 1 st dose, single for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. It was reported that 48 hours after first dose of bnt162b2 (unspecified date), the patient felt side effects of cramping in abdominal area, finger went blue, sweating, chest pain and pressure near breast (has been receiving episodes of this pressure and pain for a week after dose), back cramping and left pupil dilated. Stated that side effects were only for left side of body, none on the right. Also reported pain in chest, arm went numb, sweating, turned pale, thought she was having a heart attack and left pupil larger, severe cramping and veins popping out of skin. The patient was supposed to get 2 nd vaccine yesterday wanted to know what to do. The outcome of the events was unknown. Information on the lot/batch number has been requested.</p>

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1332858	5/20/2021			M		5/1/2021	just admitted to the hospital with chest pain; This is a spontaneous report from a contactable consumer (patient's relative). A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19, Batch/Lot number and expiration was not reported via an unspecified route of administration on an unspecified date as second dose, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient got received the Pfizer COVID vaccine second dose recently and he was just admitted to the hospital with chest pain on an unspecified date in May2021. They did a heart catheterization and found that they didn't feel that the patient had any blockage, and they were keeping him in hospital for monitoring and that for the reporter had information of the heart, but didn't have much details. The patient just had been kept in hospital for administration through the weekend. Currently, the patient was still in hospital. The outcome of the event chest pain was unknown. Information related to batch/Lot no. was requested.
1333178	5/20/2021	HI	19	M	5/15/2021	5/19/2021	After having the shot, he developed left arm pain and did develop some lymphadenopathy in his left axillary region. He was dealing with nausea and dizziness, and the following day, he went to work, although he was feeling a bit ill. While at work, he was found to have a fever, so he was sent home. He has been having hot and cold flashes since then. He has had a poor appetite. He has had a dry mouth and trouble sleeping. One day prior to admission, he then developed a chest pain that became constant and persisted, so he came into the emergency department on 05/19/2021 for further care. He has developed myocarditis after receiving the first of his Moderna Coronavirus Disease 19 vaccines.

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1332739	5/20/2021		68	F	3/15/2021	3/16/2021	I thought I was having heart attack.; At midnight I woke up with severe chest pains.; Nausea; It was severe gas & cramping.; It was severe gas & cramping.; This is a spontaneous report from a non-contactable consumer (patient). A 68-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration, administered in left arm on 15Mar2021 19:30 (Batch/Lot Number: 1621146-00) (at the age of 68 years old) as 1st dose, single for COVID-19 immunization. The patient had no other medical history and concomitant medications were not reported. The patient previously took polyethylene glycol and had known allergies to the medication. No other vaccine in four weeks. The shot given was at 19:30. At midnight (16Mar2021 12:00 AM), the patient woke up with severe chest pains. She thought she was having heart attack. It was severe gas (Gas in chest) and cramping. The patient had this almost daily for 2 weeks. She had nausea for one week. The patient reported that she never experienced this in her life and still happens at least once a week. There has been no change in her diet before or after the vaccination. Events usually will be relieved within 2 hours after taking GasX. No COVID prior vaccination and patient had not been tested for COVID post vaccination. The outcome of the events was recovering. No follow-up attempts are possible. No further information is expected.
1332411	5/20/2021	CA	47	F	4/27/2021	4/27/2021	Patient reports that during observation period status post vaccine she experienced lip swelling, tongue thickness and difficulty breathing. She denied symptoms other than ear redness and swelling to EMT following dose stating she did not want to be given Benedryl because she drove herself to the site for her vaccine. EMTs observed client and assessed for ear redness, vital signs were stable and client left the site after a 45 minute observation status post first vaccine. Client denied chest pain, dizziness and reported a headache later that evening that lasted 2 days. Client stated symptoms resolved on their own. She denied any other past medical history and stated she had anaphylactic allergies to gluten and latex.

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1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.

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1331123	5/19/2021		13	F	5/18/2021	5/18/2021	Client received the COVID vaccine (Pfizer dose 1, lot # EW0185, expiration date 5/22/2021) at 2010. The client's father accompanied her, and reported to EMT at 2022 that the client was "hearing echoes." RN, EMT, and another EMT responded at that time. Per the vaccinating RN, the client had stated that she is afraid of vaccinations and has felt dizzy with previous vaccinations, but the client deferred using the zero gravity chair previously. The client's skin was pink, warm, and dry; she was alert and oriented. She denied dizziness, shortness of breath, chest pain, nausea, or any changes in breathing. At 2026, the client's vital signs were as follows: heart rate 66, O2 98, respiratory rate 24, blood pressure 80/50 (using an adult cuff that was too large for the client). The client's pulse was normal. The client stated that "this usually happens with shots" and endorsed feeling anxious. The client was transferred to the zero gravity chair at this time and denied any dizziness with the transfer. The client's father stated that the client has no allergies or medical conditions, and that she takes no medications. The client stated that she ate lunch but no dinner today. The client was offered water to drink at this time. The father of the client deferred taking benadryl at this time. At 2030, the client stated that all her symptoms had resolved. She appeared to be sitting comfortably in the zero gravity chair and continued to drink water. Education provided regarding recommended observation time, activation and emergency management, and primary care follow up. At 2035, the client was able to stand up without any dizziness, denied any return of the "echoes" or ringing in her ears, and ambulated around the room with a steady gait. Vital signs were as follows: blood pressure 82/60 with an adult cuff, respiratory rate 22, pulse 64, O2 99. At 2040, the client reiterated that she felt "back to normal." Both the client and her father denied any further questions. The client ambulated to her car with a steady gait, and was driven home by her father.

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1331135	5/19/2021	AL	38	M	4/5/2021	4/5/2021	Ever since the shot, that night - severe chills, fever. A week later, I went to ER - I was still having short term memory loss, chest pain and body aches and joint pains I have been scheduled for a Rheumatologist; Neurologist. I'm still taking prednisone until I can get to the Rheumatologist. As long as I'm on the prednisone, I'm all right but as soon as I come off it I get symptoms back of pressure in my head, all my joints start hurting and have short term memory loss.
1331138	5/19/2021	WA	25	M	5/16/2021	5/18/2021	Healthy 25yo M with no personal or family hx CAD. 2 days after 2nd dose of vaccine had temp 38C and pleuritic chest pain. 3 days after vaccine woke with substernal chest pain, left arm numbness. EKG suggests pericarditis, markedly elevated troponin, possible myocarditis diagnosis (still pending).

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1331259	5/19/2021	PA	81	F	3/10/2021	3/20/2021	Office Visit 3/20/2021 Urgent Care PA-C Family Medicine COVID-19 +1 more Dx Fever Reason for Visit Progress Notes PA-C (Physician Assistant) ? ? Family Medicine ? ? Encounter Date: 3/20/2021 ? ? Signed Cosigned by: MD at 3/29/2021 9:22 AM Expand AllCollapse All 1. Viral URI 2. Chest congestion MDM Number of Diagnoses or Management Options Viral URI: new, needed workup Diagnosis management comments: The patient's current medications, allergies, problem list, and family history were reviewed. Please see the physical exam. The patient See HPI and physical exam to review pertinent information regarding visit. Images available were reviewed by me and reviewed with pt/family. Prescription medication recommendations were reviewed in light of the patient's age, past medical history and comorbidities. Plan of care reviewed; patient agrees with plan. See patient discharge instructions for more details. Follow up with PCP if symptoms do not improve or go to ER if symptoms worsen. Patient was seen today for fever. Diagnoses and all orders for this visit: Viral URI Chest congestion - POCT COVID-19 Antigen There are no Patient Instructions on file for this visit. History Chief Complaint Patient presents with ? Fever Fever 101 this morning.chest congstion, body aches, chills since Thursday. HPI Patient is a 81 y.o. female presents complaining of chest congestion, cough, body aches and pain in her chest with breathing for the past 2 or 3 days. She denies any loss of taste/smell, sore throat, shortness of breath, vomiting or diarrhea. ED to Hosp-Admission Discharged 3/22/2021 - 4/18/2021 (27 days) Hospital MD Last attending ? Treatment team Acute hypoxemic respiratory failure due to COVID-19 Principal problem Discharge Summary MD (Physician) ? ? Internal Medicine Discharge Summary Hospitalist Medicine Date: 4/18/2021 Admission Date: 3/22/2021 PCP: CRNP Length of Stay: 27 Days Discharging provider: MD Discharge Date: 4/18/2021 Admission Diagnosis Medical Problems Hospital Problems POA * (Principal) Acute hypoxemic respiratory failure due to COVID-19 Yes Myasthenia gravis without exacerbation Yes Toxic diffuse goiter without crisis Yes Long term current use of anticoagulant therapy Not Applicable Hashimoto's thyroiditis Yes Persistent atrial fibrillation Yes Aspiration into airway

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Yes COVID-19 Yes Anemia, normocytic normochromic Unknown HPI: 81-year-old female with reported myasthenia gravis diagnosed with myasthenia gravis in 2016 noted 5 weeks after finding to have difficulty swallowing and breathing requiring intubation had Plex during admission she was subsequently placed on CellCept and prednisone for long-term but was subsequently weaned off and now follows with neurology Dr., history of thoracic stenosis neck arthritis, Hashimoto's thyroiditis hyperthyroidism on methimazole, heart failure with LVEF of 45%, and atrial fibrillation on Coumadin and rate control agents following with Cardiology who presented to the Hospital on 03/22/2021 with acute hypoxic respiratory failure. The patient reportedly received her Pfizer first vaccine [per patient's son unclear date-but was reported to be due for her second vaccine at the end of this month] and subsequently was found to have fevers and chills on Saturday for which she went to urgent care and was found to be COVID-19 positive for which she was recommended for Tylenol and supportive care. On 03/22/2021 it was reported that she was found by EMS to have acute hypoxic respiratory failure with oxygen saturation in the 50s unclear for how long this had occurred for for which patient was emergently intubated. There was a concern for possible aspiration as well given unclear how long she was hypoxic for for which she was started on cefepime and vancomycin protocol. Procalcitonin level was ordered. Hospital Course: Please see in details from H&P initially from critical care since patient was being they are almost 22 days. There is multiple consult including cardiologist palliative care note as well as urologist consult note In briefly this is a very pleasant 81-year-old female she had a history of myasthenia gravis currently treated with Dr. not in medication now for myasthenia gravis chronic atrial fibrillation long-term use of anticoagulation Coumadin history of toxic goiter currently on methimazole she was admitted initially on March 22 because she was having chills fever shortness of breath and EMS found that she is having acute hypoxic respiratory failure oxygen saturation is only 50% and emergently intubated admitted in critical care unit. Patient was intubated on March 22 meanwhile patient has a complicated series whilst she was in ICU. She was treated twice for septic shock she

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was treated first Covid pneumonia respiratory failure with possible aspiration. She was unable to extubate almost 19 days. Eventually she was extubated on 1 April 9. After that patient initially on BiPAP and then she tolerated nasal cannula successfully currently 3 L of oxygen. Meanwhile because of sepsis aspiration pneumonia COVID-19 pneumonia respiratory failure patient was treated with and also urinary tract infection patient was treated with multiple antibiotic vancomycin and Maxipime. For COVID-19 pneumonia she also was treated for tract residual normal. And also Decadron. Patient was not a candidate for remdesivir at that point. After extubation patient, up very slowly patient was transferred to PCU because of tachycardia and hypotension unable to thread beta-blocker digoxin and Cardizem the medication was adjusted pretty slowly patient was started Lovenox injection for bridging Coumadin Coumadin was initially hold been longtime and then after Lovenox injection and Coumadin was started patient currently INR is 1.9 today. She was Coumadin been longtime because her Chad vascular score was high she also had a history of congestive heart failure in addition of chronic atrial fibrillation heart rate is fluctuated in the range of 80-120. She is currently on digoxin we will continue digoxin she is currently on Toprol which started 50 mg and currently 100 mg Toprol she also have a Cardizem with splitting the medication 120 mg p.o. twice daily. Heart rate is better controlled today blood pressure is low borderline this patient need to be watched even in the nursing home for further evaluation of medication adjustment. She also mentioned that she is having chronic hypokalemia potassium was replaced alert here and so then started potassium 20 M EQ p.o. twice daily may need to further adjustment and follow-up potassium in the nursing she she was tachycardic heart rate in module was started recently as 7 days ago now her heart rate is much better now this patient need to see endocrinologist also to follow-up. Patient was complicated with urinary retention and continue straight cath and finally ended up with Foley's catheter this patient must need to evaluate by urology for further evaluation of chronic urinary retention. Meanwhile patient clinically stable vitals are good she does not have any fever shortness of breath tolerable with 3 L of oxygen now she does not have any chest pain she is not in any

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1331293	5/19/2021	CA	14	M	5/19/2021	5/19/2021	<p>myasthenia gravis medication this patient will benefit to see follow-up with pulmonary group for post Covid pneumonia require long-term intubation and also neurology for myasthenia gravis Dr. This patient will benefit to a urologist outpatient and also physician to nursing home need to adjust medication in the setting of hypotension tachycardia we will continue Coumadin current dose 7.5 mg and may need to further adjustment slowly. She is currently on 3 L of oxygen we will continue and titrate down slowly. Discharge disposition is nursing home Condition upon discharge patient is awake alert oriented no chest pain still 3 L of oxygen tolerable.</p> <p>Client received 1st COVID vaccine of Pfizer (Lot# EW0185 expiration 05/22/2021). Client has been sitting in vaccination chair for 5 minutes. RN provided supplemental nutrition and fluids. Client accepted fluids, but refused nutrition, states "I'm not hungry". At 1455, RN and PHN observed Client leaning forward with hand on his head. Client appeared to be pale. At 1456, RN and PHN assisted Client to gravity chair. Vital signs at this time are blood pressure 106/60, heart rate 78, oxygen saturation 97%. Client reports dizziness and blurred vision. Client continues to sit in gravity chair drinking fluids. Client is accompanied by his mother. Per Client's mother, there is no past medical history, no known allergies, but history of dizziness with vaccines. At 1459, Client reports no blurred vision. At 1503 vital signs are blood pressure 112/62, heart rate 77, oxygen saturation 98. Client reports no blurred vision, no dizziness, no headache, no nausea, no chest pain. RN educated Client and mother about ED precautions and common adverse effects of COVID vaccine. AT 1503, vital signs are blood pressure 110/62, heart rate 75, oxygen saturation 99%. Client reports no blurred vision, no dizziness, no shortness of breath, no nausea, no chest pain, skin tone returns to appropriate coloration to ethnicity. At 1507, Client is able to stand up without complaints. Client left vaccination facility at 1508 with a steady gait accompanied by mother</p>

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1331309	5/19/2021	PA	71	F	3/11/2021	3/30/2021	ED to Hosp-Admission Discharged 3/30/2021 - 4/17/2021 (18 days) Last attending ? Treatment team Acute respiratory failure with hypoxia (CMS/HCC) Principal problem Discharge Summary Inpatient Discharge Summary BRIEF OVERVIEW Admission Date: 3/30/2021 Discharge Date: 04/17/21 Primary Discharge Diagnosis Principal Problem: Acute respiratory failure with hypoxia (CMS/HCC) Active Problems: AKI (acute kidney injury) (CMS/HCC) Type 2 diabetes mellitus with diabetic polyneuropathy, with long-term current use of insulin (CMS/HCC) Mixed hyperlipidemia GERD without esophagitis OSA on CPAP Pure hypercholesterolemia COVID-19 Secondary Discharge Diagnosis Patient Active Problem List Diagnosis Date Noted ? AKI (acute kidney injury) (CMS/HCC) 03/30/2021 Priority: Medium ? Acute respiratory failure with hypoxia (CMS/HCC) 05/31/2019 Priority: Medium ? COVID-19 03/30/2021 Presenting Problem/History of Present Illness/Reason for Admission From admission H&P " a 71 y.o. female with Past medical history metabolic syndrome morbid obesity, HL, DM2 on long term insulin, CKD3 due to DM2, OSA on CPAP presenting with fatigue, poor appetite, nausea, loose stools, cough past 1 week. Significant fatigue so got COVID test today and positive sent to ED as 74% on room air patient placed on high flow o2. Currently reports feeling better on high flow, no chest pain, palpitations, LE swelling or calf tenderness. Confirms DNR/DNI status prior to admit

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1331441	5/19/2021	IN	25	M	5/12/2021	5/13/2021	Pericarditis. Initial symptoms were noticeable upon waking up the morning after receiving the vaccine, ~ 20 hours after vaccination. Initial symptoms: extremely elevated heart rate (~160 bpm). Heart rate fell to more reasonable, but still high, ~120 bpm after 2-3 hours. Roughly 36 hours after vaccination, began noticing soreness in the chest. Upon waking the following day (~48 hours after vaccination), chest soreness had progressed to pain (rating: 4/10), which remained roughly 6 hours to roughly 1400 that day, when the pain subsided along with all symptoms. Later, at roughly 2000 the same day (~58 hours after vaccination), there was a sudden and extreme flair up of chest pain (rating: 8/10) which radiated down the inside of both arms, this lasted 1.5 hours and then subsided just as suddenly as it came on. I went to sleep, then was woken up by another extreme episode of pain (rating: 7/10) at 0230 the morning of 15 May, again extreme chest pain radiating down both arms.
1331836	5/19/2021	NJ	59	M	5/13/2021	5/14/2021	Received first vaccine 4/21/21. Within two days started having tightness in chest, but no other adverse reactions, happened a couple times a day. 5/13/21 received second vaccine....had tightness two more times, then 5/14:22 evening had a heart attack....ambulance to Hospital. 99% blockage in LAD. Hospital inserted stent. Spoke with all of the Cardiologists about my concerns as Heart problems ?Do not? run in my family. I have always had excellent blood pressure and low cholesterol....my father is 86 and was a smoker, and never been on blood pressure medication, same with my late Grandfather. I've ?never? had any type of chest pains in my life. Also, I am retired military and have had numerous vaccines, with no issues. The hospital cardiologists said that I could report this, but they believe the Heart attack is due to the fact that I smoke....I just don?t believe that....the Heart Attack occurred 36 hours after my second vaccine!!!

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1331551	5/19/2021	IL	39	M	5/19/2021	5/19/2021	Patient discharged denied any adverse affects, was turning to walk out of event and fell to the floor. This was a witnessed fall, but he appeared to just bend at the knees and folded on to the floor without hitting head or losing total consciousness. Vital signs stable throughout observation, cool cloths applied to forehead and neck, feet elevated A & O xs 3 at all times. Within 15 minutes patient was placed in a sitting position, given fluids and a complex carbohydrate. Patient states he felt he was back at his baseline except for being tired. Patient remained for 45 minutes total, left with coworker with intent to return to supervisor and was going to go home. Walked patient to his vehicle, gait was steady, patients friend drove the vehicle. Pt advised to follow up with PCP if any symptoms return and to call 911 for an SOB, hives, chest pain or swelling of throat. Pt verbalize teaching.
1331832	5/19/2021	KY	20	M	4/22/2021	4/23/2021	Patient presented with substernal pressure like chest pain within 1 day of his second Pfizer vaccine associated with fatigue and dyspnea on exertion. He was found to have markedly elevated troponins without EKG changes. He was admitted to the hospital for evaluation and monitoring where cardiac MRI showed myocardial inflammation consistent with myocarditis. There was no other apparent cause based on patient's history. He was found to have a reduced ejection fraction on echocardiogram as a result of his myocarditis. He continued to have dyspnea on exertion at discharge.

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1331323	5/19/2021	PA	70	F	3/11/2021	3/19/2021	ED to Hosp-Admission Discharged 3/26/2021 - 4/5/2021 (10 days) Last attending ? Treatment team Sepsis Principal problem Discharge Summary Inpatient Discharge Summary BRIEF OVERVIEW Admitting Provider: Discharge Provider: Admission Date: 3/26/2021 Discharge Date: 4/5/2021 Discharge Diagnosis Severe sepsis COVID-19 pneumonia Acute hypoxic respiratory failure Atrial fibrillation/atrial flutter with RVR DETAILS OF HOSPITAL STAY Presenting Problem/History of Present Illness/Reason for Admission patient is an 70 y.o. female with a past medical history of atrial fibrillation chronically anticoagulated with Xarelto, S/P ablation x3 at the Medical Center, and sinus bradycardia who presented to the ED for evaluation of general malaise, shortness of breath, loss of taste and smell, coughing, and shortness of breath and was found to have sepsis due to COVID-19 pneumonia in the ED. Patient states that over the past week she has been extremely weak, with nausea, diarrhea, but denies vomiting. She also reports that her appetite has decreased and noted that the symptoms has worsened and as a result she presented to the ED for further evaluation. Patient denies abdominal pain, lightheadedness, or chest pain. Upon further evaluation and tests in the ED, she was noted to have severe sepsis as indicated by vital signs and chest x-ray imaging indicating groundglass pneumonia typical of COVID-19 infection. She also had COVID-19 swab which returned positive result. Additionally, patient was noted to be hypoxia with SPO2 of 88% requiring oxygen supplementation. Hospital Course patient was admitted to a Hospital due to shortness of breath, with fatigue and weakness, and was found to have severe sepsis with endorgan damage of acute hypoxic respiratory failure due to COVID-19 pneumonia on admission. Imaging study showed no evidence of PE, but did show evidence of bilateral pulmonary infiltrates. Pulmonary was consulted, she was started on remdesivir with Decadron. She had an increase in oxygen requirement to the maximum of 10 L via specialty nasal cannula during the admission. With the treatment of remdesivir and Decadron she had improvement in her hypoxia, and was ultimately weaned to room air by the time of discharge. She underwent a desaturation study on the day of discharge and determined that she did not need any

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supplemental oxygen. She completed her entire steroid and remdesivir course during the admission. She had no evidence of superimposed bacterial pneumonia. Her hospitalization was complicated by atrial fibrillation/flutter with RVR, that improved with metoprolol administration. This was thought to be precipitated by her severe hypoxia with acute illness. She was kept on metoprolol 25 mg twice daily on discharge, and will need to follow-up with her cardiologist at Medical Center to determine if she can come off of this again. She will continue to take her Xarelto as previously prescribed. She was medically stable for discharge on 4/5 in stable condition, and will need to follow-up with PCP within 7 days, with cardiology within 2 weeks at the hospital, and pulmonary within 2 weeks as well.

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1331001	5/19/2021	PA	57	M	3/8/2021	3/21/2021	ED to Hosp-Admission Discharged 3/28/2021 - 3/29/2021 (30 hours) Last attending ? Treatment team Pneumonia due to COVID-19 virus Principal problem Discharge Diagnosis Hospital Problems POA * (Principal) Pneumonia due to COVID-19 virus Unknown Type 2 diabetes mellitus without complication, without long-term current use of insulin (CMS/HCC) Yes Obstructive sleep apnea syndrome Yes Restrictive lung disease Yes Morbid obesity due to excess calories (CMS/HCC) Yes Prostate cancer (CMS/HCC) Yes Status post radiation therapy Not Applicable COVID-19 virus detected Yes Hospital Course COVID-19 Pneumonia Patient presented with headache, chills, diarrhea, dry cough and rash. Patient was maintaining saturation of 91-92% at rest and was desaturating down to 88-89% on slightest exertion. Patient was started on oral dexamethasone 6 mg daily and remdesivir therapy. Patient left AMA on Day 2 admission. Patient was provided 10 days of dexamethasone therapy. Atopic Rash Likely secondary to COVID-19 infection or allergic reaction. Rash responded well to Benadryl therapy initially. Patient reported reappearance of rash the next day. Patient was continued on Benadryl PRN. Chest Pain, Resolved Heart score of 3. EKG unremarkable for ischemic changes. Clinical suspicion for angina was low. Type 2 Diabetes Most recent HbA1c of 7.8 on 11/2020. Patient is on home glipizide therapy. Patient started on 8 units of Lantus nightly and low-dose sliding scale. Essential Hypertension Patient is on lisinopril 20 mg therapy at home. Home dose of lisinopril resumed Possible obesity hypoventilation syndrome Possible COPD Previous note by pulmonologist reflects that patient's disease might be restrictive instead of obstructive however as he had responded to inhalers, inhalers were continued. Patient's home Incruse Ellipta was resumed. DuoNebs as needed were given. Obstructive Sleep Apnea Patient uses CPAP at night. CPAP ordered to be used nightly during hospital stay Major depressive disorder Symptoms are well controlled on Prozac therapy. Home dose of Prozac resumed Hypercholesterolemia Home dose of atorvastatin 40 mg resumed Morbid Obesity

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1331833	5/19/2021	IL	36	M	5/14/2021	5/15/2021	I felt really sick the following day! I had COVID-19 prior to this so it felt like that again... 48 hours after I had chest pain and shortness of breath! I went to the hospital and my blood pressure was 166 over 99... blood tests came back ok for now

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1329571	5/19/2021	FL	35	M	5/7/2021	5/8/2021	myocarditis; Chest pain; This is a spontaneous report from two contactable consumers (one is patient himself and the other one is patient's wife). A 35-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 07May2021 15:30 (Batch/Lot Number: EW 0171; Expiration Date: Aug2021) as 2nd dose, single for covid-19 immunisation, at a public Health Department. The vaccine was not administered at Military Facility. No additional Vaccines Administered on Same Date of the Pfizer Suspect. The patient's medical history included known allergies: Sulfa. No family Medical History Relevant to events. There were no concomitant medications. There was no other products. The patient did not receive any other medications within 2 weeks of vaccination. For historical vaccine, there was no prior vaccinations within 4 weeks aside from first dose: bnt162b2, dose 1 intramuscular administered in Arm Left on 16Apr2021 15:30 (Batch/Lot Number: ER 8737; Expiration Date: Aug2021) (at the age of 35-year-old) as 1st dose, single for covid-19 immunisation. The facility of vaccination was Other no AE. On 08May2021 02:00, the patient experienced chest pain. The event chest pain resulted in Emergency room/department or urgent care, hospitalization, and was life threatening illness (immediate risk of death from the event). On 13May2021, the patient's wife reported that her husband was in the hospital with myocarditis onset from 11May2021(also reported as three days after receiving his second dose of the vaccine). The patient was admitted to the hospital at 02:00 on Tuesday 11May2021, he was still in the hospital by the time of reporting. Also reported that the event myocarditis required Emergency Room visit. A lot of testing were done such as cardiac ultrasounds, several electrocardiogram (EKG)s and electrocardiogram (ECG)s, nuclear cardiac wall motion test or some kind of nuclear test she is unsure of the name, chest x-rays three times, several blood works, his troponin levels (heart enzyme) was critical. The patient did not have COVID prior to vaccination. The patient had been tested post vaccination, COVID test type post vaccination was Nasal Swab on 11May2021, result was Negative. The patient had full work up less than a year ago and everything came back completely normal (In 2020). Therapeutic

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							measures were taken as a result of events chest pain and myocarditis. The patient was treated with medication and he had to get a wearable defibrillator called Life Vest. They have him on a blood thinner, carvedilol, and entresto. The outcome of the events was not recovered.
1330510	5/19/2021	VA	18	F	5/19/2021	5/19/2021	5 minutes after administration, she started having a headache and then nausea. Afterwards she felt hot and was shaking. She reported chest pain. Vitals were stable. EMS transported her due to inability to reach parents and inability to drive herself home.
1330369	5/19/2021	TX	53	F	5/18/2021	5/19/2021	5/19/21 patient is noted to have a red circular area approx 3 inches in diameter. The center of this circle is dark bruised. This red circular area is not hardened or raised. Vital signs within normal limits. No other signs or symptoms noted or reported. Consumer appears in no distress and denies chest pain, shortness of breath or trouble breathing.
1330335	5/19/2021	PA	41	F	3/10/2021	4/12/2021	Sick for 48 hours afterward with flu-like symptoms (headache, nausea, fever, aches, chills, fatigue). Developed persistent cough and chest pain a month later and was treated with prednisone and an inhaler
1330328	5/19/2021	PA	52	M	5/4/2021	5/13/2021	On 5-13-21 the patient began complaining of dizziness, weakness, and left side chest pain. The patient was sent to a hospital via 911 ambulance and admitted to the hospital from 5-13-21 to 5-18-21. He was diagnosed with a Pulmonary Embolism, Acute Venous Thrombosis, and a Pulmonary Embolism.
1330215	5/19/2021	UT	27	F	5/18/2021	5/18/2021	Fever, chills, body aches, stomach pain, chest pain, bone pain, nausea, headache
1330054	5/19/2021	FL	38	F	3/31/2021	4/1/2021	Headache since getting the vaccine that has not stopped. Shortness of breath, chest pain and palpitations with any activity. HR has significant increase with any activity. Headache gets worse after episode of chest pain, sob etc. Pressure headache that is in the front of the head since getting vaccine. Now on a beta blocker to help with Heart rate and out of work since getting vaccine.

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1329937	5/19/2021		20	M	5/7/2021	5/8/2021	Patient with onset of sharp chest pain 1 day after second vaccination. Patient diagnosed with myopericarditis and admitted to the hospital for further evaluation and management. Patient with improved symptoms, but placed on several medications for continued management of inflammation.
1329911	5/19/2021	TN	27	M	5/13/2021	5/15/2021	Systemic: Chest Tightness / Heaviness / Pain-Mild, Systemic: Joint Pain-Severe, Additional Details: Pt presented to pharmacy on 5/18 (5 days after immunization, 3 days after symptoms began) complaining of severe, persistent pain in R hip ("can hardly walk"). Also states that he had chest pain, groin pain that has since subsided. Pt wanted to see NP but was unable to, does not have a regular healthcare provider.
1330528	5/19/2021		18	F	5/19/2021	5/19/2021	5 minutes after receiving the vaccine, she reported headache, nausea, shaking, and some chest pain. Vitals were stable. Transported by EMS due to inability to reach parents or drive herself home.

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1329582	5/19/2021	TX	39	F	3/1/2021	4/6/2021	Missing muscle tissue in the left arm where the injection was given; chest pains; pulmonary embolism in the left lung.; Hives on my whole chest, neck, face, and left arm.; This is a spontaneous report from a contactable consumer (patient). A 40-year-old female patient received the first dose of BNT162B2 via an unspecified route of administration in Arm Left on Mar2021 (Lot Number: EP6955, expiration date was unknown) at 39 years old at vaccination as 1st dose, single for covid-19 immunisation. Medical history included asthma and other known allergies. Prior to vaccination, the patient was not diagnosed with COVID-19. She used other medications received within 2 weeks of vaccination. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. She was no pregnancy at time of vaccination. The patient experienced missing muscle tissue in the left arm where the injection was given, chest pains, pulmonary embolism in the left lung and hives on her whole chest, neck, face, and left arm on 06Apr2021 15:30 PM. She went to doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care due to events. The patient was hospitalized in 2021 due to all events for 4 days. All events were reported as serious due to life threatening and hospitalization. The patient underwent lab tests which included: Covid test type post vaccination via nasal Swab on 14Apr2021 was negative. She received blood thinner injections and intravenous (IV) antibiotics as treatment. The outcome of events was not recovered.
1328965	5/19/2021	TX	38	F	5/17/2021	5/17/2021	persistent headache, cold feet, chills, chest pain/pressure

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1329457	5/19/2021	IL	16	M	4/29/2021	5/2/2021	back was hurting; acute chest pain; elevated white blood count; acute pericarditis; Arm pain; This is a spontaneous report from a contactable other health professional (parent). A 16-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), dose 2 intramuscular, administered in Arm Left on 29Apr2021 15:30 at the age of 16 years old (Lot Number: E000167) as 2nd dose, single for covid-19 immunisation. The patient had no medical history, no known allergies. Concomitant medications received within 2 weeks of vaccination included vitamins nos (MULTIVITAMIN [VITAMINS NOS]), acetaminophen. The patient previously received the first dose of bnt162b2 (lot number: EN6208) intramuscular in Arm left on 07Apr2021 13:00 at the age of 16 years old for covid-19 immunisation. Facility where the most recent COVID-19 vaccine was administered was Other. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced Arm pain the first few days after receiving vaccine (2021). Then last night (02May2021), at 03:00 he came to his parent's room and said his back was hurting. His parent gave him one Advil. He tried to go back to sleep but came back an hour later saying it felt like his heart was being squeezed. The doctor on call recommended they go to the ER. At the ER, they performed 2 EKGs, bloodwork, chest X-ray and an echocardiogram on 02May2021. His diagnosis upon discharge: acute chest pain and acute pericarditis on 02May2021. His bloodwork showed an elevated white blood count on 02May2021. They were to follow up with the pediatric cardiologist later this week. This events happened three days after his receiving his 2nd Covid vaccine shot. The adverse events result in Emergency room department or urgent care. Treatment received for the adverse events included Two EKGs, bloodwork, chest X-ray and echocardiogram. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient hadn't been tested for COVID-19. The outcome of the events was recovering.; Sender's Comments: The causal relationship between BNT162B2 and the events cannot be excluded as the information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk

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profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

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1329446	5/19/2021	IN	79	M	4/7/2021	4/8/2021	Chest pain; Pleurisy; discomfort in his chest (not in the lung) in the bone muscle around the lung, it feels like he has been punched right in the cardiac plexus; This is a spontaneous report from a contactable consumer (patient). A 79-year-old male patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration in left arm at age of 79-years, on 07Apr2021 10:20 (Lot Number: EW0153) as single dose for covid-19 immunisation. Medical history included ongoing moderate to mild asthma that sometimes bothered him when he tried to sleep and maybe wheezed a bit and he had to use inhalers during the day as he cannot go to sleep if he got a wheeze; diabetes 8 or 10 years ago and he took Insulin for it; he was allergic to aspirin. Family History included that his mother had rheumatoid arthritis. The patient's concomitant medications were not reported. No additional vaccines administered on the same date of the Pfizer suspect. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient received the first dose of the Pfizer COVID-19 vaccine on 07Apr2021, next day (08Apr2021) he started to have discomfort across his chest like a hernia starting on the left (he started to have chest discomfort, like a hurting across the chest starting on the left and now on the right), after being checked on a medical place he was informed that he has Pleurisy, they did a chest X-ray and then they sent the information to the hospital to have a doctor look at it so he had to wait a half hour. Mentioned they wanted to put him on pain medication but he declined because he was allergic to aspirin and he only took Tylenol. He described the sensation as: a discomfort in his chest (not in the lung) in the bone muscle around the lung, it felt like he has been punched right in the cardiac plexus, now was a minor discomfort that won't go away. He cancelled his appointment to receive the second dose of the vaccine (due tomorrow) and wanted to know if he should receive the second dose at all. The patient also experienced Chest pain that started on 08May2021, but now it had shifted, and it was more on the right side. First he noticed it on the left then it moved under his sternum and now almost all of it is on the right side. The pain got up to a certain point and then it had stayed the same. Sitting he isn't feeling it but when he got up out of the chair it was worse. Seemed to be worse

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when he moved from a relaxed position like getting out of bed. Events of Chest discomfort and Pleurisy resulted in "Physician Office Visit". Events outcome was not recovered.

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1329166	5/19/2021	NV	35	F	2/15/2021	2/18/2021	Weakness in one side of body and both legs; Chest pain; Bruising; Weight loss; Feet started to swell and blister; Headache; Dizzy; Toes began to red, hot, swell symmetrical on both feet; Toes began to red, hot, swell symmetrical on both feet; Cool water running thru veins on legs; Chilblains; Tingling all over my body; Breast Stinging; Joint pain; Nausea; This spontaneous case was reported by a consumer and describes the occurrence of HEMIPARESIS (Weakness in one side of body and both legs) in a 35-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concomitant products included VITAMINS NOS, PRENATAL VITAMINS [ASCORBIC ACID;BETACAROTENE;CALCIUM SULFATE;COLECALCIFEROL;CYANOCOBALAMIN;FERROUS FUMARATE;FOLIC ACID;NICOTINAMIDE;PYRIDOXINE HYDROCHLORIDE;RETINOL ACETATE;RIBOFLAVIN;THIAMINE MONONITRATE;TOCOPHERYL ACETATE;ZINC OXIDE], PROBIOTICS NOS, VITAMIN D NOS and DOCOSAHEXAENOIC ACID (DHA) for an unknown indication. On 15-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-Feb-2021, the patient experienced CHILLBLAINS (Chilblains), PARAESTHESIA (Tingling all over my body), ERYTHEMA (Toes began to red, hot, swell symmetrical on both feet), SWELLING (Toes began to red, hot, swell symmetrical on both feet) and FEELING ABNORMAL (Cool water running thru veins on legs). On 20-Feb-2021, the patient experienced DIZZINESS (Dizzy) and HEADACHE (Headache). On an unknown date, the patient experienced HEMIPARESIS (Weakness in one side of body and both legs) (seriousness criterion medically significant), CHEST PAIN (Chest pain), BLISTER (Feet started to swell and blister), CONTUSION (Bruising), WEIGHT DECREASED (Weight loss), BREAST DISCOMFORT (Breast Stinging), ARTHRALGIA (Joint pain) and NAUSEA (Nausea). At the time of the report, HEMIPARESIS (Weakness in one side of body and both legs), CHEST PAIN (Chest pain), BLISTER (Feet started to swell and blister), ERYTHEMA

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(Toes began to red, hot, swell symmetrical on both feet), SWELLING (Toes began to red, hot, swell symmetrical on both feet), CONTUSION (Bruising), WEIGHT DECREASED (Weight loss), ARTHRALGIA (Joint pain) and NAUSEA (Nausea) outcome was unknown and CHILLBLAINS (Chilblains), PARAESTHESIA (Tingling all over my body), DIZZINESS (Dizzy), FEELING ABNORMAL (Cool water running thru veins on legs), BREAST DISCOMFORT (Breast Stinging) and HEADACHE (Headache) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment details included Tylenol. Company Comment: Very limited information regarding this events has been provided at this time. The events are assessed unlikely related to product. Most recent FOLLOW-UP information incorporated above includes: On 10-May-2021: Follow-up received included patient initials corrected and additional adverse events including medically significant serious event of hemiparesis.; Sender's Comments: Very limited information regarding this events has been provided at this time. The events are assessed unlikely related to product.

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1329118	5/19/2021	CA	63	F		5/13/2021	SHORTNESS OF BREATH (WORSE UPON EXERTION); ELEVATED HEART RATE; DIZZINESS; CHEST PAIN; WEAKNESS; FEVER; MUSCLE ACHES; HEADACHE; FATIGUE; This spontaneous report received from a patient concerned a 63 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included penicillin allergy, allergy to plavix, and compazine allergy. The patient was previously treated with for drug used for unknown indication; and experienced drug allergy when treated with amlodipine for drug used for unknown indication. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 203A21A, expiry: UNKNOWN) dose was not reported, administered on 12-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 13-MAY-2021, the subject experienced shortness of breath (worse upon exertion). On 13-MAY-2021, the subject experienced elevated heart rate. On 13-MAY-2021, the subject experienced dizziness. On 13-MAY-2021, the subject experienced chest pain. On 13-MAY-2021, the subject experienced weakness. On 13-MAY-2021, the subject experienced fever. On 13-MAY-2021, the subject experienced muscle aches. On 13-MAY-2021, the subject experienced headache. On 13-MAY-2021, the subject experienced fatigue. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from fever, muscle aches, and headache, and had not recovered from shortness of breath (worse upon exertion), elevated heart rate, dizziness, weakness, fatigue, and chest pain. This report was non-serious.
1328967	5/19/2021	TX	33	F	4/6/2021	4/7/2021	Dermal swelled in lips, cheeks and under eyes Oral prednisone for 4 days and anti histamines. I'm having more trouble now with breathing/ shortness of breath, chest pain, and headache. Undergoing treatment as of today for this part.

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1328950	5/19/2021	CA	23	M	5/18/2021	5/18/2021	patient experience palpitations after receiving Moderna #2.; Patient has underlying palpitations and getting work up by cardiology. 1:25 162/73 pulse 121 1:35 151/70 pulse 93 1:48 150/82 pulse 76 1:42 136/75 pulse 77 Patient improved after rest and drinking some water. Denied dizziness, chest pain and shortness of breath.General: calm, no acute distress. - possible adverse reaction vs his underlying palpitations. He is under care of cardiology and is getting work up for palpitations. Patient discharged at 2:05pm
1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.

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1330987	5/19/2021	CT	21	M	5/15/2021	5/17/2021	<p>Patient is a 21 y.o. male with no past medical history who got his second dose of COVID (Pfizer) vaccine on Saturday presented with chest pain since Sunday. Patient says that he was in his USOH until yesterday when he started having substernal chest pain which was getting worse with inspiration but also with specific movements. He does have pain even at rest sometimes but he thinks that it's exacerbating by breathing. Had some nausea/vomiting as well. Denies other symptoms. Not really SOB or leg swelling. In the ER, his Trop I was 10.7 and his WBC was 12.2. His EKG was NSR with short PR and STE I, II, III, AVF, V4-V6. Patient is a 21 y.o. male with no past medical history who got his second dose of COVID (Pfizer) vaccine on Saturday presented with chest pain since Sunday with some pleuritic characteristics. He was found to have a very elevated trop I to 10.7, leukocytosis to 12.2 and STE in I, II, III, AVF, V4-V6. His POCUS in the ER was without significant pericardial effusion and probably normal EF. Differential at this point includes pericarditis vs myopericarditis (there are some myocarditis cases reported in Israel post Pfizer vaccination, predominantly in young male patients) vs less likely ACS. Will need admission and further work up and treatment - Admission to Cardiology -NPO in case team tomorrow decides to proceed to LHC -Full echo and cardiac MRI tomorrow -Telemetry monitoring -Repeat EKG q4h overnight -send CRP, ESR -trend Trop to peak -would not start heparin gtt at this point -Please start tonight ASA 650 TID + Colchicine 0.6 mg BID. 21-year-old man admitted with signs and symptoms of acute myo-pericarditis or in the setting of recent COVID-19 vaccination. He apparently had the findings are vaccine 2 days ago and developed pleuritic chest pain. His ECG shows pathognomonic changes for pericarditis in the is a small troponin elevation. He has no past medical history or exertional symptoms to suggest CAD. Bedside echocardiogram showed preserved left ventricular systolic function. He was admitted and placed on aspirin and colchicine. A cardiac MRI today showed evidence of myopericarditis. He had 3 beats of nonsustained VT on tele.</p>
1329679	5/19/2021	IN	43	M	5/1/2021	5/15/2021	Severe cough, runny nose, hot flashes, pain in chest

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1330532	5/19/2021	NJ	50	M	5/12/2021	5/15/2021	Information below was sourced from the patient record in the hospital EHR system: Patient presented to ED with PMH of HTN and family history of premature CAD who presented with 2 hours duration of substernal chest discomfort. He had been in his usual state of health prior to this evening. He received the COVID Vaccine on 5/12/21. He went out with his wife for dinner and then upon return, started to have some substernal chest discomfort radiating down his arm. This is associated with some SOB and nausea. No vomiting, no diaphoresis. The pain continued for about 2 hours and then he decided to come to the ED. The EKG was consistent with inferolateral wall MI. States that he has been very active without exertional chest pain or dyspnea. He does have a history of HTN and is currently on lisinopril for this. No known history of hypercholesterolemia. Denies any diabetes. No smoking history. No history of PVD. His mother did have a bypass in her early 60s. At age 37, he did have a catheterization following an episode of substernal chest discomfort. The patient states this catheterization did not show any abnormalities. Following this, the patient proceeded for PCI stenting with a DES for an occluded OM2 . Patient received Aspirin, Brilinta, Atorvastatin, Metoprolol, and Heparin prior to PCI stenting. Cardiology note confirms acute inferolateral STEMI due to occluded OM@, successfully opened and stented acutely.

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1330866	5/19/2021	IL	16	F	4/26/2021	5/10/2021	is a 16-year-old female patient admitted with tachycardia. Starting 1-1/2 weeks ago, mom notes that she has had episodes where she feels her heart racing. It began 1-1/2 weeks ago with her crying and her watch that her heart rate was 208. They went to the ED, where she was given some fluids and her heart rate improved so she was sent home. She had had prior episodes of mild tachycardia up to the 140s in the past but which has always improved with fluids. Mom states that she used to have a lot of trouble maintaining her hydration and would not drink a lot of water. Since the last 1-1/2 weeks, she has been having these episodes 1-2 times a day that last about 1 to 2 minutes with a max of 5 minutes. When it comes on, she feels dizzy and lightheaded, and after the episode she feels a big rush of blood to her head. She also has some associated shortness of breath. She denies having any episodes of chest pain at all. She has never passed out, she has never felt like she was going to pass out, she has never felt like she was out of balance. She denies any nausea or vomiting during episodes. She denies any headaches during the episodes. She does have history of migraines, but has not had one in the last couple weeks. Her prior resting heart rate was in the 80s per her watch, and lately it has been in the 110s to 120s while awake in 80s while asleep. Along with the episodes, she also feels some pulsating sensation in her abdomen. She does not have any abdominal pain. Today, her heart rate was again in the 200s, but it was worse than before because it lasted about 30 minutes total. Lately they have been using an app that continuously monitors her heart rate. Since these episodes started, she has cut down on her caffeine intake and she has increased her water intake. Does not feel that this helped. She has never had syncope in the past and has never had seizures in the past. Patient was started on carvedilol which has helped control heart rate and was encouraged to drink fluids. Per primary care team, her current episode of tachycardia was not due to the vaccine.
1330821	5/19/2021	RI	18	M	5/15/2021	5/18/2021	2 days of severe chest pain, EKG with ST segment elevation and troponin elevated to 7, consistent with pericarditis.

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1330818	5/19/2021	MI	41	F	2/26/2021	5/10/2021	COVID+ on 5/10. Admitted for chest pain and SOB on 5/14.
1330664	5/19/2021	MA	34	M	5/15/2021	5/18/2021	34M no PMH present with sudden onset chest pain since midnight found to have myopericarditis post vaccine 34M no PMH present with sudden onset chest pain since midnight. The pain started on the middle of the chest, substantially worse when lying down and better when sitting up or leaning forward, 9/10 intensity woke him up at night. +Pleurisy. +nausea and chills without fever. He has no exertional pain. No palpitations. No leg swelling, no sob. He lives weight and exerts himself daily yesterday morning he was able to lift weights without any pain. No family history of early cardiac disease. He has no shortness of breath, no fever chills, no nausea vomiting diarrhea, no recent sick contacts. His second dose of Covid shot was 4d ago and he is just recovering from generalized body pains. At time of interview his pain is much better after toradol/colchicine
1330639	5/19/2021	IL	25	F	4/30/2021	5/1/2021	Patient is a Gravida 2, Para 1001, with a due date of 7/2021. She received the first dose of the vaccine when she was 29 0/7 weeks gestation. She experienced chest pain and shortness of breath and at 10:00 PM she was admitted to \HOSPITAL EMERGENCY ROOM. Her heart rate was 122, Temp 99.1 °F (37.3 °C) (Oral) Resp 19 SpO2 97% She was given IV fluids and Acetaminophen Tab 1,000 mg.
1330588	5/19/2021	ID	62	M	4/9/2021	4/10/2021	I experienced day after vaccine, really horrible chest pains. I went to ER after 8 hours, and had blood pressure 160/100 and pulse of 120. They did x-rays, treated like a heart attack and gave me medicine for an ulcer and some other type of injection placed in IV line. On Sunday I have breathing issues, wheezing and could not catch my breath.
1328947	5/19/2021	GA	30	F	1/19/2021	2/10/2021	Dizziness, tachycardia, bells palsy, neck pains, fainting,, fainting after eating, trouble speaking, swollen lymph nodes, dysautonomia , chest pain, anxiety, weird stretchy feeling in the neck, diarrhea like morning sickness, nausea, spasms in throat while speaking

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1330562	5/19/2021	CA	17	M	5/14/2021	5/16/2021	Left sided chest pain few days after second shot. Noted troponin to be elevated. Troponin: 1.27 -> 1.62 -> 1.74 -> 1.62->1.05 -> 1.06 -> 0.99. Normal ECHO. Normal EKG. Dx with myocarditis. Patient's pains symptoms resolved in 1-2 days; observed in hospital until troponin trended down.

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1330900	5/19/2021	NY	19	M	5/15/2021	5/17/2021	<p>Patient is a 19 y.o. male with a variety of minor past medical problems but without any significant PMH who presents with 24h of acute onset chest pains. He reports yesterday morning he was woken from sleep at 3-4 am with severe substernal chest pains that radiated to his arm and neck. This was worsened by laying flat and better if he waked around/pacing. He took ibuprofen and it got better so he went back to sleep. The pain returned about 6 hours later and was getting more severe so he went to see his doctor. There an EKG was abnormal so he was referred to the ED where a work up showed ST elevations c/w pericarditis and an elevated trop I of 24. The night prior, he reported a low grade temperature. He has not had any more fevers for the past 12-18 hours. He denies any other symptoms such as palpitations, shortness of breath, cough syncope. He denies sick contacts but did have a sore throat 4-5 days ago without any other associated symptoms. He has had recent negative COVID tests while at college. Of note he did receive the 2nd dose of Pfizer on 5/15 about 24-36 hours before onset of symptoms. Of note, he does boxing at school and has been participating in work outs until about a week ago. ED course: EKG w/ diffuse ST segment elevation in V3-V6, I, II, AVF. Troponin I 24. Creatnine 1.2 with baseline of 0.5 but BUN WNL (11). CBC WNL, CRP mildly elevated to 3.1, Transferred to another ED. Second ED Course: BP 120/64 Pulse 83 Temp 36.7 °C (98.1 °F) (Temporal) Resp 18 Wt 76.3 kg SpO2 97% exam non-focal, COVID ab notable for +spike neg nuclear capsid consistent with vax but no infection, D-Dimer, procal, ESR, ferritin, Coags all WNL, Trop T elevated to 1.46., ECG with consistent diffuse ST seg elevations, seen by ped cards who did echo in ED and notable for EF ~50%, admitted to PCICU for further management and treatment Admitted to the PCICU in stable condition. Placed on telemetry monitoring for the duration of the admission. Started on IV steroids and given IVIG on hospital day 1. Continued on toradol which was switched to motrin on hospital day 2. Cardiac MRI did not show signs of fibrosis. Troponin downtrended throughout his stay. At the time of DC echo showed normal function, ekg showed T wave inverions, and troponin was down trending to 0.57. Pt to be restricted from physical activity until cleared by cardiology. Infectious workup also sent, most of which was pending</p>

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at time of discharge.

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1326122	5/18/2021	SC	66	F	5/1/2021	5/1/2021	<p>Heaviness in Breathing/breathing problems; felt different; not feeling good; Aggravated Asthma; horrible acid reflux/ Aggravated Acid reflux; was in pain last night/she was really hurting; blood pressure was sort of up to like 185 over 186; Chest pain; back for stabbing pain; Pressure chest; Wheezy; This is a spontaneous report received a contactable consumer (the patient). A 66-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number not reported), via unspecified route of administration in the left arm on 01May2021 (at the age of 66 years-old) as a single dose for COVID-19 immunization. The patient's medical history included a "heart condition", asthma, acid reflux, hiatal hernia, and being "allergic to a lot of medications", reporting that she previously had to carry an epinephrine (EPIPEN). The patient had unspecified concomitant medications. The patient stated that immediately after the first dose, she started not feeling good (01May2021), and by the time she got home, she was really having some breathing problems (01May2021). She was monitored at the vaccination site for 30 minutes after administration, but did not report to them, because she did not know what to tell them. She a history of asthma, so she treated with her inhalers, and "it eased off a little bit". She reported she was really hurting, so she took a 5 mg dose of prednisone tablet. She also reported horrible acid reflux later that night (01May2021), which can trigger her asthma, she took some aluminum hydroxide/ magnesium hydroxide/ simethicone MYLANTA and felt much better. She slept propped up, took another dose of MYLANTA this morning, and was feeling better today, but not 100%. She wanted to know if the vaccine can cause acid reflux or asthma exacerbations? And if she should expect the same, but more severe reactions after the second dose? It was also reported, that after the vaccine, the patient stated for fifty minutes maybe she had what was like pressure in her chest (unspecified date May2021). She did not know what she was feeling, so she did not say anything. So she came home, and just as the day got work more the pressure, she had asthma and saw what was happening was an asthma attack, which started hurting really bad like an asthma attack, so she took her inhalers, and it eased it off a little bit. Then it just kept worsening. She was also a heart patient, so when she</p>

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had asthma, some times it mimicked a chest pain. She was thinking if it was affecting chest pain or was it asthma, so had some prednisone, 5mg of prednisone (treatment) that she had to take for her asthma. It did not help last night (further clarification unknown). She was trying to get to the hospital. She was wondering if this shot had aggravated her acid reflux and aggravated her asthma (both 01May2021). When the patient went to bed, she got some aluminum oxide/ magnesium hydroxide (MAALOX), big dose of MYLANTA, and that eased it off. Before she got the shot, she felt fine; she would have no symptoms, and then when she got the shot "mean it went 30 minutes later and I just felt this and I still did not know what it was". Her husband told her to sit down. She did not know what was wrong, she just felt different. She thought it caused her asthma to act up. The patient stated that last night (01May2021), her blood pressure was sort of up to like 185 over 186, "but I think it was because I am extreme so bad by then I am and my chest in my chest and then I finally said okay let me take so (incomplete sentence) my acid reflux so let me take some MYLANTA so I take calcium carbonate/ magnesium hydroxide (ROLAIDS) and I immediately stop that pain that must be my acid reflux making triggering my asthma it is, I was like, I was in pain last night (01May2021), just administered for my asthma between my chest and my back for stabbing pain (01May2021) and that caused sometimes when I have heart condition, I always like it is my heart or it is my asthma what is it? and I got this one okay I will take a dose of MYLANTA just to make sure see that will help come down". The patient felt a lot better today, but still felt sort of wheezy (May2021) "like you know when you have asthma". Her bad asthma she would just get a wheezy sort of just heaviness in breathing. The patient was due to get the second shot on 22May2021. On an unspecified date, the patient had: a lab test "but have results before I had the following to chest by giving lastly", and routine blood work-cholesterol and all. The outcome of the events wheezy, heaviness in breathing/ breathing problems, horrible acid reflux/ aggravated acid reflux was recovering. The outcome of other events was unknown. Information about lot number has been requested.

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1327392	5/18/2021	TX	21	M	4/27/2021	4/30/2021	Pt experienced nausea, vomiting,, and heartburn after vaccination on 4/27. He awoke on 4/30 with chest pain, intermittent-radiating to his back at times. His troponin level was elevated, he was admitted for treatment of myopericarditis. He stayed for 7 days inpatient and was discharged home on 5/7/21.
1327332	5/18/2021	NY	62	M	4/19/2021	5/17/2021	62 yo male with a past medical history of HTN, HLD, and obesity presented to the ED on 5/17/2021 with complaints of palpitations. The patient noticed his watch stated his HR was > 120bpm and his wife measured his HR at which time it was greater than 100bpm. He presented to the ED for further evaluation and his EKG was seen as new onset atrial flutter with RVR and HR's ranging from 115-150bpm. He was hemostable throughout his ED stay and given PO cardizem and IV boluses of cardizem which improved his HR into the 115 range with MAP's > 75. He converted to sinus rhythm overnight and discharged home 5/18/2021. He denies any hx of sleep apnea. The patient otherwise denies fevers, night sweats or shaking chills recently and denies any other complaints of chest pain, dyspnea or lightheadedness. He denies any alcohol use but, and is a past smoker. He has had no new prescriptions. He has no hx of thyroid disease. He has not been diagnosed with COPD. CT chest imaging which is negative for a PE. He had covid 19 infection in 12/2020 and was not not hospitalized and recovered at home. He received his 2nd covid vaccine 4/19/2021.
1327295	5/18/2021		32	F	5/17/2021	5/17/2021	Chest pressure/chest pain, palpitations, hot flashes. EMT called for 2nd unit to transport patient to hospital.
1327242	5/18/2021	MD	38	M	5/13/2021	5/17/2021	Myocarditis with chest pain, resolved after 48 hours.
1327111	5/18/2021	CO	19	M	5/11/2021	5/13/2021	Patient was admitted to the hospital with myopericarditis. Presented to the ER with chest pain. He was admitted for trending troponin levels and monitoring for arrhythmia/cardiac function. Troponin peaked at 10.8 on 5/15.

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1327095	5/18/2021	AL	17	M	5/5/2021	5/6/2021	The patient presented to the emergency department on 5/8/2021 with 2 days of chest pain. He had ST segment elevation on ECG consistent with pericarditis. A troponin was elevated at 9.9 ng/mL. He was admitted to the hospital from 5/8 to 5/10 to observe on telemetry. Echo was normal without pericardial effusion. Troponin trended downward. He was discharged home on naproxen and colchicine with scheduled follow up.
1327087	5/18/2021	AR	18	M	4/30/2021	5/2/2021	He had chest pains and could not breath after 48 hours, rushed to the ER. Stayed in the hospital for 4 days. He had a heart attack and was diagnosed with acute idiopathic myocarditis.
1327018	5/18/2021		20	M	5/12/2021	5/13/2021	Acute chest pain diagnosed as Myocarditis, 24 hours after the second dose of the vaccine.
1325846	5/18/2021	MA	53	F		4/6/2021	VOMITING; CHEST PAIN; TOTAL BODY PAIN; DIARRHOEA; NAUSEA; This spontaneous report received from a patient concerned a 53 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included cigarette smoker, asthma, and allergic to nuts. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: 041A21A, and batch number: 041A21A expiry: UNKNOWN) dose was not reported, administered on 06-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 06-APR-2021, the subject experienced vomiting. On 06-APR-2021, the subject experienced chest pain. On 06-APR-2021, the subject experienced total body pain. On 06-APR-2021, the subject experienced diarrhoea. On 06-APR-2021, the subject experienced nausea. Treatment medications (dates unspecified) included: bismuth subsalicylate. The action taken with covid-19 vaccine was not applicable. The patient had not recovered from total body pain, vomiting, nausea, chest pain, and diarrhoea. This report was non-serious.; Sender's Comments: V0: Medical assessment comment is not required as per standard procedure as case assessed as non-serious.

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1326857	5/18/2021	CA	27	F	5/16/2021	5/16/2021	16 weeks pregnant at time of dose 2, EDD 10/31/21 Arm pain- couldn't move at all Severe fatigue Muscle pain- especially back pain Joint pain- hurt to move body Chills Headache Chest pain - like I had a chest cold, but no coughing Sore throat Feeling fluish
1326736	5/18/2021	GA	36	F	5/15/2021	5/15/2021	Difficulty breathing, sharp chest pain when breathing that radiates to my back. Chills and extreme fatigue. Diagnosed and receiving treatment for Pleurisy or inflammation of the lungs at the ER two days after receiving the vaccine.

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1326102	5/18/2021	MI	63	M	5/1/2021		DIARRHEA; CHILLS; UNBREAKABLE FEVER OF 104F; CARDIOGENIC SHOCK; KIDNEY FAILURE; IMPAIRED LIVER FUNCTION; HIGH BLOOD PRESSURE (200/100); ABNORMAL WHITE BLOOD CELL COUNT (16000); BLISTERS ON CONJUNCTIVA OF BOTH EYES; This spontaneous report received from a physician concerned a 63 year old white male. The patient's weight, height and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration not reported, batch number: Unknown) frequency one total, dose was not reported, administered on 07-MAY-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. The physician reported that one day after receiving vaccine, on 08-MAY-2021, the patient experienced nausea, vomiting, shortness of breath, diarrhea, fever, chills, sweats, and severe chest pain. The patient was admitted to hospital for suspicion of heart attack. He was checked and no blockages were found. Laboratory data included: Scan (NR: not provided) No blockages were found. On 10-MAY-2021, he was transferred to another hospital where he was currently on a ventilator. The doctor reported that he had had fever of 104 f that was unbreakable. His blood pressure was 200/100 mmHg and his pulse oxygen was not good. His white blood cell count was 16000 and he was tested negative for covid-19. The doctor also reported that patient was in cardiogenic shock and was in kidney failure. He reported that the patient's liver function was getting better and patient's face and chest was very red. The patient also had blisters on conjunctiva of both eyes. It was unknown where patient received the vaccine as of this time. No further information was available since doctor had patients to see. Laboratory data included: Blood pressure (NR: not provided) 200/100 mmHg, Covid-19 virus test (NR: not provided) Negative, Body temperature increased (NR: not provided) 104 f, Pulse Oxygen (NR: not provided) Not good, and White blood cell count (NR: not provided) 16000. The patient was admitted to the hospital on 08-MAY-2021 and the duration of hospitalization was 6 days. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from impaired liver function, had not recovered from blisters on conjunctiva of both

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1326494	5/18/2021	CT	17	M	5/14/2021	5/15/2021	<p>eyes, kidney failure, abnormal white blood cell count (16000), high blood pressure (200/100), cardiogenic shock, and unbreakable fever of 104f, and the outcome of diarrhea and chills was not reported. This report was serious (Hospitalization Caused / Prolonged and Life Threatening).; Sender's Comments: V0: 20210525538-covid-19 vaccine ad26.cov2.s-cardiogenic shock, kidney failure, impaired liver function, high blood pressure (200/100), abnormal white blood cell count (16000), blisters on conjunctiva of both eyes, diarrhea, chills, unbreakable fever of 104f. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).</p> <p>Patient is a 17 yo male with no hx asthma who presented to medical center ED as transfer from facility with pleuritic chest pain and fever x1 day. Recent history of second covid vaccine on Friday (5/14). Patient reported associated fatigue, headache and muscle aches late Friday into Saturday (5/15). Sunday patient reported a fever (101 F) and chest pain with deep inspiration. No associated SOB, increased work of breathing or abdominal pain. Was seen initially at urgent care and then referred to facility for "an abnormal EKG." Pertinent findings at facility: troponin 0.31, EKG wnl, rapid covid negative, ESR 9, CK 134, D-dimer <150, WBC 12.4 w/ left shift. Transferred to medical center for further workup. While in medical center ED, troponin 1.59. EKG rSR' leads V1-V3 w/o ST segment elevation. MISC tier 1 studies drawn. Cardiology consulted - admit for observation, myocarditis infectious workup, echocardiogram and During his time in the ED, patient continued to have pain with deep inspiration as well as when he had to yawn. He other wise felt fine. Vital signs normal throughout out time in ED. His troponin continued to rise, with max of 14, so decision was made to start IVIG and steroids. His troponin fell over the next day. He remained stable from a clinical standpoint, and symptoms had resolved by the morning of 5/18. At time of filing, patient is still hospitalized at medical center, with further labs and imaging pending.</p>

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1326170	5/18/2021	LA	63	F	4/14/2021	4/28/2021	D Dimer was high; Chest tightness; blood clots in the lungs; This is a spontaneous report from a contactable consumer. A 63-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified route of administration, administered in Arm Right on 14Apr2021 10:30 (Lot Number: ER2613) as SINGLE DOSE for covid-19 immunization. Medical history included ongoing retinal tear from an unknown date (long ago, maybe 2005), Blood pressure, anxiety, reflux, irritable bowel syndrome, eye care. Three years ago, patient had a blood clot on the portal vein. She was treated with Eliquis, referring to Apixaban, for six months. Then they went into the D Dimer and found out she only had one gene for the blood clots, so they discontinued Eliquis, referring to Apixaban. The doctor said the protocol didn't call for it because she only had one gene. Eliquis, referring to Apixaban, was discontinued a year and half ago. The reporter mentioned the specifically didn't get the Johnson and Johnson shot due to blood clots. Family History included that her mother and sister had blood clots in the past unrelated to the vaccine, anxiety which her mom has. Concomitant medications included ramipril taken for blood pressure from an unspecified start date (for five to ten years) and ongoing; ongoing omeprazole taken for reflux; fluoxetine taken for anxiety (for what her mom has) taking for three years and ongoing; linaclotide (LINZESS) taken for irritable bowel syndrome taking for 3 year and ongoing; magnesium sulfate taken for eye care taking for 3 year and ongoing; latanoprost taken for retinal tear from 2005 and ongoing. Prior Vaccinations (within 4 weeks) was none. The patient previously received the first dose of the Pfizer COVID 19 vaccine on 26MAR2021 at 1000AM in the right upper arm (Lot number for first dose is ER8732; expiration date 31Jul2021). Last Wednesday she started to have tightness in her chest so they called an ambulance. She was admitted to the hospital 28Apr2021 and was discharged Saturday 01May2021. In the hospital they did a CT and it came out that she had bilateral blood clots in the lungs; the doctor said it was a shower of blood clots in the lungs, small enough not to occlude anything. They treated with a 72 hour heparin drip. They didn't do any more CT but they did put her on Eliquis, referring to Apixaban, for the rest of her life. For the Eliquis he

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1326764	5/18/2021 WA	57 M	4/20/2021	5/8/2021	<p>mentioned the generic Apixaban; unknown manufacturer; caller did not see NDC, lot, or expiration date on product dispensed in a pharmacy vial. Last time she was also on the Apixaban, not the brand Eliquis but they have discarded all the old product. The patient also did an X Ray; EKG (Electrocardiogram) was normal sinus; all the blood work including the CBC (Full blood count) was normal on an unknown date; her D Dimer was high on 01May2021. The events required a visit to Emergency Room. The outcome of the event chest pain was recovered with sequelae, of blood clots in the lungs was not recovered, of other events was unknown. Batch/Lot number had been obtained. Further information has been requested</p> <p>First vaccine dose administered on 4/20/21. Patient was admitted on 4/29/21 with shortness of breath and pleuritic chest pain. CT scan revealed pulmonary embolism and doppler showed vascular access (Hero graft) thrombosis. Patient was treated with heparin and warfarin, and was discharged on 5/5/2021 after being converted to apixaban. Patient missed scheduled dialysis treatment (no call/no show) on 5/8/21 and 5/11/21. Subsequent welfare check found the patient expired at home.</p>
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1326264	5/18/2021	MN	48	F	5/5/2021		<p>headache; fatigue; dyspnea; chest pain; RV infarction; a large amount of clot in the RCA; This is a spontaneous report from a contactable physician. A 48-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 05May2021 as single dose for COVID-19 immunization. Medical history included chronic smoker 2 packs per day. Patient was not pregnant at the time of vaccination. Concomitant medications within 2 weeks of vaccination included paracetamol (TYLENOL) and ibuprofen. Patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) as single dose for COVID-19 immunization. It was unknown if the patient received any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, it was unknown if the patient was diagnosed with COVID-19. Patient developed headache, fatigue, dyspnea, and chest pain for 3 days. She was admitted to hospital on 08May2021 with a completed right ventricular (RV) infarction. Angio in May2021 showed clean coronaries with the exception of a large amount of clot in the right coronary artery(RCA). Given correlation to vaccine administration, unclear if this was related (as reported). Device Date: 11May2021 (as reported). The adverse events resulted in emergency room/department or urgent care. The events were assessed as serious, hospitalization and life-threatening. Since the vaccination, the patient had not been tested for COVID-19. Outcome of events at the time of last observation was recovering. Information on Lot/Batch number has been requested.; Sender's Comments: As a cautionary measure and considering the drug-event temporal relationship of three days, the company cannot completely exclude a causal association between the administration of the PFIZER-BIONTECH COVID-19 VACCINE BNT162B2 and the onset of all the reported events. Medical history of chronic smoker (2 packs per day) cannot be also excluded as contributing factor and additional information of medical history and concomitant medications concerning possible risk factors for cardiovascular diseases, should be also useful for an overall assessment of the case. The impacts of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern</p>

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1326488 5/18/2021 MI

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4/23/2021

5/2/2021

identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

May 3, 2021, received a call from healthcare provider where the vaccine was given by healthcare provider. COVID 19 Prescreening Form Completed and Vaccine given 4/23/2021. Patient waited 15 minutes post vaccination no reaction. Her family also received a vaccine. Daughter and Son-In Law. Received a call that patient had died on 5/2/2021. Presented to healthcare facility for chest pain according to healthcare provider.

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1327562	5/18/2021	AK	38	F	1/20/2021	1/20/2021	Right after injection, I got really hot and flushed. I thought I am not a fan of needles - so I thought it was anxiety. My throat got really dry. They gave me a Dixie cup of water and I asked for more. After I had finished the one cup, I was clearing my throat and it felt like I couldn't swallow and my tongue had swollen up and I couldn't swallow any water from next Dixie cup. I couldn't swallow - it felt like it would get stuck at the back of my throat. The nurse said she was going to stab me with the epi-pen but had me lay down first and my face started to feel slightly numb and I told her that and she stabbed me in right hip with the epi-pen. They called the ambulance to take me to hospital and after the epi-pen was given they had me sit up and put a mask on my face and I was in a state of panic. I wore an oxygen full face mask and was breathing into it. The paramedics came in and put me on stretcher - monitored for six hours. Because of the adrenaline from the epi- pen - I had high blood pressure and heart rates - everything was really high. After a few hours, she told me that my tongue was looking better and there was better color in my tongue. I was sitting there every six hours - I was monitoring as how to I was doing. They gave me Benadryl and I think they gave me something else but I can't remember what it was. I came home and it was late at night - 11:00 or 11:30 and from there until February 1st, I was extremely sick. I went back to ER on 23rd; and did telehealth visits - with my doctor (right after ER visit from Injection was first one; and then I went to the hospital on the 23rd; Telehealth on 24th or 25th and I - I was running fevers of 104, 103 and went up to 105 almost- on 23rd of January - 3 days after injection - I'm weak, I can't move - everything hurt. From head to toe. I couldn't sleep or do anything. I was so weak, I couldn't even move. It was difficult just to use the bathroom. I had the fevers that was causing my chills and my body aches were bad. I had been trying to alternate Tylenol and Ibuprofen; I was finally prescribed Hydro Codone just to sleep. I was told to take this during the day and the Tylenol and Ibuprofen combo at night. Shoulder surgery was about a month after the vaccine - 18th of February - And on the 22nd of February I went to the hospital again for left side chest pains. - I couldn't breathe - I was discharged February 25th - I was on blood thinners for three months. - the surgeon said that I developed clots and I developed these shortly after surgery and ended up

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1326721	5/18/2021	NJ	17	M	5/13/2021	5/15/2021	in the hospital for three days. The clots are unknown - blood clots started in the legs and then developed the fluid/clot issue in the lungs - I had a pulmonary embolism in my left lung. Surgeon said it could have been caused by vaccine as he did not work on the lower part of my body.
1326716	5/18/2021	NC	58	M	4/20/2021	4/20/2021	5/14/21 - day 1 after vaccine dose #2 - had fevers, body aches, chills, fatigue. 5/15/21 - day 2 after vaccine dose #2 - began to have chest pain that started out at 5/10 and then became constant and persistent sharp, 10/10 chest pain that was worse with lying back and improved with sitting up and leaning forward. Pt went to Urgent Care, had ECG done and demonstrated ST wave changes where he was brought to ED and ECG confirmed ST/T wave changes and Troponin T was elevated to 1.62 - thus with these findings and the chest pain that was consistent with pericarditis - diagnosis of myopericarditis was made.
1326665	5/18/2021	IN	54	F	5/16/2021	5/17/2021	Patient reported having palpitations about 2 hours after receiving the first dose of Moderna. He continued to have palpitations and chest pain off and on for about 3 weeks. He went to see his doctor and the patient said the doctor said all tests were negative. The patient has not received any treatment for the adverse reaction and we are holding the second dose for now until confirmation from his doctor.
1326656	5/18/2021	IN	22	M	5/11/2021	5/13/2021	Fever Joint pain Sharp pain in chest and throath Tightness in chest, pain in chest, and shortness of breath. Started late May 13, subsided enough to get some sleep. Awakened by the pain and shortness of breath around 7:30 am May 14. Unable to get out of bed. Called 911 for ambulance. Patient was taken to Hospital Cardiac. EKG showed ST elevation, thus L & R Catheterization was performed. Negative for MI, but diagnosed with Pericarditis, kept overnight in hospital and prescribed Indomethacin (Indocin) 3 times daily for 14 days. Released from hospital May 15. Recovery continues at home.

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1326646	5/18/2021	CT	16	M	5/13/2021	5/14/2021	Received second Pfizer Covid-19 vaccine on Thursday 5/13 without acute adverse events. The following day he developed substernal non radiating pleuritic chest pain that kept him awake all night. The following morning pain progressively worsened so he went to the emergency room.
1326564	5/18/2021	PA	42	M	4/15/2021	4/16/2021	Pt first began to notice left leg "stiffness" after receiving his first COVID vaccine (Phizer) several weeks ago. Pt states that after receiving his 2nd dose on 05/06, he noticed his leg stiffness got significantly worse. He tells me that he tried to "push through the pain" and mow his lawn but had to stop d/t severe cramping of the LLE and pelvis. He states he rested his leg and went to bed, and when he woke up he noticed that his left leg was severely swollen. Pt decided to take 3 days off work to continue to rest the leg, but ultimately came in for evaluation at the suggestion of his coworkers. Pt denies fever, chills, chest pain, or SOB. He denies history of smoking, prior clotting, long car travel, air travel, leg injury, or recent surgery. On exam, the left lower extremity is significantly swollen, erythematous, and hot to the touch. Physical exam otherwise unremarkable. Will admit to the hospitalist service for further medical management. ED Course: Hypertensive with BP 170/93. Initial workup significant for WBC 13, K 3.3, glucose 159. CT chest/a/p with findings suggestive of multiple PE's of the left and right lower lobes as well as extensive LLE DVT extending slightly into the IVC. Trop <0.03. BNP 66. ECG shows sinus tachycardia.

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1326504	5/18/2021	CA	50	F	5/11/2021	5/12/2021	<p>/11: took Blood Pressure at pharmacy while waiting for shot 120/90. 1st shot of Moderna. Brain fog and then fatigue later in the day. 5/12: chest pain/pressure. Took an aspirin ~6pm. 5/13: went to urgent care. ECG normal. BP 136/86. Labs normal. 5/15: purchased BP monitor 136/90 5/16: BP 147/9X? 5/17: BP 132/76. Visit with Primary Care Dr. Typical BP based on Dentist Records 9/28/2020 117/69 1/20/2021 121/59 4/26/2021 92/52 As to my anxiety level. I did not have much of any anxiety on the day that I got the shot (maybe 2 on a scale of 10)and was feeling good about starting the process of getting vaccinated. The next day I did start to become concerned when I started having chest pain. I do tend to have anxiety before going to the dentist 5 on a scale of 10. Continuing to monitor blood pressure and will reconvene with the doctor if it does not resolve in a couple weeks.</p>

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1325853	5/18/2021	CA	31	F	4/9/2021		<p>BLOOD CLOTS IN LUNGS; COMPLICATED MIGRAINE; ANEMIA; INJECTION SITE PAIN; BODY PAIN; This spontaneous report received from a patient concerned a 31 year old African American and not Hispanic or Latino female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported and batch number: 043A21A expiry: 20-JUN-2021) dose was not reported, 1 total administered on 09-APR-2021 to left arm for prophylactic vaccination. Concomitant medications included escitalopram oxalate. On 09-APR-2021, the patient experienced body pain, injection site pain on left arm as it had been injected incorrectly that lasted for 4 days. On 17-APR-2021, the patient experienced experienced chest pain, complicated migraine, shortness of breath, left arm numbness, anxiety and weakness. The patient took tylenol (paracetamol) to sleep at night. The patient went to the hospital on 18-APR-2021 and was hospitalized for 3 days. It was found that she had blood clots in her lungs. The patient was discharged on 20-APR-2021 and was put on treatment medications, 2 tablets of xarelto 15 milligram once daily for 3 weeks and it was decreased to 1 tablet 20 milligram daily for 6 months. The patient was put on topiramate 50 milligram daily for migraine, ferrous gluconate 195 milligram for anemia, hydroxyzine 50 milligram for anxiety due to chest pain and 2 tablets of tylenol (extra strength) for chest pain. The patient had no relevant medical history. The patient had a nuvaring for birth control. On 26- MAR-2021, she was also started on lexapro 10 milligram. The symptoms were not resolved except injection site pain and the doctor thought the left arm numbness was due to migraine. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from injection site pain on 12-APR-2021, was recovering from body pain, complicated migraine (left arm numbness and weakness) and the outcome blood clots in lungs (chest pain, shortness of breath and anxiety) and anemia was not reported. This report was serious (Hospitalization Caused / Prolonged); Sender's Comments: V0: 20210523268-JANSSEN COVID-19 VACCINE Ad26.COV2.S- Blood clots in lungs, Complicated migraine. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown</p>

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1327658	5/18/2021	NC	21	M	5/13/2021	5/15/2021	scientific plausibility. There is no information on any other factors potentially associated with the event(s). He had Moderna vaccine #2 on 5/13/2021. The day after the vaccination he had fevers and chills. Two days after his vaccination (5/15/2021) he developed mild midsternal chest pain. This worsened and on 5/16/2021 he felt like someone was sitting on his chest. This pain was worse with deep breaths and radiated to his shoulders. He sought care at an urgent care clinic where EKG unexpectedly showed diffuse ST elevations. He was referred to the ED where he had an elevated troponin and there was concern for myocarditis. TTE done showed a normal ejection fraction and normal heart valves. He denies recent illnesses. He denies recent sore throats or skin infections. He works in the hospitality industry but denies known recent COVID-19 infection. Since admission he was seen by cardiology and was started on colchicine, indomethacin, and protonix. Telemetry has been reassuring. He reports feeling much better.
1327805	5/18/2021	WA	21	M	5/16/2021	5/17/2021	Myocarditis with elevated Troponin and chest pain the day after vaccination
1327990	5/18/2021		75	M	3/23/2021	3/24/2021	3/24 medical facility, admitted day after covid vaccine with syncope. Male with a history of PVCs who is coming into the hospital after a syncopal episode; patient reports in usual health, he had a second covid vaccine on 3/23, and start getting dizzy especially with movement on 3/24. On 3/24, he woke up and was going to the bathroom and then turned around to walk out of the bathroom and all of a sudden became lightheaded and dizzy. He said he ended up falling onto the ground not sure exactly how long he was out for but did not lose control of bowel or bladder function he had no chest pain. Stable course in the ER vital signs reviewed slightly elevated blood pressure. Extensive work-up was done. Normal saline bolus given. Chemistries unremarkable save for creatinine 1.32. Rest labs reviewed. He did meet gap alert criteria so CT C-spine CT head done no acute findings. EKG sinus tachycardia as ventricular trigeminy. No ST elevation. Discharged in stable condition.

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1328253	5/18/2021	CA	17	M	5/15/2021	5/17/2021	Developed chest pain and diagnosed with myopericarditis based on EKG and elevated troponins. admitted for monitoring
1328746	5/18/2021	CA	15	M	5/18/2021	5/18/2021	Client received the 1st COVID vaccine of Pfizer (Lot#EW0185 expiration 05/22/21) At 4:28PM client reported dizziness, lightheaded, headache, no blurred vision, no chest pain, no shortness of breath. Client has been waiting for 20 minutes in the observation area. at 4:33PM RN responded to event. Vital signs are blood pressure 100/62, hear rate 73, oxygen saturation 99%. Client reports slight headache towards the frontal lobe. Per client and client's father, there is a history of asthma and no known allergies. At 4:38PM EMT obtain vital signs that are blood pressure 110/60, heart rate 74, oxygen saturation 99%. Client reported feeling weak, no dizziness, and no lightheaded. Provided supplemental nutrition and fluids to client. Client accepted. RN educated client and father about ED precautions and common adverse effects of COVID vaccine. At 4:47PM vital signs are blood pressure 100/60, heart rate 82, oxygen saturation 99%. Client reports not feeling symptoms. All symptoms had resolved. Client has steady gate and is waiting for other siblings to complete observation time.

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1328747	5/18/2021	CA	14	M	5/18/2021	5/18/2021	Client complained of palpitations 20mins after receiving vaccine. First vitals at 1637: pulse 147, blood pressure 124/78, oxygen 99%. Alert and oriented x4. Client denied chest pain, shortness of breath, headache, or blurry vision. Per Father client had asthma that resolved years ago, no current medications or allergies. Pulse at 1638: 127. Vitals at 1640: blood pressure 118/70, pulse 124, oxygen 100%. Per client palpitations improving. Alert and oriented. 1644: client hands shaking, client stated only had breakfast. RN brought client juice and snack. Client began to eat. Father denied client having diabetes. 1648 vitals: blood pressure 122/80, pulse fluctuating from 110-120s, oxygen 97%. Symptoms the same with new onset o blurry vision, per client could not focus image. PHN offered Father to call paramedics for further assessment and he declined. PHN advised for client to follow up with provider. Per Father client's sugar lowers when he skips meals. PHN asked Father is he has followed up with provider or checks client's sugar at home, Father denied. Per Father he knows his son and "he needs to eat or sugar goes low". At 1656 client stated he wanted to vomit, emesis bag given. 1658 client pale, PHN asked client how to was feeling. Per client feeling like he "was going to pass out". At 1700 client stated he could not feel legs, RN assessed for sensory and motor. Per client felt like legs "were asleep". PHN assessed for level of consciousness, client unable to answer, client lethargic. 1701 client lost consciousness. PHN and RN lowered client to floor from chair. EMT called 911 at 1703. RN did sternal rub, client unresponsive, breathing normal, pupils reactive. 1704 client woke up with urge to vomit. PHN and RN turned client on side. EMT able to place emesis bag near. Client had 1 small vomit episode. Client's eyes open, blank stare, not answering questions. At 1707 client went unresponsive again. Paramedics arrived at 1709 and assumed care. Client transported to hospital at 1717

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1328752	5/18/2021	CA	16	F	5/18/2021	5/18/2021	Client received 1st COVID vaccine Pfizer (Lot#EW0185 expiration 05/22/21). At 4:28PM Client reports headache, no dizziness, no lightheaded, no blurred vision, no chest pain, no shortness of breath. Client has already completed 20 minutes of observation. EMT obtained vital signs blood pressure 116/71, heart rate 87, oxygen saturation 98%. At 4:33PM, RN responded to the event. Client and father reports history of asthma and no known allergies. Offered supplemental nutrition and fluids. Client accepted. Client reports to RN about no chest pain, lightheaded was improving, headache is going down. At 4:39PM vital signs are blood pressure 130/84, heart rate 96, oxygen saturation 99%. Client reports lightheaded, blurred vision, no shortness of breath. RN educated Client and father in regards to ED precautions and common adverse effects of COVID vaccine. 4:44PM vital signs are blood pressure 121/79, heart rate 92, oxygen saturation 98%. Client reports no chest pain, no shortness of breath, lightheaded is improving, headache is going down, no blurred vision, no dizziness. Client remains sitting in a chair and eating/drinking supplemental nutrition and fluids. At 4:49PM vital signs blood pressure 118/78, heart rate 89, oxygen saturation 99%. Client reports all symptoms has resolved. Client has a steady gate and is waiting for other siblings to complete observation.

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1327432	5/18/2021	MD	17	M	5/12/2021	5/14/2021	17 y.o. male who presents with chest pain, elevated troponins and diffuse ST elevations concerning for pericarditis vs myocarditis admitted for cardiac monitoring and evaluation. Pt states he has had 1 day of sudden onset L shoulder pain and chest pain. Endorses dyspnea due to pain with deep breaths, denies tachypnea, nausea/vomiting, diaphoresis. Endorses mild chills and aches after COVID vaccine 3 days prior to onset of symptoms, denies any fever, URI symptoms, diarrhea, rash, known COVID contacts. Pain continued to worsen and spread across his chest, causing presentation to ED this afternoon. No history of PE, DVT, long travel, recent surgery, malignancy, alcohol or cocaine use. Significant cardiac history in family: dad with CAD w/LAD blockage, both parents with hypertension. At ED, labs notable for elevated troponin 0.456, repeat 0.67 and diffuse ST elevations on EKG concerning for pericarditis. COVID neg, CXR unremarkable, blood cx drawn, no abx started. Patient was given toradol for pain with minimal improvement. Peds cardiology was consulted and patient was transferred to different ED for further care. At different ED, repeat EKG showed similar diffuse ST elevations in I, II, aVL. Repeat troponins uptrending (4.91), proBNP 562, ESR 43, CRP 18. Mildly tachycardic but otherwise hemodynamically stable. Given tylenol for pain. Cardiology recommended admission for trending troponins, echo and cardiac monitoring. CV: Troponins were trended every 12 hours with a max of 4.91. His last troponin checked on the morning of discharge was 0.41. He had an echo that showed normal cardiac function, an MRI that indicated normal ventricular size and function, with minimal or healing and inflammation or mild myocarditis. During his admission, he had continuous cardiorespiratory monitoring, that did not show any arrhythmias. Resp: On 2L NC for comfort, no respiratory distress or hypoxia. FENGI: Regular diet Neuro: Ibuprofen scheduled and tylenol PRN for pain. He was initially started on ibuprofen 800 mg every 8 hours, but was starting to have pain prior to being due for medicine every 8 hours so his regimen was changed to 600 mg every 6 hours which controlled his pain adequately. ID: Myocarditis panel sent with some results still pending. Thus far, he is CMV negative, EBV IgG was positive but not IgM. RVP was negative. This all occurred in the setting receiving the Covid vaccine 3

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							days prior to presentation, which has been reported as a rare reaction to the Covid vaccine. At the time of discharge, labs pending results include mycoplasma pneumonia, coxsackie, parvovirus, enterovirus. Etiology of myocarditis remains unclear at this time, could be related to infectious etiology not yet clear to us, vs related to his COVID vaccine prior to admission.
1327483	5/18/2021	MO	32	F	4/8/2021	4/19/2021	I experienced chest pains, felt like hard time breathing, little cough that felt like an asthma attack but not quite. I've had PE blood clots I went to urgent care on 04-23-2021, where they did CT scans of the chest and upper abdomen and lab work and my exams were negative. I can say today that I have recovered from my symptoms.
1323865	5/17/2021	CT	23	M	5/14/2021	5/14/2021	Fever with fatigue and headache on 5/14 , getting worse. Chest pain on 5/16. Admitted to hospital 5/17 with Myocarditis probably vaccine related
1323645	5/17/2021		50	F	4/16/2021	5/1/2021	N17.9 - Acute kidney failure, unspecified CHEST PAIN BACK PAIN NAUSEA VOMITING
1323613	5/17/2021	FL	54	F	4/16/2021	4/19/2021	Numbness in face, arms, legs. Tremors, Dizziness almost blacking out. Chest pains. Paramedics called Blood pressure extremely low to very high. Taken to hospital. Events as such continue to occur. Have been to ER , Neurologist, Cardiologist, Primary Care.

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1323510	5/17/2021	UT	52	F	3/10/2021	3/20/2021	Soreness in my left arm at the injection site area. I treated with ibuprofen. It was fine the next day - used a lot of motion to help. I rubbed it and I guess I wasn't suppose to. I had no other issues until my typical seasonal allergies but a week an a half later - Saturday, I noticed I was having symptoms and was notified by a family member, that family member on Tuesday after I started having symptoms that they had a positive test. So I got tested at a Rapid Test site. I had productive cough and sinus congestion and some chest pain and shortness of breath. That went on for about a week and a half. I contacted my physician after the positive COVID test and because I have asthma related to the Hiatal hernia - and I increased to maximum dosage on Advair. That worked. Mucinex with Sudafed to dry that out. And started to use Cool Mist Humidifier and had that in my room constantly and I did self isolate to my bedroom during that time. Vicks vapor rub on my chest. I wasn't running a fever - it varied slightly but it never went over 99. My highest temperature I think was 98. I monitored my O2 with finger monitor - as I had shortness of breath doing stairs. Lowest around 88 but then it would return to 96 or 97 in about 15 minutes. Follow up with doctor (primary care doctor) - telemed appt.
1323456	5/17/2021	NJ	61	M	4/7/2021	4/8/2021	Within 24 hours pain in left side of left chest, in 48 hours pain on full left side of chest, within 72 hours pain through entire chest. Hospitalized within 72 hours, chest pains, catheterized within 120 hours, had a blood clotting issue, put into medically induced coma for three and a half days, followed by a pulmonary embolism and four (4) clogs, two (2) in either leg, within two weeks. Hospitalized twice, currently on three blood thinners, a beta blocker, pepcid, a statin, and one other. Expected to be on three blood thinners for at least three (3), most likely six (6) months. Start cardiac rehab on 5/19/21. Have chronic cough and chest discomfort. Expected recovery time: six (6) months.

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1323816	5/17/2021		71	F	4/1/2021	5/13/2021	Difficulty breathing, chest pain, dyspnea on minimal exertion. Diagnosed with diffuse pulmonary emboli involving the distal main branches as well as the proximal segmental and diffusely throughout the subsegmental branches of both lungs. Elevated right ventricular over left ventricular ratio greater than 1.0 suggesting right-sided heart strain and increased right-sided heart pressures. Admitted and treated with IV heparin bolus and infusion.
1323833	5/17/2021	GA	15	F	5/14/2021	5/14/2021	AFTER COVID19 VACCINATION, PATIENT EXPERIENCED NUMBNESS, TINGLING, DIZZINESS, WEAKNESS, LIGHTEADEDNESS AND DIAPHORESIS AT FOREHEAD. NO LOC, NO DIB, NO SYNCOPE, NO CHEST PAIN. AFTER 15 MINUTES PATIENT WAS ASYMPTOMATIC. LEFT WITH FATHER TO HOME AT 11:16 AM. VITAL SIGNS: 1100 BP 72/36, HR 88, RR 20 1105 BP 86/46, HR 84, RR 20 1110 BP 88/62, HR 82, RR 20 1115 BP 96/68, HR 80, RR 20 1116 BP 102/70, HR 82, RR 20
1323710	5/17/2021	CO	16	F	5/15/2021	5/15/2021	Headache and chest pains
1323838	5/17/2021	WA	35	M	3/26/2021	4/24/2021	Suspected VITT treated with bivalirudin 0.08 mg/kg/hr, IVIG, hemoptysis, cough, chest pain
1323046	5/17/2021	OH	35	M	4/14/2021	4/16/2021	4/16/21 Patient presents to ED w/chest pain. he was found to be + for SARS-CoV-2. He was placed in observation and was discharged to home the next day after IV hydration and lowering blood sugar. Chest and abdominal myalgias In context of COVID-19 infection, he has no additional symptoms of Covid. CPK is unremarkable Likely secondary to COVID Covid-19 Virus Infection Date of onset of symptoms: ?? Date of covid positive test: 4/16/2021 Symptoms: Myalgias, no fever, no GI or respiratory symptoms Special isolation precautions implemented: yes Oxygen requirements on admission: None Current oxygen requirements: None Medical therapy: not indicated
1323925	5/17/2021	FL	26	F	4/14/2021	4/14/2021	04/14/2021, experienced leg cramps, fatigue, body aches. Visited ER on 04/15/2021 05/10/2021, experienced chest pain, rapid heart beat, exhaustion Visited ER 5/11/2021

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1323975	5/17/2021	IL	24	F	4/11/2021	5/15/2021	The patient presented with chest pain on 5/15/2021. She had a 9 hour drive on 4/30/2021, and had the J&J vaccine on 4/11/2021.

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1323410	5/17/2021	MA	12	M	5/13/2021	5/13/2021	From ED Note: 12 year old male with PMH of asthma on flovent, food allergies with epi-pen (has not required this) and pre-syncope/syncope who presents with concern for loss of consciousness and possible seizure-like activity following a COVID vaccine. Mom notes that he was in his usual state of health when he presented to COVID clinic to get his first vaccine. He got the Pfizer vaccine, seconds after getting in his left arm, mom noted that he looked very "wide eyed" and distraught. She notes that he slumped forward and had lost consciousness for approximately 5 seconds. She noticed shaking movements in his right arm and bilateral lower legs. She notes that his left arm was against her and therefore cannot comment on it. She notes that his eyes were closed. No tongue biting and no incontinence. No secondary trauma. She notes that when these 5 seconds were over he then had a period for about 30 minutes where he looked pale and was breathing heavy but was alert and answering questions. She notes that he has had presyncopal episodes and episodes of feeling faint when getting flu shots in the past. However, this time she noted that he had shaking which made her nervous for possible seizure activity. Patient denies any chest pain or headache prior to the symptoms. She came via ambulance for further evaluation. On arrival, he reports that he feels 90% back to his baseline. He notes that he does not feel quite ready to run around yet however denies any pains or discomforts, headache, weakness, numbness, or tingling. He had eaten a full breakfast prior to getting the shot. He had a normal night sleep and a normal day yesterday per mom. Medical History: as above Surgical history: none Family History: Reviewed and no pertinent related family hx pertaining to this visit Social History: Lives with family Allergies: food allergies Medications: flovent, epi-pen Immunizations: Up to date Medical Decision Making 12 year old male with PMH of asthma on flovent, food allergies with epi-pen (has not required this) and pre-syncope/syncope who presents with concern for loss of consciousness and possible seizure-like activity following a COVID vaccine. On arrival, he was alert, well-appearing, in no acute distress. His vital signs were normal for age on room air. His physical exam was very reassuring as above with a normal neurologic and cardiac evaluation. Differential includes vasovagal/syncope in the setting of a known

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1323184 5/17/2021 IL

84 M

2/22/2021

2/22/2021

stressful trigger vs seizure given report of shaking in his extremities. We feel the latter is significantly less likely given the timeline of the events. Has no known seizure activity nor any triggers per history (fever, trauma, etc.). He also has a normal neurologic assessment. At this time we will defer neurology consults given low concern for seizure. It is possible that this represents a side effect of the vaccine however we also feel that this is less likely given the fact that his symptoms have been seconds after receiving the vaccine. Nonetheless we reported the symptoms to the pharmacist who recorded it in the database. We attained an EKG showing a known incomplete right bundle branch block (unchanged from 2013) and a slightly prolonged QTC of 477 (previously 451). I encourage patient to stay well-hydrated, well rested in the setting of his suspected syncopal episode this morning. I also suggested that for further vaccinations, that he lay down on the table and drink/eat well prior. We provided strict return to ED criteria in the setting of worsening symptoms. All questions were answered at the time of discharge. Mom verbalized her understanding and agreement of the plan. He was discharged in a stable condition with mom at side. **After patient was discharged, cardiology called the follow-up team due to the prolonged QTC to ensure that we were aware. I contacted the patient's PCP to do a follow-up EKG in 1 month's time.

84 y.o. male who presents with chills, weakness and low back pain that had onset approximately an hour and a half ago. Upon presentation, the patient's temperature was noted to be 102°. Patient's states that he had a similar set of symptoms several years ago was found to have sepsis of unknown origin. He denies anorexia malaise generalized body aches headache cough dyspnea chest pain nausea vomiting abdominal pain diarrhea or urinary tract symptoms. The patient has been covered vaccinated and reports no known exposures. Of note, the patient has been on cephalexin for the past week due to a postoperative infection related to his recent carpal tunnel release. Transferred to a different hospital for Severe Septic shock, on dopamine drip; remains inpatient as of 5/17/21

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1323091	5/17/2021	NC	14	M	5/14/2021	5/14/2021	Pt was given COVID vaccine #1. Approximately 10min after vaccine administration pt reported losing his vision, having difficulty breathing and numbness in left arm. Denied chest pain, headache, nausea. Pt pulse 59. SpO2 91-96%. Pt pupils dilated. Pt alert x2. This RN called 911 with mother's permission. EMS arrived @1800. At that time pt alert x3, no longer pale, numbness decreased, difficulty breathing resolved. Pt walked out of the office on his own. He was not taken to ED via Ambulance.
1323080	5/17/2021	IL	20	M	5/8/2021	5/8/2021	20 YO patient with no significant PMH who presents with headache, back pain, and chest pain. He received 2nd Pfizer COVID19 vaccine dose 5/8/21. Later that day he felt very tired. On 5/9/21, he developed a headache that worsened throughout the day, was felt over whole head, but more painful in temporal areas, and he became nauseous. On 5/11/21, he developed back and chest pain and had 2 episodes of NBNB emesis. The chest pain is sharp, located over the whole chest and extends to axillae. The back pain is worse in the right shoulder. The back and chest pain are worse with inspiration, movement, and supination. CMR confirmed myopericarditis. Patient treated with colchicine and NSAIDs and IVF, has cardiology f/u on
1323785	5/17/2021	PA	15	M	5/17/2021	5/17/2021	Post vaccine pt became dizzy and lightheaded. Pt transferred to med obs via wc. Pt reports immediately feeling better after sitting down on litter. Vitals obtained and monitored. Pt had no complaint of chest pain. Pt had no complaint of SOB. Pt released at 14:10. Vitals as follows: 1359 SITTING BP 116/67 HR 62 RR 16 SpO2 98% 1410 STANDING BP 119/79 HR 62 RR 16 SpO2 98%

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1323004	5/17/2021	CT	17	M	4/30/2021	5/10/2021	<p>17 y.o. male with non contributory PMHx presents with chest pain. Patient began not feeling well on Monday May 3rd with muscle aches, sore throat, dry cough, and headache. Received COVID vaccine on Apr 30. He woke up Friday May 7 he developed a fever to 102F. Went to urgent care yesterday was diagnosed with strep based on suspicion (negative rapid, culture pending) and started on amoxicillin. Rapid covid was negative at that time as well. Now presents for chest pain. He has woken up that last two mornings with chest pain (worse when laying flat), pain is substernal, sharp/throbbing, radiates to the left arm. Belching a lot. Palpitations and one episode of emesis prior to arrival. Suspected symptoms were from gas so took charcoal tablets prior to arrival without relief of symptoms. Has been taking ibuprofen for discomfort (400 mg every 4-6 hours for > 7 days). No shortness of breath. No abdominal pain. No diarrhea. No hematuria or dysuria. No family history of sudden cardiac death or significant for CAD. No known tick bite. Of note, received Pfizer dose 2 3d prior to symptoms starting. Presented to ED earlier tonight where exam was notable for: Low-grade temp, mildly hypertensive with otherwise stable vitals, appears uncomfortable, belching, neck is supple without meningismus, bilateral tonsils 1+ with exudate, oropharynx is erythematous, uvula midline, no trismus, no swelling, lungs clear, regular rhythm mild bradycardia, no murmurs rubs or gallops, abdomen is soft and nondistended with mild tenderness in epigastrium and right upper quadrant they did ECG, bedside Echo, Strep PCR, zofran, maalox, pepcid, IVF, tylenol, and labs which were notable for elevated troponin -> 13.58 d/w YSC Ped ED and tx</p> <p>Assessment: Patient is a 17 y.o. male previously healthy who presents with 1 week of malaise, and 3 days of intermittent substernal chest pain (now resolved), found to have elevated troponin and ST segment elevations in I and lateral leads c/f myopericarditis. Etiology is unclear at this time, likely viral vs post-vaccine. Exam notable for exudative pharyngitis, however Strep and CMV neg. EBV serology with positive EBNA only. Labs otherwise notable for elevated CRP 180, ESR 38, some transaminitis, ferritin/D-dimer wnl. COVID RNA neg, spike Ab positive c/w recent COVID vaccination. Normal function on ECHO. CRP continues to downtrend. Troponin has started downtrending again</p>

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1322953	5/17/2021	CA	27	M	5/14/2021	5/14/2021	<p>and pt remains asymptomatic. Plan Plan: #Myopericarditis - Repeat echo today - q8 troponin, AM CBC, CRP, ferritin - Motrin 400mg prn - steroid taper per Rheumatology recs 30mg PO BID for 7 days 30mg PO qday for 7 days 15mg PO qday for 7 days 7.5mg PO qday for 7 days 2.5mg PO qday for 7 days Off - f/u ID and rheum labs - continuous telemetry: patient at high risk of arrhythmia #FEN/GI - Regular diet - strict I/O - Pepcid 20mg BID #dispo - steroid taper sent for delivery to bedside - upon d/c start ASA - f/u cardiology - If echo today reassuring and troponin continuing to downtrend will plan for discharge this afternoon</p> <p>27 yo male with 3 days of fevers, chest pain x 3 days, beginning on 5/14/21 and presented to ED on 5/17/21. Found to have pericarditis and myocarditis, troponin I of 32.</p>

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1322596	5/17/2021			U			SORE THROAT; MILD SHORTNESS OF BREATH; MILD CHEST PAIN; DIZZINESS; CHILLS; INTENSE FATIGUE; FULL-BODY MUSCLE ACHES TO THE EXTENT THAT STANDING AND SITTING WERE PAINFUL; HEADACHE; FEVER; MILD SORENESS AT THE INJECTION SITE; NAUSEA; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the subject experienced sore throat, mild shortness of breath, mild chest pain, dizziness, chills, intense fatigue, full-body muscle aches to the extent that standing and sitting were painful, headache, fever, mild soreness at the injection site, and nausea. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from sore throat, mild shortness of breath, mild chest pain, dizziness, chills, intense fatigue, full-body muscle aches to the extent that standing and sitting were painful, headache, fever, and nausea, and had not recovered from mild soreness at the injection site. This report was non-serious.

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1322558	5/17/2021	MI		M		5/8/2021	CHEST PAIN; MIGRAINES; STOMACH PAIN; DIARRHEA; SWELLING IN BOTH LEGS; BLURRED VISION; CHILLS; PAIN IN BOTH LEGS; TIRED FEELING; NAUSEA; HEADACHE; This spontaneous report received from a patient concerned a male of unspecified age. The patient's height, and weight were not reported. The patient's past medical history included covid-19 infection (twice), and other pre-existing medical conditions included the patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042AZ1A expiry: UNKNOWN) dose was not reported, administered on 03-MAY-2021 for prophylactic vaccination. No concomitant medications were reported. On 08-MAY-2021, the subject experienced headache. On 10-MAY-2021, the subject experienced chest pain. On 10-MAY-2021, the subject experienced migraines. On 10-MAY-2021, the subject experienced stomach pain. On 10-MAY-2021, the subject experienced diarrhea. On 10-MAY-2021, the subject experienced swelling in both legs. On 10-MAY-2021, the subject experienced blurred vision. On 10-MAY-2021, the subject experienced chills. On 10-MAY-2021, the subject experienced pain in both legs. On 10-MAY-2021, the subject experienced tired feeling. On 10-MAY-2021, the subject experienced nausea. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain, migraines, stomach pain, diarrhea, blurred vision, chills, pain in both legs, tired feeling, and nausea on 10-MAY-2021, was recovering from swelling in both legs, and the outcome of headache was not reported. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required as per standard procedure as the case assessed as non-serious.
1322471	5/17/2021	CA	29	F	5/14/2021	5/15/2021	Coughing, shortness of breath, chest pain
1322467	5/17/2021	MD	28	F	5/14/2021	5/15/2021	Hard firm red spot on and around injection site. Feel hot and painful to touch. Seems to be spreading outwards. Also in general just feel pain and fatigue. Chest pains. Itchy all over body and back pain.

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1324556	5/17/2021	TX	30	M	4/30/2021	5/1/2021	Symptoms began on 05/01/21 with fever, rapid heart rate, headache, chest pains, disorientation, nauseous and dizzy spells. I have kept a log of symptoms of when they occur, the time they occur and what the symptom is.
1323977	5/17/2021	OH	16	F	5/17/2021	5/17/2021	Presented with acute onset chest pain, found to have right lower extremity DVT and bilateral PEs. Required short stay in ICU for close monitoring given clot burden in her lungs. Required heparin infusion and then transitioned to lovenox for home-going therapy.
1323234	5/17/2021	CO	68	M	2/1/2021	4/30/2021	Patient reportedly received Moderna Vaccines 02/01/2021 and 03/01/2021. On 4/30/21 he had chest pain and was found to have inferior STEMI. He was transferred for further care. Upon further investigation he was found to be COVID-19 positive on 4/30/21 at 01:39 via COVID PUI LIAT testing of nasopharyngeal source. The patient was reportedly asymptomatic from COVID-19. He underwent thrombectomy and DES to RCA for STEMI. He was discharged home 5/2/21.
1323053	5/17/2021	NC	14	F	5/14/2021	5/14/2021	Pt c/o stabbing chest pain 15min after receiving the COVID vaccine. Pt was evaluated by MD and determined to be having an episode of anxiety. Vitals signs within normal limits.

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1324473	5/17/2021	OR	33	F	3/31/2021	4/29/2021	I received my Janssen vaccine on 3/31/21. On 4/29/21, I had a virtual appointment with a naturopath about a completely separate health issue (mold illness), and she asked me to check my blood pressure. I checked my blood pressure using my father in law's at home cuff, and it was 149/99. I continued to check over several days and had persistently elevated readings, ranging from 122-165/93-107. My last known normal BP reading was in February of 2021 and was 110/70, which is my typical BP. I had not checked my BP at any time between February and April because I had no reason to believe it would be elevated. On 5/2/21, I had a reading of 165/107, which prompted me to go to the ER. At the ER in triage, my BP was 188/144. EKG was normal and troponin I was normal. I was monitored for a few hours with BP around 155/100, and after a dose of Nadolol, my BP came down to 122/79. I also had chest pain/tightness during this experience, which may have been due to anxiety. My BP has continued to be persistently elevated (now coupled with anxiety about what is going on, which doesn't seem to be helping the numbers!), and I had to return to the ER on 5/5/21 after getting an at home reading of 180/122 (this was about 1 hour after taking a dose of Nifedipine). At the ER triage, my BP had come down to 140/109, so they sent me home. My BP has now remained elevated at around 135-140/95-100, while taking 30mg Nifedipine ER daily.
1324036	5/17/2021	AZ	48	F	4/10/2021	4/24/2021	on the 04/14 I started feeling pretty bad at home, I tested positive for covid because my daughter had tested positive on the 04/12. by the 04/16 I was sick short or breathe , coughing telehealth call on 04/17 was prescribed an inhaler by the 04/21 I was coughing uncontrollably I felt like I had a cold called my doctor he told me to wait it out on the 04/24 I wasn't feeling better went to the er I couldn't breathe short of breathe walking short distances, I was released on the 04/27 and I was diagnosed with covid phenonium hospital I had to go to 05/15 was re admitted to hospital for chest pain and I was having problems breathing

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1324251	5/17/2021	NV	49	M	4/6/2021	4/14/2021	I started having a lot of pain in my right leg. I could actually feel and see that my veins were swollen. It progressed and started moving around. I started having chest pain and headaches. I ended up at ER. They gave me pain meds and did a CT Scan and ultrasound, which were both clear. The next day, I was walking around and my hand and arm started hurting and then went numb. My right wrist was swollen to twice its size. I went to care and they told me to go back to the ER. They eventually did another ultrasound, but the swelling had gone down by then. A few hours later, my left arm started to swell and lasted for about 4 hours. From there, I had pain in my arms and legs for a few days after that, but then I was fine.
1324462	5/17/2021	MI	19	M	3/24/2021	3/27/2021	Patient admitted to hospital 3 days later with chest pain, ECG changes, and troponin elevation and was ultimately diagnosed with myocarditis.
1324010	5/17/2021	TX	31	M	5/13/2021	5/13/2021	Patient received vaccine Thursday morning. Later that evening, he started experiencing chills, fever (>101F), and body aches for the next couple of days. Saturday morning, fever continued with body aches throughout the day but other symptoms subsided. Chest pain started Saturday evening but patient was unsure what it was. Saturday after midnight, patient went to sleep and woke up after 30 mins with chest pain, chest pressure, burning sensation in chest, and stiff neck. Patient couldn't lay down in bed and went to ED.

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1324516	5/17/2021	CA	24	M	5/7/2021	5/7/2021	About 9 hours after getting my vaccine, I started noticing my temperature rising to ~99.0. About 1 hour later (12 AM), it had risen to ~103. I also noticed my heart rate was extremely high (on average 140 bpm, the highest was 225 bpm); this was also accompanied by chest pains which seemed like they were on the right side of my heart; I also had difficulty controlling my bladder and would randomly start to urinate. I had taken two Advil then slept. The next day (~9 am) my fever went down but 3 hours later it had gone back up to ~101, I eventually kept cooling myself (removing shirt, fan on high, etc.) and took one Advil and my temperature started to get normal. For about two days after that, I had pain in my left shoulder - but this was where the injection took place so I wasn't too worried. Currently I am feeling fine, but the initial day getting the vaccine was quite harrowing - I was quite worried I was going to have a heart attack.
1324997	5/17/2021	IL	38	F	3/15/2021	4/17/2021	Many weeks ago (end of March, into April) i noticed I was short of breath, and a few weeks later a cough developed (mid-April). Also mid-April, on April 17, I had a sudden conjunctive hemorrhage happen in my right eye for no apparent reason. There was no injury to my eye and my ophthalmologist told me it would heal in a few weeks. Two weeks ago (beginning of May) a terrible, nearly unbearable headache began. A few days later, I continued to feel strange and began to get more frequently short of breath and my cough worsened. On 5/5/2021 I went to my doctor , Family Medicine, and was then sent to the local hospital, and had a cat scan done of my lungs, around 9 AM. I was I was diagnosed with a Pulmonary Embolism in my right lung, that is so large that it is taking up 2/3 of the lung and its pushing on my heart. I am currently taking Eliquis and waiting to be seen by a specialist. I still have shortness of breath, headaches, and chest pain as a result of my PE.

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1325256	5/17/2021	IL	15	F	5/16/2021	5/17/2021	Patient received a first dose of Pfizer vaccine around 10am on 05/16/2021. Around 6pm on 05/17/2021, patient's mother called and stated that her daughter feels difficulty breathing, SPO2 at 94, heaviness in chest (she describes like an object was sitting on her chest) and chest pain (on scale 0-10, with 10 is the most intense pain, pt reported 8/10). In addition, pt has been experiencing chills since the day of the vaccination. Parent gave the child ibuprofen before calling pharmacy. Pt 's mother reported that her daughter dose not take any medication nor any herbal supplement. The daughter has a history of heart murmur. Based on the severity of the symptoms, we advised the mother to take her child to emergency care.
1322072	5/16/2021	TX	42	F	5/9/2021	5/13/2021	Severe chest pain, echocardiogram

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1322069	5/16/2021	CA	18	M	5/14/2021	5/14/2021	<p>Patient (DOB 05-01-2003) received his 1st COVID vaccine (Pfizer, lot # EW0182 use by 5/15/21 at 0855) at 1539. The patient became pale approximately 30 seconds following the administration of the vaccine, EMT assisted the patient to the chair as he was standing up when he became pale, the patient loss consciousness for approximately 2 seconds. RN arrived at the station and assisted the patient to the ground, where he was placed in a supine position with his lower extremities elevated. The patients face mask was removed, he was alert and oriented to person, place, time, and situation. The patients color slowly returned to his face. Vitals were taken at 1540: BP: 155/70 (R arm, supine position), HR 70, RR 16, oxygen saturation at 97%, and pupils were equal. The patient had a history of fainting x 1 and his last meal was at 0800 and he stated, " I didn't drink that much today." Denied any chronic medical conditions, was not currently taking any medications, and denied any drug allergies. The patient was moved to the anti-gravity chair and he was given pringles and Gatorade. Vitals were retaken at 1545: BP 162/80 (R arm, sitting upright), HR 50, RR 16, oxygen saturation at 97%. Denied any dizziness, headache, chest pain, or vision changes. Vitals were retaken at 1553: BP 158/72 (R arm, sitting upright), HR 52, RR 16, Oxygen saturation at 97%. The patient was advised to eat a full meal prior to receiving his second COVID vaccine dose and to receive his 2nd dose in the anti-gravity chair. Vitals were retaken at 1558, BP 152/78 (R arm, sitting upright), HR 57, RR 16, and oxygen saturation at 98%. The patient was also given a bottle of water, as he did not consume many liquids during the day. The patient's color fully returned to his face and he denied any shortness of breath, dizziness, changes in vision, or difficulty swallowing. Vitals retaken at 1603, BP 150/75 (R arm, sitting upright), HR 60, RR 16, and oxygen saturation at 96%. The patient called his mother to pick him up, as we strongly advised him to not operate machinery/ a vehicle after fainting. The patient's vital signs were taken at 1608, BP 140/75, HR 60, RR 16, and oxygen saturation at 100%. The patient was advised to drink the entire bottle of water, as his blood pressure was slightly elevated and it was most likely due to being dehydrated, as he did not consume any fluid since 0800 earlier that day. The patient drank a bottle of water and his vital signs were retaken at 1614, BP 122/68 (R arm,</p>

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1321941	5/16/2021	CA	48	F	4/5/2021	4/17/2021	sitting upright) and a respiratory rate of 15 breaths per minute. The patient's mother arrived on site around 1630 and spoke with RN and both EMT. RN instructed the patient about emergency precautions and to follow up with his primary care provider. RN also educated the patient about the importance of informing the healthcare provider about his history of fainting with the first vaccine, when receiving the second COVID Pfizer vaccine. Gave the patient V-safe information and reported the occurrence in VAERS. The patient had a steady and even gait when leaving the site with his mother at 1632.
							Elevated heart rate at 240 beats per minute that did not subside along with shortness of breath and mild chest pain. 911 was called I was transported to Emergency Department. Prior to leaving leaving in ambulance I was given Adenosine to lower my heart rate.

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1321793	5/16/2021	AZ	69	F	3/26/2021	5/15/2021	<p>Chief Complaint Fever History of Present Illness This is a 69 year old female with breast cancer status post left mastectomy, diabetes mellitus, hypertension, and past transient ischemic attack who presented to ED for fever. The patient reports that she began experiencing sudden onset of fever and chills last night (05/15/2021), and she additionally complains of persistent sore throat and cough beginning the previous week. She has undergone radiation and chemotherapy treatment for breast cancer in the past but these treatments have been suspended for several months with mammography performed on 03/10/2021 failing to identify any malignant growths. In the ED, the patient was found to have acute bronchitis due to COVID-19, fevers and systemic inflammatory response syndrome. Review of Systems Constitutional: Positive for chills and fever. HENT: Positive for sore throat. Respiratory: Positive for cough. Negative for shortness of breath. Cardiovascular: Negative for chest pain and leg swelling. Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting. Genitourinary: Negative for dysuria. Musculoskeletal: Negative for gait problem. Neurological: Negative for syncope. All other systems reviewed and are negative. Vitals Blood pressure 123/75, pulse 95, temperature 37.1 °C (98.7 °F), temperature source Oral, resp. rate 29, height 1.651 m (5' 5"), weight 106.6 kg, SpO2 95 %. Physical Exam Vitals reviewed. Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is morbidly obese. She is not ill-appearing. HENT: Head: Normocephalic and atraumatic. Nose: Congestion present. Mouth/Throat: Mouth: Mucous membranes are dry. Dentition: Abnormal dentition. Pharynx: Oropharynx is clear. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Chest: Comments: Port in place to the upper right chest. Abdominal: General: Bowel sounds are normal. There is no distension. Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness. Musculoskeletal: General: Normal range of motion. Cervical back: Normal range of motion and neck supple. Skin: General: Skin is warm and dry.</p>

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1321575	5/16/2021	CO	22	F	4/17/2021	4/19/2021	<p>Comments: Chronic venous stasis changes to the bilateral lower extremities. Decreased skin turgor throughout. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Plan Admit to hospital ? cardiac telemetry unit Continuous pulse oximetry and telemetry monitoring Control pain, nausea and vomiting as needed Respiratory treatments (MDI) and supplemental oxygen prn IVF hydration; serial neurological checks every four hours Initiate dexamethasone therapy 6 mg IV once daily Ascorbic acid, zinc sulfate, and vitamin D3 supplementation Serial BMP, Mag, CBC, hepatic panel; ESR/CRP, PT/INR Serial lactic acid and procalcitonin; check respiratory PCR Follow up on blood cultures as available; check urinalysis Electrolyte correction/replacement as indicated Fall precautions; PT/OT evaluations during this visit FSBS and SSI every AC/HS for glycemic control Resume selected home medications with hold parameters DVT prophylaxis ? SCDs only GI prophylaxis ? Famotidine</p> <p>Admit Date: 4/19/2021 Discharge Date: 4/23/2021 S/p 2nd COVID vaccine on 4/17, developed dyspnea on 4/18. COVID PCR+ on 4/19. CRP >200. Patient is a 22 y.o. female with lupus, hx of class IV lupus nephritis on multiple immunosuppressing medications who presented with dyspnea in setting of 2 months of chest pain. Pt reports chest pain, substernal, R sided x2 months. Seen as outpatient previously (February), CTA negative, no effusions at that time. Since then progressively worsening. Yesterday had new and progressively worsening dyspnea. Upon my interview, denies pleuritic pain, not clearly positional, sometimes better with sitting forward, sometimes better when supine. Upon my interview she is very tachypneic so obtaining hx is challenging. She denies anxiety at this time. Denies relief with ativan in the ER. Of note, she received her 2nd COVID vaccination on 4/17, day prior to onset of dyspnea</p>
1322232	5/16/2021	MO	26	M	4/30/2021	5/4/2021	<p>Presented with chest pain and dyspnea. Admitted to the hospital. Initially, the diagnosis was NSTEMI. Further testing showed myocarditis.</p>

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1322292	5/16/2021	GA	61	M	4/23/2021	5/1/2021	Complained of chest pain at 3:50 pm may 15th. He went and layed down across his bed was coherent and talking, suddenly passed out. 911 was called and chest compressions were started. Ambulance arrived his condition was 60/40 bp and heart rate of 40. Taken to hospital where he never recovered and passed away.
1320682	5/15/2021	CA	17	M	5/10/2021	5/11/2021	chest pain, palpitations admitted for myocarditis now with troponin of 17 today 5/15
1320295	5/15/2021			U	4/21/2021	4/21/2021	Tunnel vision; Dizziness; Nausea; ringing in ears; Flushed face; chest pressure; my blood pressure up; fatigue; headache; fluctuation with blood pressure and heart rate; fluctuation with blood pressure and heart rate; chest pain; This is a spontaneous report from a contactable consumer (patient). A patient of unspecified age and gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 21Apr2021 (Batch/Lot number was not reported) as 2nd dose, single for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient also received first dose of BNT162B2 on 22Mar2021 for COVID-19 immunization and experienced fatigue, headache, ear ringing, and flushed face that lasted a couple days; and fluctuation with blood pressure and heart rate and chest pain which resulted to hospital admission. The patient mentioned that with the second dose, the patient had just typical reaction with the first one (such as fatigue, headache, fluctuation with blood pressure and heart rate, and chest pain) on unspecified dates in 2021. The patient also mentioned that immediately like within 20 minutes following second dose on 21Apr2021, the patient had like tunnel vision, dizziness, nausea, ringing in ears, and flush face. The patient further stated, "Well here is my problem, I am having this, it will go away for a day and then it'll come back worst, and today is the worst it's been. I was fine this morning but for 10 hours now, my heart rate is up, it's just in the 90s, I have chest pressure, my blood pressure up. This morning when I got up and I didn't have any symptoms, my pressure was 107 over". Outcome of the events was unknown. Information on the lot/batch number has been requested.

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1320246	5/15/2021	FL	80	F	2/3/2021	2/1/2021	<p>pain all over body; Chest pain; Leg pain; severe pain on her neck, she couldn't lift her head; Monday morning she couldn't get out of bed.; the red blood cell count was low; the hemoglobin was low; having to use a walker; anxiety; her heart starts racing; has been taking steroids and her weight has shot up like crazy now she is 120 lbs; The platelets which is the ones that do the clotting, normal high is 200 and hers were higher than normal at 760; This is a spontaneous report from a contactable consumer (patient) via Pfizer-sponsored program. An 80-year-old (currently she just turned 81-year-old) female patient received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration, administered in arm left on 03Feb2021 3:20 PM (Batch/Lot Number: EN5318) as single dose at the age of 80-year-old for covid-19 immunisation, as care provider for her husband, administered at a COVID vaccine clinic setup. Medical history, family medical history and concomitant medications were none. She has been very healthy. Before BNT162B2 first dose, In Jan2021, 2 weeks prior BNT162B2, she got the second dose of shingles shot (VARICELLA VACCINE) for immunization with no adverse effect. No adverse effect occurred following prior vaccinations. No other history of all previous immunization with BNT162B2. No additional vaccines administered on same date of BNT162B2. In Feb2021 she experienced pain all over body with outcome of recovered, chest pain with outcome of recovered, leg pain with outcome of recovered, severe pain on her neck. In 2021 the patient experienced the platelets which is the ones that do the clotting, normal high is 200 and hers were higher than normal at 760, she couldn't lift her head, Monday morning she couldn't get out of bed, the red blood cell count was low, the hemoglobin was low, having to use a walker, anxiety, her heart starts racing, has been taking steroids and her weight has shot up like crazy now she is 120 lbs. The patient underwent lab tests and procedures which included in 2021: haemoglobin: low, platelet count: 760 higher than normal at 760, red blood cell count: low, weight: 120lbs. Therapeutic measures were taken as a result of events. The course of events was as follows: After she got the first dose she had some adverse reactions in 2021: she had pain all over body, chest pain, leg pain, severe pain on her neck, that she couldn't lift her head. She has seen some</p>

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specialists to seek assistance, she has seen a hematologist, and a rheumatologist. She has been on steroids and she was not yet done with the second dose of the Pfizer COVID 19 vaccine. Her doctor was very aware. When this started 3 months before, she 110 lbs but she has been taking steroids and her weight has shot up like crazy now she is 120 lbs, she told her doctor that she had no more fat clothes she will have to get off of the steroids, they blame everything on steroids. She said nothing else is relevant she was fine, in fact she was dancing the weekend before, that Saturday night she went to a Portuguese evening and was learning to do their dances and Monday morning she couldn't get out of bed. She refused to go to Emergency Room for the events. She has seen her doctor who requested she see a hematologist and a rheumatologist because she was having pain in her legs, she was having to use a walker. The hematologist found that her blood was out of whack. The platelets which was the ones that do the clotting, normal high is 200 and hers were higher than normal at 760, higher than what they call the high normal. The events pain all over body she had chest pain, leg pain, severe pain on her neck may have began a week after the vaccine in Feb2021. The pain was not ongoing, it was gone. They gave her massive doses of steroids she was taking 15 mg of steroids and right now they are lowering it. She had not the pain now but it was worse than childbirth. She has recovered completely from the pain, she felt fine now she has to wait until they take the steroids away again. She stated a lot of the blood, the red blood cell count was low, the hemoglobin was low, everything was low except for the platelets. So they told her to wait. She stated they blame everything on the steroids. Her anxiety started and her heart started racing, they said it was steroids, she was hungry they say it was steroids, she told the doctor she was gaining weight, they say it was steroids. No further information provided. She went to physician on 28Apr2021, the blood hematologist and they say it seemed that most blood work was back to almost normal everything was going down, the treatment she was receiving was working, the platelets were going down. She confirmed she had to wait to come off the steroids to get the second dose and she asked the doctor if she could get the second dose, she still wanted to get it but they told her she has to wait until she is completely

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							off the steroids. The outcome of pain all over body, chest pain, leg pain, severe pain on her neck, she couldn't lift her head was recovered in 2021, of platelets which is the ones that do the clotting, normal high is 200 and hers were higher than normal at 760 was recovering, of she couldn't get out of bed, the red blood cell count was low, the hemoglobin was low, having to use a walker, anxiety, her heart starts racing, has been taking steroids and her weight has shot up like crazy now she is 120 lbs was unknown.
1321062	5/15/2021	IN	18	F	5/13/2021	5/13/2021	Nauseous, fever, bodyaches, difficulty breathing, chest pain
1320593	5/15/2021	PA	19	M	5/15/2021	5/15/2021	Immediate light headedness 1 minute post administration progressing to chest pain and tightness along with abdominal pain/cramping approximately 2 minutes later. EMT's contacted. Checked patient's blood pressure which had dropped to 96/50 mmHg. Provided water to patient 2 minutes later to re stabilize cardiovascular stability. Chest pain and lightheadedness ceased within 1 minute after providing 16 ounces of water. Checked blood pressure again which returned to 110/69 mmHg. EMT's arrived approximately 20 minutes after administration and patient was assessed. Blood pressure noted at 126/70 mmHg. Patient was allowed to go home with slight, residual abdominal pain.

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1320357	5/15/2021		73	F	2/1/2021	3/1/2021	cough; chest hurts; clots on both legs and stomach; hemorrhage; Blood sugar decreased; Oxygen saturation low; Blood pressure low; Skin discoloration; vein on her right leg was torn; Difficulty breathing; Tiredness; Breast pain; blockage all over the heart; This is a solicited report from A contactable consumer (patient) based on the information received by Pfizer from AbbVie (Manufacturer Control No: 21K-163-3840719-00). A 73-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 intramuscular on 27Feb2021 (Batch/Lot number was not reported) as 2ND DOSE, SINGLE for COVID-19 immunization; adalimumab (HUMIRA), subcutaneous from 2005 (Batch/Lot number was not reported) to Feb2021, at 40 mg/0.4 ml, then subcutaneous from 21Apr2021 (Batch/Lot number was not reported) and ongoing, at 40 mg 1 in 2 week for moderate to severe rheumatoid arthritis psoriatic arthritis. Medical history included patient consumed a pack of cigarette a day from 1967 to 2019, heart attack from 2003 to 2003, abstains from alcohol, and high blood pressure. Concomitant medication included metoprolol taken for high blood pressure. The patient previously took metformin to manage blood sugar. On an unspecified date, the patient experienced cough, chest hurts, clots on both legs and stomach. In 2010, the patient experienced breast pain and blockage all over the heart. She first tried to do the balloon and had three stents on her heart due to blockage sometime in 2010. In Jan2021, the patient had bypass surgery as treatment heart blockage as well. On 18Feb2021, echocardiogram/ECHO showed blockage all over the heart again. In 2021, the patient had difficulty breathing and experienced tiredness easily. In Mar2021, she was told to have an outpatient diagnostic heart catheter procedure and they had to take her by ambulance to be admitted in a hospital, when she moved during the procedure, a vein on her right leg was torn and also had hemorrhage, blood sugar decreased, oxygen saturation low, blood pressure low, skin discoloration. She experienced a recurring pain in between the breast bone after the triple bypass surgery that was done last 09Mar2021 while in the hospital. She also had blood transfusions while hospitalized as treatment for hemorrhage. The patient was hospitalized for the events for 28 days (also reported as 4 weeks). The event vein

on her right leg was torn was considered life threatening. The events breast pain, blockage all over the heart, difficulty breathing, tiredness, hemorrhage, blood sugar decreased, oxygen saturation low, blood pressure low, and skin discoloration were also considered medically significant. The patient underwent lab tests and procedures which included stress test and echocardiogram/ECHO with unknown result in Jan2021; echocardiogram/ECHO showed blockage all over the heart on 18Feb2021; blood sugar: decreased, blood pressure: low, and oxygen saturation: low, all in Mar2021. The action taken in response to the events for adalimumab was dose not changed. The outcome of vein on her right leg was torn was recovered in Apr2021; hemorrhage and skin discoloration were recovered in Mar2021; clots on both legs and stomach, difficulty breathing, tiredness, blood sugar decreased, oxygen saturation low, blood pressure low was recovering; breast pain, blockage all over the heart was recovered on an unspecified date, while other events was unknown. Causality: Drug : Humira 1.Vein on her right leg was torn Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 2.Clots on both legs and stomach Causality as per reporter (Drug/Vaccine) : Not Reported Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 3.Blockage all over the heart Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 4.Difficulty breathing (Dyspnoea) Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 5.Hemorrhage Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 6.Breast pain Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 7.Skin discoloration Causality as per reporter (Drug/ Dose Not Changed) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 8.Blood pressure low Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 9.Cough Causality as per reporter (Drug/Vaccine) : Not Reported Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility

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10.Oxygen saturation low Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 11.Blood sugar decreased Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 12.Chest pain Causality as per reporter (Drug/Vaccine) : Not Reported Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility 13.Tiredness Causality as per reporter (Drug/Vaccine) : Not Related Causality as per Mfr.(Drug/Vaccine) : No reasonable possibility Causality: Covid-19 Vaccine 1.Vein on her right leg was torn Causality as per reporter (Drug/Vaccine) : Not Related 2.Clots on both legs and stomach Causality as per reporter (Drug/Vaccine) : Not Reported 3.Difficulty breathing Causality as per reporter (Drug/Vaccine) : Not Related 4.Hemorrhage Causality as per reporter (Drug/Vaccine) : Not Related 5.Breast pain Causality as per reporter (Drug/Vaccine) : Not Related 6.Skin discoloration Causality as per reporter (Drug/Vaccine): Not Related 7.Blood pressure low Causality as per reporter (Drug/Vaccine) : Not Related 8.Cough Causality as per reporter (Drug/Vaccine) : Not Reported 9.Oxygen saturation low Causality as per reporter (Drug/Vaccine) : Not Related 10.Blood sugar decreased Causality as per reporter (Drug/Vaccine) : Not Related 11.Chest pain Causality as per reporter (Drug/Vaccine) : Not Reported 12.Tiredness Causality as per reporter (Drug/Vaccine) : Not Related 13.Blockage all over the heart Causality as per reporter (Drug/Vaccine) : Not Related Information on the lot/batch number has been requested.; Sender's Comments: Based on the current available information, the reported events are most likely related to an intercurrent or underlying condition which is not related to the suspected drug. The case will be reassessed if additional information becomes available.

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1320301	5/15/2021	FL	22	M	4/26/2021	4/26/2021	myocarditis; Strange weird bilateral wrist pain severe; Pericarditis/inflammation around the heart; This is a spontaneous report from a contactable consumer (patient's mother). This consumer reported similar events for two patients (twins). This is the first of two reports. A 22-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0170), via an unspecified route of administration, administered in the left arm, on 26Apr2021 10:00, as 2nd dose, single, for COVID-19 immunization, at a pharmacy/drug store. Medical history included ongoing rare metabolic disorder. The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER8735) received at age 22 years, on 05Apr2021, for COVID-19 immunisation. On 26Apr2021, the patient received the second dose of BNT162B2. In the evening of the same day, 26Apr2021, the patient experienced tiredness/fatigue, and headache. In the morning of 27Apr2021, the patient was feeling really crappy and they thought it was like the flu and it would pass. In the evening of 27Apr2021, the patient didn't sleep at all and was uncomfortable all night and pain. On the same day, 27Apr2021, the patient had severe chest pain, chest tightness, and lightheadedness. On 28Apr2021, the pain didn't go away, and the twins had elevated ST evaluation on the EKG (electrocardiograph). ST evaluation was done by the reporter's husband who is a retired firefighter emergency medical technician. The reporter decided to take the patient to hospital and said that the other twin had the same symptoms but kept saying his wasn't as bad as his brother's because he did not want to go to the hospital. The doctor advised the reporter to bring the other twin. The twins had the same echo cardiogram on 28Apr2021 (unknown results). On 28Apr2021, their troponin levels were elevated, and their cardiac enzymes continued to go up. On the same day, 28Apr2021, the patient had a strange weird bilateral wrist pain severe. It was reported that the twins were hospitalized on 28Apr2021 with myocarditis/pericarditis and inflammation around the heart. Treatment for myocarditis/pericarditis included ibuprofen and colchicine; and Toradol for breakthrough pain. The reporter stated that the twins are two identical males with the same DNA, had the vaccine at the same time, had the reactions at the same length of

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					time, have the same lifestyle and live at the same house. The reporter said it would go a long way if they help her understand the complication. The patient recovered "strange weird bilateral wrist pain severe" on 29Apr2021. The outcome of the event myocarditis and pericarditis/inflammation around the heart was not recovered.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021487544 same reporter, suspect drugs and events; different patients		
1320727	5/15/2021	IN	48	F	4/2/2021	4/9/2021	charlie horses in legs in evening pain in lower legs mostly at night starting on or about 4/10, on 4/12 migraine and soreness in lower legs, Called urgent care, they said couldn't treat/check since no ultrasound machines, no primary doctor in this state so called and did virtual visit with dr from health insurance provider via telephone, determined to just wait to see what will happen since no pain in chest or lungs . 4/14 bad menstrual period, off cycle so associated migraine to hormone changes. leg pain continued especially at night for next several weeks. sore spots on legs but no heart or shortness of breath. pains during day and night in feet and legs some sore spots like a black and blue spot with no discoloration. on our about may 1/2 areas of hands by thumbs, feet, calf areas and upper arms getting like nerve pain just shooting pain feel like sparkler fireworks just burning under skin in certain sots them goes away. pain goes and comes at night in legs just really random now when things happen.

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1320176	5/15/2021	NY		M		4/1/2021	<p>Chest pain/same problem; This is a spontaneous report from a contactable consumer. This consumer reported similar events for two patients. This is the second of two reports. A male patient of an unspecified age received COVID-19 vaccine (UNSPECIFIED TRADE NAME), via an unspecified route of administration, on an unspecified date (Batch/Lot number was not reported) as single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported.</p> <p>Reporting consumer had been rushed to the hospital last night (30Apr2021 at around 11:00PM) because she thought she was having a heart attack; she had really bad chest pain. She reported another guy (patient) at the hospital had the same problem as her. The guy said he was healthy and had just gotten the COVID-19 Vaccine. The patient experienced chest pain on an unspecified date in Apr2021. The clinical outcome was not reported. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow-up.;</p> <p>Sender's Comments: Linked Report(s) : US-PFIZER INC-2021490608 same reporter/ drug, different patient, similar & different events</p>

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1319675	5/15/2021	PR	27	F	3/24/2021	4/1/2021	facial drop; chest pains/pressureweakness of limbshot face(no fever)facial dropmuscle spasmtingling in arms and faceswelling of throat(could still swallow/breath/speak); chest pains/pressure; chest pains/pressure; weakness of limbs; hot face (no fever); chest pains/pressureweakness of limbshot face(no fever)facial dropmuscle spasmtingling in arms and faceswelling of throat(could still swallow/breath/speak); tingling in arms and face; This is a spontaneous report from a contactable consumer. A non-pregnant 27-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 1 via an unspecified route of administration, administered on left arm on 24Mar2021 (Batch/Lot Number: EP7534) as 1st dose, single (at the age of 27 years old) for COVID-19 immunisation. The patient medical history included prior to vaccination, was the patient diagnosed with COVID-19?:Yes. The patient previously took BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 1 via an unspecified route of administration, administered on left arm on 24Mar2021 (Batch/Lot Number: EP7534) for COVID-19 immunisation. he patient's concomitant medications were not reported. The patient experienced chest pains/pressure, weakness of limbs, hot face (no fever), facial drop, muscle spasm, tingling in arms and face and swelling of throat (could still swallow/breath/speak) on 01Apr2021 03:00. The patient received benadryl and saline solution. The patient was tested for as nasal swab and the result was negative on 21Apr2021. The outcome of the events was recovering. The patient received dose 2 via an unspecified route of administration, administered on right arm on 14Apr2021 (Batch/Lot Number: pfizer EW0162). No follow-up attempts are possible; information about lot/batch number cannot be obtained.
1319732	5/15/2021	WA	16	M	5/11/2021	5/12/2021	Pt developed sharp chest pain, intermittent, positional, severe at times. Occurred within 24 hours of 2nd vaccine administration. Seemed to improve with ibuprofen taken. Found to have significantly elevated troponin I to 1.5, concerning for myopericarditis. Echocardiogram was normal. Plan for NSAIDs as needed for pain and follow-up with Cardiology.

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1319794	5/15/2021	NY	45	F	4/8/2021		<p>CONFIRMED IMMUNUNOLOGICAL VACCINATION FAILURE; CHEST PAIN TOWARDS THE LEFT; LEFT SHOULDER PAIN/ PROLONGED JOINT ACHES; FATIGUE; This spontaneous report received from a patient concerned a 45 year old female. The patient's weight was 133 pounds, and height was 66 centimeters. The patient's concurrent conditions included alcohol use (occasional glass of wine), and non-smoker. The patient was not pregnant at the time of reporting. The patient had no known allergies/no history of drug abuse or illicit drug use. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042A21A and expiry: 21-JUN-2021) dose was not reported, 1 total administered in left arm on 08-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 06-MAY-2021, the subject experienced confirmed immunological vaccination failure. On 08-APR-2021, the patient experienced left shoulder pain/ prolonged joint aches, chest pain towards the left, and fatigue. On 06-MAY-2021 laboratory data included: C-reactive protein (NR: not provided) normal, CPK (NR: not provided) normal, Electrocardiogram (NR: not provided) normal, Erythrocyte sedimentation rate (NR: not provided) normal, Fibrin D dimer (NR: not provided) normal, and SARS-CoV-2 antibody test (NR: not provided) less than 1 which was negative. On 08-MAY-2021, the patient recovered from prolonged joint aches. The patient had an emergency room visit for left shoulder pain and chest pain towards the left. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from fatigue on 29-APR-2021, was recovering from chest pain towards the left, had not recovered from left shoulder pain, and the outcome of confirmed immunological vaccination failure was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210519849-covid-19 vaccine ad26.cov2.s- confirmed immunological vaccination failure. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: SPECIAL SITUATIONS 20210519849-covid-19 vaccine ad26.cov2.s- left shoulder pain/ prolonged</p>

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1319997	5/15/2021	MA	22	M	5/12/2021	5/14/2021	joint aches, fatigue. This event(s) is labeled per RSI and is therefore considered potentially related. Patient received a Moderna vaccine at another facility on 05/12/2021. On 05/13/2021, he had chills, fatigue, and myalgias. These symptoms resolved on 05/14/2021. However on 05/14/2021 at 10 AM he developed pleuritic chest pain. He was admitted to hospital on the evening of 05/14/2021 with dramatic elevations in high-sensitivity troponin to 1700 and EKG with diffuse ST elevations and PR depressions, concerning for myopericarditis. He was initially treated with ibuprofen and colchicine. We have ordered an echocardiogram and a cardiac MRI. Workup and treatment are ongoing.

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1320033	5/15/2021	CO	59	F	4/16/2021	4/1/2021	weak; blood pressure (BP) and it was 131/104, her pulse was 104; cognitive problems/forgetting words/forget what she was going to say it would take a while, like a brain fog; forgetting words/forget what she was going to say it would take a while, like a brain fog; she would forget what she was doing; she felt unwell; she was wheezing a bit; exhaustion; cough; body aches/bad pain; pain in all of her left arm where she got the injection; pain in the left side of chest; her heart was hurting; her heart was really pounding, like she was in a race/pulse was 104; her temperature it was not too high, it was 99.5 so not over 100; very severe headache with dizziness; nausea; very severe headache with dizziness; she could not fall asleep; pre-existing condition (chronic motility issues) got worse; pre-existing condition (chronic motility issues) got worse; upset stomach; severe abdominal pain; This is a spontaneous report from a contactable consumer (who is also the patient). A 59-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0170), via an unspecified route of administration, on 16Apr2021, as 1st dose, single, for COVID-19 immunisation. Medical history included hypotension from an unspecified date, and chronic motility issues from 2017 and ongoing. The patient's concomitant medications were not reported. On 16Apr2021, the patient received the first dose of BNT162B2 and got slightly dizzy immediately after the vaccine. Her arm did not hurt, and she was okay until she went home. She had nausea and headache. She went to sleep and woke up after 12 midnight (17Apr2021) with a really bad headache and her heart was pounding like she was in a race. She also had pain in all of her left arm where she got the injection, body aches and pain in the left side of chest, like her heart was hurting. She checked her temperature it was not too high; it was 99.5 so not over 100. She took Tylenol 100 mg. She woke up at 2:00 and still had headache. It took all night to help her headache and she took another Tylenol 500 mg. When she woke up next morning, she still had a headache but not as severe. She thought okay this is going to be the usual thing and go away in a couple of days. She reported that from 16Apr2021, she could not fall asleep and would get a headache which got worse as she was not falling asleep. On 17Apr2021 and 18Apr2021, the patient experienced really bad pain, her arm was hurting,

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and she kept taking Tylenol. On 18Apr2021, she started coughing so she took Robitussin for the cough. On the same day, 18Apr2021, she had body aches, nausea and was exhausted. She mentioned that she is a very active person, an avid cyclist, and normally walks 10 miles, but when she walked a couple of miles, she was exhausted and could not do anything else. It was very difficult for her and it was unusual. She was still experiencing the events on 19Apr2021 and 20Apr2021. So, on 21Apr2021, she went to her primary care physician's office but saw another doctor who was available that day. The doctor checked if her legs were swollen and checked her lungs. The doctor stated the patient was wheezing a bit but did not see anything else. The doctor advised her not to take the second dose. The patient mentioned that her pre-existing condition (chronic motility issues) got worse. In Apr2021, experienced upset stomach, severe abdominal pain. On 22Apr2021, she woke up and felt totally fine. She thought the symptoms were finally going away. But at 17:00, she felt unwell, had body pain, headache, and she was coughing again. She went to sleep and woke up on 23Apr2021 at 04:30. She woke up with a severe headache, extreme nausea (no vomiting), was really weak, dizzy, absolutely exhausted. She still had exhaustion, nausea, body aches, and cough. She checked her blood pressure (BP) and it was 131/104, her pulse was 104. She took Tylenol 1000 mg and the symptoms did not go away so she took another Tylenol 500 mg. After an hour, her headache was not better, dizziness was bad, but her BP was going down. She called the nurse line and was advised to go to the ER. At the ER, she was given IV fluids to hydrate and pain medications. She was then tested for COVID-19 which came back negative. The patient also had cognitive problems. By the time she got to the ER, she was forgetting words (she would try to say something and she would forget what she was going to say it would take a while, like a brain fog) and she would forget what she was doing. She would catch herself forgetting and not remembering words. The patient wanted to know if she should get the second dose, how long should she wait until she gets her second dose, how long do the side effects last, will the side effects from the second dose be worse, how the vaccine works, asked the ingredients of the vaccine, and asked if there is a need for a third dose.

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The patient assessed the events dizziness, nausea, headache, pain in arm, chest pain, fatigue, body aches/bad pain and cough as serious (medically significant). The patient was recovering from dizziness, headache, body aches/bad pain, hypertension, cognitive disorder, aphasia and memory impairment. The outcome of the events nausea, fatigue, and cough was not recovered. The outcome of the remaining events was unknown.

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1320110	5/15/2021	WV	48	F	4/21/2021	4/21/2021	<p>This is a spontaneous report received from a contactable consumer (patient) . A 48-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot ER8735), in Arm Left on 21Apr2021 at 15:15 (at 48 years) at single dose for covid-19 immunisation. Medical history included urinary tract infection (UTI) and history of low blood pressure (not ongoing). She biked and hiked and eat healthy. Family history included high blood pressure in her dad and in her sister. Previously on 24Mar2021 (at 48 years) the patient received the first dose of the vaccine (lot ER8730) in right arm for covid-19 immunisation. Concomitant medication included ciprofloxacin taken for urinary tract infection from 10Apr2021 to 16Apr2021 (She just came off antibiotic a week prior to the second shot). On 21Apr2021 at 10:05 PM her heart rate was "extremely accelerated" (had accelerated heart rate) and patient stated that her chest, neck, and head felt "super hot" (her chest, neck, and head were hot) and also stated that she was feeling "weird" and "floaty". She stated these symptoms lasted about 15 seconds and went away but had another episode right after that she stated was "not as intense but pretty intense still." She had a couple of those situations and she kept getting a wave of like this floating feeling or sensation all over her body. She reported going to the emergency room (ER) on 21Apr2021 where she had a few more incidents like this and stated that she also got "real hot" and had a "sensation" all over her body all at once that she cannot describe (she states that it's different than a "pins and needles" feeling) that made her dizzy and caused her heart to race. She stated these symptoms continued for a couple of days. She reported that on 24Apr2021 she woke up and felt fine but on 24Apr2021 at night stated that the symptoms returned but worse, her muscles started "trembling and jerking" and reported having a hard time talking and walking; she got that all over sensation again all over her body, her heart was racing, her chest was tight and hot and her muscles were tremoring and her leg muscles started jerking and she had trouble talking and walking, her throat and neck were feeling tight and closing. She reported she took 2 Benadryl and drank some sugar 2 teaspoons of sugar water but her symptoms worsened so she went back to the ER. She stated that by the time she got to the</p>

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emergency room, her symptoms had subsided except her legs were "still trembling"/ her legs were just shaky. At the ER they checked her heart and did a blood panel. They said everything was good, they sent her home. On 25Apr2021 and on 26Apr2021 she was dizzy, weak, shaky, and had other incidents of her heart racing that she stated weren't extreme and then started to feel better on 27Apr2021. She reported that on 27Apr2021 night she woke up and her chest was tight again, it was hot and tight on the left side, she had that floaty feeling again all over. She had left side chest pain from 23:00 until 5:40 in the morning then it stopped, everything stopped and she was fine all day. On 29Apr2021 afternoon she felt better but still had some slight dizziness "almost like vertigo" but on 29Apr2021 night she was back at the ER, she had that all over feeling again, that sensation all over, her leg muscles were jerking, she couldn't talk again, she took Benadryl and drank sugar water again because it worked before she really does not know if that was what worked but it calmed down after that the time before. She went back to the ER they checked her in and this time the sensation, the feeling that was all over stayed in the right arm and leg but it subside on left side, her heart was racing a couple more times. It was right when her legs muscles started trembling, they were having minor jerks, not as bad but every time that happened her heart rate would go up, her resting was 59 or 61 and it got up to 101. Her neck and chest would get hot. On 29Apr2021 night she was in the ER for quite a while, it subsided they sent her home with some Ativan for tremors and palpitations and told her to follow up with a cardiologist. Patient went to the cardiologist, she had blood and labs done and she had 2 conferences on the phone with her doctor. On 30Apr2021 morning she was super dizzy and weak and shaky and light headed and nauseous. She went to a cardiologist on 30Apr2021 and has been hooked up to a 7 day heart monitor. She reported that she still felt "real trembly" she has started feeling a little dizzy and floaty feeling. Event accelerated heart rate was ongoing, it just popped up whenever on and off. Dizziness was ongoing, patient said it was on and off but it was more on than off; she said sometimes it was worse or it was less but it had never left. Chest pain recovered on 28Apr2021 at 05:40. Outcome of the other events was unknown. Events heart rate increased ,

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feeling hot, floating sensation and dizziness are reported as serious per hospitalization in 2021.

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1320289	5/15/2021	KS		M	3/25/2021		<p>it is weird clot it is not that area where I got the shot; feeling like I was having heart pain; His left upper chest area has swelling and when he touches it he feels something hard. Pain when he touches; His left upper chest area has swelling and when he touches it he feels something hard. Pain when he touches; His left upper chest area has swelling and when he touches it he feels something hard. Pain when he touches; He feels pressure on his chest; It feels like pain on the heart. It's a sharp needle like pain in some spots; my left arm and also my back there is going to pain seems like needle anything from the back; my left arm and also my back there is going to pain seems like needle anything from the back; This is a spontaneous report from a contactable consumer (Patient) via a Pfizer sponsored program. A male patient of an unspecified age received second dose of BNT162B2 (solution for injection, Lot number: ER8735) via an unspecified route of administration on 25Mar2020, as 2nd dose, single for COVID-19 immunization. Medical history and concomitant medications were not reported. Patient received first dose of BNT162B2 (solution for injection, Lot number: CVS8601) via an unspecified route of administration on an unspecified date, as 1st dose, single for COVID-19 immunization. It was stated that everything was fine on the first day after second dose and then from the second and third day the patient had a pain which was weird clot, and it was not that area where he got the shot. It was like between shoulder and neck, left shoulder, and neck. A kind of in deeper area there was lot of bone and just like where neck was connected to shoulder but it was in front of right. Patient had pain when he touched there in like size of the corn was like he could feel something hard inside and then just started day prior to this report further on the evening and started having chest pain like whole that spot felt like he was having heart pain and his left arm and his back there was going to pain seemed like needle anything from the back. The pain was constant. It was not on chest, it was not like that would come and go, would say it was bearable thing, but it was constant and breath that goes inside his body it was still there when touched, it was still paining. Patient upper left chest area had swelling and when touched it, he felt something hard. It would pain when touched. Patient felt pressure on his chest. It feels like pain on the</p>

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heart. It was a sharp needle like pain in some spots. Patient took aspirin on the day and a day prior to this report. The outcome of the event of all the events was unknown. Additional information about batch/lot has been requested.

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1320173	5/15/2021	NY	37	F	4/22/2021	4/29/2021	<p>her chest didn't feel normal/ she had shooting "things" in her chest, and she felt weird; really bad chest pain; when the chest pain first started, she couldn't move or breath; when the chest pain first started, she couldn't move or breath; she had shooting pains in her left breast area. She said after an hour, the shooting pains moved from her left breast area to the center of her chest; This is a spontaneous report received from a contactable consumer (patient). A 37-year-old female patient received 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, LOT number: EW0169, expiration date unknown) via an unspecified route of administration at arm left on 22Apr2021 between 07:00-07:30 at age of 37-year-old at single dose for COVID-19 immunization. Medical history was reported as none. Patient had no history of all previous immunization with the Pfizer vaccine considered as suspect and no additional vaccines administered on same date of the Pfizer suspect. The events required a visit to emergency room. Physician Office visit was not required. There was no prior vaccinations (within 4 weeks). Concomitant medications included acetylsalicylic acid (ASPIRIN (E.C.)), paracetamol (TYLENOL 8 HOUR). Patient had her first COVID-19 Vaccine dose one week and one day ago on 22Apr2021. She said she was rushed to the hospital last night on 29Apr2021 (at around 11:00 PM) because she thought she was having a heart attack. She said she had really bad chest pain that lasted about 30 minutes. She clarified when the chest pain first started, she couldn't move or breath. She said she took an aspirin before she went to the hospital. She said she still had a shooting pain in her chest, today on 30Apr2021. She said she wanted to know what was going on. She said while she was at the hospital (Emergency Room), she had blood work done on 29Apr2021, and she had no blood clots. She said she had a (chest) x-ray done on 29Apr2021, and the (chest) x-ray was fine. She said her heart was monitored, and her heart was fine, but her left chest still had pain. She said she was a healthy 37 year old, who had no types of problems. She said the only thing she had recently was the COVID-19 Vaccine. She said she wanted to know if she should get the second COVID-19 Vaccine, or if the second COVID-19 Vaccine would kill her. The caller was advised she would be transferred to Pfizer Medical Information for further</p>

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assistance. Patient reported she liked to Google, and was not sure if anybody had called Pfizer to go and report if they experienced chest pain after getting the COVID-19 Vaccine. She said she was not sure if the hospital was going to report what happened to her. She said she asked the (emergency room) doctor last night about people experiencing chest pain after getting the COVID-19 Vaccine. She said the doctor told her people with COVID complain about chest pain. She said what the doctor said didn't mean anything because he was talking about the COVID-19 Virus, and not the COVID-19 Vaccine. She stated she took 1 Bayer brand Aspirin 81mg (Lot Number: N8A94D0 or O, Expiration Date: Sep2022) before she went to the hospital for chest pain. She stated the hospital gave her Ketorolac to treat her chest pain. She said the Ketorolac was given to her in an IV form through an IV access in her arm. She said she did not have the Ketorolac dose, NDC, Lot, and Expiration Date. She reported that on 29Apr2021, the hospital took some urine and blood tests, a chest x-ray, and an EKG which was normal. She said beside the Ketorolac that was all the hospital (emergency room) did. Patient reported she took Tylenol 500mg caplet (Lot Number: AAA103, Expiration Date: Sep2024) if she had a headache, but usually didn't take medication. Reported while waiting for the doctor to see her at the hospital (emergency room) on 29Apr2021, she had chest pain for about 5-10 minutes. She said the chest pain calmed down, but she had shooting pains in her left breast area. She said after an hour, the shooting pain moved from her left breast area to the center of her chest. She said the chest pain was not as bad today (30Apr2021), as it was last night. She said her chest didn't feel normal on 30Apr2021, and she still had the shooting pains. She said after she had been talking with the Pfizer agent, she had shooting "things" in her chest, and she felt weird. No further details provided. Events were serious as hospitalized. Outcome of chest pain was recovering, of the other events was unknown. Communication: The caller was provided with phone number of option 3, and hours of operation of Monday through Friday, 8AM to 8PM ET & Saturday and Sunday 9AM-3PM, prior to warm transfer Follow-up attempts are needed. Further information is expected.

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1320294	5/15/2021		38	M	5/1/2021	5/1/2021	Myocarditis; Pleuritic Chest Pain; Difficulty breathing; Myalgia; Headache; Flu-like symptoms; This is a spontaneous report from a contactable physician. A 38-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration on 01May2021 as second dose, single for COVID-19 immunization. Medical history and concomitant medications were not reported. The patient previously received the first dose of BNT162B2, on an unknown date, for COVID-19 immunization. The patient experienced myocarditis on 05May2021, and in May2021 (reported as started 2 and a half days after receiving the second dose) experienced pleuritic chest pain, difficulty breathing, myalgia, headache, and flu-like symptoms. The patient was hospitalized for the events from 05May2021 to an unknown date. The reporter assessed the events as life-threatening. The adverse events required a visit to Emergency Room. The reporter assessed that the patient's events were caused by the vaccine. The outcome of the events was unknown. No follow-up attempts are possible. Information about batch/lot number cannot be obtained. No further information is expected.; Sender's Comments: Based on the limited information currently available, a possible association of the suspect drug administration with the reported events cannot be excluded, due to a plausible temporal relationship. This case will be reassessed when additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1320193	5/15/2021	IN	74	F	3/18/2021	3/18/2021	This is a spontaneous report from a contactable consumer (patient). A 74-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration, administered in Arm Left on 18Mar2021 10:30 (Lot Number: ER2613) as 2ND DOSE, SINGLE for covid-19 immunisation. Medical history included supraventricular tachycardia from Dec2020 and ongoing; ongoing blood pressure high; she was diagnosed with high blood pressure post pregnancy. She said the last 6 weeks of her pregnancy she had toxemia. Her blood pressure was up, then went back down, and then shot back up. She experienced tachycardia at the time too. She took atenolol for 46 years for her high blood pressure. She was confident she had the COVID-19 Virus in Jan2020 before anyone knew about the pandemic. She and her husband got the COVID-19 vaccine so they could visit family, whose son was diagnosed with multiple myeloma. They were planning to go in Jun2021 for a visit, and her husband's family wouldn't let them visit unless both of them had the COVID-19 vaccine. No additional vaccines administered on same date of the Pfizer suspect. No Prior Vaccinations within 4 weeks. Concomitant medications included in the morning of 18Mar2021 she took atenolol 25 mg tablet that was dispensed in a pharmacy. She regularly took atenolol 25 mg, twice a day. She also took olmesartan 5 mg (NDC Number: 16729-320-15, Lot Number: M2015864, Expiration Date: Oct2022). She regularly took olmesartan 5 mg, twice a day. She clarified 4 days after her second COVID-19 Vaccine, her cardiologist's Nurse Practitioner increased her olmesartan dose from 5 mg twice a day to olmesartan 10 mg, twice a day. The increased Olmesartan dosage gave her a monstrous headache. The cardiologist's nurse practitioner told her she would also need a blood test to make sure the olmesartan increased dose wasn't affecting her kidneys. Her primary care doctor asked how she was tolerating the increased olmesartan dose. She told her doctor she wasn't happy that the olmesartan could affect her kidneys and the headaches were killers. Her doctor told her that headaches were a side effect of olmesartan. She stayed on the increased olmesartan dosage for 3 weeks before her primary care doctor decreased her olmesartan dose back to 5 mg, twice a day on 17Apr2021. She said she

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had to go back to her doctor on 17May2021 for a follow-up appointment. She said her headaches were not as frequent since she reduced the olmesartan dose to 5 mg, twice a day. She still had headaches in the morning, and headaches at night, but was OK during the day. She treated her headaches with a cold cloth on her forehead. She said if her headache was extreme, she would take generic acetaminophen 500 mg caplet (100 caplets/bottle, NDC Number: 36800-484-78, Lot Number: GE2569C, Expiration Date: Apr2022) a couple times. She had to use a magnifying glass to read the Acetaminophen 500 mg caplet product label as the type was very tiny of the product label, and she was using reading glasses. She took regularly hydrochlorothiazide, triamterene (TRIAMTERENE/HCTZ, manufacturer Lannett) 37.5 mg/25 mg tablet, once a day. Primary care doctor kept her on regular visits to monitor her blood pressure. The patient previously received first dose of BNT162B2 (Lot Number: EN6205) Intramuscular in her left arm on 25Feb2021 had no reaction to the first COVID-19 Vaccine. She said within 30 minutes after getting the second COVID-19 Vaccine on 18Mar2021, her heart was racing. Her heart felt like it was fluttering in her chest. She said she felt very hot and was not comfortable. She said in the car, on the way home from getting her second COVID-19 Vaccine, her husband wanted to take her to the Emergency Room. She said she didn't feel it was critical, and her heart racing felt like the tachycardia she had experienced in the past. She said she called the COVID-19 Vaccination facility when she got home. She said she was told by them to lay down and rest for a while to see if that helped, and if she had chest pain or wasn't feeling better, to go to the Emergency Room. She said she went to bed, and laid down at their suggestion, and it took about 48 hours for her heart rate to settle down completely. She clarified when she first checked her heart rate, her heart rate was 116. She said prior to the COVID-19 Vaccine, her normal resting heart rate was 58, and now her resting heart rate is around 66. She said her blood pressure went out of control, too, and she had not been able to get her blood pressure under control since. She said she checked her blood pressure when she got home from her second COVID-19 Vaccine. She said her blood pressure would go up and then come down. She said the highest blood pressure reading she

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experienced (after getting her second COVID-19 Vaccine) was 201/116, and her lowest blood pressure reading (since then) was 152/96. She said her blood pressure at 11:00 PM last night (29Apr2021) was 168/93. She said prior to getting the COVID-19 Vaccine, her blood pressure averaged 139/83 with her lowest reading being 121/79. She said now her blood pressure readings average between 155-165/80s. She said her primary care doctor, and her cardiologist were in touch with each other about her medications. She said she breezed through her first COVID-19 Vaccine, but the second COVID-19 Vaccine had took a toll on her. She said from 2021 she had no energy and couldn't get out of her own way now. She said she was not the typical 75-year-old. She said she didn't retire until she was 70-year-old and was very active up until the time she received her second COVID-19 Vaccine. The events require a visit to physician office. She didn't take any over-the-counter or prescription medications for Heart Racing, but went to bed, laid down, and rested. She was very cautious about taking over-the-counter medications with her prescription medications. She said she tried to limit taking over-the-counter medications because she thought it was safer to do so. She checked her blood pressure when she got home from her second COVID-19 Vaccine. She said she had been tracking and checking her blood pressure, and took her blood pressure readings to her primary care doctor. She said her doctor made a copy of her blood pressure readings and put the blood pressure readings in her medical file. She said her blood pressure would go up and then come down. She said the highest blood pressure reading she experienced (after getting her second COVID-19 Vaccine) was 201/116, and her lowest blood pressure reading (since then) was 152/96. She said her blood pressure at 11:00 PM last night (29Apr2021) was 168/93. She said prior to getting the COVID-19 Vaccine, her blood pressure averaged 139/83 with her lowest reading being 121/79. She said now her blood pressure readings average between 155-165/80s. She didn't take any medication specifically to treat the high blood pressure after the second COVID-19 Vaccine. She had already took her regular medications that morning (18Mar2021) before she went for the COVID-19 Vaccine. The outcome of event her heart was racing, her heart felt like it was fluttering in her chest, felt very hot,

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she was not comfortable was recovered in Mar2021, of event she had not been able to get her blood pressure under control was not recovered, of events had no energy and tachycardia was unknown.

pericardial effusion tamponade; This is a spontaneous report from a contactable consumer (patient). A 67-year-old female patient received bnt162b2 (Pfizer-BioNTech COVID-19 vaccine), dose 2 via an unspecified route of administration, administered in Arm Right on 23Feb2021 (Batch/Lot Number: EN8208) at the age of 66 years old as 2nd dose, single for covid-19 immunisation. Medical history was not reported. The patient's concomitant medications were not reported. The patient previously received first dose of BNT162B2 on 31Jan2021, (Lot Number: EL9264) in the right arm at the age of 66 for COVID-19 vaccination. The patient reported that she began having signs and symptoms on 29Mar2021; heavy weight in throat like there was a softball in her throat; pressure in that area when she bent over; chest tightness; difficulty breathing; a lot of chest pain; chest stiffness; sharp stabbing pain in upper left chest. The patient stated that it took 13 days and 2 trips to the ER and multiple Doctor calls before they could diagnose what was wrong. She had visited her general doctor who thought she had an embolism and sent her to the Emergency Room on her second visit. They did a D-Dimer test, which they hadn't done on her first Emergency Room visit. The patient was diagnosed with pericardial effusion tamponade on 08Apr2021 as confirmed with the echocardiogram performed on 09Apr2021. On 09Apr2021 they removed the fluid, 700cc of blood, surrounding her heart. The patient was in the ICU from 08Apr2021 to 16Apr2021. The patient stated that she was hoping she would be able to transfer to a hospital but she was in too bad of shape to be transferred. The patient reported that she has some mild symptoms, residual symptoms, some pain in chest and some tightness, but it was much better now. She had an echocardiogram a week after getting out of the hospital which showed no fluid now. The patient was placed on medication. The outcome of the event was recovering. Follow-up attempts are needed. No further information is expected.

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1321104	5/15/2021	NY	60	F	4/6/2021	4/7/2021	4/7/21 Chills, Body Ache 4/12/21 Cough , Blood Tinged Sputum 4/16/21 Chest Pain (seen in emergency room - admitted to hospital)
1320279	5/15/2021	CO	34	F	4/12/2021	4/22/2021	chest pain; pulse started racing; dizzy and light headed; significant allergic reaction to the vaccine/Respiratory tract oedema /Flushing/urticaria/swollen tongue/Pharyngeal swelling/Dizziness; mental fog; This is a spontaneous report from a contactable consumer (patient). A 34-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm right on 12Apr2021 14:45 (Batch/Lot Number: Er8737) as 2nd dose, single for covid-19 immunisation. The first dose was received on 22Mar2021 14:45 (lot number: En6208) on the left arm. Medical history included polycystic ovaries, thyroid and serious food allergies. Concomitant medications included levothyroxine sodium (TIROSINT) taken for an unspecified indication, start and stop date were not reported. Approximately 10 minutes after shot on 22Apr2021 15:00 (2nd dose only) patient was flushed, pulse started racing, and hives appeared all over her chest. Over the next hour hives worsened, heart rate stayed fast, had swelling in tongue and throat, and became dizzy and light headed. Patient's husband wanted to take her to ER, but patient was stupidly resistant. She took a large dose of Benadryl. As the swelling in her airway lessened and the mental fog passed it became more obvious that patient had been having a significant allergic reaction to the vaccine. She was instructed to wait at the pharmacy she received the shot at for only 5 minutes because she had not had an adverse reaction to the 1st dose. She was alone when the reaction began. Patient took a 2nd dose of Benedryl before bed. The next day on 23Apr2021, chest pain began again and patient did go to the ER. The doctor believed symptoms on day 1 were an allergic reaction to vaccine and on day 2 were a strong immune response to the vaccine. They did an EKG and monitored the patient. She reported she was okay at the time of report. Patient received treatment for the events. Outcome was recovered. Patient was not diagnosed with COVID prior to vaccination and had not been tested post-vaccination. Information on the lot/batch number has been requested.

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1321144	5/15/2021	CA	14	F	5/14/2021	5/14/2021	<p>Patient received the 1st COVID vaccine (Pfizer lot # EW0182 use by 5/15/2021) at 1455. The client had a history of fainting (x3) with intramuscular injections. The client reported eating lunch prior to arriving for her appointment. The client was vaccinated in the anti-gravity chair at 1455 by EMT. The client became very pale about 1 minute following the vaccination administration and she loss consciousness for 5 seconds, during this time she had 2 myoclonic contractions. RN and EMT immediately placed the patient in Fowler's position in the anti-gravity chair during the syncopal episode. The patient immediately regained consciousness and was alert and oriented to person, place, time, and situation. The patient remained in Fowler's position and vitals were taken at 1456: BP 125/95 (R arm), HR 45, RR 18, and oxygen saturation at 95%. The patient denied experiencing lightheadedness, shortness of breath, dizziness, nausea, headache, or blurry vision. The patient was given a juice box. The patient's color slowly returned. Vitals were retaken at 1505: BP 123/82 (R arm), RR 20, HR 50, oxygen saturation at 98%. The patient stated, " I usually feel really bad after I faint but this time I feel fine." Vitals at 1510 were as follows: BP 130/70, RR 18, HR 67, oxygen saturation at 100%. The patient was speaking in full sentences and laughing with her friend. Vitals taken at 1515: BP 125/ 68, RR 16, HR 68, oxygen saturation at 99%. The patient was positioned from a Fowler's position to sitting upright. The patient's color returned to her face and she denied any nausea, dizziness, blurred vision, double vision, or chest pain. Vitals were taken at 1520: BP 125/70, HR 82, RR 16, oxygen saturation at 99%. At 1524, the patient's blood pressure was 125/68 and HR was 58. The patient continued to deny any shortness of breath, dizziness, nausea, or vision changes. The patient's heart rate was taken at 1531, HR 55 and again at 1536, HR 62. The patient's mother stated her daughter was currently taking an antibiotic for acne (dosage and name unknown) and denied having any drug allergies or chronic medical conditions. RN instructed the patient and her mother about emergency precautions and to follow up with their primary care provider. RN, also educated the patient and her mother about the importance of informing the healthcare provider about her history of fainting with injections when receiving the second COVID Pfizer vaccine. Gave the patient's mother V-safe</p>

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information and reported the occurrence in VAERS. The patient had a steady and even gait when leaving the site with her mother at 1537.

They actually did admitted me to the hospital (further clarification unknown), did all cardiac stuff; Fatigue; Headache; Ringing in my ear; Flashed face; Fluctuation with my blood pressure and heart rate; Fluctuation with my blood pressure and heart rate; I have chest pressure; This is a spontaneous report from a contactable consumer. A patient of unspecified age and gender received bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on 22Mar2021 (Batch/Lot number was not reported) as 1st dose, single for covid-19 immunisation. Medical history and concomitant medications were not reported. On an unspecified date, the patient had the typical fatigue, headache, ear ringing and flashed face that lasted a couple days. And about few days after (unspecified date), the patient had fluctuation with blood pressure and heart rate and chest pain. It was reported that the patent was actually admitted to the hospital (further clarification unknown), did all cardiac stuff and everything was okay. The outcome of the events was unknown. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

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1320140	5/15/2021	OH	48	M	4/20/2021	4/29/2021	Mini Stroke; Weakness on left side; memory loss; This is a spontaneous report from a contactable consumer (patient). A 48-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot number: EW0153) via an unspecified route of administration, administered on the left arm on 20Apr2021 10:30 1st dose, single for COVID-19 immunisation. Medical history included COVID (prior to vaccination), pre-diabetic, anxiety, chest tubes and chest pain. The patient's concomitant medications were not reported. On 29Apr2021 22:00, the patient had a Mini Stroke. Also have weakness on left side and memory loss. The events resulted in Emergency room/department or urgent care visit/hospitalization. The patient was hospitalized for 2 days. Treatment was received for the events which included bloodwork, MRI, CT scan. Since the vaccination, the patient has not been tested for COVID-19. The facility where the vaccine was administered was in a pharmacy or drug Store. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Outcome of the events was not recovered.
1321328	5/15/2021	VA	17	M	5/13/2021	5/15/2021	Intense headaches the day after taking the shot, back pain from the waist up. 2 days later I woke up with chest pain and the lingering headache, my chest feels heavy and maybe shortness of breath. I did a bunch of research however I did not find anything about chest pain related to the second dose of Pfizer. I am not sure if it is some type of tissue or muscle pain or something more serious. When I massage my chest it does not ache like the muscle pain from my shoulder so id assume it has to do with maybe my lungs or heart.
1321373	5/15/2021	NJ	45	M	5/10/2021	5/13/2021	Diagnosed with Myocarditis. Severe chest pain began at 2:30am. Went to hospital ER at 4am. Was given an ekg and blood test which showed a potential heart attack and was treated with Nitroglycerin at 4:30 am. Was given a cardiac catheterization at 6am that showed no heart attack and no arterial obstructions but showed one wall of the heart was not functioning properly. Heart issue was confirmed later in the day by an echocardiogram study. Was admitted to the hospital. Had an additional attack of chest pains at approximately 2:30pm the next day which was treated with 3 tablets of Nitroglycerin. Blood tests showed markers for inflammation.

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1321378	5/15/2021	TX	70	F	5/14/2021	5/14/2021	Nausea Feeling sick Low blood pressure Clammy skin Signs and symptoms started 5 minutes after the administering the vaccine. Vaccine administered at 12:22. At 12:27, the consumer complaints of nausea and feeling sick. Consumer remained awake, alert, and oriented. The consumer denies shortness of breath, chest pain, or difficulty breathing. Vital signs checked: BP 80/50 (manually), 86/50 (electronically), heart rate 65, oxygen saturation 94-97%. Consumer admitted taking her cardiac medications 10 to 15 minutes before we arrived for the in-home vaccine administration. The EMS arrived around 1:00 pm, assessed the consumer, BP remains low. At 01:40 pm, the consumer was transported to the hospital by the EMS. NOTE: Consumer states, she took cardiac medication 10-15 minutes before the vaccine was administered. She verbalized, the medication has not been take for a while (about 6 weeks), just resumed medication on 5/14/2021. BP reading 12:28 80/50 manually, 86/50 electronically 12:48 - 60/45 Called 911, fluid offered 12:55 - 161/87 1:00 - 104/54 EMS Arrived 1:05 - 106/54 1:06 - 108/70 1:15 - 77/45 1:40 - Consumer transported to the hospital by the EMS. Consumer remains awake, alert and oriented. Denies shortness of breath, chest pain, or difficulty breathing.
1321408	5/15/2021	CA	24	M	5/12/2021	5/13/2021	patient had chest pain and SOB Day 2 after vaccine and in ER has signs of myocarditis requiring hospitalization
1321418	5/15/2021	NC	48	F	3/10/2021	4/10/2021	On Saturday, April 10, 2021, I had started having pain and swelling in my right calf that lasted for several days on and Tuesday, April 13th, I started having pain on the left side of my chest. On Thursday, April 15th, I went to the ER due to pain and swelling in my leg and it was discovered that I had 2 clots in my leg (on at my calf and a second one on the right side of my knee). Not realizing my chest pain was related, I discussed with my primary care at a follow up visit on Monday, April 19th, and a CT scan was performed confirming I have an pulmonary embolism (extensive pulmonary emboli in both lungs). I was immediately put on Xarelto blood thinner and sent home.
1320967	5/15/2021	MI	18	M	5/4/2021	5/6/2021	Myopericarditis developed significant chest pain, sob on 5/6/2021. hospitalized 5/7/2021.

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1321207	5/15/2021	CA	18	M	4/23/2021	4/28/2021	Gave me heart and chest pain (diagnosed with myocarditis)
1317686	5/14/2021	IN	16	F	5/12/2021	5/12/2021	Pt developed chest pains and heart racing that night along with high fever 102 with very bad headache. Chills and fever and weakness latest through Friday afternoon. Fever started to go down Friday afternoon and weakness improved. Headache remains strong
1318969	5/14/2021	MN	56	M	4/25/2021	5/8/2021	Minor chest pain start 22:30. At 13:00 on 05/09, pain quickly increased to Severe Chest pressure within 15 min. EMS dispatched. Initially treated as possible heart attack with aspirin and nitro with no results. Pain stable and controlled in approx. 4 hrs with Morphine. Acute Pericarditis diagnosed. Released 05/11 approx. 19:00 hr. Follow up treatment with Ibuprofen and Mitigare.
1318669	5/14/2021	WA	21	M	5/11/2021	5/13/2021	Chest pain on 5/13 and seen in ED at Hospital.
1318529	5/14/2021	WA	26	F	5/14/2021	5/14/2021	Patient fainted in waiting area after receiving immunization. Patient experienced visual disturbances seeing black spots, left sided chest pain, and arm tingling. Checked patient blood pressure, elevated her legs, applied cold ice pack behind her neck. Called 911 and paramedics arrived on time.
1318471	5/14/2021	WA	41	F	3/20/2021	5/6/2021	Symptoms - Difficulty breathing, chest pain, fever, headache Diagnosis - Pulmonary embolism Treatment - Xarelto and pain medications (Narco, Tylenol)
1318436	5/14/2021	ND	65	M	5/5/2021	5/8/2021	Patient presented to ED with chest pain and subsequently had elevated troponins warranting him to be transferred to a higher level of care.
1318229	5/14/2021	MI	94	M	4/26/2021	4/27/2021	My father was experiencing, weak pulse and crushing chest pain since his injection. He has long standing CHF managed with meds which have never caused side effects. He has been admitted to the Hospital approximately 4 days after injection. He is continuing to have chest pain and was seen again today by his Doctor.
1318198	5/14/2021	WA	18	M	4/20/2021	4/21/2021	Chest pain, elevated troponin, CRP at 1-2 day after 2nd dose of COVID vaccine

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1317849	5/14/2021		30	F	4/1/2021	4/1/2021	Two weeks after receiving vaccine, began experiencing chest pains. Doctor diagnosed as costochondritis. Was given an antihistamine to take at night to reduce inflammation. After about a week on the medicine, the symptoms mostly went away, was told 4-6 to fully be down.
1318985	5/14/2021	CA	59	M	4/9/2021	4/11/2021	Pain at left Under Arm, Chest pain and neck area And Both Calves behind knee.
1317726	5/14/2021	FL	58	F	4/5/2021	4/7/2021	Bad chest pains feeling like extreme pressure on my sternum, on and off throughout the day for approximately 2 weeks and contuning after that but becoming less frequent and less severe for about one additional week. Still occasionally have some pressure on intermittant days and with less severity than original pains. I have not yet sought out medical opinion to determine if I have incurred any heart damage.

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1316151	5/14/2021	FL	72	F	12/19/2020	1/8/2021	<p>This is a spontaneous report from a contactable other HCP (healthcare professional), the patient. A 72-year-old non-pregnant female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; solution for injection; Lot Number: E11283) via an unspecified route of administration on 19Dec2021 at 12:00 (at the age of 72-years-old) as a single dose for COVID-19 immunisation. Medical history included "HTH GERD" and sulfa allergy, both from unspecified dates and unspecified if ongoing. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications (received within two weeks of the vaccination) included pantoprazole sodium sesquihydrate (PROTONIX), losartan and anastrozole, all taken for unspecified indications on unspecified dates. The patient did not receive any other vaccines within 4 weeks prior to the COVID-19 vaccine. The patient previously received demerol for an unspecified indication on an unspecified date and experienced allergy (reported as "known allergies: Eli sulfa demerol"). On 08Jan2021 at 12:00 the patient experienced severe cellulitis on trunk anterior/posterior, elevated temp white count pain, fatigue, SOB (shortness of breath) and chest pain. All events were serious for hospitalization on an unspecified date, for 5 days. All events resulted in a doctor or other healthcare professional office/clinic visit and an emergency room/department or urgent care visit. The events required treatment with antibiotics for 6 weeks. The clinical outcomes of the events severe cellulitis on trunk anterior/ posterior, elevated temp white count pain, fatigue, SOB (shortness of breath) and chest pain were all recovered/resolved with sequel (recovered with lasting effects) on an unspecified date. Since the vaccination, the patient had not been tested for COVID-19. Information on Lot/Batch number was available. Additional information has been requested.; Sender's Comments: Based on the information available the reported events more likely represent intercurrent medical conditions that were unlikely related to BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE). The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as</p>

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1317677	5/14/2021	WA	28	M	5/10/2021	5/12/2021	any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate. Chest pain started 2 days after the second dose of Pfizer vaccine. Found to have myocarditis requiring admission. Full recovery is expected.
1317659	5/14/2021	NC	20	M	5/10/2021	5/12/2021	Patient is a 20 y.o. male with no significant past medical history presenting with acute burning retrosternal chest pain and diaphoresis, found to have diffuse concave STE with PR depressions and reciprocal changes in AVR, along with significant troponin elevation (peaked at 8K), c/f STEMI, LHC therefore pursued on 5/13 which revealed clean coronaries. TTE also with pEF and no WMA. Of note, pt recently received 2nd dose of Moderna COVID-19 Vaccine, myopericarditis therefore considered, CRP elevated at 45, subsequently started on high dose ASA + colchicine therapy. CMR also pursued and was noted to be unremarkable. Pt without return of presenting chest pain.

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1317414	5/14/2021	ID	17	M	5/9/2021	5/9/2021	<p>17yo otherwise healthy male presents to clinic for worsening cough, runny nose congestion, and sweats starting 4 days ago. He received the COVID vaccine 5 days ago in the afternoon and initially had what he expected to be normal side effects from the vaccine that evening. Symptoms included body aches, runny nose and general malaise. However, over the last few days he has felt worse and developed more congestion, cough, and sweating. He did improve a little bit 2 days ago but then started to feel worse yesterday and had a worsening cough that is resulting in some chest tightness. Cough is productive sounding. Mom describes it as barking. No appreciable wheezing but he sounds hoarse. He has some SOB after coughing repeatedly. He states it simply feels like it is hard to breathe for 10-20minutes after a coughing attack but then it resolves. He developed sweating yesterday as well. He states he will just start sweating for no reason. No measured fever. No chills. Today he has dried skin and cracked lips from blowing/wiping his nose all the time. No fevers. No vomiting. No diarrhea. No numbness/tingling. No redness/swelling at injection site. No rashes. No HA. EXPOSURE: No one at home is sick, No known exposures prior to vaccine CHRONIC: None, no hx of asthma or allergies, hx of eczema. PCP: None UTD on immms. Vitals: Wt 163.4, HR 60, RR 18, Temp 97.8, O2 sat % 98 Past Results: Examination: GENERAL APPEARANCE: alert, no acute distress, non-toxic, mildly diaphoretic, talking and cooperating throughout exam, sitting comfortably on exam bed, able to talk in complete sentences. HEAD: no visible lesions or abnormalities. EYES: no eye, eyelid, or orbital abnormalities identified. EARS: BILATERAL TMs pearly gray without erythema, effusion, or purulence; EAC with normal amount of cerumen bilaterally, no mastoid erythema or tenderness. NOSE: patent nares, congested, clear rhinorrhea. MOUTH/THROAT: moist mucous membranes, uvula midline, mild pharyngeal erythema without tonsillar exudate, no soft palate lesions, no trismus, no soft palate swelling or erythema, no difficulty swallowing or drooling. NECK: supple, non-tender, FROM. CHEST: normal shape, good expansion, no visible lesions/abnormalities, no tenderness, no retractions, no</p>

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1317410	5/14/2021 WY	71 M	4/7/2021	4/10/2021	<p>grunting, no stridor. HEART: no murmur, RRR. LUNGS: clear to auscultation, prior to administration of inhaler, diffuse wheezing and rhonchi throughout, post inhaler, improved air movement with focal rales in RIGHT poserior middle lung field around T5. ABDOMEN: soft, no tenderness, no masses palpated, normoactive bowel sounds, non-distended. NEURO: alert, non-focal exam. SKIN: warm, dry without rash, petechiae, or purpura. Pneumonia of right middle lobe due to infectious organism Start Albuterol (Eqv-Proventil HFA) aerosol, 90 mcg/inh, 2 puff(s), inhaled, every 6 hours, 30 day(s), 1 Start amoxicillin tablet, 500 mg, 2 tab(s), orally, 3 times a day, 10 day(s), 60 Imaging:XR CHEST 2 VIEWS PA AND LAT Notes: History and exam are consistent with Community Acquired Pneumonia. CXR final read indicates RIGHT middle lobe bronchopneumonia. Suspect that pneumonia is unrelated to COVID vaccine. Pneumonia is an inflammation of the lungs caused by infection. Antibiotics are used to treat bacterial pneumonia. Other medications may help improve breathing and relieve symptoms in bacterial and viral pneumonia. Start and complete entire course of antibiotics. Increase fluids and rest as much as possible. Patient informed to return if not improved or go to ER if worsening symptoms, SOB, or increased chest pain. Should be rechecked in 2-3 days by PCP. Discussed side effects and risks of medications with the patient. Patient expressed understanding and a willingness to participate in the plan. Patient left the UC in a stable condition with all questions answered at this time. Cough Imaging:XR CHEST 2 VIEWS PA AND LAT Notes: Discussed cough in clinic. Will plan to treat with albuterol PRN cough/wheezing every 4-6hrs and Stiolto Respimat 2 inhalations QD after discussion with Dr. First dose of Stiolto given in clinic with improvement in symptoms and improved aeration. Focal findings now appreciable. Discussed close follow-up and when to return to clinic. Will report symptoms to VAERS. All questions and concerns answered and addressed.</p> <p>Patient reported to the ED 3 days after vaccination with shortness of breath and chest pain. ST elevation noted and sent to cath lab, CT angio revealed that he could have a small subsegmental pulmonary embolism.</p>
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1317270	5/14/2021	CA	58	M	3/18/2021	4/2/2021	~~Pfizer-BioNTech COVID-19 Vaccine EUA" -- pt admitted for covid-19 after 1 dose of covid-19 vaccine Pt received covid-19 vaccine on 3/18/2021. Admitted to hosp on 4/2/2021 with c/o SOBx6dyas, with intermittent chest tightness+pleuritic chest pain+ productive cough with yellow sputum + chills, loss of taste and smell, myalgia, sore throat, headache. Spouse was tested positive one week PTA. Hypoxia on RA at home with 88% readings. Received Remdesivir x5days and Dexamethasone; 4/2/2021 89% O2sat on RA, put on 2-3L NC and O2 sat improved to 95-98% 4/3/2021 on 3L NC, O2 sat 97-98% 4/4/2021 on 2L NC, O2 sat 94-95% 4/5-4/6 on 2L NC, O2 sat 97-99% 4/7/2021 O2 sat 96-99% on RA
1317784	5/14/2021	AR	22	M	4/22/2021	4/25/2021	Pt presented with complaints of midsternal chest pain, SOB. He was found to have elevated troponins >700 at peak along with some shortness of breath. He was given fluids and NSAID.
1316742	5/14/2021		77	F	2/22/2021	3/15/2021	Non-ST elevation (NSTEMI) myocardial infarction Acute kidney failure, unspecified SHORTNESS OF BREATH CHEST PAIN RESPIRATORY DISTRESS
1317224	5/14/2021		61	F	4/8/2021	4/26/2021	Acute kidney failure, unspecified SHORTNESS OF BREATH CHEST PAIN
1317144	5/14/2021	FL	65	F	5/8/2021	5/9/2021	patient apparently had taken Johnson Johnson COVID-19 vaccination that the was about 4 days ago. And since the that time patient had been having increasing shortness of breath patient denies any history of any fever chills denies any chest pain in. Of of the by the time patient had presented to the ER patient was hypoxic and was having respiratory of difficulty patient was initially put on a non-rebreather observe mask

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1317134	5/14/2021	PA	67	F	5/6/2021	5/6/2021	67-year-old female to the ED from home with complaints of worsening shortness of breath, fatigue, chest pain. Diagnosed with COVID-19 5/11. Admitted to inpatient for pneumonia due to COVID 19. She reports muscular chest pain when she coughs. Arrives with hypoxia, decreased breath sounds. Placed on 2LNC. D-dimer, CRP, ferritin elevated. CT chest shows: Diffuse bilateral COVID 19 pneumonia. Start on IV Remdesivir. Trend inflammatory markers. Has had symptoms for 8 days, so out of window for plasma.
1317031	5/14/2021	CA	49	F	5/4/2021	5/4/2021	This is a 49 Years old Female with asthma, discoid lupus and post-surgical hypothyroidism with Hurthle cell neoplasm of thyroid presenting with 1 weeks of moderate shortness of breath without cough, which began gradually. Patient states that her symptoms first started after she received the first Moderna COVID-19 vaccine on 4/6/2021 and they lasted approximately 6 days. Patient was doing well until she received the second dose of the vaccine on 5/4/2021. Since then, she has been having shortness of breath, fatigue and headaches. Patient also complains of chest pain that is worse with inspiration, and she denies any abdominal pain, no nausea, no vomiting, no swelling to the legs, and no leg pain. Symptoms are worse with exertion
1316946	5/14/2021	MI	36	M	4/27/2021	5/13/2021	Patient presented with chest pain and was found to have pulmonary embolism 2 weeks after receiving the vaccine. Patient without any other risk factors for DVT or pulmonary embolism
1316927	5/14/2021	GA	54	F	4/2/2021	4/14/2021	Chest pain and pain under left side rib cage. Shortness of breath and could not take deep breaths. Very labored breathing.

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1315907	5/14/2021	LA	48	M	1/8/2021	1/19/2021	lose smell and taste; lose smell and taste; Positive Rapid Covid Test; progressively fatigue; he had a headache; at night he had chills; fever with more fatigue; fever with more fatigue; This is a spontaneous report from a contactable other HCP (patient). A 48-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection), (Lot number: EL3248, expiry date: 31Mar2021), via unspecified route of administration in left deltoid on 08Jan2021 as single dose for COVID-19 immunization. Patients medical history was not reported. Patient concomitant medications are Multivitamins, Zinc, colecalciferol (VITAMIN D), fexofenadine hydrochloride (ALLEGRA), Aspirin, and famotidine (PEPCID) from unspecified date and unknown still ongoing. Prior to the vaccination, the patient was not diagnosed with COVID-19. On 20Jan2021, Patient underwent Rapid Covid Test (nasal swab test), tested positive for SARS-CoV-2 test positive. On 26Jan2021, Caller clarified that b he did not have any further symptoms at all, no fever, everything had resolved. Caller clarified that the reason he got tested was because he was having symptoms, on the 19Jan2021 Tuesday he became progressively fatigue at lunch he had a headache, and probably by 7-8pm at night he had chills and fever with more fatigue. He had No chest pain, No shortness of breath, and No wheezing. The symptoms improved, the headache improved Friday, he had mild lingering fatigue and low-grade temperature for next day or so, but it was Tuesday at which he had no symptoms at all. He did lose smell and taste for 24 hours, it was on Friday 22Jan2021, 100% percent couldn't even smell Vicks Menthol. His Second Dose is schedule for 29Jan2021. He enquired about contraindication to getting the second dose of the vaccine. The Outcome of events was recovering for pyrexia ,headache, fatigue The outcome of chills, loss of smell and taste was unknown. Follow-up (28Jan2021): This is a follow-up spontaneous report from a contactable other HCP (patient). New information includes clinical information. Follow-up attempts are completed. No further information is expected.
1316829	5/14/2021		85	F	3/9/2021	3/15/2021	Non-ST elevation (NSTEMI) myocardial infarction chest pain

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1317257	5/14/2021	NV	62	M	3/15/2021	3/22/2021	I started to get a weird feeling in my chest a week after the vaccine. It was a burning sensation and I thought it was vaping at first. It started to get worse and worse. A week later I went to the ER and they ran some tests. After testing it was confirmed that I was having a heart attack. I had blot clot in my OM1 discovered on 04/07/2021. I had had an angiogram in 2019 and there were no problems then. I was hospitalized for four days and I was given a Stent which ended up getting a blood clot. The original Stent was removed and a larger one was put in. I am now taking some blood thinners, Aspirin, Atorvastatin, Carvedilol 6mg, Prasugrel 10mg, and I am scheduled to see a cardiologist because I still have a little chest pain.
1316682	5/14/2021	IN	52	M	5/7/2021	5/9/2021	Chest pain started two days after 2nd vaccine. CT scan of the chest showed nonocclusive subsegmental pulmonary embolism. Started on heparin infusion initially and transitioned to Xarelto.
1316299	5/14/2021	HI	30	M	4/27/2021	4/28/2021	4/28 4am Fatigue 8am joint pain 10 am chest pain, difficulty breathing 8pm chills, sweating 4/29 Chest pain 4/30 2am vomite, chest pain, sweating, difficulty breathing. 3am myocarditis.

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1316203	5/14/2021	FL	22	M	4/26/2021	4/26/2021	Pericarditis; cardiac enzymes have continued to go up, not down; myocarditis; ST evaluation on the EKG; Increased troponins and enzymes, troponin levels were elevated; Severe Chest Pain; Chest tightness; Lightheadedness; didn't sleep at all and were uncomfortable all night and had pain; didn't sleep at all and were uncomfortable all night and had pain; feeling really crappy and they thought it was like the flu; feeling really crappy and they thought it was like the flu; Tiredness and Fatigue; Headache; This is a spontaneous report from a contactable consumer (patient's mother). A 22-year-old male patient received second dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation Solution for injection, Lot number EW0170 and expiration date not reported) via an unspecified route of administration, administered in Arm Left on 26Apr2021 10:00 as single dose for covid-19 immunization. Medical history included ongoing incredibly rare metabolic disorder. Concomitant medications were not reported. The patient previously took first dose of BNT162B2 on 05Apr2021, lot number: ER8735, administered in left shoulder for covid-19 immunization. The patient experienced tiredness and fatigue and headache on 26Apr2021,severe chest pain, chest tightness, lightheadedness, didn't sleep at all and were uncomfortable all night and had pain, feeling really crappy and they thought it was like the flu on 27Apr2021, pericarditis and Increased troponins and enzymes, troponin levels were elevated on 28Apr2021, cardiac enzymes have continued to go up, not down, ST evaluation on the EKG and myocarditis on an unspecified date. The reporter stated that she has identical twin sons that are 22 years old and they received their second dose on Monday morning, 26APR2021. Reporter states all 5 member of the family have gotten the Pfizer vaccine. Reporter states the twins were hospitalized on Wednesday with myocarditis/pericarditis, inflammation around the heart. Reporter states she knows there have been incidents reported. Reporter states she saw in Israel there were 62 out of unknown amount of people and some members of the military. Reporter states that two identical males with the DNA same, that had the vaccine at the same time, had the reaction at the same length of time, and it would go a long way to help understand the complication. Reporter added, they have

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the same lifestyle and live at the same house. The reporter stated that they received the vaccine at 10:00a.m. on 26APR2021 and then that evening they were feeling pretty tired and fatigued and a little headachy, but nothing anyone worried about because they all had that same reaction. Call states Tuesday morning they were feeling really crappy and they thought it was like the flu and it would pass. Tuesday evening they said they didn't sleep at all and were uncomfortable all night and had pain. Wednesday the pain didn't go away., and the twins had ST evaluation on the EKG that they have. Reporter sated they decided to take one in and said the other twin had the same symptoms but he kept saying his wasn't as bad as his brothers because he didn't want to go to the hospital. Reporter states the doctor advised her to come back home and bring the other one in. Reporter states they had the same echo cardiogram, and their troponin levels were elevated. Caller states their cardiac enzymes have continued to go up, not down. Treatment: States they have them on Ibuprofen and Colchicine, which is the therapy for Pericarditis and they are using Toradol for breakthrough pain and severe chest pain. The seriousness of the event pericarditis was reported as (hospitalization, medically significant), cardiac enzymes have continued to go up, not down, myocarditis and ST evaluation on the EKG reported as medically significant and other events was reported as non-serious. The event pericarditis was resulted in emergency room visit. The outcome of the events pericarditis, cardiac enzymes have continued to go up, not down, severe chest pain, chest tightness, increased troponins and enzymes, troponin levels were elevated, tiredness and fatigue, was reported as not recovered feeling really crappy and they thought it was like the flu was reported as recovered on 27Apr2021, headache and lightheadedness recovered on 28Apr2021 myocarditis, ST evaluation on the EKG, didn't sleep at all and were uncomfortable all night and had pain was reported as unknown. No follow-up attempts are needed. No further information is expected.

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1316176	5/14/2021	PA	61	F	4/22/2021	4/22/2021	By 12:50 hands were starting to swell; chest pain; heart palpitations; pulse felt like her heart was racing very hard; non specific interstitial disease in the right lower lobe that could represent atelectasis aspiration organomia; non specific interstitial disease in the right lower lobe that could represent atelectasis aspiration organomia; blood pressure was up; throat felt like it was starting to tighten; eyes itchy; eyes itching much worse; This is a spontaneous report from a contactable consumer (patient). A 61-year-old female patient received BNT162B2 (COMIRANTY; Solution for injection; Lot number and expiration date: unknown), via an unspecified route of administration in left upper arm on 22Apr2021 12:10 (at the age of 61-year-old) as unknown single for COVID-19 immunization. This report was not related to a study or programme. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Adverse events following prior vaccinations was first time had flu shot made her very ill, next year doctor suggested she should just have half of a shot instead of full shot to see if she tolerated it and she was able to tolerate that. She had not any other problems with flu vaccines in general. Some of the other vaccines, she was just supposed to take Benadryl with them because of some of the filler ingredients people put in things. She had previously had the 1 dose shingles vaccine, but she had gotten probably shingles probably a couple of months after that so they encouraged her to get the 2 part shingles vaccine at a later date and told her to do the pre-medicate routine like Benadryl day before, day of and at least 2 days after shingles vaccine doses and if any major problems call for help. She did not have a noticeable problem from the 2 part shingles vaccine. Some of the times depends on what filler ingredients people use. She was allergic to nutmeg which was used as an emollient oil or it's called Myristicin something or other oil; if something has too high a dose of mannitol it can cause a problem. She has a very long list of allergies and high sensitivities; if it was a high enough sensitivity it goes in allergies list, even though it may not be a true allergy. Family has lots of allergies. Regarding prescribed indication additional details: She had 3 doctors who initially advised her to get the vaccine including her primary care physician, oncologist and haematologist; this was because she was a high risk person because of

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various health issues. Her haematologist 2-3 months ago when she had her last appointment with him he was saying to get the shot and prescribed the epi-pen at that time; no one was having it yet, but he expected she would have some sort of reaction to it not able to be covered by Benadryl alone. Medical history included ongoing platelet disorder Verbatim: Unidentified platelet disorder, Lots of allergies, cardiac murmur, ongoing asthma, osteoarthritis, glucose tolerance impaired, hypoglycaemia slow thyroid and back and neck pain. Concomitant medication(s) included diphenhydramine hydrochloride (BENADRYL) taken for hypersensitivity (50mg taken as needed), cetirizine hydrochloride (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) taken for hypersensitivity (10mg daily), fluticasone propionate, salmeterol xinafoate (ADVAIR) taken for asthma (250/50 twice daily), levothyroxine sodium (SYNTHROID) taken for hypothyroidism (137mcg-1 tablet daily), methylphenidate hydrochloride (RITALIN) (20mg tablet twice daily), salsalate, colestyramine (QUESTRAN LIGHT) (2-500mg tablets 3 times daily), sucralfate (CARAFATE) (1mg tablet 4 times daily-dosage verified with caller as milligrams and captured as provided), loperamide hydrochloride (LOMOTIL [LOPERAMIDE HYDROCHLORIDE]) (2.5/0.25 takes 2 tablets of that 4 times daily), calcium carbonate (CALCIUM OYSTER SHELL [CALCIUM CARBONATE]) (Alternates dose of 500mg and 1000mg on days takes Vitamin D), vitamin c [ascorbic acid] (VITAMIN C [ASCORBIC ACID]) (250 mg), vitamin D (50,000 units every other day taken), vitamin B12 (1mg injection every 14 days), clonazepam (KLONOPIN) (2-1mg tablets at bedtime), montelukast sodium (SINGULAIR) taken for asthma (10mg tablets at bedtime) and cefixime (FLEXERIL [CEFIXIME]) taken for back pain, neck pain (10mg tablets 3 times daily as needed). On 22Apr2021, Onset time: She had a note saying her eyes itchy at 12:20, but they were itching before that because she waited long enough to report it; so onset time was less than 10 minutes when her eyes started itching. Then her pulse; she could feel chest pain; heart palpitations; pulse felt like her heart was racing very hard. They did check her pulse while she was in their initial observation and her pulse was only in the 70s, but oxygenation was at 96%.When at doctors office less than 1 hour before that reading, oxygenation was at

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98%. Recorded at 12:30 eyes itching much worse, throat felt like it was starting to tighten, heart felt like it was starting to race. By 12:50 hands were starting to swell. She had already been pre-medicated with Benadryl before this before she went down to get the Pfizer Covid-19 Vaccine, she had Benadryl in her system. She had that same morning with her morning meds had taken Zyrtec and Benadryl in anticipation of getting the possibility of getting the Pfizer Covid-19 Vaccine because she has to pre-medicate for vaccines just in case she starts to react in anyway. History of all previous immunization with the Pfizer vaccine considered as suspect was none. Additional Vaccines was not administered on same date of the Pfizer Suspect. Emergency Room taken from the location where vaccine administered-they gave her Pfizer Covid-19 Vaccine shot had her sit for basic observation then sit for extended observation. In that time period telling them her symptoms were going on, increasing. They gave her another 50mg Benadryl even though she had already had 1 before and then called emergency room, took her down, left her in waiting area even though she had heart and chest palpitations. Physician Office seen prior to event on 20Apr2021, seen after event 27Apr2021. Primary Care Physician didn't hear anything in lungs either visit. Not admitted to hospital; seen in emergency room, theoretically she got treated; however her basic blood pressure and stuff even with what they were doing was higher than when she was triaged in the ER; blood pressure was up and something else, oxygenation level moderately reduced from when she came down to when she was just let go; however her symptoms were worse when she was leaving than when she got there. She knows what they gave her while she was there was IV of normal saline, solumedrol and IV Benadryl. Thinks they later gave her Tylenol tablets. Finally got them to do an EKG because kept saying her chest was getting worse but that was several hours after she was back there even though came there having chest pains. In her opinion this hospital was not taking reaction seriously. Not admitted to hospital even though symptoms were worse and blood pressure higher on discharge, well above her normal levels. Currently trying to get them to explain why they took so long to do anything for her. Finally did a chest x-ray on 22Apr2021: discharge papers say abnormal x-ray

and they gave a couple of different possibilities as to what that might be so Primary Care Physician wrote a prescription to get a follow-up chest x-ray to make sure that everything is fine and back to normal and not ongoing or progressing or anything because they gave some strange things: what their impressions were: findings: there is non specific interstitial disease in the right lower lobe that could represent atelectasis aspiration organomia. It says the left lung appears clear; cardiomediastinal silhouette is within normal limits; impression restates non specific right findings there is non specific interstitial disease in the right lower lobe that could represent atelectasis aspiration organomia. This was from front and lateral views of the chest x-ray at 19:00pm 22Apr2021. 2 ECGs: She guesses this is what they call EKG not, relevant point is that in the notes there for the records: Says abnormal ECG compared with blah blah blah, hard to find when exactly they wrote this, trying to get the exact wording for each of the two. Machine results CED, which caller explained is what they call themselves now instead of ER, notes for MD interpretation; one done at 17:53 , other at 21:32. They both say there was slightly different readings, however both say abnormal ECG. One of the wordings that is in both. She had no further details to provide regarding relevant testing/investigations. She had to be in the ER back in the room for several hours before they would do the EKG and that's only because she said I have chest pain and standard procedure is to do an EKG, had been back there for hours, they had done no tests, the only thing they did was basic blood panel, had not done a troponin or heart enzymes test, had not done EKG that's why she knows they were not taking her seriously at all; if someone says chest pains and you don't do anything in the standard protocol they are not taking you seriously. On this Monday, 2 days ago she had gone down to pick up the records from the ER to go to Primary Care Physician appointment 27Apr2021, finally actually got to speak to someone who said they would get back to her on 27Apr2021 to look into why the EKG tests were not done for someone having chest pains. That's one of the first things you do for someone having chest pain, no matter what the source. Frustrated with them because they're still not communicating back, they had not taken her seriously while she was there; unknown if they were

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actually going to be reporting, as they were still trying to convince her to get the second dose of Pfizer Covid-19 Vaccine. If she reacted to the first dose in first 10 minutes, second dose could be much more of a reaction. With the amount of anti-histamines in her system with Benadryl and Zyrtec and she was still starting to react in under 10 minutes. It's possible to be one of the inactive ingredients but she doesn't see anything in the pamphlet provided that she could identify at first glance as being the culprit to the problem other than 2 possibilities: potassium chloride and other is monobasic potassium phosphate. There is a possibility of her having a reaction to those because she was known to react to certain potassium products; sometimes it was the inactive ingredients. She definitely would have wanted to get the second part of the Pfizer Covid-19 Vaccine series until after she was not getting the medical attention she needed after reaction to the first dose. Because ideally you're supposed to have it at the same location, that just made her very nervous at the prospect of worse reaction at location that did not take her serious the first time. She was a big fan of Pfizer thought they do a great job; she had not known it was a 2 parter, not that it should make much difference. When her Primary Care Physician was saying second dose of Pfizer Covid-19 Vaccine was out of the question and she had been saying to people that she did not think it would be prudent to take the second part, they kept trying to say oh you need to get the second part, talk to so and so so they can convince you to get it, and doctor is going no. She reacted to ringers lactate or lactated ringers whatever the name is, her retired nurse sister sat and watched her getting some ringers lactate prior to surgery for her tear duct and saw her starting to break out in red splotches, patient said she was itching. Action taken in response to the events was drug withdrawn. The outcome of the events was reported as unknown. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

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1316172	5/14/2021	NY		F	4/19/2021	4/25/2021	Severe chest pain, shortness of breath, inability to breathe, severe headache, sore throat, fatigue, muscle pain, exhaustion; Severe chest pain, shortness of breath, inability to breathe, severe headache, sore throat, fatigue, muscle pain, exhaustion; Severe chest pain, shortness of breath, inability to breathe, severe headache, sore throat, fatigue, muscle pain, exhaustion; Severe chest pain, shortness of breath, inability to breathe, severe headache, sore throat, fatigue, muscle pain, exhaustion; Severe chest pain, shortness of breath, inability to breathe, severe headache, sore throat, fatigue, muscle pain, exhaustion; Severe chest pain, shortness of breath, inability to breathe, severe headache, sore throat, fatigue, muscle pain, exhaustion; This is a spontaneous report from a contactable consumer (patient). A 45 years old non-pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 19Apr2021 17:30 (Lot Number: EW0171) as SINGLE DOSE for covid-19 immunisation. Medical history included colitis ulcerative from an unknown date and unknown if ongoing. Concomitant medication included linaclotide (LINZESS) taken for an unspecified indication, start and stop date were not reported; mesalazine (CANASA) taken for an unspecified indication, start and stop date were not reported; mesalazine (APRISO) taken for an unspecified indication, start and stop date were not reported. Facility where the most recent COVID-19 vaccine was administered was Pharmacy or Drug Store. Prior to the vaccination, the patient was not diagnosed with COVID-19. covid The patient was tested for COVID post vaccination. On 25Apr2021 17:00, the patient experienced severe chest pain, shortness of breath, inability to breathe, severe headache, sore throat, fatigue, muscle pain, exhaustion. "The adverse event resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care". The patient underwent lab tests and procedures which included chest x-ray: unknown result on unknown date, Rapid test Nasal Swab: negative on 26Apr2021. Therapeutic measures were taken as a result of severe chest pain, shortness of breath, inability to breathe which included Prednisone, at home nebulizer. Outcome of the events was recovering. No follow-up attempts are

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							needed. No further information is expected.
1315972	5/14/2021		26	F	5/11/2021	5/13/2021	Bodyache, headache, vomiting x2times and fever after J&J shot 2days ago. Denies abdominal pain, difficult breathing or chest pain.
1317260	5/14/2021	NY	49	F	4/10/2021	5/8/2021	Multiple pulmonary emboli on CT angio 49 yo F with a PMH IDA with menorrhagia, OSA on CPAP, HTN, and hypothyroidism who presents to ED on 5/10/21 with chest pain. She states her chest pain began during an iron infusion 2 days ago on Friday 5/8. The infusion was briefly stopped and she was given steroids and the pain went away. The next day, however, the same pain recurred and remained until she came to the ED. She describes it as a "pinching" chest pain, constant x 1 day, worse upon inspiration and exertion, and radiating down her left arm and lower back, 10/10 in severity at its peak. She denies chest pressure. Nothing improved the pain in particular but she acknowledges it at rest. Her pain is much improved after being in the ED but is still present. She does not recall having the pain before. She denies cough, wheezing, palpitations, fevers, chills, nausea, vomiting, abdominal pain, diarrhea, constipation, or dysuria. She has never had COVID-19 before but had the Johnson & Johnson vaccine (1 dose) about a month ago. Pt admitted to the hospital, placed on heparin drip and transitioned to Xarelto on discharge.

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1316875	5/14/2021	WI	61	F	5/4/2021	5/4/2021	ED Note: "presents to the ED via RRT from pre-op after having a left SI injection with complaints of a stroke alert. at 1132 this morning. Per NP from pre-op, the pt received the injection without issue. After the injection she was developed groin numbness, which progressed into a headache, and chest pain. She then became aphasic, with left sided weakness and numbness. BS was 154 at that time. Per husband at bedside, the pt had numbness and tingling after injection but was otherwise at baseline. While the pt was getting dressed, the husband went to get the car. He notes the pt is on Xarelto secondary to PE and has taken it as prescribed. He denies any missed doses but states he is unsure of what time the last dose was. He states that the pt has no lasting deficits from her prior stroke. Of note, the pt is able to respond by nodding yes or no but is unable to speak. Pt able to write on a white board. She states she was taken off the Xarelto 3 months ago. The pt states she is unable to talk. She endorses left arm and leg weakness. The pt states she has a prior stroke years ago with weakness but has no lasting deficits. " Admitted to the hospital Diagnoses: - Dysphasia -Small vessel cerebrovascular disease - Bereavement -Vitamin-D deficiency

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1315792	5/13/2021			M			SWELLING ARM; CHEST PAIN; SWELLING OF CHEST; PAIN IN ARM; This spontaneous report received from a patient concerned a male of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included swelling in chest, and chest pain, and other pre-existing medical conditions included the veins in chest wall are involved and could take up to 6 weeks to resolve. this person was still in pain and swelling continues and was now being asked to see a cardiologist. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: unknown) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, the subject experienced swelling arm, chest pain, swelling of chest, and pain in arm. The action taken with covid-19 vaccine was not applicable. The patient had not recovered from pain in arm, swelling arm, chest pain, and swelling of chest. This report was non-serious.
1314732	5/13/2021	NY	17	M	5/7/2021	5/10/2021	Diagnosed with myocarditis on day of admission, found to have elevated troponin levels, currently hospitalized for observation and potential supportive care, however patient with no cardiac compromise and stable. Patient with chest pain that has resolved.
1315653	5/13/2021	FL	17	M	5/2/2021	5/3/2021	Myocarditis. Patient initially presented with chest pain 12 hours after vaccination. No other risk factors. Patient required to be in Pediatric ICU for treatment and cardiac monitoring.

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1314279	5/13/2021	KY	38	F	4/7/2021	4/12/2021	About a week after being vaccinated I started experiencing bad headaches, chest pains and pains in my leg. I went to the emergency department at Hospital to get checked out. They took blood and I had a high d dimer test result. They did an Ultrasound of both legs, and a CT with contrast of the lungs and a CT of the head. No blood clots were evident at the time. Over the next couple of weeks my left leg has continued to swell and hold fluid. On 5-11-2021 I had another ultrasound of the left leg again to rule out a possible blood clot. Again they did not find anything. After reviewing blood work from a coag profile all results were elevated but not worrisome per the dr. I continue to have more swelling in the left lower extremity, muscle aches and pains in that leg along with more busted blood vessels. I have experienced pains in places that I have never had before. Example a sharp pain started around my left pelvic area and shot up to the left shoulder and then burned for several minutes.
1314298	5/13/2021	WA	18	F	5/10/2021	5/13/2021	PATIENT'S MOM CALLED IN ON 05/13/2021 REPORTING THAT PT. STARTED TO HAVE CHEST PAINS THIS MORNING. SHE WAS EXPERIENCING THE USUAL MUSCLE PAIN AND FATIGUE YESTERDAY FROM THE VACCINE.
1314326	5/13/2021	WA	16	M	4/17/2021	5/6/2021	1. Right-sided chest pain and decreased aeration on Right lung (3 lobes) The pt was imaged to rule out spontaneous pneumothorax - MBI:XRY Chest, PA and Lateral (STANDARD) IMPRESSION: Large right pneumothorax with pronounced collapse of the right lung
1314360	5/13/2021	IL	78	F	2/28/2021	4/26/2021	Patient stated she developed clots during hospital admission with the complaint of chest pain. Patient stated at hospital admission, they discovered blood clot in her right leg and right lung. Patient was treated with oxygen and medication. Patient was inpatient for two nights and sent home lovenox injections for one week and continuing with Eliquis. Patient is currently on Eliquis for unknown duration. Patient will see cardiologist in three weeks and reevaluate.

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1314482	5/13/2021	MD	14	F	5/13/2021	5/13/2021	Pt c/o of dizziness as the only symptom s/p vaccination. She denied any chest pain, shortness of breath, vision loss, or pain. Pt's mother stated that she previously gets dizzy after vaccinations, and seeing needles. Pt stated that she had a "fear" of needles, but wanted the vaccine anyway. The nurse moved the pt to the private area, and helped her onto the stretcher, where she laid down. After the pt was lying down, the nurse assessed her. The nurse then took vital signs every ten minutes, listened to her lung sounds, assessed the radial pulse, assessed her vision, and mentation. After 15 minutes the pt sat upright with her feet dangled. With the nurse and the mother ten minutes later, the pt was walked down the hall. No issues were noted and the pt was stable. All the vitals were within normal limits throughout the entire time. The previous dizziness was gone, and the mother stated that she looked great. Pt stated a total of 40 minutes and then was safely discharged.
1314519	5/13/2021	AK	82	M	1/12/2021	1/12/2021	Developing flushing of face within 15 minutes of vaccination, upon getting home, noted full body rash - itchy bumps. Headache and lightheaded with a slight little cough and able to taste something in mouth immediate. then one week later, 1/18/21 developed stabbing chest pain, medivac'ed 1/19/ 21 to tertiary facility hospital. had 2 stents placed on 1/20/21. Received second dose of Moderna on 2/09/21, again having flushing, headache, taste, smell of medicine, rash, less severe than first dose. Took a nap following. Hurt all over all night 2/10/21. 2/11/21 felt somewhat better. one week later, again experienced shooting chest pain on 2/16/21 (pain 'down my breast bone'). Has not followed up with medical care. Has been 'living with it' due to expense of Medivac. Finally does have a follow up appointment with Dr. on June 7th.

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1314604	5/13/2021	CT	23	M	4/3/2021	4/17/2021	23 yo man in high school when standing, admitted with acute onset epigastric abdominal pain after a run, found to have mild elevation in troponin, flat at 0.04, dynamic EKG changes admitted or work-up 1. Acute epigastric abdominal pain/elevated troponin: The patient was chest pain free from the time of treatment with Pepcid, magic mouthwash, and Toradol in ED. His echo is without wall motion abnormalities, troponin is flat and remains chest pain free. The patient had a CT PE protocol study and CTA coronary without acute findings. He had a cardiac MRI which showed no acute myocarditis but may have had some delayed contrast enhancement and may represent prior myocarditis. He was started on low dose lisinopril 2.5 mg po daily for cardio-protection, will reduce physical activity with slow return to activity, and follow with cardiology with an urgent exercise stress test as an outpatient. His u tox shows cannabinoids and no other intoxicants, His lipid panel wnl, HDL 65, LDL 84, His TSH is wnl. His CRP and ESR is wnl. 2. Left axillary lymphadenopathy: Discussed with patient lymph nodes seen on CT scan in left axilla and left pectoral region. Patient confirmed he had a COVID 19 Moderna vaccine in the left arm on 4/3/2021. Epic documentation notes in the right axilla, but patient is clear that he had the vaccine in the left arm. Axillary lymphadenopathy is not surprising in this situation. 3. Small 4 mm nodules noted on CT scan: The patient had no infectious symptoms, no cough, no fever, and no elevated WBC. He does smoke marijuana but has no tobacco use. He can follow with PCP to further risk stratify the nodules, either with PPD, and consideration of repeat scan in 6-12 months as needed. 4. Mild bilateral gynecomastia: I informed patient this has been found. He is not bothered by this finding and it seems an incidental finding. He can follow with his PCP for further evaluation as needed for this finding. Inpatient Consultants and summary of recommendations: 1. Seen by Cardiology and CTA coronary followed by MRI and then plan for outpatient exercise stress test planned Discharge vitals: Temp: [97.4 °F (36.3 °C)-98.7 °F (37.1 °C)] 97.4 °F (36.3 °C) Pulse: [55-65] 65 Resp: [16-18] 17 BP: (108-114)/(61-72) 111/61 SpO2: [96 %-100 %] 99 % Device (Oxygen Therapy): room air Pertinent Findings of Physical Exam: as noted in exam Cognitive Status at Discharge: Baseline Alert and Oriented x 3 Discharge Physical

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1314209	5/13/2021 DC	19 M	3/6/2021	3/6/2021	<p>Exam: Physical Exam Constitutional: He is oriented to person, place, and time. No distress. Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no abdominal tenderness. There is no rebound and no guarding. Musculoskeletal: Normal range of motion. General: No edema. Neurological: He is alert and oriented to person, place, and time. Skin: He is not diaphoretic. Nursing note and vitals reviewed. Allergies No Known Allergies PMH PSH Past Medical History No past medical history on file. Past Surgical History No past surgical history on file. Social History Family History Social History Tobacco Use ? Smoking status: Never Smoker ? Smokeless tobacco: Never Used Substance Use Topics ? Alcohol use: Not on file No family history on file. Discharge Medications: Discharge: Current Discharge Medication List START taking these medications Details calcium carbonate (TUMS) 500 mg (200 mg calcium) chewable tablet Take 1 tablet (500 mg total) by mouth daily. Qty: 14 tablet, Refills: 0 Start date: 4/18/2021, End date: 5/2/2021 lisinopriL (PRINIVIL,ZESTRIL) 2.5 mg tablet Take 1 tablet (2.5 mg total) by mouth daily. Qty: 30 tablet, Refills: 0 Start date: 4/20/2021 CONTINUE these medications which have NOT CHANGED Details emtricitabine-tenofovir, TDF, (TRUVADA) 200-300 mg tablet Take 1 tablet by mouth daily. Qty: 30 tablet, Refills: 0 Associated Diagnoses: Need for prophylaxis against sexually transmitted diseases clindamycin-benzoyl peroxide (BENZACLIN) 1-5 % gel Apply topically 2 (two) times daily. Qty: 25 g, Refills: 2 Associated Diagnoses: Folliculitis clindamycin-benzoyl peroxide (DUAC) gel</p> <p>Aches and pains outside of arm 15 minutes afterwards. Subsided largely, but chills started and became more heightened after strenuous exercise later in the day. After 3 hours of sleep, awoke the next day with chest pain and difficulty moving. Heart rate (normally 60) spiked to 140 and could not see fit five seconds, had to call ambulance. Ambulance determined much of it was due to anxiety (multiple exams and significant work were due soon), and recommended medical supervision to ensure it did not escalate. Went to urgent care and was supervised until 1 pm, 24 hours after the vaccination, by which time symptoms had subsided</p>
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1314722	5/13/2021	CA	50	F	4/7/2021	4/7/2021	<p>Within 5 minutes from receiving my J&J vaccine, I went to sit down and I started feeling very hot in my body. My heart started to race, had chest discomfort and had trouble breathing, my trachea closed up, had blurry vision and pain in my chest. I felt like I could not breathe and when the nurse came over to ask me I could not speak to her, I went into a shock and I was placed on the floor and I could not hear anything nor could open my eyes, from my hips down to my feet I could not feel anything, my legs went completely numb and I had a syncope. What I was told from the nurse that I was given an Epi-pen to help with my reaction. When I came back my body was having convulsions, felt my head spinning, had pain in my chest that so very intense and the nurse got me up and took me to a nearby ambulance and the EMT staff placed like a heart monitor because my heart was racing super fast. I also felt heaviness in my chest and inside the ambulance I was given two injections on my left arm and when I slowly started coming back, I was already at the hospital. I was at the hospital from 2pm to 4:30pm more less being monitored. At the hospital x-ray of the chest was performed as well as lab work and I was discharged home. When I got home, I still did not feel good, I felt heaviness to my chest, still have trouble breathing and get chills during the night. I also could not stand up and have a nerve sensation to my body and the chest pain to my left side is still very present. I have blurry vision, dizziness, headaches, and my heart-beat continues to race very fast. I get headaches, have abdominal pain and I peed blood few times then that's when I was able to pee, my abdominal pain was painful like having a baby. On Friday 04-08-2021, I again went to the hospital because I had fallen to the floor on my kitchen floor and my daughter took me to the hospital. I let the nurse staff know that I still have continued chest pain and pressure, difficulty breathing and headaches, dizziness and they monitored and gave me three pills as medication. I was discharged home about 5pm with a referral to see a neurologist due to my chest pain, blurry vision, dizziness and fever which I had these past three weeks. I do not know why I felt all these symptoms after my J&J vaccine.</p>

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1314185	5/13/2021	PA	51	M	2/22/2021	2/23/2021	ED to Hosp-Admission Discharged 2/23/2021 - 2/25/2021 (2 days) Treatment team Costochondritis Principal problem Discharge Summary (Physician Assistant) ? ? Internal Medicine Cosigned by: MD at 2/27/2021 4:06 PM Discharge Summary Hospitalist Medicine Admission Date: 2/23/2021 Length of Stay: 0 Days Discharge Date: 2/25/2021 Admission Diagnosis Hospital Problems POA * (Principal) Costochondritis Yes COVID-19 Yes Problem List Resolved POA Resolved Problems Atypical chest pain 2/25/2021 Yes SIRS (systemic inflammatory response syndrome) (CMS/HCC) 2/25/2021 Yes Hyponatremia 2/25/2021 Yes Dehydration 2/25/2021 Yes Home Or Self Care CODE STATUS: Full Code Active Issues Requiring Follow-up Test Results Pending at Discharge Pending Labs Order Current Status Blood culture x 2 SETS Preliminary result Blood culture x 2 SETS Preliminary result Hospital Course Hospital Course: Please refer to the admitting providers H&P for full history. Patient is a 51-year-old male with a PMHx significant for hemochromatosis, sarcoidosis and morbid obesity who initially presented to the ED for evaluation of chest pain, cough and shortness of breath. On presentation, vitals were mostly unremarkable other than some mild tachycardia and tachypnea. Patient was able to maintain adequate oxygenation on room air but was placed on supplemental oxygen for comfort. Blood work was mostly unremarkable. ABG was not particularly concerning. Troponin was negative x3. Patient underwent chest CTA which showed basilar atelectasis bilaterally and scattered groundglass opacities and scattered borderline size hilar and mediastinal lymph nodes consistent with patient's known sarcoidosis. Patient was treated with supportive care and monitored overnight. He was able to maintain sufficient oxygen levels. On the time my evaluation, patient continues to complain of bilateral rib pain worse with deep breaths consistent with costochondritis. I discussed with the patient that he will need to continue to take NSAIDs on a scheduled basis to help with his discomfort. Additionally I offered to prescribe cough medicine. I discussed possibly discharging the patient on steroids however he states that he makes a point to avoid taking steroids due to his history of hemochromatosis. At this point, patient

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1314803	5/13/2021	MN	66	M	5/11/2021	5/12/2021	<p>no longer requires care in the hospital and can be discharged home. Patient is agreeable with the plan and all questions have been answered appropriately.</p> <p>Patient is a 66 y.o. male who presents to the ED for onset of substernal chest pain associated with nausea and weakness. Pain onset around 6 PM. Has been nauseous and weak all day. Relates this to second Covid shot obtained on Monday (5/11/21). Reports feeling fine yesterday. As the morning and afternoon progressed he noted that he was just more and more weak and was really not able to get around which he normally does with a walker. Endorses a past history of both pulmonary embolus and pancreatitis for which his chest pain feels like. Is not currently anticoagulated. Last PE 2 years ago. History of Parkinson's disease. Denies any fever. No other symptoms reported.</p>
1314878	5/13/2021	CA	64	M	4/14/2021	4/27/2021	<p>Patient presented initially to his PCP on 4/24/21 for on going muscle aches after his COVID vaccine. Pain is on other arms, takes tylenol for treatment but no relief. Blood pressure elevated at the time of visit, no limited ROM, bruising present. Patient denies sx of cough, fever, SOB or chills, chest pain/pressure, GI or GU issues, HA. Patient provided prescription for celecoxib 200mg PO daily prn pain. Presented to hospital emergency room on 4/27/21 for chest pain, found to have anterior wall STEMI. The patient was started on IV heparin and medical therapy with intravenous beta-blocker before being transferred to another healthcare facility. His initial troponin was 0.2. His CBC with diff and electrolytes are all within normal limits. Patient was immediately taken to the cath lab for PCI. In route to hospital the patient was given 1 dose of nitroglycerin, aspirin, morphine for pain. Cardiac catheterization was performed with placement of drug-eluting stent into the Mid LAD. Patient started on aspirin and Brilinta. Echocardiogram showed mild left ventricular hypertrophy, severe mid to distal anterior septal hypokinesis, apical akinesis with an EF of 45 to 50% and grade 2 diastolic dysfunction. Patient has had no return of his symptoms since the PCI, tolerated p.o. intake without difficulty. No nausea/vomiting, or shortness of breath. Able to ambulate without difficulty.</p>

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1315237	5/13/2021	OR	34	F	4/29/2021	4/29/2021	Vaccine given 4/29/21 at 11 am, by 2200 had h/a, nausea, brain fog, fatigue. hives and chest pain. Took increased antihistamines at that point, this continued until 5/5 when she began having tongue swelling and went to the ED. Was given steroids, observed for 2 hours, and sent home with prednisone 20 mg BID 4 day burst. On final day of steroids developed hyperglycemia
1315633	5/13/2021	TX	31	M	5/7/2021	5/10/2021	Chest pain, SOB Treated with nitroglycerin, heart catheterization, echocardiogram, EKG, anti-inflammatories , Atorvastin and Metoprolol. Spent night in hospital under observation. High Troponin levels of 11.01 which decreased over 24 hours . Patient d/c and will see cardiologist next week.

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1315814	5/13/2021	IL	57	F	3/6/2021	3/7/2021	<p>Mobility decreased; rib pain; drug induced asthma; coughing; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of MOBILITY DECREASED (Mobility decreased), MUSCULOSKELETAL CHEST PAIN (rib pain), ASTHMA (drug induced asthma) and COUGH (coughing) in a 57-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 001A21A and 008B212A) for COVID-19 vaccination. Co-suspect product included non-company product ADALIMUMAB (HUMIRA) for Rheumatoid arthritis. Concurrent medical conditions included Asthma, Rheumatoid arthritis and Blood pressure high. Concomitant products included LOSARTAN for Blood pressure management, VITAMIN D NOS, CALCIUM, ASCORBIC ACID (VITAMIN C ACID) and IRON for Supplementation therapy. On 06-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient started ADALIMUMAB (HUMIRA) (Subcutaneous) 40 mg. On 07-Mar-2021, the patient experienced MOBILITY DECREASED (Mobility decreased) (seriousness criterion medically significant), MUSCULOSKELETAL CHEST PAIN (rib pain) (seriousness criterion medically significant), ASTHMA (drug induced asthma) (seriousness criterion medically significant) and COUGH (coughing) (seriousness criterion medically significant). At the time of the report, MOBILITY DECREASED (Mobility decreased), MUSCULOSKELETAL CHEST PAIN (rib pain), ASTHMA (drug induced asthma) and COUGH (coughing) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-Mar-2021, Electrocardiogram: normal (normal) No complications. On 07-Mar-2021, SARS-CoV-2 test: negative for covid 19 infection (Negative) Negative for Covid 19 Infection. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. On 07 Mar 2021, the patient presented to the emergency room and was unspecified antibiotics and medications for asthma, cough, and pain. Treatment medication included naproxen, albuterol,</p>

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1315831	5/13/2021	GA	17	M	4/21/2021	4/22/2021	<p>tessalon perle, codeine, guaifenesin, buspar, magnesium sulphate and prednisone. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Reporter did not allow further contact; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.</p> <p>On April 22, 2021, Pt had flu like symptoms. On April 23, 2021 I received a text at work that pt was having chest pains. I called his pediatrician. We were thinking pt was still having flu like symptoms. On Saturday, April 24, 2021, pt was still complaining about chest pains. He was tired and not acting normal. We took his blood pressure twice and his heart rate was 105 bpm.. Can not exactly remember blood pressure (seemed very off). Took pt to the hospital where they measured his heart rate at 107 bpm.</p>

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1315814	5/13/2021	IL	57	F	3/6/2021	3/7/2021	<p>Mobility decreased; rib pain; drug induced asthma; coughing; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of MOBILITY DECREASED (Mobility decreased), MUSCULOSKELETAL CHEST PAIN (rib pain), ASTHMA (drug induced asthma) and COUGH (coughing) in a 57-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 001A21A and 008B212A) for COVID-19 vaccination. Co-suspect product included non-company product ADALIMUMAB (HUMIRA) for Rheumatoid arthritis. Concurrent medical conditions included Asthma, Rheumatoid arthritis and Blood pressure high. Concomitant products included LOSARTAN for Blood pressure management, VITAMIN D NOS, CALCIUM, ASCORBIC ACID (VITAMIN C ACID) and IRON for Supplementation therapy. On 06-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient started ADALIMUMAB (HUMIRA) (Subcutaneous) 40 mg. On 07-Mar-2021, the patient experienced MOBILITY DECREASED (Mobility decreased) (seriousness criterion medically significant), MUSCULOSKELETAL CHEST PAIN (rib pain) (seriousness criterion medically significant), ASTHMA (drug induced asthma) (seriousness criterion medically significant) and COUGH (coughing) (seriousness criterion medically significant). At the time of the report, MOBILITY DECREASED (Mobility decreased), MUSCULOSKELETAL CHEST PAIN (rib pain), ASTHMA (drug induced asthma) and COUGH (coughing) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-Mar-2021, Electrocardiogram: normal (normal) No complications. On 07-Mar-2021, SARS-CoV-2 test: negative for covid 19 infection (Negative) Negative for Covid 19 Infection. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. On 07 Mar 2021, the patient presented to the emergency room and was unspecified antibiotics and medications for asthma, cough, and pain. Treatment medication included naproxen, albuterol,</p>

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							tessalon perle, codeine, guaifenesin, buspar, magnesium sulphate and prednisone. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Reporter did not allow further contact; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1314702	5/13/2021	PA	74	F	5/13/2021	5/13/2021	Patient complained of numbness in both arms and then chest pain following injection. Ambulance was called and treated patient .
1313645	5/13/2021	NH	53	F	4/6/2021	4/6/2021	Over a 103 degree fever, hard time breathing, weakness in muscles so I couldn't walk or stand. Those symptoms went away after day 2, but my arm stayed hot and swollen for 3 weeks. On week two, I was having chest pain and left arm pain. My upper left arm was inflamed, hot, and swollen for weeks. Due to getting SVT from my bout with COVID in January, I went to the ER. They said the pain was from the muscles in my chest wall. The pain from the injection TWO weeks prior was still causing me issues by radiating out. 6 weeks later, I am still having muscle weakness in that left arm and pain in my shoulder. When I got my second vaccine in my right arm, my left arm was hurting worse and was hot again.
1312646	5/13/2021		23	M	5/12/2021	5/12/2021	c/o sharp chest pain which radiating to L lower chest and body ache since J&J shot yesterday 1700. denies took any meds.

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1312661	5/13/2021	CA	18	M	5/12/2021	5/12/2021	<p>Pt. received the first COVID vaccine (Pfizer, lot # EW0182 and use by date is 05/13/21 at 0930am) around 1123am. LVN, administered the Pfizer vaccine and approximately 10 seconds after the vaccine was administered, the patient became pale and the patient loss consciousness for approximately 4 seconds. LVN ensured that the patient did not fall off the chair while RN (and Co-Lead), RN (Lead Vaccinator), and EMT observer, immediately ran to assist LVN with assisting the patient to the ground. The patient was alert and oriented when the nurses assisted him to the floor and had him lie in a supine position with his legs elevated. The patient was alert and oriented to person, place, time, and situation. Vital signs were immediately taken at 1124 when the patient was supine on the ground with his legs elevated: blood pressure of 112/58 (right arm, supine) , heart rate of 48 beats per minute, respiratory rate of 16 breaths per minute, and 100% oxygen saturation at room air. The patient denied any headache, nausea, or dizziness. The patient was moved to the gravity chair and was placed in Fowler's position. The patient was given Gatorade, as the patient did not eat or drink anything prior to being vaccinated. Vitals were taken at 1131: BP 114/78 (Right arm, sitting) , 66 beats per minute, 16 breaths per minute, and 100% oxygen saturation at room air. Alert and oriented to person, place, time, and situation. Denied any history of fainting . Denied taking any medications or having any chronic medical conditions. The patient continued drinking Gatorade and was offered a granola bar, the patient did not have any known allergies to medications, foods, or dust. At 1141, vitals were retaken, BP 122/87 (Right arm, sitting), HR 63, RR 16, and 100% oxygen saturation at room air. The patient denied any chest pain, shortness of breath, lightheadedness, dizziness, or headache. The patient ate a breakfast biscuit at 1148. At 1153 the patient was positioned from a Fowler's position to sitting upright in the gravity chair. Instructed the patient to have a friend or family member drive him home, the patient then called a friend to transport him home. RN, went over the V-Safe app with the patient and instructed him to eat breakfast and drink fluids the next time he arrived for his 2nd Pfizer vaccine. RN also instructed him to inform the vaccinator the next time he is vaccinated (for his second dose), to inform him/her about his history of fainting with his first</p>

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1312663 5/13/2021 CA

45 M

3/26/2021

3/27/2021

dose. The patient's vitals were taken at 1158 when he was sitting upright, BP: 138/80 (right arm), HR 67, RR 15, and oxygen saturation at 99%. RN instructed the patient about ER precautions and to follow up with his primary care provider. The patient's vital signs were taken a final time at 1210, BP 122/78, RR 16, HR 67, and 100% oxygen saturation at room air. The patient's ride arrived on site around 1215, and the patient had a steady and even gait when ambulating to the vehicle, where he was driven home by a friend.

Several hours after Covid vaccine pt developed his classic sickle cell crisis symptoms of severe pain and was hospitalized 3/ 27 to 3/ 31 with sickle cell crisis. No clinical evidence of thrombosis, treated with IV hydration and oxygen and improved in several days. Had a previous h/o sickle cell crisis and hospitalization while taking oral typhoid vaccine in 2017. After discharge, 5 days later had onset of chest pain, returned to ER, Chest CT negative for embolus, D- Dimer > 18,000. No clinical evidence of clot. pt hydrated again / O2 but was able to go home. Covid negative by PCR during both episodes.

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1312758	5/13/2021	MN		F	4/13/2021		LUNG INFLAMMATION/ SEEMS LIKE LUNG INFECTION; SHORTNESS OF BREATH/HARD TIME BREATHING; CHEST PAIN/BURNING IN THE CHEST; SINUS INFLAMMATION; THROAT INFLAMMATION; INTERNAL BURNING DOWN HER ARM TO THE WRIST; SHOULDER BLADE AREA PAIN; ARM PAIN; INTERNAL BURNING AT THE INJECTION SITE; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's past medical history included covid -19 infection. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 12-APR-2021 17:00 for prophylactic vaccination. The batch number was not reported and has been requested. Concomitant medications included meloxicam for drug used for unknown indication. On 12-MAR-2021, Laboratory data included: COVID-19 PCR test (NR: not provided) Positive. On 09-APR-2021, Laboratory data included: Antibody test (NR: not provided) Positive. On 13-APR-2021, the subject experienced lung inflammation. On 13-APR-2021, the subject experienced shortness of breath/hard time breathing. On 13-APR-2021, the subject experienced chest pain/burning in the chest. On 13-APR-2021, the subject experienced sinus inflammation. On 13-APR-2021, the subject experienced throat inflammation. On 13-APR-2021, the subject experienced internal burning down her arm to the wrist. On 13-APR-2021, the subject experienced shoulder blade area pain. On 13-APR-2021, the subject experienced arm pain. On 13-APR-2021, the subject experienced internal burning at the injection site. On 15-APR-2021, Laboratory data included: Blood test (NR: not provided) Unknown, Chest X-ray (NR: not provided) Unknown, and EKG (NR: not provided) Unknown. Treatment medications included: ibuprofen. On 29-APR-2021, Laboratory data included: Blood test (NR: not provided) Lymphocytes and Eosinophil numbers changed. On MAY-2021, treatment medications included: omeprazole. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from shortness of breath/hard time breathing, lung inflammation, chest pain/burning in the chest, internal burning at the injection site, shoulder blade area pain, sinus inflammation, throat inflammation,

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1312772 5/13/2021 AR

48 M

4/1/2021

internal burning down her arm to the wrist, and arm pain. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required as per standard procedure as the case assessed as non-serious.

CHEST PAIN; RIGHT HAND/WRIST WEAKNESS; REDUCED HAND/GRIP STRENGTH; PLEURISY; This spontaneous report received from a patient concerned a 48 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included seasonal allergies, non alcohol user, and non smoker. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 203A21A expiry: UNKNOWN) dose was not reported, administered on 09-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 2021, the subject experienced pleurisy. Laboratory data included: Computerised tomogram (NR: not provided) It was clear, and Fibrin D dimer (NR: not provided) Elevated. On APR-2021, the subject experienced reduced hand/grip strength. On 20-APR-2021, the subject experienced chest pain. On 20-APR-2021, the subject experienced right hand/wrist weakness. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain on 30-APR-2021, had not recovered from right hand/wrist weakness, and the outcome of reduced hand/grip strength and pleurisy was not reported. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure as the case assessed as non-serious.

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1312871	5/13/2021	CA	30	F	4/27/2021	4/28/2021	<p>this has prevented her from doing her exercises; couldnt sleep well due to pain; I cannot bend down; had never experienced a symptom like this one before, do not know how to explain it"; Tired; choke with my breath; pain in ribs; pain internally in the lungs; I get out of breath when I'm speaking; normal mild pain in arm; swelling in arm; This spontaneous case was reported by a consumer and describes the occurrence of CHOKING (choke with my breath) in a 30-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. O1UC21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 27-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 28-Apr-2021, the patient experienced PAIN IN EXTREMITY (normal mild pain in arm) and PERIPHERAL SWELLING (swelling in arm). On 30-Apr-2021, the patient experienced CHOKING (choke with my breath) (seriousness criterion medically significant), MUSCULOSKELETAL CHEST PAIN (pain in ribs), PULMONARY PAIN (pain internally in the lungs), DYSPNOEA (I get out of breath when I'm speaking), MOBILITY DECREASED (I cannot bend down), UNEVALUABLE EVENT (had never experienced a symptom like this one before, do not know how to explain it") and FATIGUE (Tired). On 03-May-2021, the patient experienced INSOMNIA (couldnt sleep well due to pain). On an unknown date, the patient experienced LOSS OF PERSONAL INDEPENDENCE IN DAILY ACTIVITIES (this has prevented her from doing her exercises). On 03-May-2021, PAIN IN EXTREMITY (normal mild pain in arm) and PERIPHERAL SWELLING (swelling in arm) had resolved. At the time of the report, CHOKING (choke with my breath), MUSCULOSKELETAL CHEST PAIN (pain in ribs), PULMONARY PAIN (pain internally in the lungs), DYSPNOEA (I get out of breath when I'm speaking), INSOMNIA (couldnt sleep well due to pain), LOSS OF PERSONAL INDEPENDENCE IN DAILY ACTIVITIES (this has prevented her from doing her exercises), MOBILITY DECREASED (I cannot bend down), UNEVALUABLE EVENT (had never experienced a symptom like this one before, do not know how to explain it") and FATIGUE (Tired) outcome was unknown. The action taken with mRNA-1273</p>

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1313023	5/13/2021	NC		U	4/12/2021	4/15/2021	<p>(Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant product use was not reported. Treatment information was not provided. Company comment:Based on the current available information and temporal association between the use of mRNA-1273 and the onset of the events, a causal relationship cannot be excluded. Fatigue is consistent with the product safety profile.; Sender's Comments: Based on the current available information and temporal association between the use of mRNA-1273 and the onset of the events, a causal relationship cannot be excluded. Fatigue is consistent with the product safety profile.</p> <p>chest pains; with extremely high cardiac enzyme levels; This is a spontaneous report from a Pfizer-sponsored program, from a contactable consumer (patient). A patient of unspecified age and gender received BNT162B2, dose 2 via an unspecified route of administration on 12Apr2021 (Batch/Lot number was not reported) as single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. On 15Apr2021, the patient began having chest pains and was admitted to the hospital with extremely high cardiac enzyme levels. They could find nothing wrong with heart and was discharged the next day. The patient was hospitalized from 15Apr2021 to 16Apr2021. Outcome of the events was unknown. Information on batch/lot number has been requested.</p>

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1313043	5/13/2021	CO	45	F	4/1/2021	4/13/2021	Pericarditis; Woke up with chest pain; Difficulty breathing; This is a spontaneous report from a contactable consumer (patient). A 45-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration administered in left arm on an unspecified date 02:00 PM in Apr2021 (Lot Number: EWO158) as single dose for COVID-19 immunization. Medical history included Interstitial cystitis. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No and other medications the patient received within 2 weeks of vaccination. The patient experienced pericarditis (hospitalization) on 13Apr2021 00:30, woke up with chest pain (hospitalization) on 13Apr2021 00:30, difficulty breathing (hospitalization) on 13Apr2021 00:30. Patient was hospitalized from 13Apr2021 to 14Apr2021. Clinical course: Woke up with chest pain and difficulty breathing one week after first dose. Went to the hospital and was diagnosed with pericarditis. The adverse event resulted in Emergency room/department or urgent care. Treatment received for the adverse events which included anti-inflammatories and colchicine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19, Nasal Swab Negative on 13Apr2021. Outcome of the events was recovering.

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1314240	5/13/2021	CA	53	F	4/3/2021	4/8/2021	April 3 - vaccine, April 5 - allergy patch test, April 8th - rash on back and stomach; dr prescribed hydroxyzine and Xyzal and Clobetasol lotion. April 18 - started experiencing rapid heart rate and chest tightness - lasted for 4-5 hours. April 19 - saw allergist, blood pressure was elevated, started with rapid heart and chest tightness again. Went to ED, did EKG and blood work. No issues. April 20 - same symptoms went back to ED, EKG and blood work normal. April 23 - Urgent Care, saw Cardiologist for blood pressure, prescribed labetalol. Said it appeared to be chest wall inflammation. April 24 - chest tightness and high blood pressure, went to ED. Gave me a shot of anti inflammatory. April 26 - dr had me go back to ED for CT scan. ED ran blood work and determined I did not need CT scan. April 27 - chest pain, difficulty taking a deep breath and feeling like food stuck in esophagus - went back to ED, gave me a GI cocktail to numb the esophagus. April 30 - chest pain again gave me another GI cocktail and referred me to gastroenterologist. May 6 - chest pain, back to ED, another GI cocktail. May 7 - endoscopy. Will receive results on 5/14
1313623	5/13/2021	OH	42	M	3/19/2021	3/29/2021	STEMI with 100% blockage in LAD with clot. Emergency cath lab with stents. Symptoms started at 330am on 3-29-21. Came to ED shortly after. Initial testing and labs were negative. Began to have severe symptoms shortly after. Multiple doses of nitro and morphine given for chest pain with no relief. Taken for emergency heart cath by 7am.
1312644	5/13/2021		22	M	5/10/2021	5/12/2021	HA, bodyache and chills since he got a J&J 10am this morning. Also having some left side pain without urinary issues or trauma. Has not taken any meds. Denies chest pain, difficult breathing.
1313706	5/13/2021	MA	17	M	5/6/2021	5/8/2021	Patient developed chest pain with onset 05/08/21, 3 days after receiving his second Pfizer COVID-19 vaccination (Lot EW0167) on 05/06/21; he had previously received his first Pfizer COVID-19 vaccination (Lot EW0170) on 04/15/21. Pain continued until presentation at Hospital on 05/11/21, where testing indicated possible myocarditis (see below). Symptom resolved under observation without specific treatment.

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1313822	5/13/2021	CT	16	M	5/10/2021	5/13/2021	Chest Pain
1313845	5/13/2021	VA	39	F	4/27/2021	4/27/2021	Sore arm, fatigue, rapid heart rate, palpitations, chest tightness, chest pain within 24 hrs. Lower leg pain began about 4 days later. Headache off and on, muscle, joint pain. Continued heart rate and chest tightness continued. Went to ER for evaluation.
1313852	5/13/2021	NY	17	M	5/9/2021	5/10/2021	presented to ER for chest pain on 5/11 and 5/12, diagnosed with myopericarditis with elevated troponin level, abnormal ECG; hospitalized and treated with anti-inflammatory (Ibuprofen)
1313930	5/13/2021	MN	45	F	4/7/2021	4/15/2021	Headache, right sided arm and leg numbness, pain in both calves, pain in arm pit which is worse on right side, some center chest pain and extreme tiredness. I have been to ER 3 times as well has PCP once and have follow up with a Neuro.

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1313931	5/13/2021	PA	79	F	3/24/2021	4/4/2021	ED Discharged 4/4/2021 (4 hours) Hospital Emergency Department Last attending ? Treatment team Generalized weakness +4 more Clinical impression Weakness - Generalized ? Chills Chief complaint ED Provider Notes Emergency Medicine Expand AllCollapse All HPI Chief Complaint Patient presents with ? Weakness - Generalized ? Chills HPI 79-year-old female, history of COPD for which she wears oxygen at night and as needed, also with a history of leukemia and obesity who presents to the ED complaining of generalized body aches, fevers up to 103, feeling generally unwell and weak, poor sleep, onset 3 to 4 days ago. Patient reports that she received her second COVID-19 vaccine approximately 1 week ago. Tolerated this without any particular symptoms. She has had 2 days of watery/nonbloody diarrhea. Does admit to nausea with several episodes of vomiting earlier today. She is denying any particular abdominal pain. Does believe she felt her urine burning earlier today but has had no gross hematuria. Denies any flank pain. No ill contacts although her husband has been at home with a slight cough. Patient does have a cough presently but it is nonproductive. She is denying any particular chest pain or subjective shortness of breath. No rash or unusual lower extremity pain, swelling, or redness. ED to Hosp-Admission Discharged 4/6/2021 - 4/17/2021 (11 days) Hospital Last attending ? Treatment team Severe sepsis (CMS/HCC) Principal problem Discharge Summary Internal Medicine Inpatient DeathSummary BRIEF OVERVIEW Admission Date: 4/6/2021 Discharge Date: 4/17/2021 DETAILS OF HOSPITAL STAY Presenting Problem/History of Present Illness/Reason for Admission Patient is an 79 y.o. female morbidly obese with past medical history of chronic lymphocytic leukemia follow-up that was initially scheduled oncology follow-up for April 7 now postponed to the next 2 weeks, COPD on 2 L oxygen support at home, GERD, depression and anxiety. She was recently seen in the ED on April 4, 2021 with complaint of shortness of breath, nonproductive cough, fever, chills, nonbloody diarrhea, vomiting and weakness and subsequently diagnosed with COVID-19. She had however received a second dose of COVID-19 a week before and was discharged home due to lack of significant findings on imaging chest x-ray and lack of

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requirement for higher oxygen support. She presented to the emergency via EMS for evaluation of progressive shortness of breath with associated with fever, chills, headache, persistent shortness of breath, cough productive of thick clear sputum, nausea, vomiting and diarrhea. She denies abdominal pain, chest pain, or dizziness. Denies recent antibiotic usage or recent travel. Apparently, she thought she was getting better upon discharge after being kept for about 12 hours in the last ED visit, however she was not feeling well after going to bed last night and asked the husband to call 911. Upon EMS arrival patient was saturating in the 80s and in respiratory distress. She received 1 DuoNeb and was eventually placed on 10 L oxygen support. She was noted to be in significant respiratory distress during speech. Hospital Course Patient was admitted to hospital due to shortness of breath, and was found to have severe sepsis on presentation due to COVID-19 pneumonia. She had evidence of acute on chronic hypoxic respiratory failure as well. She was started on IV antibiotics, as well as remdesivir and Decadron at high dose. Unfortunately she continued to have clinical deterioration, and ultimately required high flow oxygen therapy. She was then transferred to the ICU, and ultimately required intubation due to severe profound ongoing hypoxia despite optimal medical treatment. She did not respond to remdesivir or steroids or antibiotics. Post intubation, she also developed acute renal failure during the course of her admission. Multiple discussions were had throughout the hospitalization regarding goals of care, and initially patient and family wish to be continually aggressive. She received full medical treatment, including life support, with minimal improvement. Despite being on ventilator for roughly 5 days, she continued to have severe hypoxia. She was prone, and was unable to sustain oxygen saturations when supine even for short period. Her renal function continued to decline as well, and at that point discussion was had with family regarding goals of care again. They were explained that symptoms continue to be persistent, and her illness continues to progress despite aggressive medical therapy. Ultimately decision was made to not pursue dialysis, and to allow the patient to be kept comfortable and pass away naturally from this infection. She was terminally extubated on 4/17 and passed away

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at 11:16 AM due to COVID-19 and acute on chronic hypoxic respiratory failure. Operative Procedures Performed X-ray Abdomen 1 View Result Date: 4/13/2021 Narrative: Single view portable abdomen INDICATION: Nasogastric tube placement, encounter initial Supine portable view of the lower chest and abdomen demonstrates nasogastric tube with tip and side-port in the gas-distended stomach. This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View Result Date: 4/16/2021 Narrative: XR CHEST 1 VW IMPRESSION: No significant change from the previous examination. END OF IMPRESSION: INDICATION: Worsening hypoxemia. TECHNIQUE: AP projection of the chest is acquired. COMPARISON: X-ray 4/13/2021. FINDINGS: The endotracheal tube, nasogastric tube, and right IJ central venous catheter are unchanged. Right-sided chest tube is unchanged. There is a small left pleural effusion. There is diffuse bilateral hazy airspace opacification. No change from prior. This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View Result Date: 4/15/2021 Narrative: XR CHEST 1 VW PORT IMPRESSION: Tubes and lines as described. Small left effusion. Unchanged patchy bilateral airspace consolidation. END OF IMPRESSION: INDICATION: worsening hypoxemia. TECHNIQUE: AP projection of the chest is acquired. COMPARISON: X-ray 4/14/2021. FINDINGS: The endotracheal tube, nasogastric tube, and right IJ central venous catheter are unchanged. The right-sided chest tube is unchanged. There is no pneumothorax. There is a small effusion. There is diffuse bilateral patchy airspace consolidation. There is no significant change. Cardiac silhouette is normal size. There is calcification of the aorta. This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View - Daily Result Date: 4/14/2021 Narrative: Chest radiograph HISTORY: Covid 19 infection. Mechanical ventilation. Comments: Frontal radiograph of the chest was obtained and compared to the prior study dated 4/13/2021. The heart is at the upper limits of normal. The mediastinum is within normal limits. Interstitial alveolar opacities are demonstrated bilaterally consistent with

pneumonia. There is an endotracheal tube with the distal end approximately 4.3 cm from the carina. Nasogastric tube is noted directed towards the stomach. There is a right jugular central catheter. A right-sided pigtail catheter is seen. IMPRESSION: 1. Persistent bilateral interstitial alveolar opacities consistent with pneumonia. 2. Lines and tubes in place as described. This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View, Portable Result Date: 4/14/2021 Narrative: PROCEDURE INFORMATION: Exam: XR Chest Exam date and time: 4/13/2021 11:46 PM Age: 79 years old Clinical indication: Hypoxia; Covid+ TECHNIQUE: Imaging protocol: XR of the chest. Views: 1 view. COMPARISON: DX XR CHEST 1 VW 4/13/2021 10:50 AM FINDINGS: Tubes, catheters and devices: Endotracheal tube tip located at the level of the carina. Pigtail drainage catheter tip remains superimposed over the lateral right mid lung zone. Nasogastric tube enters the stomach but tip not included on the image. Tip of right internal jugular central venous catheter in SVC. Cardiac leads superimposed over the chest bilaterally. Lungs: Compared to chest x-ray examination performed earlier on 04/13/2021 at 1051 hrs, new consolidation and/or atelectasis in the left lung base. No significant interval change in scattered patches of ground-glass opacity (GGO) within each lung. Patient has history of COVID-19. Pleural spaces: Small right apical pneumothorax (12 mm). New small left pleural fluid collection. No right pleural fluid collection. Heart/Mediastinum: Stable cardiac silhouette Bones/joints: Unremarkable for age. IMPRESSION: 1. Endotracheal tube tip located at the level of the carina. 2. Pigtail drainage catheter tip remains superimposed over the lateral right mid lung zone. 3. Small right apical pneumothorax (12 mm). 4. Compared to chest x-ray examination performed earlier on 04/13/2021 at 1051 hrs, new consolidation and/or atelectasis in the left lung base. 5. New small left pleural fluid collection. 6. No significant interval change in scattered patches of ground-glass opacity (GGO) within each lung. Patient has history of COVID-19. THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MD X-ray Chest 1 View, Portable Result Date: 4/13/2021 Narrative: XR CHEST 1 VW PORT INDICATION: verify placement of

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right chest tube. Encounter: Subsequent. TECHNIQUE: AP portable erect projection of the chest is acquired. COMPARISON: Earlier today. FINDINGS: The left thoracostomy tube terminates near the lateral right midlung. No other change. Extensive pulmonary infiltrates. Stable life support lines. The previous right pneumothorax has predominantly resolved, only a thin crescent of air caps the right apex. END OF IMPRESSION: This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View, Portable Result Date: 4/13/2021 Narrative: XR CHEST 1 VW PORT IMPRESSION: Lines as described. There is a small right-sided pneumothorax. Unchanged bilateral airspace consolidation. END OF IMPRESSION: INDICATION: verify placement of CVC and post intubation. TECHNIQUE: AP projection of the chest is acquired. COMPARISON: X-ray 4/11/2021. FINDINGS: There is a right IJ central venous catheter. Tip is projected over the SVC. There is a small right apical pneumothorax. Endotracheal tube terminates 2 cm superior to the carina. The nasogastric tube passes beneath the diaphragm. Multifocal areas of patchy airspace consolidation bilaterally. Findings do not appear significantly changed from prior. The cardiac silhouette is normal size. There is calcification of the aorta. This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View Result Date: 4/11/2021 Narrative: XR CHEST 1 VW PORT IMPRESSION: Mildly worsened bilateral airspace consolidation. END OF IMPRESSION: INDICATION: worsening respiratory failure, covid pneumonia worsening respiratory failure, covid pneumonia. TECHNIQUE: AP projection of the chest is acquired. COMPARISON: X-ray 4/8/2021. FINDINGS: The left costophrenic angle is partially excluded. The lungs are adequately expanded. There are large areas of patchy airspace consolidation bilaterally. Findings have mildly increased in severity. There is no effusion or pneumothorax. The cardiac silhouette is mildly enlarged. There is calcification of the aorta. This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View Result Date: 4/8/2021 Narrative: XR CHEST 1 VW PORT INDICATION:

Worsening hypoxemia, Covid pneumonia. Encounter: Initial. TECHNIQUE: AP portable erect projection of the chest is acquired. COMPARISON: 4/4/2021. FINDINGS: Scattered pulmonary infiltrates is developed bilaterally, greatest in the right upper and right lower lobe. No change in the heart, mediastinum, or bony thorax. IMPRESSIONS: Developing pulmonary infiltrates. END OF IMPRESSION: This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. X-ray Chest 1 View - Portable Result Date: 4/4/2021 Narrative: XR CHEST 1 VW PORT IMPRESSION: No evidence of acute pulmonary disease. END OF IMPRESSION: INDICATION: SOB, weak, cough SOB, weak, cough. TECHNIQUE: Portable AP projection of the chest is acquired. COMPARISON: 6/5/2020 FINDINGS: Heart size appears unremarkable. There is mild prominence of pulmonary arteries. This is stable. There is no focal consolidation or effusion. This report was created using Voice Recognition software. Thank you for allowing us to participate in the care of your patient. Transthoracic Echo (tte) Complete Result Date: 4/11/2021 Narrative: Gender: Female Age: 79 Procedure Date: 4/11/2021 10:19 AM Study Quality: Fair Ht / Wt / BSA: 66.00 in / 218.00 lb / 2.07 m2 Heart Rate: 77 bpm BP: 181 / 81 mmHg Indications: Arrhythmia Transthoracic 2D, Color Flow, and Doppler Echocardiogram Conclusions: The left ventricle is normal in size. Ejection Fraction 55% (normal range 50-70%). All wall segments showed normal motion. Mild concentric LVH. Trivial aortic regurgitation. No additional significant valvular abnormality. No prior study for comparison. Presentation and History: Indication: The patient presents for evaluation of arrhythmia. The patient has a history of obesity and chronic obstructive pulmonary disease. Findings: Procedure Information: Contrast agent, definity, is being given per protocol without apparent complications. Due to technical limitations in the assessment of the left ventricle, imaging was performed after the administration of intravenous Definity echocontrast, as per protocol. Left Ventricle: The left ventricle is normal in size. There is mildly increased left ventricular wall thickness. The left ventricular systolic function is normal. The visually estimated ejection

fraction is 55% (normal range 50-70%). Wall Motion: All wall segments showed normal motion. Right Ventricle: RV not well visualized. RV grossly normal in size and function by subcostal view. Atria: The left atrium is borderline dilated. The right atrium is normal in size. Aortic Valve: Sclerotic appearing aortic valve with no significant aortic stenosis. Trivial aortic regurgitation. Mitral Valve: There is trace mitral valve regurgitation by color flow and doppler analysis. There is no mitral valve stenosis by color flow and doppler analysis. Pulmonic Valve: There is no evidence of significant pulmonic valvular stenosis or insufficiency by color flow and doppler analysis. Tricuspid Valve: There is trace tricuspid valve regurgitation by color flow and doppler analysis. Great Vessels: All visible segments of the aorta are normal in size. Venous: The inferior vena cava is normal in size and collapses greater than 50% with inspiration. Pericardium/Pleural: There is no evidence of pericardial effusion. Prior Study Comparison: No prior study for comparison.

Measurements:
 Left Ventricle: IVSd: 0.85 cm (0.6-0.9/0.6-1.0) LVIDd: 5.10 cm (3.9-5.3/4.2-5.9) LVIDd Index: 2.46 cm/m² (2.4-3.2/2.2-3.1) LVIDs: 3.56 cm (2.0-3.6) LVPWd: 0.95 cm (0.7-1.1) Ao Root: 3.30 cm (2.1-3.5) LV Mass: 203.25 g (67-162/88-224) LV Mass Index: 98.19 g/m² (43-95/49-115) LVOT Diam: 1.90 cm (3.0+(-)1.3) LVOT Pk Vel: 0.91 LVOT Mn Vel: 0.63 LVOT VTI: 0.20 LVOT Pk Grad: 3.00 LVOT Mn Grad: 2.00 LVOT Diam: 1.90 LVOT Area: 2.84 MV Pk E: 0.66 MV Pk A: 0.66 E/A: 1.00 E'Medial: 5.33 E/E' Med: 12.30 E' Lateral: 10.60 E/E' Lat: 6.20 Mitral Valve: MV Pk E: 0.66 MV Pk A: 0.66 MV Decel Time: 209.00 E/A: 1.00 E'Lateral: 10.60 E'Medial: 5.33 E/E' Med: 12.30 E/E' Lat: 6.20 PHT: 61.00 MVA PHT: 3.61 Decel Slope: 3.14 Aortic Valve: AoV Pk Vel: 1.65 AoV Mn Vel: 1.22 AoV VTI: 0.39 AoV Pk Grad: 11.00 AoV Mn Grad: 7.00 AVA Cont.VTI: 1.42 Tricuspid Valve: TR Pk Vel: 2.89 TR Pk Grad: 33.00 RA Press: 10.00 RVSP: 43.00 Great Vessels: Ao Root-2D: 3.30 cm (2.0-3.7) Ao Asc: 3.30 cm (2.1-3.4) Updated on 4/11/2021 5:10:04 PM with Status of Final electronically signed on 4/11/2021 5:10:04 PM with status of Final Ct Covid Chest Low Dose Without Contrast Result Date: 4/6/2021 Narrative: PROCEDURE INFORMATION: Exam: CT Chest Without Contrast; Diagnostic Exam date and time: 4/6/2021 4:21

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							AM Age: 79 years old Clinical indication: Cough and shortness of breath; Patient HX: +covid; Additional info: Cough. Shortness of breath, covid TECHNIQUE: Imaging protocol: Diagnostic computed tomography of the chest without contrast. 3D rendering (Not supervised by radiologist): MIP and/or 3D reconstructed images were created by the technologist. Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction. COMPARISON: CT CHEST WO CONTRAST 3/8/2021 2:28 PM FINDINGS: Lungs: There are patchy peripheral ground-glass opacities which can be seen with atypical pneumonia. Pleural spaces: Unremarkable. No pneumothorax. No pleural effusion. Heart: No cardiomegaly. No pericardial effusion. Aorta: Atherosclerotic changes of the aorta. Lymph nodes: Unremarkable. No enlarged lymph nodes. Bones/joints: Unremarkable. No acute fracture. Soft tissues: Unremarkable. IMPRESSION: Patchy peripheral ground-glass opacities which can be seen with atypical pneumonia. THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MD
1314020	5/13/2021		105	F	4/14/2021	5/10/2021	medical history most significant for hypertension, type 2 diabetes, hypothyroidism, pacemaker, who presents to the Emergency Department today due to shortness of breath that began approximately 2 days ago. The patient reports that the shortness of breath had a gradual onset and is getting worse. She normally wears 1.5 L of oxygen at night. However, she has been wearing it throughout the day. Upon EMS arrival, she was sitting well. However, with any exertion, she dropped her sats for which they started her on non-rebreather. She also reports bilateral knee pain that has been chronic along with chronic back pain. She denies chest pain, abdominal pain or fevers. She is COVID vaccinated. She received her 2nd doe
1314103	5/13/2021	NY	20	M	5/7/2021	5/10/2021	severe chest pain on 05/10/2021, labs noted with elevated troponin and elevated CRP, diagnosed and treated for acute

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1314126	5/13/2021	NY	18	M	5/7/2021	5/7/2021	5/7 PM: c/o sore throat 5/8: starting having tactile fever, chest pain, sweats, nausea 5/9: continued with above plus vomited once, dizzy, shaky, neck and back pain 5/10 and 5/11: same 5/12: fever to 103, went to the PMD and referred to the ER.

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1313559	5/13/2021	MI	70	F	4/9/2021	4/27/2021	4/30/21: This patient comes in complaining of worsening low back pain. She has a history of severe degenerative disease in his had surgery. She was scheduled to see her neurosurgeon last year however it got canceled due to the COVID-19. Patient states she saw her neurologist on Tuesday and was given injections which significantly helped. She states that her pain has returned however. She has had no trauma. No footdrop. No difficulty with her bowel or bladder. Patient states she only uses Tylenol arthritis at home. 5/1/21:The patient is a 70-year-old female presenting to the emergency department for back pain. She has a history of chronic back pain and states that has been worsening. She was recently seen here for the same complaint. She currently rates her pain 10/10 intensity. She reports that she has chronic numbness and tingling of her bilateral arms/hands and legs/feet. She states that this is also worsening. She denies any changes in bowel or bladder function or perineal numbness. She states that she has been using a walker at home and that she has tried to make an appointment with her neurosurgeon who previously operated on her but that she has been unable to get through to their office. She reports that she only called 1 time on a Friday. She is taking Tylenol at home for her pain and reports minimal relief. She denies any fevers or associated concerns at this time. 5/2/21: This is actually her 3rd visit in less than a week with this complaint. She was seen 2 other times at a outside facility. She states that she had back surgery about 10 years ago at Beaumont. She states she was supposed to see her neurosurgeon last year but this did not occur secondary to COVID-19. Her primary care physician had referred her to a neurologist did some injections ahead some relief of her back pain for a week or 2 but this is since worsened. She states that over last several days she has had increasing numbness and tingling in her feet as well as increasing weakness of her lower extremities as well as some now some new incontinence of urine when she stands up. She today she also complains some chest pain she attributes more from just amount of pain he has from her back. She rates her back pain as a 10/10 intensity. She did have 1 episode of a week or 2 ago where she slipped down and fell on her knee but did not hit her back directly. She did not hit her head. She describes the chest discomfort in her upper abdomen

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lower chest area. She is nauseated but not vomiting here. She denies any exertional dyspnea or orthopnea prior to this. She has had no recent fever chills. 5/11/21: The patient is an 70 y old female admitted on 5/4/2021. The patient was originally seen by Neurology on 05/07/2021 when she presented with diffuse weakness. She has a history of hyperlipidemia, hypertension and diabetes. The patient at that time described the acute onset of weakness ascending from the feet, then involving the legs and arms also associated with sensory symptoms that started about 2 weeks prior to her presentation. She also had persistent neck and back pain radiating to her arm and legs limiting her ability to walk. On neurologic examination at that time the patient had absent deep tendon reflexes in the lower extremities and trace reflexes at the biceps. She had significant weakness in the lower extremities and mild weakness in the upper extremities. She also had a dysarthric speech. Given the patient's CSF analysis showing protein elevation to 266 with no pleocytosis, wbc's were only for, there was support for a clinical diagnosis of acute inflammatory demyelinating poly radicular neuropathy or such variant. The patient was started on plasmapheresis and has received her 2nd session of plasmapheresis on 05/09/2021. She will have a total of 5 sections, one every other day. The patient also has hyponatremia, this can be seen in about 5% of patients with Guillain-Barre syndrome, we also do see pseudo hyponatremia but this is in patients that have received IVIG.

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1309520	5/12/2021	CT	79	M	1/22/2021	3/5/2021	chest pains; cough; rash; This is a spontaneous report from contactable consumer (patient) via Medical information Team. A 79-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 1 via an unspecified route of administration, administered in left arm on 22Jan2021 at 14:15 (Lot Number: EL3248) as single dose; dose 2 via an unspecified route of administration, administered in right arm on 12Feb2021 at 14:30 (Lot Number: EN6201) at the age of 79 years as single dose for COVID-19 immunisation. The patient medical history and concomitant medication was not reported. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 05Mar2021 the patient experienced chest pains, and cough, which required hospitalization from 05Mar2021 to 08Mar2021. The patient informed that he had some stress with son and daughter to point where he had some chest pains. After a week or two of conversation involving patients son and granddaughter culminated into this. The patient informed that when he went to the hospital because of chest pains, patient was already use to that and wasn't worried about it. The patient stated he didn't want to go to the hospital, called the doctor but because of Covid, the doctor wouldn't see the patient. The patient stated he shouldn't have been in the hospital at all. In terms of the cough, he simply called the doctor because the patient wanted cough medicine or something for that, temporary thing coming on. Patient stated the cough did not linger, and it was never treated. The hospital got into the chest pain and jumped on the heart situation and patient thinks they saw dollar signs or something. The patient wasn't very happy with them. The patient informed that he was given a blood thinner, Heparin IV during time hospitalized. The hospital decided to hold the patient over and they gave the patient Heparin IV for a good part of three days. The patient reported that he was discharged on 08Mar2021, and on 10Mar2021 the patient noticed the rash. The patient reporting experiencing rash after receiving both doses of the Pfizer covid-19 vaccine. The patient was thinking the combination of Plavix and heparin only three weeks after having the Pfizer Covid Vaccine could possibly be a side effect of rash. Therapeutic measures were taken as a result of rash. The doctor gave the patient Clobetasol Propionate and patient did treat rash with that. The

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							doctor said to apply for 2 weeks and come in on one week. It has already improved. The patient mentions that he was also taking Calamine lotion and some spray and they all seem to be working. Patient didn't want to keep taking Clobetasol because it is a steroid and he had been using for a month and didn't want to do that. The clinical outcome of rash was recovering. The clinical outcome of the remaining events was unknown.
1311249	5/12/2021	PA	58	M	5/3/2021	5/7/2021	tongue and face swelling occurring on 5/7/21. shortness of breath and chest pain 5/8/21. Confirmed pulmonary embolus and left lower extremity DVT on 5/11/21-5/12/21
1310682	5/12/2021	MI	62	F	4/1/2021	5/8/2021	6 days of shortness of breath, chest pain, cough productive of sputum, low-grade fevers, chills, nausea, vomiting, and diarrhea. See history and physical for full details. She was diagnosed with COVID pneumonia and admitted to the hospital.
1310712	5/12/2021	IL	84	M	3/22/2021	4/21/2021	Patient presented to ED on 4/21/21 for weakness that started one week ago. He also complains of decreased appetite and nausea. Patient denies shortness of breath or chest pain. Patient was diagnosed with COVID-19 infection and UTI. COVID was treated steroids and antibiotics, Patient improved and was discharged to ECF for continued convalescence.
1310719	5/12/2021	TX	16	M	5/5/2021	5/9/2021	presented to outside ED with complaints of new onset chest pain that radiated to the back and down his arms with concurrent nausea. Patient was sitting in the living room around 2030-2045 when he developed midsternal and epigastric region pain. Pain radiated to his upper middle back and down both left and right arms. There were no notable exacerbating or relieving factors. Pain was a 4-7 in severity. He was also nauseated. He was given tums by his mother without significant change in symptoms. After 45 minutes they decided to go to the ER. At ER labs were notable for elevated troponin (2-->15-->9). EKG with J-point elevation. Non-contrast CT chest/abd/pelvis was unremarkable. He was given ASA 325 and famotidine in the ED. Pain eventually subsided around 2345. He was transferred to another hospital for further evaluation of troponinemia.

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1310885	5/12/2021	IL	83	F	4/16/2021	4/27/2021	Pt suffered diarrhea for two days prior to collapsing . she could not move that morning to get out of bed and could barely talk. She mentioned chest pain and an ambulance was called. Following her vaccinations she was very confused and had fallen in the kitchen the Thursday (22nd) prior to her heart attack. They took her to ER noted she was in shock and had very low blood pressure enroute to hospital. Her pulse was very low. She was life flighted to the medical center. It was determined a blood clot had blocked a major artery into the right side of her heart and it was removed and a stent was placed. She remained at hospital 3 nights and was transferred to nursing home for recovery and therapy where she currently is being assessed for mental issues and is on 4 different heart medications to control blood pressure and prevent future heart attacks. There is not a family history of heart issues. Pt was very healthy in spite of being 83 years old.
1311099	5/12/2021	MI	31	M	4/12/2021	5/3/2021	Admitted to hospital on 5/3 with difficulty breathing, chest pain, light-headedness/dizziness, tingling in arms, and sloght loss of motor control of hands (clenching into fists uncontrollably). CT scan on 5/5 showed sub-sectional pulmonary emboli in both lungs. Released from hospital on 5/7 with treatment course including blood thinners.
1311170	5/12/2021	MO	51	F	4/16/2021	4/16/2021	Complaint of chest pain, states she was getting over COVID 19 dx on 4/2/2021, Chest pain rated 5 out of 10/ Feels like something sitting on her chest. Denied radiation of pain to chest. Patient was placed on stretcher. Paramedic arrived and place patient on a monitor. At 1:45pm pt. Received Asa 81mg four tablets by mouth. Ambulance notified per paramedic. Denied sob, res. 18 deep and even. EMS present with patient. She was offered transit to ER, but declined transit to ER by ambulance. Patient left. EMS notified DPH of incident and patient status. CMO had ordered the ASA 81mg tablets to be given.

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1310674	5/12/2021	CA	31	M	2/5/2021	2/7/2021	PRIOR TO FIRST DOSE I WAS STRONG. I COMPLETED A 240 MILE HIKE IN RECORD TIME. 2 DAYS AFTER FIRST DOSE I EXPERIENCED TROUBLE BREATHING AND FATIGUE. I THOUGHT THIS WAS NORMAL SIDE EFFECT. I COULD NOT WALK AROUND THE BLOCK WITHOUT RUNNING OUT OF BREATH. SYMPTOMS LASTED AN ENTIRE MONTH. AFTER SECOND DOSE, THE VACCINE CLINIC RECOMMENDED I CALL MY DOCTOR. DOCTOR ADVISED I GO TO ER. 2 DAYS LATER, I GO TO ER. I STAY IN ER FOR 3 DAYS WHILE THEY RUN TESTS. I AM DISCHARGED ON 3/9/21. COINCIDENTALLY, THAT WAS WHEN CHEST PAINS STARTED. I HAVE HAD CHEST PAINS EVER SINCE. I HAVE VISITED DOCTORS, AND HAVE TAKEN TESTS, AND HAVE BEEN DIAGNOSED WITH PERICARDITIS. I AM NOW TAKING COLCHICENE WITH IBUPROFIN
1311217	5/12/2021	IL	57	F	3/10/2021	3/10/2021	Vaccine high up in left shoulder joint area & sideways towards body. Immediate severe burning pain, flushing, dizziness, faintness, chest pain, BP 180/115. Incident report was filed by nurses. Paramedics onsite attended patient; documentation was signed by patient. Felt like arm ripped off and put back on. Severe pain left shoulder to elbow, neck, scapula: continuous for 6 weeks, no sleep. Moderate pain at 8 weeks. Pins & needles top-trunk 4wks. 2 weeks out: lump on top of L shoulder for 1 week. 2.5 weeks out: burning rash in armpit for 1 week. 8+ wks of numb/tingling in L hand pinky & ring fingers, limited range of motion w/popping, crunching in shoulder when move left arm. Headache, nausea, muscle aches for 5 days post vaccine. On 3/29/21, 3/30/21, 4/16, 4/19, 4/30/21 sought medical attention @ internal med. doctor & orthopedic doctor.

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1312592	5/12/2021	CA	18	M	5/12/2021	5/12/2021	<p>Attendee was found laying on his back on the floor of the observation area and appeared pale skin, eyes open. breathing effortlessly. Attendee was assessed by me and I asked him his name. No response. Said Hello, can you hear me? Attendee responded "yes". I asked patient to tell me how he was feeling and he said I feel dizzy. Blood pressure was taken 152/ 66 pulse 76 SpO2 98%. Attendee informed he appeared to have fainted. Stated he did not have any symptoms or problems like this after first dose. States he did have breakfast. Remembers walking to chair after shot and was watching Anime on his phone and then I asked him if he could hear me. Patient denies SOB, chest pain, no S/S of swelling, itching , redness, denies headache. Sat up with assistance on floor. Offered saltine crackers and Nestle sugar water which he drank. Patient stood with assistance back to chair. No symptoms of nausea, vomiting, headache or dizziness. Second BP taken 132/66 Pulse 66, SPO2 99%. Attendee rreported he drove himself to clinic. Advised to call for ride home. Patient called his father who arrived and identified to pick him up at 11:58. Observed patient until father came and answered questions from father. Home care instructions reiterated. Attendee walked to exit by me.</p>

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1311288	5/12/2021	WI	36	M	5/11/2021	5/11/2021	<p>Pt. requested and received the J&J / Jansen COVID 19 vaccination yesterday at 1317. While he was being monitored for any adverse reactions, Pt. asked if lightheadedness was a side effect of the shot. Writer advised that it could be and that everyone is different. Writer asked if he would like some water, and he declined. Pt. was advised to remove his mask so he could breathe better. Writer took his pulse while I gathered information. It was 96. Pt. reported that he did eat lunch, is drinking plenty of water and fluids. He relayed he is keeping food down and not having any other issues. Pt. is currently on opiate withdrawal protocol. Writer asked about his breathing and his chest. Pt. relayed he was not having difficulty breathing and denied any chest pain at all. Writer spoke with the Deputy to be sure that we kept an eye on him for a bit longer after his 15 minutes while he was in his cell, due to his lightheadedness. Pt. was talking with writer, answering questions with ease. Pt. was not diaphoretic and did have good color. His pulse was checked again, and it was 84. At 1333, when his 15-minute observation was done, writer went to assist pt. to his feet and informed him that I would escort him back to his cell because he was still feeling a bit uneasy. When he stood, pt.'s knees buckled, and he knelt to the ground. Writer helped pt. to lay down. It was a smooth transition, and he had no injuries to his head or body. Pt. had what appeared to be a short spell where his body completely tensed for a few seconds, then he relaxed. He was having a hard time keeping his eyes open, but when prompted, was able to open his eyes. The Deputy standing by was asked to call for the Public Health Nurses, who had moved on to the next POD to continue vaccinating. Once on the scene, pt.'s blood pressure was obtained. 142/80. His pulse was 82. During this time, it appeared that the tensing episodes became more frequent and a bit more severe. They were happening approximately every 30 seconds, and lasting between 5 and 10 seconds. EMS was activated at approximately 1340. Pt. was awake during these episodes, and communicated with the nurses attending to him. While attending to pt. and waiting for EMS, it was at that time that pt. admitted that this was not the first time this had happened. He admitted that about a week ago, the same thing happened. When that new information was</p>

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						<p>explored, pt. reported that his wife thought he had "Serotonin Syndrome". Writer asked what meds he was taking on the outside and he reported that he only takes methadone from the clinic. He denied any other medications or street drug usage. He does not take any mental health medications at our facility. Collectively, the nurses that attended to him after this episode agreed that this is an isolated incident and not related to receiving the COVID vaccine. EMS arrived at approximately 1347, and report was given. He was transported to the hospital for evaluation. Pt. was returned from the hospital at approximately 1600. The Officer that accompanied him reported to facility that the hospital also believed this was an isolated incident, most likely related to withdrawals. They did not believe that receiving the vaccine was a factor in today's events. Labs were drawn at the hospital, and were all WNL. Once back in custody, writer spoke briefly with pt.. He was feeling much better, and was sent back to his cell without further incident.</p>	
1311725	5/12/2021	FL	36	F	4/8/2021	4/8/2021	body aches, chest pain, ganglion, fatigue, not herself
1311758	5/12/2021	MA	18	M	5/8/2021	5/8/2021	<p>Patient is a healthy 18 year old male with no history of Covid-19. Received 1 dose Moderna vaccine 5/8/21. Felt malaise, febrile to 103.5 that evening, 5/9/21 began experiencing chest pain. 5/11/21 presented to emergency department. Diagnosed Myopericarditis of unknown origin. Cannot exclude inflammatory response from vaccine as etiology.</p>

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1312491	5/12/2021	PA	83	F	2/15/2021	3/6/2021	ED to Hosp-Admission Discharged 3/6/2021 - 3/7/2021 (29 hours) Hospital Last attending ? Treatment team COVID-19 virus infection Principal problem Hospital Course HPI: Patient is an 83 y.o. female in the emergency room with a headache that is been persistent for about a week. She is also having some increasing fatigue and weakness. Evaluation emergency room revealed she is positive for COVID-19. Chest x-ray showed no evidence of pneumonia. The patient did have her first COVID-19 vaccine approximately 3 weeks ago. She was due for her second dose of the vaccine this coming Monday. She denies any severe fevers at home. No shortness of breath, no chest pain. She was brought in for observation and started on dexamethasone. Hospital Course: Remained under observation and did not require any supplemental oxygen. He tolerated her diet and did not feel weak or fatigued. She denied any chest discomfort. I recommended that she postpone getting her second Covid vaccine until she is entirely cleared of her Covid infection. Should follow-up with her primary care office to assess breathing and when she is cleared for her second vaccination. Patient also have her family physician or gynecologist reevaluate her pessary which may have been dislodged slightly when she fell in recent weeks. She had noticed some blood tinge urine but generally no dysuria or major hematuria since that time. She left in satisfactory condition on the evening of 3/7/2021 with these instructions. She may use acetaminophen for the headaches which have disappeared over the course of this day.
1312600	5/12/2021	CO	42	F	4/20/2021	4/23/2021	Chest pain briefly at 6am on 4/23/21. Chest pain returned at 9am and was more severe. I went to the emergency room. I was given aspirin and ibuprofen and was admitted to the hospital because of elevated troponin. I was given heparin on 4/24/21. Diagnosis - presumed mild myocarditis.

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1309393	5/12/2021	IN	36	F	5/9/2021	5/10/2021	Blurred vision. Nauseous. Chills. Cold sweats. Mild fever. Sweating. Entire aching body down to my toes. Fatigue. Clouded mind. Extremely tired. Loss of appetite. Mild headache. Loss of concentration. Dizzy. Loss of balance. Chest pain radiating through back to shoulder blades. Quick loss of breath. Rapid heart beat. I continue to take Tylenol every 6 hours until persists as directed by the RN that administered the vaccine. Some side effects have lessened, others have not, and the rest seem to be slightly dissipating.
1311188	5/12/2021	MI	61	M	4/24/2021	4/29/2021	Chest pains, chest exray, Pulmonary Embolism, admitted to hospital early morning of 4-30-21, put on blood thinners, released 5-2-21 afternoon

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1309581	5/12/2021	CT	49	F	4/23/2021	4/1/2021	was feeling some chest pain; she wakes up freezing; eyes felt really hot and dry; eyes felt really hot and dry; slight fogginess; achiness; I tested positive for COVID; Restless body; Nausea; Weakness; Fast heartbeat; Headache; Chills; Muscle pain; Feeling unwell; high fever couldnt shake it at all; got congested/ Stuffy nose; facing joint ache; extremely tired/ Tiredness; Pain in arm/ whole hand just felt achy; Heart hurt when laying on side; Dizziness/ lightheadedness; Swollen lymph nodes; This is a spontaneous report from a contactable consumer (patient). A 49-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration, administered in left arm on 23Apr2021 15:00 (Batch/Lot Number: EW0164) (at the age of 49 years old) at 1st dose, single for COVID-19 immunisation. Medical history included asthma and hypersensitivity (allergies). Concomitant medications included montelukast sodium (SINGULAIR) taken for hypersensitivity; formoterol fumarate, mometasone furoate (DULERA) taken for asthma; beclometasone dipropionate (QVAR); and levosalbutamol hydrochloride (XOPENEX). On unspecified date in Apr2021, she got pretty sick and swollen lymph nodes. On 23Apr2021, the patient experienced heart hurt when laying on side, high fever couldn't shake it at all, extremely tired/tiredness, headache, chills, muscle pain, feeling unwell, joint pain/ facing joint ache, dizziness/lightheadedness, fast heartbeat, pain in arm and got congested/ stuffy nose. On 24Apr2021, the patient experienced nausea and weakness. On 25Apr2021, the patient experienced restless body, her body also got extremely restless like she had restlessness lesions on whole body. On 26Apr2021, the patient tested positive for COVID-19. On unspecified date, the patient experienced chest pain, she wakes up freezing and her eyes felt really hot and dry and was exhausted, whole hand just felt super achy, slight fogginess and achiness. The patient had vaccination on Friday. On Friday night, she started not feeling well and then was like full blown all the Saturday all the Sunday (as reported). The patient got vaccination last Friday and had a severe reaction to the vaccination. She was extremely upset about it because now she tested positive for COVID. She was not really showing any symptoms and whatsoever before of any COVID like

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symptoms. Allergy was bothering her but no fever, no chills, no tiredness, no achiness and no nothing. She was nervous because she did realize that it wasn't FDA approved and now she was suffering positive, she started feeling a little better but still tested positive. It was reported that the event started at the time of report, 26Apr2021. The patient had a severe reaction. She had every symptom except that her arm didn't swell. She didn't have any rash in her body. She got pretty sick. She had a high fever couldn't shake it at all, got congested, facing joint ache and extremely tired. Her body also got extremely restless like she had restlessness lesions on whole body she couldn't lay down. The patient reported that it was hurting her so bad and she had to keep moving like she couldn't relax fall free. She had a severe reaction and doctor said she could have COVID knowing it and then got a shot and then came out full blown. The patient stated she was taking Tylenol (50mg, Not clarified), Tylenol Cold and sinus (325mg) for like a flu and Motrin (500mg). She had some time to shake the achiness and the fever was just coming back. She took Tylenol to help rid of fever and achiness, it didn't help and then she tried Tylenol cold and flu that help the little bit then she tried Motrin the Motrin help more with achiness but not hundred percent. The outcome of the events heart hurt when laying on side and fast heartbeat, both recovered on 26Apr2021; events high fever, tiredness, chills, muscle pain, feeling unwell, swollen lymph nodes and dizziness were recovering; events nausea, restless body and stuffy nose were not recovered; and unknown outcome for the other events. No follow-up attempts are needed. No further information is expected.

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1309208	5/12/2021	NC	55	F		5/7/2021	CHEST PAIN; RAPID HEARTBEAT; This spontaneous report received from a patient concerned a 55 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included seasonal allergies, alcohol use three glasses of wine per week, and non smoker, and other pre-existing medical conditions included patient had no surgeries, illnesses. heart problems or medication use also she had no known allergies and drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number: 203A21A expiry: unknown) dose was not reported, administered on 06-MAY-2021 18:00 for prophylactic vaccination. No concomitant medications were reported. On 07-MAY-2021, the subject experienced chest pain. On 07-MAY-2021, the subject experienced rapid heartbeat. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain, and rapid heartbeat on 07-MAY-2021. This report was non-serious.

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1309527	5/12/2021	AR	49	M	2/3/2021	2/3/2021	<p>have some clots; Neuropathy; autoimmune disorder; Fell and hit elbow and 3 ribs on left side; lost 6 (lbs) pounds/Within 2 months, he has lost 47 lbs and eats all the time and is still losing weight; falling; felt super strong; dizziness; failed all the tests for motor skills for his arms and legs; Fell and hit elbow and 3 ribs on left side; Fell and hit head; Sensory nerves are all gone; Fatigue; scabs; delusional; tore tendons in between ribs; They are tender(ribs); hurting all over; Cannot walk or lift anything; chest pain; his arm was sore a little; Left arm injection site pain; Disoriented; This is a spontaneous report from a contactable consumer (patient). A 49-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 1 intramuscular, administered in left arm on 03Feb2021 (batch/lot number and expiration date not reported) at the age of 49 years old, as 1ST DOSE, SINGLE for COVID-19 immunisation. Medical history included COVID-19 from Dec2020 to an unknown date, vascular disease, bilateral stents placement, cataracts since he was born. Concomitant medication included gabapentin taken for an unspecified indication from an unspecified start date and ongoing. On 04Feb2021, the patient experienced left arm injection site pain. The patient experienced dizziness, falling, and couldn't go to work on unspecified date. He was treated by his (MD) physician, was given a CT scan, echocardiogram, and found to have some clots. He stated he has a history of vascular disease and had bilateral stents placed a year ago. He was placed back on an aspirin/Plavix regimen and referred to a neurologist because he has no motor skills anymore. He stated he failed all the tests for motor skills for his arms and legs. He was advised not to take the second dose of the vaccine and was diagnosed with neuropathy and autoimmune disorder (caller does not specify which disorder). He reported being positive for Covid-19 in Dec2020. He wanted to know what else he can do for his symptoms and is offering to be tested by Pfizer for treatment. The symptoms come in really hard seven days later. He actually had to go to the (ER) emergency and they worked on him and a whole string of doctors. He went to the emergency room and something was going on and wanted him to go to a family practitioner. They sent him to vascular, neurological and now they want to send him to a research center. It was a</p>

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whole week after receiving vaccine before he began having symptoms. With the neuropathy and autoimmune, he cannot work like he did. He can hardly walk. Unspecified autoimmune was diagnosed last week. He can't remember the name of it. They told him not to take second one because the first one did what it did to him. It hurt a little and it was quick. The next day (04Feb2021), he said his arm was sore a little. He is only taking 4 medications and they looked it up. He did not think they were relevant. He was disoriented and fell and hit his head a couple of times. They ran an MRI on his head trying to figure that part out. That was done last week. He doesn't know the date and said it may have been on Friday. Results were good. The date he was disoriented was Wednesday 03Feb2021, when he took the shot. He has been disoriented and has been that way ever since. They kept him for 15 minutes to make sure no one passed out. He has been disoriented since then. He could not think clearly, and he could not do his job. He tore tendons in between ribs. He first thought he actually broke his ribs, but did not. There were two different falls. He cannot feel feet or anything. His motor skills are OK but when they did neuropathy test, they put needles in and shocked him to make his motor fire. His reflexes were really bad. He fell and hit elbow to keep from falling on face and twisted going down hitting 3-4 ribs on left side. It has been over 3 weeks now for his ribs. They are tender but they are not like the initial blow. It feels like they are healing. He fell and hit head a week ago. He was unsure of the exact date. He did not go to the emergency room with this one because the bed caught him. He fell and hit his head. All he has left is scabs. He cannot walk or lift anything (11Feb2021). That next Wednesday, he got ready to go to work and was so delusional and could not go in. He slept from 5:30 all that day and all that night. Then Thursday, he gets up and goes to work and goes slower, just to see what happened on Wednesday. He had fatigue and was disoriented. He did not provide start date or outcome for fatigue. He walked in and said either call an ambulance or he would go home. He went home and that was the last day of work. He then stated he laid in the car for 30 minutes and he said he is going to the emergency room. He went straight there that day. He had stents put in lower part of his body a year before. The neuropathy and

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the autoimmune kicked in 7 days later after the shot. The reason he went to the ER is because he thought it was his stent. He had bilateral, 4 of them. He was having chest pain and hurting all over on 11Feb2021. He thought he was having a heart attack. He was seen in the emergency room and released. It depends on how far he goes, how the chest pain worsens. Right now, he is ok, but when he gets up and moves around, it does the same thing. Within 2 months, he has lost 47 lbs and eats all the time and is still losing weight. He was about 200 something and was kind of built and now is skin and bones. He lost 6 (lbs) pounds within a week and is eating like crazy. Sensory nerves are all gone. If hit with a baseball bat and he would not feel it. It came on slowly almost that he did not know it was happening. That is why they want to send him to Privacy for a research center and he does not want to go. He never had this happen before. ER or physician's office required: 1st date was on Thursday, 11Feb2021, when he went to Privacy. He was having chest pain and hurting all over. He thought he was having a heart attack. He was released. The patient stated he wanted to change the information he had provided since he was not in his right mind since he had taken the wrong medication dose than the doctor had given him. He stated the medication dosage he wanted to change was for Amiripyin. He stated he wanted to say he told the representative the symptoms he had experienced was enhanced which they were yesterday because he was trying to fight everything and stay awake. COVID 19 vaccine: he stated the doctor did not want him to take the second dose of the vaccine. He stated one of the symptoms he had experienced after the vaccine that he wanted to change the outcome for is the neuropathy. He stated he is back to where he used to be and yesterday it was bad he could hardly walk or talk. He stated also the other symptoms he wanted to change the outcome for is the autoimmune. The patient has not recovered from neuropathy, autoimmune disorder, disoriented, can't walk or lift anything, chest pain, and sensory nerves all gone; while outcome of the remaining events was unknown. Information on the lot/batch number has been requested.

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1310622	5/12/2021	OH	48	M	1/6/2021	4/26/2021	Developed symptoms around 4/25, presented to ED with complaints of chest pain and something being stuck in his throat. Subsequently died on 4/27.
1309576	5/12/2021			F	4/20/2021	4/22/2021	Severe chest pain; This is a spontaneous report from a non-contactable consumer (patient). A 17-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration, administered in right arm on 20Apr2021 13:00 as 1st dose, single for COVID-19 immunization. Medical history was not reported. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. Concomitant medications included buspirone hydrochloride (BUSPIROL); and medroxyprogesterone acetate (DEPO PROGESTIN), both taken for an unspecified indication. The patient experienced severe chest pain (medically significant) on 22Apr2021 16:30. The adverse event resulted in a doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care. Treatment received for the adverse event was pain medication. The outcome of the event was not recovered. Information on the batch/lot number has been requested.
1309415	5/12/2021	TX	45	F	4/11/2021	5/7/2021	Symptoms: Severe chest pain, shortness of breath Emergency Room screening, CT Scan, chest x-rays and blood work. Findings: Pulmonary embolism in the right middle lung. Treatment: Hospitalization, 24 hour heparin drip for 3 days
1310012	5/12/2021	WI	27	M	4/22/2021	4/25/2021	Patient reported chest pain for 2 days and intermittent jaw pain after receiving his second Pfizer COVID vaccine on 4/22, and presented to the ER on 4/25 with a headache and emesis. An ECHO was performed and LVEF was 45%, and an EKG showed possible ST elevation. Per the Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine study there were no reports of STEMI being an adverse effect. Given the patient's ejection fraction of 45%, there was likely a prior medical condition the patient was unaware of and may have precipitated the STEMI rather than the vaccine. Hospitalized for 2 days and diagnosed with pericarditis.

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1310035	5/12/2021	MN	46	M	2/2/2021	5/5/2021	Developed L chest pain and headache late in evening 5-4-21 and diagnosed with pulmonary embolis 5-4-21. He was treated initially with high-intensity heparin nomogram and converted on 5-5-21 to oral apixaban. He has done well with this therapy. His risk factors for PE include immobility; however, the risk of a thrombotic event in quadriplegic patients should be that of the general population after the first year of disability, and he has been immobile for around 2.5 years. He has no known underlying malignancy, and his recent imaging of his chest and head are reassuring in this regard. The patient received his Moderna COVID-19 vaccine 12-23-20 and 2-2-21 with vascular events having been reported as being more common following this immunization. Without a clear cause for his PE, this will be reported on VAERS.
1310150	5/12/2021		50	F	5/12/2021	5/12/2021	Patient received vaccine at 0822, patient was in observation area and was about to leave. Patient told observer (RN), that she has chest pain/tightness and a headache at 0850. RN had her sit down and since the chest tightness/pain was intermittent, RN called the ED at 0854. ED RN came and escorted patient to the ED.
1310189	5/12/2021	KS	18	M	5/7/2021	5/10/2021	Patient presented as a transfer to our facility for Myopericarditis. He had received 2nd covid vaccine on Friday (5/7/21), subsequently had mild body aches the next day that improved with otc Tylenol. On sunday night he started to develop mild chest pain. Monday morning his pain acutely worsened with 8/10 chest pain, shortnes of breath, and emesis x1. He was ultimately found to have myopericaridits after being transferred to our facility for cardiac MRI. His troponin peaked at 5.71, had no pericardial effuison, and normal EF. Pain well controlled with colchicine and ibuprofen. After 2 days of observation he was discharged home. He did not have any viral prodrome or illness recently, no hx of family hx of rheumatological conditions.
1310229	5/12/2021	TN	38	F	3/30/2021	5/1/2021	Shortness of breath, chest pain, dizziness, within 7 weeks of pregnancy
1310285	5/12/2021	OH	21	M	5/8/2021	5/11/2021	Chest pain, elevated troponin. Acute myocarditis confirmed by cardiac MRI

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1310381	5/12/2021	TX	48	M	4/12/2021	4/17/2021	I had some head pressure - dull headache each day for a couple of weeks starting about five days after vaccine; I didn't notice until the evenings when I was relaxing. From day 5 or so - for about two weeks I noticed this head pressure. My blood pressure did rise - at that time-it was elevated - within about two weeks after the shot, I couldn't control my blood pressure. I went to the doctor - they had to raise my blood pressure medication to the max because I couldn't get my blood pressure down and I even donated blood. Today I am at 135 over 90 which is good for me but at that time when I noticed the rise after the vaccine - I was running 165 over 115 . I'm still taking the maximum blood pressure medication that I can take currently but it is at a good level currently. I was taking 20 mg pills and after the vaccine we tried to raise it to 25 mg and then raised it up to 30 mg and then they finally said up to 40 mg a day. It's the most I can take. I have chest pains on the right side of my chest -it will start (on a scale from 1 to 10 - it's about a four) - it's shooting pain - in my chest for about 10 minutes and then it will move to my left side - not my pecs - it feels like it's my heart. It's not enough that I feel like I'm having a heart attack - it happens about four days a week. It doesn't last real long - but it's intense. A "4" pain for me is intense. It goes on for about 5 minutes - switch sides and then another five minutes - I try to relax/watch tv during that. I did have leg pains in the middle of all of this time - hand, inner thigh, then on my right leg - single spots of pain that moved - like ant bites - that happened in the beginning - at day five and after - the same time I was getting the head pressure. I would rub over the spot with my hands and then it would go away and go to a different spot.
1310442	5/12/2021	FL	18	F	5/5/2021	5/5/2021	immediately after the dose she developed chest pain that radiates to the upper back, lower back and hips
1310120	5/12/2021	OH	16	M	5/6/2021	5/10/2021	The patient developed severe chest pain on the 4th day after the vaccine, he presented to the local emergency room and had the abnormal tests as described below. His symptoms improved rapidly but due to active myocarditis was given recommendations for limited activity to reduce risk of fatal arrhythmia

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1310475	5/12/2021	CT	60	F	3/31/2021	4/10/2021	I experienced acute onset of dizziness with chest pain, shaking chills, muscle spasms in my legs, headaches and nausea. I went to hospital where they did lab work, 1280 EKG, gave me fluids, and gave me Zofran medication. They also gave me a prescription for meclizine. They also did a Covid test which was negative. I saw my PCP on 04-11-2021 who ordered a chest x-ray and lab work. I also saw my PCP 05-11-2021, because I had a TIA on Sunday 05-09-2021. I still being worked up on lab work, TIA and an MRI has been ordered for next Monday 05-17-2021.

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1309531	5/12/2021	TX	39	F	2/4/2021	4/21/2021	blood pressure drop; nearly fainted; chest pain; jaw pain; loss of vision; Multiple bilateral pulmonary embolisms in my lungs; This is a spontaneous report from a contactable consumer (patient). A 40-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection) (at 39 years of age), via an unspecified route of administration, administered in arm left on 04Feb2021 (Batch/Lot Number: EN6202) as 2nd dose, single for COVID-19 immunisation. Medical history included MTHFR blood clotting gene mutation. Concomitant medications included citalopram, metoprolol, omeprazole and minastein fe24, all taken for an unspecified indication, start and stop date were not reported. Historical vaccine included BNT162B2 (lot number: EN9581) dose 1 on an unknown date (also reported as 04Feb2021) 01:00 PM in left arm for COVID-19 immunisation. The patient was not pregnant. The patient did not have any other vaccine within 4 weeks prior to the COVID vaccine. She was not diagnosed with COVID-19 prior to vaccination. She had not been tested for COVID-19 prior since vaccination. It was reported that 6 weeks after the second dose on 21Apr2021 12:00, the patient had a blood pressure drop, nearly fainted, chest pain, jaw pain, loss of vision. She went to emergency room (ER), they did tests and found multiple bilateral pulmonary embolisms in her lungs. The adverse events resulted in Emergency room/department or urgent care. Therapeutic measures were taken as a result of the events, Eliquis (reported as 'Eloquis') blood thinners given. The patient was hospitalized for the events for one day. The outcome of the events was not recovered. Information on the batch lot/batch number has been obtained.
1307193	5/11/2021		78	F	3/4/2021	4/17/2021	Non-ST elevation (NSTEMI) myocardial infarction Facial weakness NSTEMI (non-ST elevated myocardial infarction) CHEST PAIN CEREBROVASCULAR ACCIDENT
1307442	5/11/2021	IL	64	F	5/11/2021	5/11/2021	Abdominal pain, chest pain, nausea, and dizziness

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1307438	5/11/2021	NJ	32	F	5/9/2021	5/10/2021	Approximately 12 hours after injection, I began to experience heart palpitations, heart racing and shortness of breath. This went on for several hours before finally falling asleep. The day following the injection, more and more symptoms began to arise such as muscle soreness, cold/hot sweats, low-grade fever (99.5%), chest pain/pressure, sweating, dizziness/disorientation and a headache. Monday night I experienced the low-grade fever however after going to bed, woke up around 5AM barely unable to stand, very disoriented and upon taking my temperature, I took note that I had a fever of 100.9%. Today, Tuesday May 11th, I am experiencing chest pain/pressure, low-grade fever, headache and am lethargic.
1307365	5/11/2021	MT	18	M	4/30/2021	5/4/2021	Pt developed chest pain on 5-1-2021, then went to the ER 5-4-2021, was hospitalized for pericarditis , elevated troponin 1 level, and hypokalemia. DC 5-5-2021 after 1 night in the hospital. Outcome: remains alive. TX management is colchicineo.6mg BID x 3 months and prn ibuprofen
1307315	5/11/2021	FL	18	F	5/5/2021	5/6/2021	5/5/21 Wednesday - got 2nd Pfizer Shot. 5/6/21 Thursday - 2am awoke with shakes/chills and throughout the day had body aches, temperature increased from 98.6 to 101.2, stiffness, nausea, headache, chills and sweats. 5/7/21 Friday symptoms continued from previous day but had strong abdominal pain. I went to my doctor and they suspected I could have appendicitis and also symptoms from the vaccine. They suggested going to the ER after 3 days if systems persisted. I went home after the doctor visit and was nauseous. I had sprite, ate white rice and chicken broth. My abdomen felt a bit better but I had a bad headache. 5/8/21 - Saturday I awoke at 6am with stabbing/burning chest pain that increased as time progressed. The chest pain was increasing and getting worse after 1 hour and 30 minutes. The pain was in the middle of my chest. My mom took me to the Emergency Room.

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1307267	5/11/2021	IL	83	M	5/3/2021	5/3/2021	Presented to ED ~ 12 hours after receiving 2nd Covid vaccine. Chief Complaint: FEVER. (Pt had second COVID vaccine around noon. He presents via ambulance "feeling terrible" with fever, malaise. He is somewhat confused and uncomfortable here. Daughter in law here). No muscle aches, chest pain or cough. He has had loss of appetite. He has had dyspnea (chronic). He has had altered mental status (mild confusion). He has had skin rash (chronic LE). Pt was kept for observation x3. He was given IV fluids and a started 4.5 gm of Zosyn (Piperacillin Sod-Tazobactam So). Diagnosed with pneumonia - switched to oral augmentin at discharge. On home oxygen.
1307303	5/11/2021	NY	27	F	4/7/2021	4/18/2021	Initially presented with 5 out of 10 chest pain (substernal, no radiation, no exacerbating or relieving factors), nausea, vomiting, diarrhea, dyspnea on exertion, and fatigue. Further history obtained included decreased exercise tolerance since four weeks prior to presentation (noticeable during runs). She was found to have an abnormal EKG at an urgent care and was sent to an outside hospital emergency department. She ultimately was found to have heart failure with preserved ejection fraction (56%), Stage C, Class III, and myocarditis. The highest suspicion for the etiology of her myocarditis is viral vs. autoimmune (given response to steroids) vs. genetically-mediated myocarditis. She was discharged on aspirin, a prednisone taper, colchicine, metoprolol, and Entresto with cardiology follow-up. Patient discharged with 4 week monitor to monitor for arrhythmia as per EP service. Infiltrative cardiomyopathy evaluation pending as well- plan for SPEP/UPEP, serum/urine protein electrophoresis, immunofixation, and alpha-galactosidase (not sent due to specific tube not available).

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1307481	5/11/2021	MI	48	M	4/3/2021	4/29/2021	Patient is a 48-year-old male with patient history significant for CAD, CHF, ICD, HTN, hyperlipidemia, and smoking who presented to the ED yesterday morning with 1 day history of chest pain. Patient described the CP as moderate aching in the substernal area that did not radiate. The pain was intermittent, with each episode lasting 1-2 minutes. The CP was associated with LUE numbness and SOB on exertion. The chest pain and LUE numbness have now resolved. Patient also reports a three week history of RUE swelling. The swelling gradually worsened and is now associated with pain and proximal RUE bruising. RUE pain is rated 5/10. In the ED, patient was found to have NSTEMI and small right lower lobe segmental pulmonary artery embolus. Venous Doppler was positive for occlusive thrombosis in the R subclavian, basilic, and cephalic veins. Patient was started on IV heparin. Patient is scheduled for cardiac cath today. Hematology is consulted regarding PE and RUE DVT. Patient denies personal or family history of blood clots or recent travel. Reports receiving COVID vaccine in LUE approximately three weeks ago. Also admits to being more sedentary recently due to being unemployed. Denies nausea, vomiting, bleeding, bowel changes, fever, or chills. Significant PE findings: RUE edema, firm and tender to palpation, ecchymosis on proximal RUE, distal sensation and active ROM intact
1308944	5/11/2021	CA	49	F	3/12/2021	3/14/2021	Difficulty breathing, chest pains, enlarged heart, fatigue, hair loss.

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1307502	5/11/2021	NJ	18	M	4/13/2021	5/4/2021	<p>18M with no PMH s/p pfizer vaccination dose 2 on 5/4/21 who presented with chest pain. He initially had chest pain the day prior to admission with pain in his back and down his left arm. This improved with Tylenol and resolved prior to bed. On the morning of 5/6 the chest pain returned and was so severe it woke him from sleep. He was difficult for him to characterize, but he said it was all over his chest, sometimes sharp and pressure-like, most severe in mid substernal region and was so substantial that he had difficulty speaking properly. He feels that the pain is most severe when lying flat and is best managed when he is resting at a 45 degree angle. Patient was at ED he was found to have an initial ECG with ST depressions in aVR and elevations in II, aVF, and V2 through V6 raising suspicion for pericarditis/myocarditis. Initial troponin was elevated at 4.35 as well. Cardiology Dr. was contacted by ED physician, case discussed, and EKGs reviewed and felt this was more likely pericarditis, but not STEMI. Of note, he reports a family history significant for his mother having a?hole in her heart.?He was given Toradol with improvement in his pain and upon arrival to hospital his chest pain was markedly improved. He was noted to have troponins peaking at 39.415 that down trended and an elevated CRP of 4.8 on admission. D-dimer was 0.26. Covid PCR was negative. He was evaluated by cardiology again here who upon review of his ECG and cardiac enzymes as well as presentation was consistent with pericarditis. Echocardiogram showed normal LV systolic function with trace posterior pericardial effusion and telemetry was monitored without any arrhythmias. He was started on low-dose beta-blockers, aspirin 650 mg 3 times a day, and colchicine 0.6 mg every 12 hours for 2 doses followed by 0.6 mg daily. He is planned to continue this for approximately 3 months and will need to follow-up with cardiology in 1 to 2 weeks for repeat monitoring and management with plan to taper off aspirin once his CRP normalizes. Later that night, he even had a similar episode of sudden onset chest pain for which she received IV Toradol with minimal relief and oral Tylenol with relief of symptoms after that. No telemetry abnormalities were recorded at that time. ECG the following day showed improving ST changes and troponin of 26.328 with CRP 4.2. He had no further symptoms for over 24 hours and is responding well to</p>

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							treatment. He is advised to take Tylenol as needed in addition to the above-mentioned medicines should he have any recurrent chest pain.
1307592	5/11/2021	OH	72	M	4/20/2021	4/22/2021	Symptoms lasted 2-3 days. 10 days after shot, for the first time in my life I experienced chest pain. I thought I was experiencing possible blood clots. I went to the hospital. EKG and blood results were negative. The next day after a stress test, I was transferred to another hospital for a heart cath. I have an artery clogged and will have open heart surgery on 5-13-2021.
1307141	5/11/2021	NY	18	M	5/1/2021	5/3/2021	Fever and nausea beginning in the evening after administration, improved, then onset 2 days after administration of chest pain. Presented to emergency room and subsequently admitted with diagnosis of pericarditis. Symptoms resolved within a few hours of treatment with Colchicine
1307649	5/11/2021	CA	23	M	5/7/2021	5/10/2021	Acute STEMI presentation with chest pain and ST elevations inferior/posteriorly. Taken to cath lab emergently and chest pain resolved, ST segments cleared immediately upon injection of contrast into L coronary system. Cardiology and ID suspected arterial embolism had been present and was dislodged/dissolved by contrast injection.
1306244	5/11/2021	CO	19	F	5/10/2021	5/10/2021	Dizziness, fatigue, muscle spasms, chills, chest pain, vomiting, insomnia
1307620	5/11/2021		18	M	5/9/2021	5/10/2021	1 day after first Covid-19 vaccine patient developed fever, chills, then chest pain,,12 lead showed 1mm ST elevations laterally with cardiac ultrasound showing mild global hypokinesis of the left ventricle and an EF of 40%
1307020	5/11/2021	CT	16	M	5/6/2021	5/7/2021	5/7: c/o fatigue and headache 5/8: Chest pain, shortness of breath, headache and heart racing 5/9: Worsening left sided chest pain with dizziness. Presented to an urgent care and then transferred to the hospital.

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1308074	5/11/2021	NC	40	F	4/6/2021	4/26/2021	Was diagnosed with a DVT 3.5 weeks after vaccination. Started experiencing symptoms of DVT 20 days after the vaccine. Symptoms were not atypical and were almost not checked for DVT at ER. Started with twinges in my right leg for several days. Then pain in my back right behind my heart. Then developed sporadic chest pain and heart palpitations. I was afraid to go to the ER because of COVID because my 12-year-old daughter has a heart condition. Then on April 30 mid-day my right thigh began to hurt like a pulled muscle although I had not injured it or pulled it. I couldn't walk on my leg the pain was so intense. My family was very worried about a blood clot because of the Johnson and Johnson vaccine. That night I had really sharp chest pains and my thigh pain was no better by the next morning. I went to the ER told them my symptoms. After the ER doctor examined me he said he was 99% sure I didn't have a blood clot because my pain was in my thigh and there was no redness or swelling. He told me my chest pain was probably due to anxiety. I asked if he would check my leg anyway. Once the ultrasound of my leg was done the DR came back and said I had a DVT. Then I had to have an MRI of my chest which he told me was a lot of radiation. I did not have a PE. They did not prescribe Heparin because they felt the DVT was from the vaccine. So I was giving Eliquis. Since then my family DR has run more tests and I do not have any genetic reason to have the DVT. I do not and have not taken birth control in the past 20 years. I am now on a blood thinner for at least 90 days if not longer and I am continuing to have twinges and chest pain twinges.
1307663	5/11/2021	KS	43	M	3/12/2021	3/12/2021	Per patient: Patient received vaccine around noon on the 12 of March 2021 at Community Church. Patient states about 10 -12 hrs later, began an adverse cardiac event. Patient states the day before he injured his knee at work and went to ED from an injury the day before. At the ED they gave Fentanyl and he got sick and told the nurse that he was experience chest pain. Felt burning or falling asleep sensation in arm and chest. Told the nurse he felt like he was having a heart attack. They came in ED with crash cart and confirmed that he was having a heart attack while in ED. Transported from church to hospital.

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1306957	5/11/2021	NY	35	F	4/30/2021	5/2/2021	2 days after the vaccine (on 2 May), I woke with an accelerated heart rate, chest pain, tightness of chest and shortness of breath. I presented to MD where they took my vitals and an EKG. The doctor called an ambulance for me as she assessed I was potentially displaying signs of pulmonary embolism. The ambulance took me to the emergency department. I ultimately stayed there two nights, and following many tests was diagnosed with acute pericarditis versus myopericarditis. My admitting doctor and the cardiologist both advised that while they could not be 100% certain, the pericarditis could very well be an adverse reaction to the Moderna COVID-19 vaccine. The admitting doctor told me she would report it as an adverse reaction. I am now on colchacine anti-inflammatory medication for 3 months and have one follow-up with the cardiologist to come.
1306755	5/11/2021	MI	19	F	5/7/2021	5/10/2021	19 year old female with a history of tachycardia syndrome (on carvedilol) presented to ER with acute chest pain radiating to jaw and bilateral arms. Episode occurred 3 days after second shot of Pfizer COVID vaccine.
1306645	5/11/2021	GA	48	F	3/19/2021	3/26/2021	Chest Pains Shortage of breath Fast heart rate weak elevated blood pressure
1306607	5/11/2021	IL	49	F	5/6/2021	5/9/2021	Chest pain, shortness of breath, cough

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1306205	5/11/2021	NJ	18	M	4/20/2021	4/22/2021	Developed chest pain and trouble breathing 2 days after the vaccine. Chest xray showed pneumothorax.; This is a spontaneous report from a contactable consumer (patient). This 18-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) at single dose on 20Apr2021 18:00 in left arm for COVID-19 immunization. There was no medical history. Concomitant medication was not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. Patient developed chest pain and trouble breathing 2 days after the vaccine on 22Apr2021 16:00. Chest X-ray on 22Apr2021 showed pneumothorax. The adverse events result in Doctor or other healthcare professional office/clinic visit. The outcome of event was resolving. Information on the lot/batch number has been requested.

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1306224	5/11/2021	NJ		F	3/23/2021	3/23/2021	she was very weak & still had chest pain.; On wednesday morning 3:30am she tried again to go to bathroom & this time was on floor for two hours with paralyzed legs, chills & pains in her chest; Pains in her Chest; Her legs became paralyzed; She become violently ill; She attempted to get out of bed to go to the bathroom & fell on the floor.; This is a spontaneous report from contactable consumers. A female patient of an unspecified age received second dose of bnt162b2 (Pfizer-BioNTech COVID-19 Vaccine), via an unspecified route of administration on 23Mar2021 11:00 as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. On Tuesday 23Mar2021 my wife and I took our second Pfizer vaccine at 11:00am. At 7:00pm 23Mar2021 she become violently ill. She attempted to get out of bed to go to the bathroom & fell on the floor. Her both legs became paralyzed. She stayed on the floor until I was able to maneuver her back on the bed. On Wednesday (24Mar2021) morning 3:30am she tried again to go the bathroom & this time was on the floor for two hours with paralyzed legs, chills, & pains in her chest. I wanted to call an ambulance both times she refused. By Friday morning 26Mar2021, her legs were no longer paralyzed but she was very weak & still had chest pain. She started to feel much better one month later. Just wondering if this particular vaccine was tainted in any way. Event outcome of legs became paralyzed was recovered on 26Mar2021, of the remaining events were recovering. Follow up attempts are needed. Further information has been requested.
1307084	5/11/2021	TX	22	M	5/6/2021	5/9/2021	Chest pain, myocarditis, elevated troponin levels.

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1306200	5/11/2021	CT	53	M	2/3/2021	2/24/2021	DVT causing Muscle cramps; DVT causing Muscle cramps; fever; chest pain; This is a spontaneous report received from a contactable healthcare professional (patient). A 53-year-old male patient received the second dose of BNT162B2 (lot number: EL9261), intramuscularly in left arm on 03Feb2021 13:00 at single dose for COVID-19 immunisation. Medical history included gout. The patient's concomitant medications were not reported. The patient previously received the first dose of BNT162B2 (lot number: EL0142), intramuscularly in left arm on 06Jan2021 13:00 for COVID-19 immunisation. The patient experienced deep vein thrombosis (DVT) causing muscle cramps, chest pain, fever, etc 2-3 weeks after the second dose on 24Feb2021 12:00. Patient did not receive any treatment for the adverse events. Prior to vaccination, patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. Outcome of the events was not resolved.; Sender's Comments: Considering a positive temporal association, a causal relationship between the event deep vein thrombosis and suspect drug bnt162b2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate

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1305814	5/11/2021	FL	42	F	1/11/2021	2/14/2021	Diagnosed with pericarditis and admitted to the hospital; This is a spontaneous report from a contactable other HCP (patient). A 42-years-old female patient received the second dose of BNT162B2 (COVID-19 VACCINE), via an unspecified route of administration, administered in right arm on 11Jan2021 (Lot Number: EL1284) at age of 42 years as single dose for covid-19 immunisation. Medical history included seasonal allergies coconut allergy. Concomitant medications included cetirizine hydrochloride (ZYRTEC ALLERGY). Historical vaccine included the first dose of BNT162B2 for covid-19 immunisation. Prior to vaccination, the patient was not diagnosed with COVID-19. Patient developed severe sudden chest pain. Taken to the ER via ambulance. Diagnosed with pericarditis and admitted to the hospital (3 days hospitalization). Given colchicine and high dose NSAIDs. Had to go on short term disability due to the pain. Then given steroids at home. No prior health history and healthy. Received the second dose of the vaccine 3 weeks prior to pericarditis. Adverse event resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Disability or permanent damage. Since the vaccination, the patient had not been tested for COVID-19. Outcome of events was recovered. Follow up attempts needed. Further information is expected.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of event pericarditis cannot be totally excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

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1305777	5/11/2021	WA	38	M	4/15/2021	4/17/2021	chest pains; short of breath; troponin at 4.6/Went up to 5.0/troponin peaked at 9.9; Echo shows decreased blood flow (50%); This is a spontaneous report from a contactable consumer (patient). A 38-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), at same age, via an unspecified route of administration, administered in arm left on 15Apr2021 12:45 (Batch/Lot Number: EW0162) as single dose for covid-19 immunisation. The patient medical history was not reported. Concomitant medication included loratadine/ pseudoephedrine (CLARIDIN-D). The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), at same age, administered in arm left on 25Mar2021 04:30 PM (Batch/Lot Number: ER8730) for covid-19 immunisation. The patient experienced chest pains, and short of breath both on 17Apr2021 22:00. Tried to sleep it off. 24 hours, didn't get better. On 17Apr2021, went to local ER, troponin at 4.6 ng/L. Doctors didn't believe it, did another blood draw. Went up to 5.0 ng/L. Ambulance to nearby hospital, troponin peaked at 9.9 ng/L. Echo showed decreased blood flow (50%) and EKG was irregular. Angiogram and CT scan show no blood clots or blockages. Patient was a healthy 38 male who was a distance runner. No history of chest pain or heart issues. Doctors determined incident almost certainly related to vaccine. The serious criteria for all events were hospitalization and duration were 2 days. The adverse events result in doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. Colchicine received as treatment for the adverse events. Prior to vaccination, the patient was not diagnosed with COVID 19. Since the vaccination, the patient has been tested for COVID 19. The patient underwent lab tests and procedures which included COVID test (COVID antibody blood test): negative on 20Apr2021, Covid test (Nasal Swab): negative on 18Apr2021. The outcomes of events were recovering.

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1305747	5/11/2021	MO	54	F	4/24/2021	4/25/2021	was going to blackout; Body aches; headache; chills; nausea; Chest pain; This is a spontaneous report from a contactable consumer reported for self. A 54-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) dose 2 via an unspecified route of administration, administered in Arm Left on 24Apr2021 20:30 (Batch/Lot Number: EW0153) as 2nd dose, single for covid-19 immunisation. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Medical history included Heart murmur. Prior to vaccination, the patient did not diagnose with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2 via an unspecified route of administration, administered in Arm Left on 01Apr2021 (Batch/Lot Number: EP7533) as 1st dose, single for COVID-19 immunization. On 25Apr2021 16:00, the patient experienced body aches, headache, chills, nausea and chest pain, chest pain was severe with chills, felt like she was going to blackout, her husband propped her up in bed, gave Advil and a cool rag for her head, temp was 98.3 Fahrenheit. Outcome of the events were unknown. Follow up attempts needed. Further information is expected.
1304857	5/11/2021	MO	29	F	4/1/2021	4/26/2021	Chest pains, irregular heartbeat, chills, cold hands, nauseous, light headed/fainting, sweats
1307055	5/11/2021		77	M	3/31/2021	4/15/2021	I21.4 - NSTEMI (non-ST elevated myocardial infarction) (CMS/HCC) CHEST PAIN
1306576	5/11/2021		71	M	3/11/2021	3/19/2021	R29.810 - Facial droop EXTREMITY WEAKNESS CHEST PAIN R29.810 - Facial weakness
1307742	5/11/2021	PA	77	F	3/23/2021	4/14/2021	Sore throat and COVID exposure Pneumonia due to COVID-19 virus Chest pain
1307897	5/11/2021	NV	69	F	5/4/2021	5/7/2021	The decedent experience nausea, headache, and chest pain approximately 72 hours after receiving her second shot. She was found deceased later that day.

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1308280	5/11/2021		50	M	5/3/2021	5/6/2021	Presented to ED today with complaint of right-sided CP onset yesterday. Patient has history of renal cell carcinoma with metastatic disease to the liver. He has had recurrent pleural effusions involving the right lung. Has worsened pain with breathing. Had a R tube placed due to pleural effusion and last week when the tape was taken off it pulled and caused pain. Endorses SOB. No significant cardiac history. No h/o DVT, PE. Has renal CA and had L kidney removed. Patient admitted. Pulmonary/critical care was consulted regarding Pleurx catheter. It is felt that his pleural effusion had decreased in size, and the catheter was likely contributing to his right-sided pleuritic chest pain. Catheter is removed with good results of his pain. Patient however did have recurrent fevers. Empirically placed on Rocephin. With this, he did improve. He was discharged in stable condition.
1308223	5/11/2021	PA	26	F	5/5/2021	5/6/2021	Presented with chest pain. Evaluation revealed perimyocarditis
1307949	5/11/2021	KS	23	M	4/22/2021	4/26/2021	Patient presented to ER 4/26/21 with sharp chest pain associated with SOB that started the night of 4/25/21. EKG suggestive of pericarditis. Troponin I peaked at 11 and trended down to 6, TTE showed normal EF, no structural abnormalities and no pericardial effusion. patient was observed overnight, did well, discharged 2nd day on Ibuprofen 600 TID PO for 2 weeks. chest pain persisted for two more days and now completely resolved off the NSAID.
1307043	5/11/2021	MA	57	M	5/5/2021	5/7/2021	Palpitations, sweats, nausea/vomiting, chest pain. Transported by EMS to hospital, found to be having massive MI requiring emergent open heart surgery.

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1308691	5/11/2021	WV	81	M	1/1/2021	1/1/2021	Patient developed chest pain late March. Duration of 1-2 days. No medical follow-up. Patient developed chest pain and difficulty breathing 26 Apr. He reported to a facility like Urgent Care. HCP recommended CXR which revealed questionable findings. HCP recommended hospital visit but patient did not go that day. Instead patient called ambulance to home the next morning and was transferred to the local hospital. Chief complaint chest pain and difficulty breathing. Bloodwork ruled out myocardial infarction. Various other assessments done over the first three days of hospitalization, including a CT scan which purportedly showed about a pulmonary emboli. Most (if not all) of the emboli were in the right lung and were small and fixed/immobile. At least one was larger. Patient was started on heparin. Echocardiogram workup ruled out presence of DVT in the legs. Patient was discharged after 13-14 days in the hospital.
1307848	5/11/2021	CT	23	M	5/6/2021	5/8/2021	Myopericarditis requiring hospitalization and cardiac MRI. Patient experienced chest pain. Patient treated with Ibuprofen 600mg TID and Colchicine 0.6mg BID.
1307847	5/11/2021	TX	50	M	5/10/2021	5/10/2021	Patient complained of tingling to his hands 15 minutes post-vaccination. Patient had no other s/sx of reaction. Patient observed for another 15 minutes and tingling did not worsen. Patient left observation area and returned to work. Patient returned to observation area around 4:40 p.m. and complained that tingling to hands was still present and he felt tightness in his forearms. Patient is a coach for the children and was outside in the 90+ degree heat during the afternoon. Patient came into observation area to cool down. Patient's blood pressure taken and was elevated, although patient stated that he had HTN. Paramedics called on site to evaluate patient. Patient began to complain of dizziness and was transported to local hospital. On the way to the hospital, the patient developed chest pain and shortness of breath. Patient was diagnosed with a non-STEMI at the hospital and transferred to higher level of care. The patient is currently undergoing observation and tests to determine the cause of the MI. The patient received epinephrine 0.5 ml at the hospital to cover any underlying vaccine reaction.

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1303262	5/10/2021	MI	45	F	5/6/2021	5/9/2021	Pt presented to Urgent Care on the third day after vaccine (5/9) with chest pain, left arm pain, nausea and vomiting. EKG showed T-wave inversion on V2 and pt was sent to the ED for further evaluation. At the ED, bloodwork showed a significantly elevated troponin level. Pt was admitted for a possible NSTEMI and placed on a heparin gtt, diagnosis changed to myocardial injury within the setting of myo/pericarditis.

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1301827	5/10/2021	IN	56	F	3/22/2021	3/22/2021	shortness of breath; coughing problems; chest started tightening; hoarseness; chest hurts; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of COUGH (coughing problems), CHEST DISCOMFORT (chest started tightening), DYSPHONIA (hoarseness) and DYSPNOEA (shortness of breath) in a 57-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 006B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Thyroid disorder NOS. On 22-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 22-Mar-2021, the patient experienced COUGH (coughing problems) (seriousness criterion hospitalization), CHEST DISCOMFORT (chest started tightening) (seriousness criterion hospitalization) and DYSPHONIA (hoarseness) (seriousness criterion hospitalization). On an unknown date, the patient experienced DYSPNOEA (shortness of breath) (seriousness criterion hospitalization) and CHEST PAIN (chest hurts). At the time of the report, COUGH (coughing problems), CHEST DISCOMFORT (chest started tightening) and DYSPNOEA (shortness of breath) had not resolved and DYSPHONIA (hoarseness) and CHEST PAIN (chest hurts) outcome was unknown. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was withdrawn on an unknown date. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment of these events included an epi-pen, Benadryl, Pepcid, water pill and an unspecified steroid. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1304117	5/10/2021	IL	56	F	5/4/2021	5/5/2021	Rash, chills, chest pain, Abdominal pain, diarrhea, itching

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1303394	5/10/2021	NY	17	M	5/3/2021	5/7/2021	Chest pain with myocarditis
1303530	5/10/2021	UT	16	M	4/27/2021	4/29/2021	<p>Patient received his 2nd Pfizer COVID vaccine on Tuesday 4/27/2021; he had low grade fever (100.3 deg F) on Wed 4/28/2021. On Thursday 4/29/2021, he developed "heartburn", and on Friday 4/30/2021 he developed chest pain that radiated to his jaw and left arm. He presented to Hospital on late 4/30/2021 or early 5/1/2021 for evaluation; initial labs showed a CRP of 1.23, POC troponin of 6.56 ng/mL (03:18 on 5/1) and lab level of 17.6 ng/mL (03:05 on 5/1) that increased to 24 ng/mL later in the morning on 5/1. COVID-19 PCR was negative. He was transferred to another Hospital mid-day on 5/1/2021 due to concerns for myocarditis/myopericarditis. He was started on NSAIDs. His troponin level improved, had decreased to 9.69 ng/mL on 5/2/2021; at that point as his chest pain had improved and labs were improving, parents requested that he be discharged from the hospital. He had 2 echocardiograms at PCH which reportedly showed normal biventricular systolic function. He had an echo at the hospital on 5/2/2021 which showed normal biventricular systolic function, no pericardial effusion, and normal valves. As an outpatient, he had repeat troponin-I levels: 2.49 ng/mL on 5/3; 0.31 ng/mL on 5/5; the troponin level was reportedly normal on 5/10/2021 per his primary cardiologist</p>

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1303631	5/10/2021	PA	24	M	5/6/2021	5/8/2021	5/6 - 2nd dose of Pfizer COVID mRNA vaccine 5/7 - fatigue, malaise, muscle aches, fever 5/8 - near resolution of symptoms 5/8 - dinner with family and 6-7 beers; chest pressure sensation at bedtime with fatigue, malaise, some dyspnea 5/9 early AM - woke with acute L chest pain, stabbing, radiation through chest, worse with exertion, 7/10 in severity, pleuritic, also with dyspnea 5/9 - presented to ED. Afebrile, hemodynamically stable, CBC and CMP overall wnl other than mild hyperglycemia. CPK 500s. ESR 4, troponin 3.77, EKG with t wave inversion in III, chest xray normal, d-dimer negative. COVID/resp viral panel negative. Initially admitted to the ICU and treated as NSTEMI/ACS with heparin drip, aspirin, beta blocker, and statin. left heart cath with normal coronaries and TTE was normal. Troponin peaked at 7 and downtrended to 5. a1c is pending. 5/10 early AM - symptoms had resolved. Cardiology recommending cardiac MRI to further evaluate but working diagnosis is myocarditis. He has no precedent viral illness, and no history of tick bite but does live in a wooded area and goes for hikes, states he always checks for ticks after being outside.
1303640	5/10/2021	WI	19	M	5/5/2021	5/7/2021	Patient started having chest pain on Friday night. The pain increased throughout the night. The next morning we took him to the emergency room. He was admitted to the hospital and remained there until Monday afternoon.
1303915	5/10/2021	OR	56	M	4/7/2021	5/3/2021	The patient is a 56 y.o. male who presents to the Emergency Department with cough and SOB for 2-3 days. The patient states he was vaccinated with the johnson and johnson COVID-19 vaccine two weeks ago. He denies any vomiting diarrhea, fevers, leg swelling, or chest pain. The patient additionally denies being around any sick contacts or any recent travel. The patient is a 56 y.o. male evaluated for cough and SOB for 2-3 days. Possibility of pneumonia. I have lower suspicion for PE, however his oxygen saturation is less than 94%, so we will obtain a D-dimer. I have lower suspicion for ACS. Will also check COVID swab to rule out COVID despite recent vaccination.

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1303946	5/10/2021	UT		M		4/1/2021	<p>BLOOD CLOTS IN LUNGS/BLOOD CLOTING; VACCINE-INDUCED THROMBOTIC THROMBOCYTOPENIA; This spontaneous report received via company representative, via a social media and concerned an adult male 'below 50'. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unk) unknown dose, in APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. In social media, it was reported that a third male has been treated for rare blood clotting that may have been caused by Johnson & Johnson vaccine. The patient first showed signs of vaccine-induced thrombotic thrombocytopenia around 10 days after receiving the vaccine in APR-2021. After a week of leg pain, he went to emergency room where he was placed on blood thinners (unspecified) and sent home. The patient returned next day with chest pain which led to a discovery of blood clots in his lungs. After a few days on blood thinners, the patient's platelet count was normal and was returned home where his condition continued to improve. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from blood clots in lungs/blood clotting and vaccine-induced thrombotic thrombocytopenia. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: This case reported in the media concerns an adult male under 50 years of age who experienced vaccine-induced thrombotic thrombocytopenia approximately 10 days after receiving the Janssen Covid-19 vaccine. After a week of leg pain, the patient went to the emergency room where he was placed on unspecified blood thinners for an unspecified indication and was sent home. The next day, the patient returned with chest pain which led to the discovery of blood clots in his lungs. After a few days on blood thinners, his platelet count was normal and he returned home where he is recovering. Additional information (e.g. height, weight, full medical history, social history, family history, concomitant medications, specific platelet levels, peripheral smear, D-dimer, fibrinogen, anti-platelet factor 4 antibodies, radiologic diagnostic test results such as ultrasound, CT, MRI, angiogram, or venogram) was not</p>

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1303381	5/10/2021		92	M	2/23/2021	5/3/2021	provided. Information is limited in this case. However, based on evolving knowledge of Thrombosis with Thrombocytopenia Syndrome (TTS, per definition) and considering the reportedly low platelet count and temporal relationship to vaccination (Criteria level 3), the events are assessed to have a plausible relationship with vaccination. Additional information will be requested if contact information becomes available.
1304123	5/10/2021		71	F	2/27/2021	4/23/2021	I21.4 - NSTEMI (non-ST elevated myocardial infarction) CHEST PAIN
1304127	5/10/2021	AZ	73	M	3/1/2021	3/13/2021	Chest pain, atrial fibrillation.
1301683	5/10/2021	FL	45	M	5/7/2021	5/10/2021	On 5/7 patient (self) had fever of 101.2 and violent chills as side effects. These subsided 5/8. Adverse event on 5/10 was an intermittent cough and deep chest pain that continued to worsen, preventing sleep. Patient took ibuprofen 800mg. Event in progress. Will evaluate on 5/11 and decided if doctor visit is needed.
1302844	5/10/2021	TX	29	M	5/6/2021	5/7/2021	Lethargy began the day of vaccine and shortness of breath along with abdominal and chest pain followed the next day. Decedent was found deceased the next evening.

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1301975	5/10/2021	MD	57	F	4/10/2021		RHEUMATOID ARTHRITIS; NIPPLE RIGIDITY/HARD; TENDER NIPPLES; BREASTS SWELLING; BREASTS TENDERNESS; LEFT ARM TENDERNESS (INJECTION SITE PAIN); This spontaneous report received from a patient concerned a 57 year old White and not Hispanic or Latino female. The patient's height, and weight were not reported. The patient's past medical history included pulmonary embolism (left side of the lung), and concurrent conditions included lyme disease, alcoholic, non-smoker, and menopause, and other pre-existing medical conditions included the patient had no drug abuse nor illicit drug usage. The patient was previously treated with enoxaparin for pulmonary embolism (left side of the lung- difficulty/trouble in breathing, chest pain and stroke-like symptoms), and Pradaxa (dabigatran etexilate mesilate) for pulmonary embolism. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 201A21A, and expiry: Unknown) dose was not reported, 1 total administered on 09-APR-2021 on left arm for prophylactic vaccination. Concomitant medications included natural hormones for menopause (antiaging to keep menstrual period as long as possible). The patient felt left arm tenderness (injection site pain) not immediately but 1 day after the patient took vaccine, on 10-APR-2021. The patient had soreness of the arm and the pain was tolerable. Patient stated that on 25-APR-2021, nipple was hard as rock, mostly left nipple (nipple rigidity/hard and tender nipples). Patient called doctor and was prescribed Primrose (Oenothera Biennis) oil pill. On the same day, patient experienced breasts swelling and tenderness, which was worse on the left breast and right breast had minimal pain. Patient stated that wearing bra and T-shirt was painful. The doctor had prescribed anti-depressant to the patient, but patient had refused to take it, not unless needed. On 05-MAY-2021, the patient was diagnosed with rheumatoid arthritis. Patient felt inflammation and pain mostly in the hand. Patient was prescribed meloxicam for rheumatoid arthritis. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from left arm tenderness (injection site pain) on 23-APR-2021, had not recovered from nipple rigidity/hard, and tender nipples, and the outcome of breasts swelling, rheumatoid arthritis and breasts tenderness was not reported. This report

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1301976	5/10/2021 MA	35 M	<p>4/29/2021 CHEST PAIN; MUSCLE WEAKNESS; CHILLS; FATIGUE; FOGGY HEADED; WAS UNABLE TO SLEEP; FEVER; This spontaneous report received from a patient concerned a 35 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 203A21A, and batch number: 203A21A expiry: UNKNOWN) dose was not reported, administered on 29-APR-2021 09:50 for prophylactic vaccination. No concomitant medications were reported. On 29-APR-2021, the subject experienced foggy headed. On 29-APR-2021, the subject experienced was unable to sleep. On 29-APR-2021, the subject experienced fever. Treatment medications included: paracetamol. On 29-APR-2021 17:00, the subject experienced muscle weakness. On 29-APR-2021 17:00, the subject experienced chills. On 29-APR-2021 17:00, the subject experienced fatigue. On 30-APR-2021, Laboratory data included: Body temperature (NR: not provided) 99.6 F. On 04-MAY-2021, the subject experienced chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from muscle weakness, fatigue, and chest pain, had not recovered from foggy headed, and fever, and the outcome of was unable to sleep and chills was not reported. This report was non-serious.</p>
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was serious (Other Medically Important Condition). This case, from the same reporter is linked to 20210421576.; Sender's Comments: V0:20210509036- covid-19 vaccine ad26.cov2.s-Rheumatoid arthritis. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

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1301978	5/10/2021	PA	71	F	4/1/2021		SEVERE CHEST PAIN ON RIGHT RIBCAGE AND LEFT HAND SIDE; This spontaneous report received from a consumer concerned a 71 year old female. The patient's weight was 120 pounds, and height was 64 inches. The patient's concurrent conditions included rheumatoid arthritis since approximately 14 years, penicillin and IV contrast solution allergy, no alcohol use, and non-smoker, and other pre-existing medical conditions included the patient was not pregnant at the time of reporting and had no history of drug abuse or illicit drug use. The patient received covid-19 vaccine ad26.cov2. s (suspension for injection, intramuscular, batch number: Unknown, and expiry date: unknown) dose was not reported, 1 total administered on APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. Concomitant medications included adalimumab (Humira) for rheumatoid arthritis. On APR-2021, four to five days after the vaccination, the patient experienced mild soreness or discomfort initially and progressively worsened over time. Later the symptoms developed into a severe chest pain on right hand side of the ribcage, and it hurt to breath and move; the patient felt relieved only while lying flat. The patient had visited emergency room and physician room for severe chest pain on right ribcage and left-hand side. The patient went to the hospital after 6 to 7 days after the vaccination and got admitted. The patient was put on blood thinner immediately after the admission as the staff thought the patient had blood clot. On performing D-dimer test, the levels showed 3.49 (units unspecified) and was identified that the patient had no clots. The patient was discharged from the hospital on 28-APR-2021. The patient was pain free for 2 days; However, she started experiencing severe pain on left hand side of the chest on the day before reporting. The patient stated that the pain moved over. Rheumatologist suggested the patient to take Ibuprofen for the chest pain. The patient had reached out to her rheumatologist who advised the patient to take ibuprofen for the pain in her chest; However, the patient did not take before chest pain started. It was reported that the patient would be seeing the rheumatologist the next day of the report. The action taken with covid-19 vaccine ad26.cov2. s was not applicable. The patient had not recovered from severe chest pain on right ribcage and left-hand side. This report

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							was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0:20210509152-covid-19 vaccine ad26.cov2.s -severe chest pain on right ribcage and left- hand side.. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY
1302024	5/10/2021	VA	33	F	4/30/2021	4/30/2021	Heart palpitations, Shortness of breathe, dizziness, chest pain,
1302104	5/10/2021	IN	27	F	5/7/2021	5/8/2021	Fever of 103, Chills, Body convulsions, shaking,vomiting, chest pain on left side, stiffness on left side of body, weakness of the body, unable to stand long period of times, on going night sweats, migraine.
1302163	5/10/2021	PA	41	F	1/18/2021	1/21/2021	FEVER., GENERALIZED BODY ACHES, CHEST PAIN/PRESSURE/TIGHNESS
1302279	5/10/2021	MD	32	M	4/26/2021	5/9/2021	Myocarditis, pericarditis, symptoms of chest pain and abnormal EKG/Troponin. Treated with NSAIDS

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1302486	5/10/2021	CA	32	M	5/5/2021	5/5/2021	The evening of Wednesday I began feeling chest pressure/discomfort and slight difficulty breathing. The same on Thursday, but a little worse. Friday morning at 4:30am I awoke from intense pain and pressure in my chest, difficulty breathing, and back/shoulder/neck pain. I went to the ER at 7:30 in the morning. Had tests taken, was given colchicine to help with the pain, and it did help lower the pain level a little bit. By Noon the pain was tolerable enough that I could go home. I was told to take ibuprofen to manage the pain. I took a nap but awoke at 2:30pm, this time with even more intense pain, my back/neck/shoulder muscles convulsing/twitching from pain and from being in a state of involuntary clenching as well as chest pain/pressure and difficulty breathing. I went back to the ER and after several more tests, an ECG gave the doctors cause to worry about the health of my heart (they were concerned I may be having a heart attack or heart failure). They kept me overnight and after taking more blood tests and ECG tests were able to diagnose me with Pericarditis on Saturday morning. I was prescribed colchicine, which I am to take twice a day for three months and ibuprofen to manage the pain.
1303200	5/10/2021	PA	64	F	4/17/2021	4/17/2021	atypical chest pain with mildly elevated troponin
1303098	5/10/2021	CA	18	F	4/14/2021	4/15/2021	Patient an 18yo female date of birth: 02/11/2003, presenting for a 2nd dose of Pfizer COVID vaccine. Client stated that on 4/14/2021 she received her 1st dose of Pfizer COVID vaccine (Lot: EW0162 expiration date: 08/31/2021). She reported that one day status post vaccine she felt the left side of her neck lymph nodes swelling. She denied any other symptoms such as shortness of breath, headache, chest pain, dizziness, rash, swelling of mouth, face, tongue or throat. She stated the lymph are still slightly swollen. She denied allergies to foods, drugs, environment, denied any underlying medical conditions and reported positive for autoimmune neutropenia when an infant which resolved before her 2nd birthday.
1302430	5/10/2021		80	F	5/10/2021	5/10/2021	Lightheaded, chest pain, dizziness

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1302521	5/10/2021	VA	40	F	2/24/2021	2/24/2021	Following the 2nd shot I had rapid heart beats and high fever. Within 48 hours the heartbeats and chest pain continued to intensify. In 2.26.2021 I went to the ER and my heartrate was in the 150s/160s and my heart presented to be in failure. I was admitted to the hospital for 2 days because my troponin level was high and indicated heart issues. I had multiple EKGs and other tests as well as a heart catheterization. The catheterization showed no blockages. My heart continued to have an arithmyia and PVCs as well as chest pain. I was diagnosed with myocarditis or pericarditis due to the effects of the vaccine and referred to a cardiologists. I have been seeing the cardiologist for 6 weeks. I had to wear a heart monitor, have an echo cardio gram and many EKGs. I have never had any heart issues prior to this vaccine. I am still under the care of the cardiologist and on heart anti-inflammatory medications due to the myocarditis. I have rapid, irregular heart beats and am unable to do any physical activity.
1302523	5/10/2021	TX	25	F	5/4/2021	5/4/2021	Night of vaccine had severe body aches, back pain, leg pain severe until legs went numb, then arm pain severe until also numb, chest pains/ trouble breathing. Following days had pains in arms and legs as if a tourniquet was left on and I cycled through severe pain and being numb. 5 days in I lost my vision (super blurry and seeing double) and lost complete control of arms and legs on top of headache and chest pains. Vision came back a couple hours later but the leg pains/ numbness continued even now. It feels as if my circulation has been cut off.
1302540	5/10/2021	NY	64	M	3/31/2021	3/31/2021	I felt dizzy and had problems with breathing right away after the injection. A doctor from that site who checked my vitals wanted to call an ambulance to take me to a hospital. I couldn't let this happen as I was 120 miles away from my apartment, where two dogs were left unattended. I decided to come back home and monitor my vital signs. Since that time, I had almost every other day a chest pain and high blood pressure and low level of O2 but was too busy at work to care of myself. On 04.30.2021 around 3am I decided to drive into ER at where I was admitted and had CABG surgery on Tuesday 05/04/2021.

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1302553	5/10/2021	FL	83	F	4/1/2021	4/2/2021	Severe L. arm pain and swelling, L. neck, L. face and head severe pain w/headache; chest pain w/malaise and felt sick. Incapacitated for 5-6 days . Symptoms lasted for over a week
1302708	5/10/2021	IL	57	F	5/7/2021	5/7/2021	Patient had vaccine at approximately 940 m. She came back into walk in clinic around 1 pm stating she had developed total body rigors, slurred speech, gait disturbance and left sided chest pain. Patient was sent to ER for further evaluation
1302817	5/10/2021	CA	55	F	5/10/2021	5/10/2021	Janssen COVID EUA 2021: During post vaccine observations the patient stated feeling localized itching. Patient did not showsigns of anaphylaxis, no rash or uticaria, no angeodema and had clear lumgs with no complaint of SOB, Difficulty breathing or chest pain. Patient signed AMA via Hospital.
1302351	5/10/2021	MI	84	M	3/15/2021	5/4/2021	History of Present Illness: This is a 84y.o. male with a medical history of endocarditis secondary to staph aureus on chronic doxycycline suppression, bioprosthetic valve, coronary artery disease, COPD, atrial fibrillation on Eliquis, dementia, and thrombocytopenia who presented to the hospital secondary to hypotension. The patient resides at a facility and was sent in for low BP. Patient is overall a poor historian. Presentation, his min blood pressure was 95/61. CT of the abdomen and pelvis showed intrapelvic fluid collection with concerns for possible abscess, long segment of sigmoid colitis, and right lower lobe groundglass attenuation concerning for acute infectious process. ROS: Constitutional: Denies fever or chills Eyes: Denies change in visual acuity, eye pain HENT: Denies nasal congestion or sore throat Respiratory: Denies cough or shortness of breath Cardiovascular: Denies chest pain or edema GI: Denies abdominal pain, nausea, vomiting, bloody stools or diarrhea GU: Denies dysuria, hematuria Musculoskeletal: Denies back pain or joint pain Integument: Denies rash, papules Neurologic: Denies headache, focal weakness or sensory changes Endocrine: Denies polyuria or polydipsia Lymphatic: Denies tender or enlarged lymph nodes Psychiatric: Denies depression or anxiety Tested + for Covid 5/4/2021 with admission CT abd with ground glass RLL

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1301470	5/9/2021	OH	49	F	4/6/2021	4/6/2021	The adverse reactions of light headedness, throat irritation, heaviness in my chest and difficulty inhaling began about 20 min after my injection, It lasted 5 minutes. About 30 min afterwards the 2nd wave of reaction came on, with the same symptoms but was even harder to inhale and lasted twice as long. I took a combination of benadryl, motrin and pepcid which alleviated the worst of the symptoms after about an hour. To this day, I still cannot take a deep breath in. About 72 hours after the vaccine I began to have diarrhea (and still have it 20 days later), lethargy, nausea and shortness of breath. The next day I had a little more energy, but still had continued shortness of breath. My vision had become less clear and my thought process a bit fuzzy. This is still happening today. Seven days after the vaccine, I suddenly became extremely light headed just simply walking. To the extent that I needed to sit or lay down before I began to pass out. After the light headedness came on heavily, I also noticed a very heavy weight on my upper chest and found it quite difficult to inhale. These moments would come and go throughout the day. Regardless of whether I was just sitting and relaxing or walking around. These symptoms would last anywhere from a couple minutes to a couple of hours. I found it very hard to catch my breath and could feel my heart flushing often. Additionally I would wake in the middle of the night feeling that I needed to gasp for air. I sought medical assistance from a clinic, an ER and even my allergist and I am scheduled to see my family physician later this week. I am not an anxious person, but have experienced many episodes in the last 20 days that have truly made me feel that I was going to die (no exaggeration!) due to the inability to breathe or that I may have been having a heart attack. I began to have chest pain that would travel from the center of my chest to my left shoulder. The pain also would move to my right lung area. During this I also had heaviness in my chest and felt I could not breathe in or out easily. I am still very light headed and have difficulty walking very far without taking a break because I feel I cannot catch my breath. I still have all of the same symptoms that I experienced 20 minutes after my vaccine. These symptoms have varied in intensity. I have often commented to my family that I feel the symptoms of the chest heaviness and heart flushing seem to come in waves. I am a health conscious

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							person and have never had poor health in my life. The events in the last few weeks have definitely taught me how terrible life must be for those who chronically suffer from heart or lung issues. I am still currently battling these symptoms, however, the last few days seem the symptoms have often been less severe.
1301093	5/9/2021	MI	16	F	5/4/2021	5/7/2021	Myopericarditis with chest pain. currently improving
1300803	5/9/2021	GA	52	F	4/8/2021	4/9/2021	On the second evening after the shot i was experiencing chest pains for about 90 minutes. They did subside and I fell asleep. No other adverse effects other than fatigue.
1300829	5/9/2021	IL	52	F	3/23/2021	3/23/2021	This is my second report (same vaccine Johnson and Johnson on March 23 lot #1805031) because my symptoms are still present; my first report was on 04/07/2021. I currently have depression, tinnitus, fatigue, brain fog, sometimes I feel shaky on the inside, swaying at times, and dizziness/vertigo. I sent follow-up information for my first VAERS report via mail and a pdf document to VAERS webpage; I attempted to fax several times but it came back unsuccessful; I left a message for a representative to return my call and nobody called back. I want to make sure you get this information, hence this second report. Additional Follow-up Information: Hospital Emergency Room visit on April 8, 2021: purple finger, racing heart, chest pain. EKG, body scan for blood clots, and blood panel. Doctor video visit on April 16, 2021: chest pain, feeling horrible, shortness of breath, metallic taste in the mouth, tinnitus, insomnia, anxiety, and depression. Doctor office visit on April 29, 2021: headache, dizziness, fatigue, brain fog, stress, depression, thirsty, pressure at temples and back of head and forehead, rocking, anxiety.
1300925	5/9/2021	TX	39	F	4/8/2021	5/6/2021	Chest pain in sternum, 3-6 days after vaccination Hip pain, 3-6 days after vaccination Lower Back pain, 8 hours after vaccination Fever 8 hours after vaccination (lasted 24 hours) Temps ranged from 99.9 to 101.5 Irregular Menstrual cycle (10 days early) All symptoms resolved to normal a week after vaccination. The menstrual cycle has not yet returned to normal as not enough time has passed yet to confirm.

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1301076	5/9/2021	MN	23	F	4/12/2021	5/2/2021	experienced a leg cramp beginning Sunday, May 2. Went in to the ER Tuesday, May 11 with chest pains/short of breath. Diagnosed with bilateral pulmonary embolism. Put on blood thinners for next three months.
1301113	5/9/2021	MI	19	M	5/5/2021	5/8/2021	Myopericarditis. Chest pain that has now resolved, but continued troponin leak and EKG changes
1301228	5/9/2021	SC		U			Right arm/hand swole Dizziness Chest pain Chest tightness Passed out at time of reaction Fever Trouble breathing Headache Muscle aches Joint aches Fatigue Weakness Couldn't stand/walk at time of reaction
1301554	5/9/2021		16	M	5/1/2021	5/1/2021	Headache, followed by chest pains when moving

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1301543	5/9/2021	CA	27	F	5/9/2021	5/9/2021	<p>Within 15 mins of receiving vaccine client informed EMTs she was feeling itchiness around face. First vitals at 1630: blood pressure 138/89, pulse 129, oxygen 98%. PHN joined shortly after. Per client had anaphalaxis reaction to 1st dose Pfizer vaccine and was recommended to receive Janssen. Client with flushed face, rash on chest, neck and left arm. Client denied shortness of breath, chest pain, or trouble swallowing. PHN offered client Benadryl. Per client had pre-medicated with Benadryl 1.5hrs ago. Client informed she would we kept an additional 30 mins in observation. 1635 vitals: blood pressure 134/81, pulse 118, oxygen 98%. Client stated symptoms same, denied shortness of breath. Rash on chest, neck and left arm same, not spreading. PHN asked client if she had followed up with provider after first reaction. Per client did speak with provider and was given steroids afterwards. Medical history: Ehlers-Danlos Syndrome and mass cell activation. Current medications: Cromolyn Sodium, Clonidine, Corlanor, Klonopin, Hydrocodone, Flexeril, Metropolol, Microgestin, Singulair, Vitamin B, Vitamin B12, Claritin, Iron, Magnesium, Famotidone, Zyrtec, and Probiotic. Per client no past history of allergies to vaccines. 1640 vitals: blood pressure 123/93, pulse 108, oxygen 97%. Per client itchiness resolved, rash to chest, neck improving. Vitals at 1650: blood pressure 121/79, pulse 100, oxygen 98%. Per client throat felt "weird", denied shortness of breath, closing of throat, no swelling of tongue. Client able to answer all questions and breathing normal. Per client itchiness was resolved. Rash to chest and neck resolved, left arm with improved rash. 1655 vitals: blood pressure 110/80, pulse 95, oxygen 98%. Per client feeling much better. Denied shortness of breath, no itchiness, rash resolved. Client given ER precautions. Per client not driving, was getting picked up. Client left facility with steady gait at 1705.</p>
1301379	5/9/2021	NY	18	M	5/6/2021	5/6/2021	<p>After 2nd vaccine dose developed myalgias, fever, chills, chest pain and shortness of breath hours afterwards which persisted and continued to worsen. Initial work up so far in the hospital appears to be myocarditis and is he is being admitted to telemetry.</p>

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1301381	5/9/2021	PA	27	F	4/6/2021	4/6/2021	Symptoms started 15 min after receiving Moderna vaccine, nausea, chills, on and off leg numbness, fatigue. Syncope on 4/14/2021, work up in ER negative. Hospitalization 4/19-4/20/2021 with chest pain and severe headache. EKG in ER abnormal (T wave inversion, long QT), repeat EKG next day wnl. CT chest for chest and CT head both wnl. Diagnosed with UTI. Started on Pantoprazole and Famotidine for GI symptoms (epigastric pain, bloating). On Sunday 4/25/2021 left arm numbness and weakness, another ER visit was told Cervical radiculopathy. Still severe fatigue, muscle, and joint pain, on and off numbness of the left arm, muscle twitching, GI symptoms. All labs and imaging wnl.
1301469	5/9/2021	TX	26	M	4/30/2021	5/1/2021	Chest pain for the first 2 days and then it restarted at day 6 and has continued through day 9.
1301548	5/9/2021	NY	18	M	4/14/2021	4/16/2021	Pt developed chest pain , shortness of breath 2 days after initial COVID-19 vaccination he was admitted to Hospital with myopericarditis

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1299336	5/8/2021	MD	39	F	4/21/2021	4/26/2021	acute pericarditis; Patient developed chest pain.; This is a spontaneous report from a contactable physician. A 39-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number and expiration date were not reported), dose 1 via intramuscular route, administered in arm left on 21Apr2021 at 12:00 as single dose for COVID-19 immunisation. The patient medical history and concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. Prior to vaccination, the patient did not diagnose with COVID-19. On 26Apr2021 at 03:00, the patient developed chest pain and she was taken to emergency department. She was admitted to observation. Electrocardiogram (EKG) changes and lab results consistent with acute pericarditis. The events resulted in emergency room visit or urgent care and physician office visit. The patient underwent lab tests and procedures which included PCR covid test with nasal swab on 26Apr2021 and result was negative. The patient received treatment included intravenous fluids, Toradol, indomethacin, and colchicine for the events. The outcome of the events was resolving. Batch/lot was unknown as not provided to reporter at the time of report completion. Information on the lot/batch number has been requested.; Sender's Comments: Based on the temporal relationship, A possible contributory role of the suspect product to the development of Chest pain and Acute Pericarditis cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1299353	5/8/2021	NY	59	M	5/1/2021	5/2/2021	chest pain; This is a spontaneous report from a contactable consumer (patient) reported that a 59-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number was not reported), via an unspecified route of administration, administered in arm left on 01May2021 10:30 (at the age of 59-years-old) as a single dose for covid-19 immunization. The vaccine was administered at the Pharmacy/drug store. The patient's medical history and concomitant medications were not reported. The next day morning on 02May2021 05:00, the patient experienced chest pain. The event was considered as life-threatening. It was unknown if the patient received treatment for the event. The outcome of the event was unknown. Information on the lot/batch number has been requested.
1299665	5/8/2021	FL	20	F	4/28/2021	4/30/2021	onset of chest pain on April 30 with progressively worsening -dx with spontaneous pneumothorax
1300157	5/8/2021	ME	36	M	5/5/2021	5/5/2021	Onset of feeling "wonky" 11PM after shot on 5/5. Awoke 4AM 5/6 with fevers and chills, which persisted for the whole day but resolved by Friday 5/7 AM. Chest pressure ("fast pounding") then began around 6PM which progressed to Chest pain around 8PM. Chills again at that time. Went to bed, woke up 5/8 chest pain still present at 6AM. Went away for 2 hours then around 8AM came back, prompting calling EMS.

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1300103	5/8/2021	WI	64	M	3/20/2021	4/22/2021	On 04/22/2021, a patient was determined to have pericarditis, possibly secondary to COVID-19 vaccination. The patient received his first COVID-19 vaccination (Pfizer) on 2/27/2021. The patient reported feeling poorly and presented to ER on 03/02/2021 with chest pain and dyspnea. He states the chest pain he is experienced this week is similar to the 2 episodes of chest pain he had after each of the two-step Pfizer COVID vaccination that he received in February 02/27/2021 and March 03/15/2021. He underwent a stress test on 03/11/2021 which did not show any reversible perfusion defects. Of note, the patient had COVID-19 back in October 2020 which manifested with night sweats, malaise for a few days and then cleared completely without any "long hauler" symptoms. The patient was treated with ibuprofen and colchicine. I did not find any evidence suggesting a relationship between pericarditis and covid-19 vaccination. In clinical trials, pericarditis was not statistically significantly different between treatment arms. Other potential causes of pericarditis include atrial fibrillation.
1300080	5/8/2021	IA	51	F	4/15/2021	4/27/2021	I felt sluggish after my second Moderna shot on April 15th. On the evening of April 27th, I really started to feel horrible and was scared as it was hard to breathe and my chest pains were just horrible. I head to ER and am told I have blood clots in both lungs and 2 blood clots in lower leg. Taken by ambulance to the hospital.
1300044	5/8/2021	CA	28	M	5/4/2021	5/7/2021	Myocarditis. Developed severe headache (3 days) with chest pain (for 1 days). Noted to have high sensitivity troponin 6000 > 6000 > 8000. ECHO WNL. CTA heart, WNL.
1299978	5/8/2021	TN	46	M	5/3/2021	5/5/2021	Chest pains started on 5/5/21 around 4pm and worsened through 9pm. The next morning chest pains continued to the point where I went to the Emergency Room. There, a cardio ultrasound, blood work and a cardio catheter were performed. Tests for all respiratory viruses all came back negative. I was taken to the Critical Care Unit and remained under supervision overnight and through the morning 5/7/201, when I was discharged. I was diagnosed with Myocarditis and Pericarditis.

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1299961	5/8/2021		16	M	5/4/2021	5/6/2021	<p>Patient is a previously healthy 16 year-old M presenting with acute onset chest pain, shortness of breath, nausea, vomiting, malaise, fever and myalgia to ED on 5/6/2021 at 20:44. He started experiencing symptoms on 5/6/2021 morning at 06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:00 AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31% . Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every hours and Famotidine 20 mg 2 times daily until his follow up.</p>
1299832	5/8/2021	VT	41	M	5/7/2021	5/7/2021	<p>First Shot April 20th of Moderna after facility cancelled my JJ, Second shot J&J in facility after facility cancelled my second appointment of Moderna. Could not make 2nd shot appointment. Going away for work in state and could not get second shot for three months so just got JJ. 102 fever, chills, chest pains, spasms, joint inflammation, no appetite, no bathroom. full body pain and some altered mental state. weakness. Going on 18 hrs now fever continues to rise.</p>

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1299825	5/8/2021	MI	19	M	5/4/2021	5/7/2021	myopericarditis, chest pain, elevated troponin, EKG changes, moderately decreased LV function (started 3 days after vaccine administration). treated with NSAIDs
1299774	5/8/2021	TX	60	F	3/8/2021	3/15/2021	painful chest pains, that awakened me; went to the ER. Tested for heart attack; none found. However, was given a heart scan and my cardiologist found it revealed some narrowing of the arteries. Outcome - increase cholesterol medication

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1299258	5/8/2021	AZ	58	M	4/9/2021		<p>I don't know it is stroke or something; heart burn something; its like I am having a heart attack; feeling crappy/ feeling funny/ I can feel like the drug was inside me like something was changing/ something happening with my body; Headache/ slight headache; Chest pain/ I can feel a pain where my heart is; arm was sore; heart burn; This is a spontaneous report from a contactable consumer (patient). A 58-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot/batch number and expiration date not reported) via an unspecified route of administration on the left arm on 09Apr2021 at a single dose for COVID-19 immunisation. The patient medical history was not reported. There were no concomitant medications. The patient previously received first dose of BNT162B2 on 18Mar2021 for COVID-19 immunisation (left arm). Patient stated, "the second was really bad my arm was sore for like over a week I mean it was sore. I don't know I have not felt the same since. I can feel like the drug was inside me like something was changing and I never had no problem for anything but now its been like at the last when I got the shot was 9th of April of this month, its been like 2 weeks now almost and it is like I feel crappy. I have headache I have like a chest pain u know in my chest. I have like my heart is I don't know its like I am having a heart attack or something I don't know it is stroke or something. I do not know it is feeling funny. I have no problem I do, may be I have may be heart burn something. I don't know because on every single day everyday I have chest pain my heart, headache I have slight headache now. I don't know why I can feel a pain where my heart is on left side now I got the pain on right side you know I have the pain there and I wondering what's going on so I don't know". Consumer stated, "First its both side that is what I am saying now right now so as I am talking to I have pain in my heart and like it feels the heart u know I don't know there is a weird thing in my heart. I feel like you have a heart attack or so, I you feel like a chest pain or you had a heart burn or something and then on my right side has started it is like something happening with my body you know now its the right side. I don't really know, I can feel me liver, my kidneys are like something is like I can feel something is going I don't know what's going on with my body. You know after getting the shot right now I have the slight headache. I</p>

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took a quite couple of Tylenol as stuff but that seems like no. This every single day you know that you I thought it will go away but it did not go away". Consumer stated, "Yes, it is the first time. Like I said I thought it will go away but it is not getting any better. I am getting concerned. I do not know I have to be admitted to hospital. I do not have no insurance or anything. I am really worried." The patient hasn't been to the doctor, he was calling first for help. He has no insurance so he cannot just go to the doctor. Consumer stated, "It never improved no. Persisting." Outcome of the events was not recovered. Information on the lot/batch number has been requested.

1299614 5/8/2021 NY 18 F 5/4/2021 5/6/2021 Chest pains shortness of breath

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1298760	5/8/2021	CO	77	F	12/21/2020	12/21/2020	30 minutes of rapid heart rate and fluttering; shortness of breath; supraventricular tachycardia; Dizzy; diaphoretic; Palpitations; Fatigue; nauseous; This regulatory authority case was reported by an other health care professional (subsequently medically confirmed) and describes the occurrence of CARDIAC FLUTTER (30 minutes of rapid heart rate and fluttering) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 025J20-2A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 21-Dec-2020, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 21-Dec-2020, the patient experienced CARDIAC FLUTTER (30 minutes of rapid heart rate and fluttering) (seriousness criterion medically significant), DYSPNOEA (shortness of breath), SUPRAVENTRICULAR TACHYCARDIA (supraventricular tachycardia), DIZZINESS (Dizzy), HYPERHIDROSIS (diaphoretic), PALPITATIONS (Palpitations), FATIGUE (Fatigue) and NAUSEA (nauseous). On 21-Dec-2020, CARDIAC FLUTTER (30 minutes of rapid heart rate and fluttering) had resolved. At the time of the report, DYSPNOEA (shortness of breath), SUPRAVENTRICULAR TACHYCARDIA (supraventricular tachycardia), DIZZINESS (Dizzy), HYPERHIDROSIS (diaphoretic), PALPITATIONS (Palpitations), FATIGUE (Fatigue) and NAUSEA (nauseous) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 21-Dec-2020, Electrocardiogram: abnormal (abnormal) supraventricular tachycardia. On 21-Dec-2020, Heart rate: increased (High) increased. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No relevant concomitant medications were provided. About 3 hours after receiving vaccine, patient had 30 minutes of rapid heart rate, and fluttering. She laid down, went to sleep, and it resolved. She didn't seek emergency care. Did not have chest pain or shortness of breath. Continued to have palpitations occasionally, fatigue, tachycardia. She presented to primary care professional on 07 Jan 2021 for symptoms and was transferred to for

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additional cardiac workup and treatment after capturing supraventricular tachycardia (SVT) on electrocardiogram (EKG). Also diaphoretic, dizzy, nauseous, shortness of breath with palpitations. She was given IV metoprolol in ED with conversion to normal sinus rhythm (NSR). They suspect that the vaccine may have been her trigger. She was able to discharge without escalation of care. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1299335	5/8/2021	CA	49	M	4/30/2021	4/30/2021	<p>Chest pain; Had irregular pulse; BP dropped; Patient felt faint minutes after receiving second dose of vaccine; Diaphoretic; This is a spontaneous report received from a contactable nurse. A 49-years-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Batch/Lot Number: Unknown) via an unspecified route of administration on 30Apr2021 as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously took first dose of bnt162b2 on 09Apr2021 for covid-19 immunisation. The patient experienced Patient felt faint minutes after receiving second dose of vaccine, BP dropped, had irregular pulse, became diaphoretic and complained of chest pain on 30Apr2021. The events assessed as non-serious. Unknown patient received any other vaccines within 4 weeks prior to the COVID vaccine. Unknown list of any other medications the patient received within 2 weeks of vaccination. Unknown prior to vaccination, was the patient diagnosed with COVID-19. Unknown since the vaccination, has the patient been tested for COVID-19. Facility where the most recent COVID-19 vaccine was administered included Workplace clinic. The events were resulted in Emergency Room Visit. The outcome of the events was reported as unknown. Information about batch no/lot no has been requested.; Sender's Comments: As there is limited information in the case provided, the causal association between the events blood pressure decreased, irregular pulse, chest pain and the suspect vaccine BNT162B2 cannot be excluded. The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.</p>

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1299236	5/8/2021	CA	38	F	4/13/2021		Episodes of shortness of breadth/ difficulty breathing; Chest Pain; Elevated d-dimer values; This is a spontaneous report from a contactable consumer (patient). This 38-year-old, nonpregnant, female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE) dose 1 at a hospital facility, via an unspecified route of administration, administered in left arm on 13Apr2021 09:30 AM (age at the time of vaccination: 38 years; Batch/Lot Number: EW0151) as single dose for COVID-19 immunization. Patient had not received any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination the patient was not diagnosed with COVID-19 and since the vaccination patient had not been tested for COVID-19. Patient had no known allergies and no medical history. The patient's concomitant medications were not reported. The patient experienced episodes of shortness of breath, chest pain, elevated D-dimer values, difficulty breathing, multiple ER visits starting "23Mar2021" at 09:45 AM. The adverse events did result in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. The patient reported her events were not serious, did not have hospitalization, and were not disabling/incapacitating. No treatment was given for the events. Patient was not recovered from shortness of breath, chest pain, elevated D-dimer values, and difficulty breathing.

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1299223	5/8/2021	MI	45	M	4/14/2021	4/15/2021	nearly fainted twice; I've been having weird pains in several spots inside my muscles all over the place in my legs, feet, arms, neck, chest, face and even my left hand ring finger tip. It's pain that is in spots, it feels; I've been having weird pains in several spots inside my muscles all over the place in my legs, feet, arms, neck, chest, face and even my left hand ring finger tip. It's pain that is in spots, it feels; pains in chest; catching my breath; very cold and clammy; This is a spontaneous report from a contactable consumer (the patient). A 45-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number EW0169), via an unspecified route of administration, on 14Apr2021 at 11:30 (at the age of 45-years-old) as a single dose in the left arm for COVID-19 immunization. Medical history included cardiac disorder from an unknown date and unknown if ongoing, irregular heart beat and depression from an unknown date and unknown if ongoing. Concomitant medication included metoprolol (METOPROLOL) taken for an unspecified indication, start and stop date were not reported. The patient did not have any other vaccines within four weeks prior to the vaccination. The patient stated that when he first got the shot he actually nearly fainted twice and had to lay on the floor for a while. It was very scary, he thought he was going to die. He got very cold and clammy and had pains in chest and had a hard time catching his breath. They checked his vital signs a couple times and said they looked good. But he still felt sick and they said if he did not feel better soon they may have to call for an ambulance for him. Eventually he felt better enough to where he was able to get up off the floor and on handicap cart to drive out of there. Also, he's been having weird pains in several spots inside his muscles all over the place in his legs, feet, arms, neck, chest, face and even his left hand ring finger tip. It's pain that is in spots, it feels like mini-charley-horses that lasts anywhere from 20 something to 30 something seconds. Now it's mostly continuous pains in his thigh muscles between his legs. And a pain in one spot in his left arm bicep. This has been happening for days." The patient experienced "nearly fainted twice" on 15Apr2021 with outcome of not recovered, chest pain, got very cold and clammy and had a hard time catching his breath on 15Apr2021 with outcome of not recovered. He also

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reported that he has been having weird pains in several spots inside his muscles all over the place in his legs, feet, arms, neck, chest, face and even his left hand ring finger tip. it's pain that is in spots, it feels starting on 15Apr2021 with outcome of not recovered. The patient underwent lab tests and procedures which included unspecified investigation: myalgias on an unspecified date . Therapeutic measures (unspecified) were taken as a result of the events.

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1299185	5/8/2021			U		4/9/2021	<p>I never had chest pain or this feeling in my heart like I am going die; feeling like I was having a stroke or something; heart pain; headache; chest pain; where your lungs are, it's pain; heartburn; My arm was still sore a week after, I could not lay on it or touch it; I can't sleep; I am nervous; I feel it in my body and something is just taking over me. Something is happening and I could feel; This is a spontaneous report from a contactable consumer. A 58-year-old patient of an unspecified gender received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 2 via an unspecified route of administration on 09Apr2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient previously took first dose of bnt162b2 on 18Mar2021 for covid-19 immunisation it went pretty well, no problems and tylenol and experienced drug ineffective. On an unspecified date, it was reported "I can tell the drug was inside me and can feel it taking over, and going through my body. I had headache, chest pain, heart pain, and feeling like I was having a stroke or something. On my right side there is pain, where your lungs are, it's pain. I've been having symptoms every single day. I took some Tylenol one day, but that did not help. I took some Tums, thinking maybe it is heartburn, but it has not gone away. I feel it in my body and something is just taking over me. Something is happening and I could feel. I never had chest pain or this feeling in my heart like I am going die. My arm was still sore a week after, I could not lay on it or touch it and then other symptoms came on more and more. I have pain in my chest and head constantly, all day all night. I can't sleep because I am nervous and I don't know what is going on." Therapeutic measures were taken as a result of headache, chest pain, where your lungs are, it's pain, my arm was still sore a week after, i could not lay on it or touch it (pain in extremity). The events I never had chest pain or this feeling in my heart like I am going die, feeling like I was having a stroke or something, and heart pain were considered as serious (medically significant). The outcome of the events was unknown. Information on the lot/batch number has been requested.</p>

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1299159	5/8/2021	AR	68	F	4/12/2021	4/14/2021	she feels like she has Covid; feeling chest pain/her chest is sore; headache/her head just starting hurting; she is scared; She used to weight 143 pounds 9 months ago, she states she is swelling up.; overall body aches; cramping; eyes had swollen; fever of 101.9°F/temperature like 101.9 degrees, a fever; chills; nausea; wiping would be pink/She also states that she when she went to the bathroom, she wiped pink and it worsened and turned darker.; This is a spontaneous report from a contactable consumer (patient). A 68-years-old female patient received bnt162b2 (BNT162B2), dose 1, via an unspecified route of administration, administered in Arm Right on 12Apr2021 11:00 (Lot Number: EP7534; Expiration Date: 31Jul2021) as SINGLE DOSE (at the age of 68 years old) for covid-19 immunisation. Medical history included she is on the borderline of Chronic obstructive pulmonary disease (COPD). She was taking breathing medicine, but has been taken off of it, she is doing so well; osteoporosis; osteoarthritis; osteopenia. Concomitant medication included hydrocodone (HYDROCODONE) taken for osteoporosis, osteoarthritis, osteopenia, start and stop date were not reported. The patient did not receive any other vaccine within 4 weeks prior to the vaccine. On unspecified date the patient experienced feeling chest pain/her chest is sore, headache/her head just starting hurting, she is scared, she used to weight 143 pounds 9 months ago, she states she is swelling up and overall body aches. On 14 Apr2021, she experienced wiping would be pink/She also states that she when she went to the bathroom, she wiped pink and it worsened and turned darker. She wiped this morning, and she thinks it stopped. She felt cramping. It started light pink, then a couple days ago it was darker. She was a walk in patient at the clinic to be checked out. She lives alone, has no companion for a sex life, she had no new medications. She went to her physician yesterday 22Apr2021, and had a pap smear and blood draws. Her MD told her to take Airborne around the time of the second vaccine. On 16Apr2021 she experienced nausea. On 22Apr2021 the patient experienced eyes had swollen, fever of 101.9°F/temperature like 101.9 degrees, a fever, chills. On 23Apr2021 the patient experienced cramping.The headache has been on and off all weekend. She felt she was dying. The worst yesterday. She read all the Covid

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1299108	5/8/2021	CA	44	F	5/1/2021	5/5/2021	<p>symptoms and all her symptoms point toward Covid. She feels like she has Covid from unknown date. She has chest pain and tries to ignore it, but she can't. She has to go get her pain pills because her head just starting hurting. The patient underwent lab tests and procedures which included body temperature: 101.9 degrees fahrenheit on 22Apr2021, blood test: unknown results on 22Apr2021, pap smear: unknown results on 22Apr2021, weight: 143 lbs on 9 months ago. Therapeutic measures were taken as a result of overall body aches. She took gas pain pills, allergy relief pain pills because her whole body hurt. She has been applying warm towels to her eyes to help with swelling. Outcome of fever of 101.9°F/temperature like 101.9 degrees, a fever, chills was recovered on 23Apr2021. Outcome of eyes had swollen, headache/her head just starting hurting, nausea, wiping would be pink/She also states that she when she went to the bathroom, she wiped pink and it worsened and turned darker was recovering. Outcome of feeling chest pain/her chest is sore was not recovered. Outcome of she feels like she has Covid, she is scared, cramping, he used to weight 143 pounds 9 months ago, she states she is swelling up, overall body aches were unknown.</p> <p>Neurological disorientation such as staggered motor function. It has been challenging to walk- extremely noticeable as if you are tipsy on new years eve - Headache in center of forehead that hasn't waned 24-48 hour period of visual abnormalities Extreme pain at injection site since shot and until now although getting better Extreme Lethargy Shortness of Breath Plugged ears Congestion which went from clear mucus to bright green within an extreme short period of time Dr prescribed augmentin antibiotics ITS NOT COVID 19 I GOT A NEGATIVE TEST 5/5/2021 All over rolling from extreme to mild pains Muscle spasms in places all over the body. A part of my body is always twitching under the skin (not any jerking movements others report) SEVERE CHEST PAIN Swollen arm at injection site A deep cough not severe and frequent but significant and persistent</p>
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1299091	5/8/2021	NJ	22	M	4/17/2021	4/1/2021	<p>positive cardiac enzymes; myocarditis; hypotension 3 days post 2nd vaccination who was admitted; left-sided chest pain; SOB; diaphoresis; dizziness; paresthesias to his hands; transient fever; chills; headache; body aches; This is a spontaneous report from a contactable physician. A 22-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration, in the left arm on 17Apr2021 (Batch/Lot Number: ER8731) (at the age of 22-years-old) as a single dose for COVID-19 immunisation as a single dose for COVID-19 immunisation. Medical history included scoliosis from an unknown date and unknown if ongoing, depression from an unknown date and unknown if ongoing. There were no concomitant medications. The patient previously received the first dose of BNT162b2 on 22Mar2021 on 08:45 in intramuscularly in the left arm (Lot Number: ER8727) for COVID-19 immunisation. The patient had not received any other vaccines within 4 weeks prior to the COVID-19 vaccine. In Apr2021, the patient developed transient fever, chills, headache, and body aches which resolved 24 hours after his 2nd Pfizer vaccine, followed by left-sided chest pain, shortness of breath (SOB), diaphoresis, dizziness, paresthesias to his hands; hypotension 3 days post 2nd vaccination, on 20Apr2021, patient was admitted to hospital with positive cardiac enzymes, initially troponin T baseline at 663, 1 hour follow-up troponin T at 943 with troponin T delta at 42%. A 3-hour troponin T at 1913 with a troponin T3HR delta at 189% and CPK >1000 with the diagnosis of myocarditis. Covid screen was negative, Covid antibody was negative, HIV was negative, drug screen negative and rest of work up for other causes so far negative. On 20Apr2021, he was transferred to another hospital for further cardiac care. Treatments for the events included pressor, cardiac medications, cath, etc. Patient remains hospitalized. In Apr2021, the patient recovered from the events, body aches, headache, chills, transient fever. The patient had not recovered from the events, positive cardiac enzymes, myocarditis, hypotension, left-sided chest pain, SOB, diaphoresis, dizziness, and paresthesias to his hands.; Sender's Comments: A contributory role of BNT162B2 to the reported events cannot be fully excluded based on temporal relationship</p>

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and lack of alternate explanation at this time. Case will be reassessed if additional information is received. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

COVID SYMPTOMS/SICK/RUNNY NOSE/BREATHING ISSUE/SORE THROAT; LEG PAIN; CHEST PAIN; CHEST CONGESTION; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 201A21A, and expiry: UNKNOWN) dose was not reported, administered on 07-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced chest pain. On APR-2021, the subject experienced chest congestion. Laboratory data included: X-ray (NR: not provided) X-ray was good. On 12-APR-2021, the subject experienced leg pain. On 20-APR-2021, the subject experienced covid symptoms/sick/runny nose/breathing issue/sore throat. On 05-MAY-2021, Laboratory data included: COVID-19 virus test negative (NR: not provided) Tested negative for covid test, Lab test (NR: not provided) Tested negative for bronchitis, Tested negative for flu, Tested negative for pneumonia, and Streptococcus test (NR: not provided) Negative. Laboratory data (dates unspecified) included: COVID-19 virus test negative (NR: not provided) Negative, Negative, Negative. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the leg pain, covid symptoms/sick/runny nose/breathing issue/sore throat, chest pain and chest congestion was not reported. This report was non-serious.

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1298854	5/8/2021	NM	50	F	3/1/2021		<p>PRESYNCOPOAL SYMPTOMS/ALMOST FAINTED; LEFT ARM RADIANT PAIN; HEART PALPITATIONS; ABDOMINAL PAIN; SEVERE ENOUGH THAT SHE COULD NOT EAT; BURNING SENSATION OF STOMACH; TENDER/SORE SUBMANDIBULAR LYMPH NODE; LEFT JAW SWOLLEN; INFLAMMATION ON LEFT JAW; CHEST PAIN; TINGLING LEFT ARM; NUMBING OF LEFT ARM; DIZZINESS; LEFT ARM TENDERNESS AT INJECTION SITE; NAUSEA; HEADACHE; NECK LEFT LYMPH NODE INFLAMED;</p> <p>This spontaneous report received from a patient concerned a 50 year old female. The patient's height, and weight were not reported. The patient's past medical history included brain injury, and concurrent conditions included hypothyroidism, asthma, food allergies, latex allergy, nsaid (ibuprofen and aspirin) allergy, erythromycin allergy, betadine allergy, ct scan iodine allergy, dizziness, nausea, intermittent headache, and sulfa allergy. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported and batch number: 1805018 expiry: 25-MAY-2021) dose was not reported, administered on 24-MAR-2021 for prophylactic vaccination. Concomitant medications included fluticasone propionate for asthma, midodrine for brain injury, and levothyroxine for hypothyroidism. On MAR-2021, the subject experienced neck left lymph node inflamed. On 24-MAR-2021, the subject experienced dizziness. On 24-MAR-2021, the subject experienced left arm tenderness at injection site. On 24-MAR-2021, the subject experienced nausea. On 24-MAR-2021, the subject experienced headache. On 25-MAR-2021, the subject experienced numbing of left arm. On 25-MAR-2021 01:30, the subject experienced chest pain. On 25-MAR-2021 01:30, the subject experienced tingling left arm. On 31-MAR-2021, the subject experienced tender/sore submandibular lymph node. On 31-MAR-2021, the subject experienced left jaw swollen. On 31-MAR-2021, the subject experienced inflammation on left jaw. On 07-APR-2021, the subject experienced abdominal pain. On 07-APR-2021, the subject experienced severe enough that she could not eat. On 07-APR-2021, the subject experienced burning sensation of stomach. Laboratory data included: CT scan (NR: not provided) came out clear. On 13-APR-2021, Laboratory data included: Endoscopy (NR: not provided) came out</p>

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clear. On 26-APR-2021, the subject experienced presyncopal symptoms/almost fainted. On 26-APR-2021, the subject experienced left arm radiant pain. On 26-APR-2021, the subject experienced heart palpitations. Laboratory data included: Diagnostic ultrasound (NR: not provided) came out clear. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain, and tingling left arm on 25-MAR-2021, recovered with sequelae from numbing of left arm on 25-MAR-2021, had not recovered from dizziness, nausea, headache, and left arm tenderness at injection site, and the outcome of tender/sore submandibular lymph node, left jaw swollen, abdominal pain, burning sensation of stomach, presyncopal symptoms/almost fainted, left arm radiant pain, heart palpitations, severe enough that she could not eat, inflammation on left jaw and neck left lymph node inflamed was not reported. This report was non-serious.

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1298812	5/8/2021	ME		F	3/17/2021		CARDIAC ARREST; HYPOTHERMIA; HER BG WAS LOW; DIARRHEA; NAUSEA; FELT SOMETHING WAS GOING THROUGH HER BODY; SLIGHT HEADACHE; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's past medical history included bypass, and concurrent conditions included type 1 diabetes mellitus (T1DM), and heart disease. The patient received Covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number: 1805022 expiry: UNKNOWN) dose was not reported, 1 total dose administered on 17-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 17-MAR-2021 after receiving the vaccine, the patient felt something was going through her body for 45 minutes. She experienced nausea and a slight headache. On 18-MAR-2021, she felt fine. On 29-MAR-2021, she woke up middle on the night and felt he blood glucose (BG) was low (T1DM). Later she woke up again and experienced nausea and drank juice. She developed diarrhea and sever chest pain. The ambulance arrived, her body temperature was 93.7 degrees F, her BG was 54 mg/dL. She developed cardiac arrest and admitted to the hospital for 3 day. The action taken with Covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from cardiac arrest, hypothermia, diarrhea, nausea, and felt something was going through her body, and slight headache on 18-MAR-2021, and the outcome of her BG was low was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210503747-COVID-19 VACCINE AD26.COV2.S-CARDIAC ARREST, HYPOTHERMIA, HER BG WAS LOW. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY, UNDERLYING DISEASE 20210503747-COVID-19 VACCINE AD26.COV2.S-DIARRHEA. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

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1299723	5/8/2021		46	F	4/20/2021	4/20/2021	20210503747-COVID-19 VACCINE AD26.COVID-19 S-NAUSEA. This event(s) is labeled per RSI and is therefore considered potentially related.
1299360	5/8/2021	IN	40	M	4/26/2021	4/28/2021	Shortness of breath started later in day on day of second vaccine (4/20/21) . Presented to hospital 4/25/2021 with chest pain and shortness of breath. Found to have large pulmonary embolism and elevated troponin. Patient was discharged on 4/28/2021 on apixaban. Patient did already have lower extremity vein disease and previous ablation to right great saphenous vein in 2019. Has family history of pulmonary embolism in her sister. Patient was also on depot medroxyprogesterone acetate injections.
							This is a spontaneous report from a contactable consumer (patient). A 40-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 26Apr2021 08:15 (Batch/Lot Number: EW0171) (at age 40 years old) as single dose for covid-19 immunisation. Medical history included high blood pressure, high cholesterol, carpal tunnel, absent vas deferens, all from unspecified dates. No COVID prior to vaccination. He underwent Covid test post vaccination (nasal swab) on 29Apr2021 with negative result. The patient's concomitant medications included unspecified prescribed and store-bought medications. No other vaccines in four weeks. On 28Apr2021 22:00, the patient experienced chest pains and shortness of breath testing of EKGs, echo, CT scan, and cardiac cath show- NSTEMI heart attack showing from damage to heart caused by blood clot. No problems with arteries or existing with heart. Also, lower lobe of left lung shows collapsed. The events resulted in doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. The events were considered serious: hospitalization (2 days), life threatening illness (immediate risk of death from the event), disability or permanent damage. Treatment included blood thinners- apixaban (ELIQUIS) and metoprolol. The patient was recovering from the events.

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1294832	5/7/2021	PA	52	F	4/12/2021	4/19/2021	<p>Suspected heart attack; Severe Chest and arm pain; Severe Chest and Arm pain; The injection site became hot to the touch; Itching injection site; Painful Injection Site; Hard to the touch; Raised red spot on the injection site; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Suspected heart attack), CHEST PAIN (Severe Chest and arm pain) and PAIN IN EXTREMITY (Severe Chest and Arm pain) in a 52-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 025B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 12-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Apr-2021, the patient experienced VACCINATION SITE INDURATION (Hard to the touch) and VACCINATION SITE ERYTHEMA (Raised red spot on the injection site). On 20-Apr-2021, the patient experienced VACCINATION SITE WARMTH (The injection site became hot to the touch), VACCINATION SITE PRURITUS (Itching injection site) and VACCINATION SITE PAIN (Painful Injection Site). On 21-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Suspected heart attack) (seriousness criteria hospitalization and medically significant), CHEST PAIN (Severe Chest and arm pain) (seriousness criterion hospitalization) and PAIN IN EXTREMITY (Severe Chest and Arm pain) (seriousness criterion hospitalization). The patient was hospitalized from 21-Apr-2021 to 22-Apr-2021 due to PAIN IN EXTREMITY, and then on 21-Apr-2021 due to MYOCARDIAL INFARCTION. On 27-Apr-2021, VACCINATION SITE WARMTH (The injection site became hot to the touch), VACCINATION SITE PRURITUS (Itching injection site), VACCINATION SITE INDURATION (Hard to the touch), VACCINATION SITE ERYTHEMA (Raised red spot on the injection site) and VACCINATION SITE PAIN (Painful Injection Site) had resolved. On 29-Apr-2021, MYOCARDIAL INFARCTION (Suspected heart attack), CHEST PAIN (Severe Chest and arm pain) and PAIN IN EXTREMITY (Severe Chest and Arm pain) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 21-Jan-2021, Echocardiogram: normal (normal)</p>

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normal. On 21-Jan-2021, Electrocardiogram: normal (normal) results. On 21-Jan-2021, Myocardial necrosis marker: raised Raised. On 21-Jan-2021, Oxygen saturation: normal (normal) normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. On 21-Apr-2021, the patient had severe chest and arm pain. She went to the emergency room. The ER doctor suspected a heart attack. She was hospitalized overnight under observation and was released the next day. No relevant concomitant medications were provided. No treatment information was provided. Company Comment: Very limited information regarding the events (Myocardial infarction) has been provided at this time. However, based on the current available information and temporal association between the use of the product and the start date of the event (chest pain, pain in extremity and others), a causal relationship cannot be excluded. Additional information regarding medical history, concomitant medications, levels of troponin (I or G) are required for further evaluation.; Sender's Comments: Very limited information regarding the events (Myocardial infarction) has been provided at this time. However, based on the current available information and temporal association between the use of the product and the start date of the event (chest pain, pain in extremity and others), a causal relationship cannot be excluded. Additional information regarding medical history, concomitant medications, levels of troponin (I or G) are required for further evaluation.

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1294518	5/7/2021		62	F	4/15/2021	4/16/2021	The day after I received the first dose of my vaccine, I felt numb on my tongue, around my mouth, and hands. In addition, I also experienced a low fever. Then on the third and fourth day, I stated to feel numb on my arms, thighs, fingertips and the bottom of my feet. I also started to feel chest pain, back pain, and experience migraines. I've felt very tired throughout this time, had a dry mouth. The tops of my feet and hands were slightly swollen and my veins were much more prominent as well. The palm of my hands are always very warm and have a visibly pink color. During this time frame, I've seen also seen my GP twice. As of today, overall, all of these symptoms have lessened in severity. Although the feeling of numbness has also lessened in severity as well, the slight feeling of numbness is still present as of today-especially on my tongue (23 days after my first dose of the vaccine).
1294524	5/7/2021	NY	35	M	5/6/2021	5/6/2021	soreness in right arm, chest pain, left ankle pain
1294572	5/7/2021		22	M	5/3/2021	5/7/2021	chest pain. Sharp, left sided CP with SOB x 3 hours; continuous, no radiation; mvmt increases pain, started while sitting today; HX PTX x 2 with VATS surgery 5 years ago.
1294582	5/7/2021	FL	72	F	2/24/2021	2/25/2021	the day after the vaccine I had chest pains.....never had them before.....hope not to have them again.....very scarey

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1294698	5/7/2021	TX	62	F	3/23/2021	3/1/2021	vomiting; chest pain; stomach pain; nausea; chills; body ache; stomach pain more intense; acute pancreatitis; This is a spontaneous report from a contactable consumer, the patient. A 62-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot ER2613, second dose) solution for injection intramuscular in the left arm on 23Mar2021 at 09:00 (at the age of 62-years-old) as a single dose for COVID-19 vaccination. The patient was not pregnant at the time of vaccination. Medical history included ARMD (age-related macular degeneration), high blood pressure, and anxiety. Concomitant medications included acetylsalicylic acid (BABY ASPIRIN) and AREDS vitamins. The patient had no known allergies. Historical vaccine included BNT162B2 (first dose, lot EN6202) for COVID-19 vaccination on 02Mar2021 with no adverse effect reported. The patient did not receive any other vaccine within 4 weeks prior to the vaccine. Prior to the vaccination, the patient was not diagnosed with COVID-19. On 24Mar2021 at 07:00, the patient experienced stomach pain, nausea, chills, and body ache. On 26Mar2021, the patient experienced vomiting and chest pain. In Mar2021, the patient experienced acute pancreatitis and stomach pain more intense. The events resulted in emergency room/department or urgent care visit and hospitalization for 10 days in 2021. Lab test in Mar2021 included CT scan: revealed acute pancreatitis. Treatment for the events included antibiotics, fluids, and oxygen. The outcome of the events was recovered in 2021. Since the vaccination, the patient has not been tested for COVID-19.

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1294704	5/7/2021	CA	18	M	3/30/2021	3/30/2021	Myocarditis; Troponins greater than 11,000; Mild Fever; Chills; Malaise; Chest pain; Body Aches; Cough; Headache; Nausea; This is a spontaneous report from a contactable nurse. This nurse reported for a 18-year-old male patient that: This is a spontaneous report from a contactable other hcp. A 18-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified route of administration on 30Mar2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation . Medical history included ongoing attention deficit hyperactivity disorder (ADD) , ongoing autism. Historical vaccine included BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose1 received on 10Mar2021, LOT: Unknown for COVID-19 Immunization. Concomitant medication(s) included risperidone (RISPERDAL) taken for attention deficit hyperactivity disorder from an unspecified start date and ongoing; methylphenidate (METHYLPHENIDATE) taken for attention deficit hyperactivity disorder from an unspecified start date and ongoing; cetirizine hydrochloride (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) taken for an unspecified indication from an unspecified start date and ongoing. The patient presented to the ER two days after receiving his second dose of the vaccine. The patient experienced myocarditis (hospitalization 01Apr2021 to 03Apr2021, medically significant) on 01Apr2021 with outcome of unknown, patient was post ICU admission, chest pain (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , body aches (hospitalization) on 30Mar2021 with outcome of unknown , cough (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , headache (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , nausea (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , troponins greater than 11,000 (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , mild fever (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , chills (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , malaise (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown. The patient underwent lab tests and procedures which included

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echocardiogram: unknown result on unknown date,
electrocardiogram: no acute changes on 01Apr2021,
electrocardiogram: abnormal with ST elevation on
19Apr2021 and patient needed to consult with
Cardiology, COVID-19 antigen test: negative on
unknown date. The patient was treated in the ICU, exact
treatment unknown at this time. Information about
Lot/batch number is requested.; Sender's Comments:
The contributory role of the suspect BNT162B2 (PFIZER-
BIONTECH COVID-19 mRNA VACCINE), dose 2 via an
unspecified route of administration on 30Mar2021
(Batch/Lot number was not reported) to reported events
is probable.

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1294745	5/7/2021	OH	60	M	4/10/2021	4/10/2021	Feeling terrible all over; aching all over; his urine started smelling bad; Hepatitis C; His chest was also hurting; Dizzy; his arm hurt just from the shot.; This is a spontaneous report from a contactable consumer (patient). A 60-year-old male patient (weight: 83.91 kg, height: 178 cm) received the second dose of BNT162B2 (Pfizer-Biontech Covid-19 Vaccine, Lot. ER8734, Expiration date: 31Jul2021) at single dose, in the right upper arm, on 10Apr2021 at 14:00, for COVID-19 immunisation. The patient had not received any other vaccines within 4 weeks prior to the BNT162B2 vaccine. Relevant medical history included arachnoiditis adhesive chronic from an unspecified date, in 1999 and ongoing, ulcerative colitis from an unspecified date, in 1996 and ongoing, chronic sinusitis from an unspecified date, venous reflux disease from an unspecified date and ongoing and polyps from an unspecified date (7 surgeries performed from polyps. Last surgery was Mar2016). The patient previously, on 20Mar2021, at 14:00, received the first dose of BNT162B2 (Pfizer-Biontech Covid-19 Vaccine, Lot. EP7534, Expiration date: 31Jul2021) in the right deltoid, at single dose, on for COVID-19 immunisation. He was good after the first shot, he had no problems. Concomitant medications were unknown. On 10Apr2021, the patient experienced dizzy ("after the second dose they got home and that evening while getting up off the couch, he got really dizzy") and his arm hurt just from the shot. On 13Apr2021, he developed chest pain (his chest was also hurting) and had hepatitis C ("he got blood work done and just got it back and was told he has hepatitis C"). On 20Apr2021, his urine started smelling bad. On an unspecified date, the patient also experienced generalised aching ("aching all over") and was feeling terrible all over. Relevant laboratory test, performed on an unspecified date, showed the following value: alkaline phosphate high, blood cholesterol high, eosinophil count 5.4 %, hepatitis C positive, low density lipoprotein (LDL) high and infectious mononucleosis (Mono) 13.5. The patient recovered from vaccination site pain on 10Apr2021, recovered from dizzy on 14Apr2021 and recovered from chest pain on 20Apr2021. The patient did not recover from hepatitis C and urine abnormal. Clinical outcome of feeling bad and generalised aching was unknown at time of this report.

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1294835	5/7/2021	AZ	31	F	3/25/2021	4/22/2021	<p>Midsternal chest pain, described as sharp and 5 out 10 in severity; a rash on her right thigh going down her leg/ petechia; hematocrit was low; large welt on her arm at the injection site; fever; body aches; headache; no energy; throbbing arm pain; This spontaneous case was reported by a non-health professional (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Midsternal chest pain, described as sharp and 5 out 10 in severity) in a 31-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 25-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 22-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 22-Apr-2021, the patient experienced ASTHENIA (no energy), PAIN IN EXTREMITY (throbbing arm pain), PYREXIA (fever), MYALGIA (body aches) and HEADACHE (headache). On 23-Apr-2021, the patient experienced VACCINATION SITE URTICARIA (large welt on her arm at the injection site). On 29-Apr-2021, the patient experienced PETECHIAE (a rash on her right thigh going down her leg/ petechia) and HAEMATOCRIT DECREASED (hematocrit was low). On 03-May-2021 at 2:00 AM, the patient experienced CHEST PAIN (Midsternal chest pain, described as sharp and 5 out 10 in severity) (seriousness criterion medically significant). At the time of the report, CHEST PAIN (Midsternal chest pain, described as sharp and 5 out 10 in severity), PETECHIAE (a rash on her right thigh going down her leg/ petechia) and HAEMATOCRIT DECREASED (hematocrit was low) outcome was unknown and ASTHENIA (no energy), PAIN IN EXTREMITY (throbbing arm pain), VACCINATION SITE URTICARIA (large welt on her arm at the injection site), PYREXIA (fever), MYALGIA (body aches) and HEADACHE (headache) had not resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Patient went to ER for treatment of chest pain on 03-May-2021 and was discharged same day. The patient received both scheduled doses of mRNA-1273 prior to the events, therefore action taken</p>

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							with the drug in response to the events was not applicable. This case was linked to MOD-2021-099479 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 03-May-2021: Additional information received on 03-May-2021: AE of Chest pain added; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1295094	5/7/2021	KS	44	M	5/5/2021	5/6/2021	I felt decent; just some sore muscles and where I was injected up until about 2 pm the day after the 2nd vaccine. Then all of my muscles began to ache badly & by 4 pm I was suffering from on and off chills/ sweating ; this lasted all evening. I checked my temperature & only once was the temperature above 100F. I did have some chest pain at times as well. I drank mint tea, took tylenol at regular intervals & used icy hot on the sore back and neck. Following morning I'm feeling a little better but still quite a bit of soreness but as of 7 am , the chills/hots have subsided. I did pee a lot over night; at one point I went to the bathroom about 5-6 times within an hour to 90 minutes.
1295138	5/7/2021	IN	40	M	5/1/2021	5/1/2021	Chills Fever Headache Chest pain Delirium Fatigue
1295323	5/7/2021	MS	18	M	4/30/2021	5/2/2021	Two days after vaccine suddenly had sever central chest pain worse with lying flat. Ultimately EKG showed pericarditis. Troponins were done which showed significant elevations. Patient diagnosed with myopericaditis, likely 2/2 vaccine. No other illness whatsoever. Further diagnostic tests were ordered, patient unfortunately left AMA before further workup was completed.
1295341	5/7/2021	NE	40	M	4/27/2021	4/29/2021	Developed chest pains 48 hours after vaccination. Had chest pains daily for several days. 96 hours after vaccination, went to clinic. Tests showed irregular EKG, confirmed myocarditis

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1295367	5/7/2021	VA	53	F	5/7/2021	5/7/2021	Pulmonary Embolus Insidious onset of dyspnea on exertion with her daily walks, stairs, muscle fatigue the week after her vaccine Initially attributes sx to donating blood (3 days after vaccine) When sx persisted came to office for eval. D Dimer positive Chest CTA shows RLL PE No hypoxia, no chest pain, clinically stable Plan is for oupt tx with Eliquis and stop OCP
1296650	5/7/2021	KS	16	F	4/14/2021	4/17/2021	Patient was seen at the urgent care clinic on 4/19/2021 having congestion for a couple of days as well as cough, news throat the head and troubles breathing was noted to have normal oxygen saturation and was given an albuterol inhaler and told that she had a virus. She followed up in the PCP office on 4/21/2021 with worsening troubles breathing and was given Decadron in the office, 4days of prednisone, CXR and labwork. CXR showed possible reactive airway disease and was to do steroid and continue out albuterol every 4 hours. Had negative/normal lab work and positive Covid antibodies. History of Covid 10/2020. Felt almost completely back to normal by Sunday, her last day of steroids. On Monday had worsening of her breathing throughout the day, increased troubles breathing again after softball that night. Albuterol did seem to help up. Called the office as she woke up Tuesday morning with worsening and would started on Flovent. With no improvement return to PCP office on 4/29/2020 with marked inspiratory stridor. Was admitted to the hospital for work-up of return of stridor. Had a normal chest x-ray and neck/soft tissue x-ray. With continued troubles breathing and chest pains with decreased heart rate was elected to go to Hospital where she could have further work-up. When the ARNP came helicopter, was concerned about her airway and she intubated to fly to hospital. Was dx there with Sudden Acute Onset of Vocal Cord Dysfunction and is continuing with therapies.

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1294733	5/7/2021	CA	29	F	2/24/2021	2/26/2021	swollen bottom lip; tongue ached; chest pains; itching in mouth after eating; swelling and tingling tongue; swelling and tingling tongue; tight throat after eating; felt like mucus was in throat; enlarged thyroid; lightheadedness; ocular migraines; throbbing lymph nodes in throat; Discomfort in throat; skin itchy; This is a spontaneous report from a contactable consumer (patient). This 29-year-old female consumer (non-pregnant) received the first single dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot En 6506), on 24Feb2021 at 10:00 AM, in left arm, for COVID-19 immunisation. Medical history included benign thalaseemia, irritable bowel syndrome, ocular migraines, peanuts allergy, tree nuts allergy, penicillin allergy, amoxicillin allergy. Concomitant medications were none (no other medications in two weeks, no other vaccine in four weeks). Covid prior vaccination: no. On 26Feb2021 at 11:00, 48 hours post vaccine, the patient experienced itching in mouth after eating, swelling and tingling tongue, tight throat after eating, felt like mucus was in throat, enlarged thyroid. 2 weeks post vaccine, on an unspecified date in Mar2021, the patient experienced swollen bottom lip, tongue ached, chest pains. 4 weeks post vaccine, on an unspecified date in 2021, the patient experienced lightheadedness, ocular migraines, throbbing lymph nodes in throat. Discomfort in throat and skin itchy were also reported. The events resulted in Doctor or other healthcare professional office/clinic visit, disability or permanent damage. Allergist recommended antihistamines 2x per day. The patient had a negative nasal swab on 28Feb2021. The events had not yet resolved.

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1296953	5/7/2021	AZ	69	F	2/27/2021	3/1/2021	02/27/2021 -received vaccine #1. 03/01/2021 - began to have chest tightness. All through March I felt bad with symptoms of muscle aches, headaches, shortness of breath, loss of appetite, nausea. By the middle of March I felt so bad that on the 17th I had a covid test, which turned out negative. On the 20th I had nausea and vomiting and a fever of 101 to 102 degrees. I received instructions to use ondansetron for the Nausea/vomiting and Tylenol for the fever. On the 22nd I had a virtual with the nurse practitioner; she determined I had a GI virus and was not in need of anything further. I felt better on the 25th & 26th and decided to get vaccine #2 on the 03/27/2021. On the night of the 27th I went to the ER for worsening shortness of breath and chest pain, especially with deep inspiration, and nausea/vomiting. I was admitted to medical center with a (later) diagnosis of Bilateral Pleural Effusion. I was started on antibiotics and received multiple tests including x-rays, blood tests, cardiac function,Ct scan with contrast, images from nuclear med and more. A thoracentesis was done to drain a pocket of fluid in the left lower pleura - 700cc was removed and sent to the lab. Between the blood work and the pleura fluid it was determined that I had Systemic Lupus. I had no other acute s/s of Lupus although the Cutaneous Lupus had been diagnosed for many years.

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1295429	5/7/2021	KY	57	M	5/4/2021	5/4/2021	Day of Vax: At about 2pm....I had a severe reaction forcing me to lay down for several hours....body aches and pains, mental confusion, really weird feelings throughout my body. I had to take sick time from work. I felt better in the evening. Day 2(wed): woke up with moderate/extreme fatigue....body did not feel good...could not work took more sick time...spent most of day in bed. Day 3(thurs): Was going to try to get back to regular schedule.....worked in the morning...did my usual lunch time hike.....in the afternoon suffered from another bout of moderate/extreme fatigue...could not work..took more time off....in the evening had chest pain in my back between my shoulder blades. Day 4(fri): I am filling out this form...woke up with pain in between my shoulder blades....that seems to be feeling a little better now....I am trying to get back to my regular routine and have been working this morning. I believe that I will continue to get fatigued for a few more days....and I'm very sensitive between my shoulder blades.
1296631	5/7/2021		71	F	4/11/2021	4/16/2021	Myocarditis Patient presented to the hospital with one episode of troponin positive chest pain. She was diagnosed with an NSTEMI for which she had a coronary angiogram which showed no significant coronary artery disease. She subsequently had CRP (normal)/ESR (mildly elevated) and DDIMER. Ddimer was elevated thus a V/Q scan was done which showed no pulmonary embolism. She went on to have a cardiac MRI which showed evidence of myocarditis.
1296591	5/7/2021	WA	42	F	4/27/2021	4/29/2021	Dull chest pain which increased with deep breath or bending over. Blood tests revealed extremely elevated Troponin-i and CRP levels. Required hospital stay, for 2 days
1296384	5/7/2021	WI	63	F	4/13/2021	4/26/2021	Client admitted to the hospital on 4/26/2021 with Covid symptoms, body aches, SOB and chest pain. Diagnosed with Covid -19 pneumonia. Antigen test positive for Covid-19 on 4/26/2021. Subsequent admission on 5/4/2021 with cardiac arrest secondary to hypovolemic shock from UGI bleed, likely variceal. Client died 5/5/2021.

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1296304	5/7/2021	MS	59	F	4/15/2021	4/18/2021	History 59-year young lady with history of COPD coronary artery disease CHF was evaluated at a local hospital and transferred with diagnosis of pneumonia. Patient O2 sat was in the 70s she was placed on CPAP. In route patient complained of chest pain abdominal pain and back pain subsequently had a cardiorespiratory arrest. Patient was being bagged after ET intubation in the field by EMS with chest compressions. Breath sounds well equal on arrival. Glucose was greater than 100 on fingerstick. Providers were initially able to obtain a pulse with return of spontaneous circulation but blood pressure was at best 50 systolic. Patient was begun on an epinephrine infusion and norepinephrine ordered. The patient then deteriorated into V-tach, All additional heroic measures failed and the patient expired.
1295966	5/7/2021		70	M	3/24/2021	3/25/2021	Presented to hospital with chest pain and was diagnosed with STEMI. Treated with 2 drug-eluting stents and did well. Had a prior history of CAD.
1295964	5/7/2021	CA	54	M	3/19/2021	3/21/2021	Started developing Chest pain and eventual heart attack.
1295753	5/7/2021		79	M	2/12/2019	2/25/2021	chest pain, STEMI
1295589	5/7/2021	SC	67	M	4/4/2021	5/1/2021	On 5/2/21 patient presented to Emergency Room with Rt upper chest pain that is worse after meals and associated with vague nausea and some sob. Reported that pain was constant and burning in nature. Pt was admitted to hospital with mildly elevated troponin. D-dimer was greater than 20. Pt had a VQ lung scan which confirmed the diagnosis of pulmonary embolus. Pt was given Enoxaparin 100 mg subcutaneously every 12 hours from 5/2-5/7. Then patient was started on Apixaban 10 mg po bid x 7 days which will transition to 5 mg po bid. Pt improved and will be discharged today 5/7/21.

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1295548	5/7/2021	FL	71	M	3/1/2021	4/22/2021	Unknown which vaccine patient received. Patient states soon after vaccine he began having dizziness off and on. He states 2 weeks ago that he began having associated dizziness and shortness of breath. Prior to coming to ER he had severe chest pain and shortness of breath that was worsening. He was found to have left lower extremity DVT with extensive bilateral pulmonary emboli. He is currently stable. He has no risk factors associated with developing DVT/PE. He is active, does not smoke, and has no history of cancer. **Unsure of which vaccine patient received***

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1295509	5/7/2021	TX	16	F	4/10/2021	4/14/2021	My 16-year-old daughter, very healthy without any health conditions, got her first dose of the Pfizer vaccine on Saturday evening, April 10th, at around 5pm. On Wednesday, she started complaining of shortness of breath, chest pains, which she described as a feeling of someone stubbing her heart. By Thursday, she began blacking out repeatedly throughout the day, each blackout lasting about a minute. These progressed and whenever she blacked out, she would not remember what happened. At first, she and I brushed it off as maybe lack of calcium since she rarely drinks milk. But as they intensified, I began to become more concerned. I told her I cannot leave her by herself in the house as I prepared to go pick up her young siblings from school then schedule an appointment with her doctor. On our way back home, she blacked out again, however, it was for more than a minute. Straight away, I drove to the ER close by. The doctor came back to inform me that her heartbeat was irregular and concerning based on her age. In that same moment, she began complaining of excessive pain like someone punching her heart out, and then she passed out again. Still with my two other children, the whole ordeal began to frighten them and illicit some heavy tears. Being that this ER was general admission, the doctors insisted they call in the paramedics to transport her to another ER for children. However, after being transported to the other ER, her condition began to intensify rather quickly and the pediatric doctor at the second ER informed us we would have to be transferred to Childrens intensive care unit where the cardiologists could check her heart, find the ultimate cause, and monitor her closely. In that moment, as a mother, I was speechless and extremely terrified. Seeing my daughter being transferred from ER to ER, made it even tougher on me so much that I could no longer hold myself together. Here she was in terrible pain and being moved around with no clear diagnosis and treatment. From there on, we spent a couple days in the Cardiac ICU waiting and praying with friends for answers and the best treatment she could get to ease the pain. By about the third day of being in the ICU, the cardiologists informed me, she had Acute Myocarditis. This was so shocking in a sense that both sides of the family have no history of heart issues. Secondly, she is a very healthy child.

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1296136	5/7/2021	NY	35	M	5/1/2021	5/5/2021	Acute, severe, transient substernal chest pain. Pain lasted 30-45 minutes at a time. Pt. had EKG changes consistent with pericarditis and elevated troponin. Coronary arteries were clear on Left heart catheterization, but patient had EF of 40-45% One recurrence of pain 17 hours after initial onset, otherwise asymptomatic. EKG, TTE, and Cardiac MRI concerning for myopericarditis.
1297339	5/7/2021	TX	63	M	4/27/2021	4/29/2021	Patient states that after 2nd vaccine on 4/29/21, he woke up with severe chest pain episode in the middle of the night. He went to the ER, where he was admitted overnight. He was discharged on 4/30/21.
1291546	5/6/2021	PA	55	F	4/7/2021	4/8/2021	low-grade temperature Fatigue Shortness of breath Wheezing Asthma with acute exacerbation Pneumonia due to COVID-19 virus Chest Pain prednisone azithromycin
1292574	5/6/2021	WI	81	M	3/23/2021	5/1/2021	Client was feeling generally weak, off balance and chilled starting on 5/1. Subsequently, he developed body aches and a non productive cough. He has no sore throat, chest pain, or shortness of breath. On 5/4 the client presented to the emergency department with generalized weakness, lightheadedness, chills, cough, and fever. He received Tylenol and IV fluids while in the ER. Covid test was negative. Client admitted to hospital for further evaluation.
1292519	5/6/2021	FL	79	F	4/7/2021	4/17/2021	Receive vaccination on 4/7/21, on 4/17/21 evening minor chest pain simulating heartburn started, on 4/19/21 progressed to severe pain, went to Emergency Room, where she was admitted the FIRST TIME, several test were done and they could not locate source of pain, Just treated with Morphine for pain; my mother was discharged on 4/21/21 with NO answer to the cause for SEVERE pain, just chest ray showed a SMALL amount of fluid. Upon release my mother continued with mild pain, Until it was unbearable on 4-30-21 Admitted for the SECOND TIME until this present, This time alot of fluid was found outside her lungs, then moved to around her heart causing cardiac unrest AND STILL IN HOSPITAL....A biopsy of the fluid was done before her cardiac unrest and hospital is still waiting for results of Fluid Biopsy.

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1292298	5/6/2021	MO	56	M	3/10/2021	3/18/2021	Pt was walking up a gentle hill, felt chest pain radiating to both shoulders, pt was driven to ER and diagnosed with a massive bilateral saddle pulmonary emboli with right heart strain. No prior history of lower extremity DVT. Inpatient admission. Pt was discharged on 3/22/21 and follow up with PCP and ONC for blood thinner medications.
1292123	5/6/2021	KY	30	F	5/5/2021	5/5/2021	730 left arm soon after that she began to feel nauseous headache dizziness weakness generalized she has history of 2 years ago of a stroke secondary to a PFO treated she is on long-term anticoagulation she still having some episodes of dizziness and generalized headache no vomiting no blurred vision no numbness of arms or legs weakness of arms or legs feels like she is having gait disturbances because the symptoms she presented to ICC no fever she had some chills No blurring of vision no double vision no visual field defects She is on long-term anticoagulation She has had no CVA after her stroke 2 Patient is a 30-year-old female with a past medical history of DM2, lupus, CVA in 2019 due to embolism, HTN. Patient presents to emergency department with complaint of right face, arm, leg numbness and weakness. Patient reports concern as she got her COVID-19 vaccine at 730 this morning and immediately after felt nauseous and dizzy and then developed numbness tingling to right side of her face, and weakness to right arm and leg thereafter. She does have history of CVA, patient reports no residual deficits from that event. Denies fever, chills, shortness of breath, chest pain or palpitations Initial ED work-up included laboratory studies which resulted with, sodium 135, glucose 326. Imaging studies included CT head which was unremarkable, CTA head and neck unremarkable as well. Vitals on admission, temp 98.5, HR 89, RR 16, BP 124/79, SPO2 100% on room air.
1292053	5/6/2021	SC	48	M	4/6/2021	5/5/2021	Severe chest pain, diagnosed as Pericarditis. No prior history, no prior surgeries, no risk factors, no illnesses. In addition, patient is very healthy, has never had COVID, he is provided free COVID tests and work, has tested negative regularly for months, gets him temperature taken at work every day before entering.

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1291951	5/6/2021	NY	24	M	4/29/2021	5/3/2021	vaccine 4/29/21, developed chest pain 5/3/21, cardiac MRI consistent with myopericarditis, peak 5th generation troponin T 1360
1291949	5/6/2021	IL	64	F	4/7/2021	4/7/2021	Taken to directly to the ER from the site SOB Headache Chills Chest pain Dry hives Faintness Aching legs Heavy feeling in chest Vertigo following day Increase HR-as though heart was pounding in my chest
1291930	5/6/2021	MA	45	F	4/26/2021	4/26/2021	Immediate chest pain (tightening) , then arm pain while in store/pharmacy Next Day began spotting (menstrual bleeding) and lasted for 2.5 days Chest pain continued and has not stopped for last 10 days, intermittent throughout the day - tighting of left side and right side of chest, radiates to theback Sunday following Monday vaccination (6 days later) got a blood clot on palm of hand, lasted for 4 days that started bleeding out and blood spread to front of hand like a birthmark as it bleed out
1291851	5/6/2021	NY	20	M	4/28/2021	4/29/2021	pt developed chest pain the day after the vaccine that worsened over days- presented to hospital on 5-2-21

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1291618	5/6/2021	MS	73	F	4/1/2021		<p>Chest pain; High Blood pressure; Dizziness; Difficulty breathing; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Chest pain), HYPERTENSION (High Blood pressure), DIZZINESS (Dizziness) and DYSPNOEA (Difficulty breathing) in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 30-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 01-Apr-2021, the patient experienced CHEST PAIN (Chest pain) (seriousness criterion hospitalization), HYPERTENSION (High Blood pressure) (seriousness criterion hospitalization), DIZZINESS (Dizziness) (seriousness criterion hospitalization) and DYSPNOEA (Difficulty breathing) (seriousness criterion hospitalization). The patient was hospitalized for 2 days due to CHEST PAIN, DIZZINESS, DYSPNOEA and HYPERTENSION. At the time of the report, CHEST PAIN (Chest pain), HYPERTENSION (High Blood pressure), DIZZINESS (Dizziness) and DYSPNOEA (Difficulty breathing) outcome was unknown. Not Provided No adverse event as Medical History was reported. Concomitant medication information was not provided. She was brought into Emergency Room on 01Apr2021 and was hospitalized for two days for because of the symptoms of chest pain, High Blood pressure, Dizziness and difficulty breathing. She thought she was having a heart attack. Treatment information was not provided/ unknown. Action taken with mRNA-1273 in response to the event was not provided/ unknown. Company comment: Very limited information regarding this events has been provided at this time. The company physician considers the reported onset date is typo. Further information has been requested.; Sender's Comments: Very limited information regarding this events has been provided at this time. The company physician considers the reported onset date is typo. Further information has been requested.</p>

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1291449	5/6/2021	CA	31	M	4/22/2021	4/22/2021	Fever, chills, headache, sore arm, swollen arm, lethargy, sensitive and sore skin. These began within 6 hours of the shot and were debilitating for 48 hours. Severe for 49-72 hours and then fever broke and other symptoms gradually subsided over next 48 hours. At some (unknown) time after the vaccine, I developed viral pericarditis. In addition to the above, this manifested in chest pain (no difficulty breathing) which radiated from what felt like the lungs, through my windpipe, into a sore throat, jaw muscles hurting, inner ear and neck soreness. These symptoms lasted after all had subsided and didn't disappear until 14 days after the 2nd vaccine.
1293236	5/6/2021	PA	51	F	2/20/2021	3/7/2021	Emergency room transfer to telemetry; admitted from 3/7 to 3/18/21 with centralized Chest Pain that radiated to her right neck and shoulder, shortness of breath associated with the pain, loose stools - took baby aspirin. Cardiology consulted: heart catheterization was performed and negative; Discharged to home with AmLODipine, aspirin, atorvastatin, famotidine, imdur; follow up with PCP and cardiologist
1292616	5/6/2021	FL	60	F	4/6/2021	4/16/2021	I experienced after my J&J vaccine headaches for two days. Then on 04-16-2021 upon waking up I had a red rash which was warm, hot sensation when touching my arm. This hot sensation radiated up to my neck, trachea and down my forearm. I got concerned about the red rash and because I felt my arm hot sensation and I went to see my doctor who asked me if I had trouble breathing or if I had any chest pain. I told him I could breathe and I was concerned about my rash. He prescribed Prednisone medication which I took several days to go away. To this day I still continue with the headaches that come and go and I take 2 acetaminophen to relieve the pain. I do not know if my headaches are related to the J&J vaccine and the rash has gone away.
1291846	5/6/2021	MD	16	F	5/3/2021	5/5/2021	Patient with chest pain 5/5. Elevated troponin, peak of 2.96 at time of report. Chest pain resolved at this time. ECHO by cardiology team completed and normal. Admitted to cardiology service for monitoring

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1293426	5/6/2021	MD	58	F	5/6/2021	5/6/2021	PATIENT RECEIVED DOSE AT 11:30AM, AND FELT OK. WAS APPREHENSIVE BEFORE RECEIVING AND ADMITTED BEING FEARFUL YESTERDAY. SHE WALKED TO THE FRONT OF THE STORE AND ALERTED MY TECH THAT SHE WAS NOT FEELING WELL. PATIENT WAS SHAKY AND SWEATING, AND GENERALLY FEELING UNWELL. SHE FELT 'FAINT' AND WE HELPED HER TO A CHAIR. A BYSTANDER, NURSING AIDE, ASSISTED IN CALMING PATIENT. APPROX 11:40 PATIENT FELT SOME CHEST PAIN AND WE HAD ACTIVATED EMS TO EVALUATE. RESPONSE WAS APPROX 11:46 AND SHE WAS ASSESSED. PARAMEDIC SUGGESTED PATIENT BE CHECKED UP TO THE LOCAL EMERGENCY DEPARTMENT. TRANSPORTED APPROX 11:52.
1292829	5/6/2021	OH	48	M	4/8/2021	4/12/2021	48-year-old male healthy presented with increased shortness of breath. He mentioned he had COVID-19 vaccine first dose almost 3 weeks ago then symptoms started of having shortness of breath with swollen upper and lower extremity not improving since it started. One week after vaccine developed generalized swelling in hands and feet up to thighs with firey red rash now on arms and inner thighs, felt warm. No itching. Reports some shortness of breath and chest pain. Treated outpatient with lasix without improvement, therefore required hospitalization for generalized anasarca. CT-pulmonary edema. Urine Protien/Cr ratio 0.16 - nephrotic syndrome unlikely, B/L lower extremity duplex negative for DVT, 2D echo showing normal EF of 60%
1292622	5/6/2021	AZ	79	F	2/23/2021	2/23/2021	patient developed heart attack several hours after vaccine, developed chest pain, had to come to hospital, had elevation in troponins and was kept overnight, medical management was given

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1294075	5/6/2021	MA	76	F	2/17/2021	2/17/2021	<p>shoulder blades with pain number 2 and head number 6; jaw pain; chest pain, chest was hurting; very bad feeling in the head, back of the throat and lips.; it has been over 42 days since she receive the first dose; very bad feeling in the head, back of the throat and lips.; shoulder blades with pain number 2 and head number 6; headache; very fatigue; felt drained; funny feeling that she doesn't know how to describe it in her lips; shortness of breath; lips were swollen; feeling like anxiety; barley walk; This spontaneous case was reported by a nurse (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (chest pain, chest was hurting) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 004M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 17-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-Feb-2021, the patient experienced ORAL DISCOMFORT (funny feeling that she doesn't know how to describe it in her lips), DYSPNOEA (shortness of breath), LIP SWELLING (lips were swollen), ANXIETY (feeling like anxiety), GAIT DISTURBANCE (barley walk), FEELING ABNORMAL (felt drained), FATIGUE (very fatigue) and HEADACHE (headache). On an unknown date, the patient experienced CHEST PAIN (chest pain, chest was hurting) (seriousness criterion life threatening), OROPHARYNGEAL DISCOMFORT (very bad feeling in the head, back of the throat and lips.), ARTHRALGIA (shoulder blades with pain number 2 and head number 6), PAIN IN JAW (jaw pain), INTENTIONAL PRODUCT USE ISSUE (it has been over 42 days since she receive the first dose), HEAD DISCOMFORT (very bad feeling in the head, back of the throat and lips.) and HEADACHE (shoulder blades with pain number 2 and head number 6). On 22-Feb-2021, CHEST PAIN (chest pain, chest was hurting), ORAL DISCOMFORT (funny feeling that she doesn't know how to describe it in her lips), LIP SWELLING (lips were swollen), ANXIETY (feeling like anxiety), GAIT DISTURBANCE (barley walk), FEELING ABNORMAL (felt drained) and HEADACHE (headache) had resolved. At the time of the report, OROPHARYNGEAL DISCOMFORT (very bad feeling in the head, back of the throat and lips.), ARTHRALGIA</p>

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(shoulder blades with pain number 2 and head number 6), PAIN IN JAW (jaw pain), DYSPNOEA (shortness of breath), INTENTIONAL PRODUCT USE ISSUE (it has been over 42 days since she receive the first dose), HEAD DISCOMFORT (very bad feeling in the head, back of the throat and lips.), FATIGUE (very fatigue) and HEADACHE (shoulder blades with pain number 2 and head number 6) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment include Benadryl and Tylenol.. Event Start date and stop date updated. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Most recent FOLLOW-UP information incorporated above includes: On 28-Apr-2021: Event start date and stop date updated for events On 28-Apr-2021: Significant follow up; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1294017	5/6/2021	CA	54	M		4/27/2021	BRUISING AT INJECTION SITE; DARKER DISCOLORATION ON OUTSIDE AND A LIGHTER COLOR ON INSIDE OF BANDAGE; PAIN AT INJECTION SITE; This spontaneous report received from a patient concerned a 54 year old male. The patient's height, and weight were not reported. The patient's past medical history included arthritis, and smoker, and concurrent conditions included non-smoker, and other pre-existing medical conditions included the patient had no other bruises recently or petechia, chest pain, leg or abdominal pain, difficulty breathing, headache or blurred vision and no allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 206A21A, expiry: 23/JUN/2021) dose was not reported, administered on 27-APR-2021 for prophylactic vaccination. Concomitant medications included acetylsalicylic acid for arthritis. On 27-APR-2021, the subject experienced pain at injection site. On 29-APR-2021, the subject experienced bruising at injection site. On 29-APR-2021, the subject experienced darker discoloration on outside and a lighter color on inside of bandage. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from bruising at injection site, had not recovered from pain at injection site, and the outcome of darker discoloration on outside and a lighter color on inside of bandage was not reported. This report was non-serious.
1293523	5/6/2021		79	F	2/18/2021	2/26/2021	This 79 year old female received the Covid shot on 2/18 and went to the ED on 2/26 and was admitted on 2/26 with chest pain and abdominal pain and again to the ED on 3/14 and admitted on 3/14 with hyperkalemia, acute renal injury, chest pain and died on 05/04/21 . Please refer to the other details submitted within this report and contact the person who submitted this report via email for additional follow up details and investigation.

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1293400	5/6/2021	CA	59	M	4/1/2021	4/7/2021	From Physician H&P: Patient is a 59-year-old man multiple medical chronic conditions, including known protein S deficiency not on anticoagulation, sinus bradycardia, hypercholesterolemia, chronic neuropathy of the lower extremities, who presented to the emergency room at the recommendation of his primary care office for possible stroke and persistent headache. He reports that his history of present illness begins on 4/7/2021, for which after he had received the COVID-19 Johnson & Johnson vaccine he started to have throbbing headache. He stated that it was diffuse and pounding in quality, up to 10 out of 10 pain. However this resolved on its own, and since then and has been intermittent with this type of headache. He did report 2 weeks ago, that he had a brief episode of tunnel vision as he describes it, where his vision seemed to narrow while he was looking at his phone. This only lasted no more than 10-30 minutes, and this resolved on its own as well. He continues to have intermittent headaches, again otherwise nonspecific with pounding quality however the intensity is improved. Humidifier regarding the Johnson & Johnson vaccine to report any side effects, for which she had notified his primary care doctor who then decided to proceed with MRI of the brain to evaluate for possible etiology. The MRI was done with and without contrast at facility on 5/4/2021, for which there was concern for possible left temporal posterior stroke, and if there was any concern for venous thrombosis, further imaging was necessary. He was then recommended to go to the emergency room for evaluation. He otherwise is in his regular state of health. He denies any recent fever or chills or cough, no chest pain or shortness of breath, nausea, vomiting, abdominal pain. No changes in bowel or bladder habits.
1293328	5/6/2021	CA	62	M	3/22/2021	4/29/2021	Hospitalized twice 4/18-4/21 and 4/24-28: Flu-like systems for 6 weeks. Nausea, headache, dizziness, muscle ache, inflammatory markers CRP 23.6, ESR 97, Chest pain, shortness of breath, pericardial effusion, pleural effusion, A-Fib. Manually drained right pleural cavity 400 cc. Fluid came back. Was put on prednisone for 10 days. Fluid was reduced.

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1293311	5/6/2021	MA	89	F	3/10/2021	3/18/2021	She had her second dose of the covid vaccine approx 8 days ago, the day after she was very tired and slept all day. Then yesterday when she awoke she had a sense of discomfort in the left eye, and a friend who helps them at home noticed that her left eye was slightly bloodshot. Yesterday she went to see her eye doctor who dx her with an incidental small burst blood vessel but did not advise stopping eliquis and said it should resolve within weeks. She has no loss of vision. However, in the evening when at home she said she had difficulty forming words - husband did not particularly notice a problem - she ignored it basically and went to sleep . Then this morning went to the hairdresser, noticed the word finding/ speech 'garbled' slightly problem again and walked into her pcp office - she was eval'd there at approx 1140 am and sent to ER by ambulance. Code green not called given the initial deficit was last night, CT head suggested possible subacute infract. She had no chest pain or pressure, trop noted as slightly elevated at 129 , Platlets 84 Diagnosed with Bilateral punctate infarcts throughout the brain, in cerebellum, occiput, left temporal and parietal lobes
1293127	5/6/2021	CA	61	M	3/10/2021	4/19/2021	right leg DVT and bilateral pulmonary embolisms. Symptoms of cough, chest pain and dyspnea on exertion started on (about) 4/19/21. Patient presented to urgent care on 4/26/21 and again on 4/30/21 at which time the diagnosis was made.
1292824	5/6/2021	MD	46	F	3/22/2021	4/8/2021	On 4/8/21, experienced crushing chest pain. 911 called, EKG findings concerning for STEMI. Was rushed to cardiac cath lab. Diagnosed with Takotsubo cardiomyopathy.
1292713	5/6/2021	GA	14	M	4/28/2021	4/30/2021	Developed fever, SOB and chest pain 3 days after second vaccine dose.

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1292638	5/6/2021	OH	28	M	4/30/2021	5/1/2021	Patient received COVID-19 vaccination (Moderna) on 04/30/2021 from a store pharmacy. Patient presented to the Emergency Department on 05/04/2021 with a chief complaint of chest pain. Patient informed the care team that he began feeling intermittent, non-exertional chest discomfort on 05/01/2021. Patient was then evaluated by the inpatient cardiologist due to concern for a myocardial infarction. The patient had a troponin of 8.9 ng/mL that climbed to 19.9 ng/mL the next day. Patient was ultimately diagnosed with Myopericarditis and initiated on treatment with carvedilol and colchicine.
1293707	5/6/2021	WA	34	F	4/16/2021	4/17/2021	Patient presented to her PCP office on 04/20 reporting that on 04/16 she received her 2nd Pfizer vaccine and the following day on 04/17 she started feeling muscle aches, fatigue and R calf pain from high ankle to the back of knee. On 04/18, all symptoms except the calf pain resolved. She continued to have 1-2/10 calf pain w/o skin changes but mild R > L enlargement of the lower leg. Reported a 3 hour car ride on 04/18 after the calf pain had already started. Denied chest pain, shortness of breath or palpitations. On exam, vital signs stable, right lower leg diffusely tender to palpation and noted to be 4 cm larger in circumference than the left side. Patient was sent for an urgent outpatient duplex ultrasound of her right lower extremity. Ultrasound showed distal DVT in right peroneal veins. She was immediately instructed to discontinue the use of the Nuva ring and started on Xarelto 15 mg BID, with good symptom improvement. Was followed up in clinic on 05/05 with plan to transition to the Xarelto 20 mg QD on 05/13 for a total of 3 months of anticoagulation.
1290020	5/5/2021	CA	46	M	4/3/2021	4/4/2021	For about 36 hours after vaccine - I started getting headaches and I never get them. I had backaches and my legs were hurting too. My blood pressure was elevated as well. And that was not going away either. I went to doctor. My headaches have decreased. But for the last two to three days I have been getting chest pains. I have called the doctor this morning and I'm waiting to call me back. It's not ongoing pain - just every now and then - I'm not sure what it is.

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1291312	5/5/2021	OH	46	F	2/5/2021	2/5/2021	Throwing up; nausea; chest pain & tightness to the point I could not move my arm to use my emergency inhaler prescribed after COVID/ I couldn't move; tremor increased; post COVID syndrome & orthostatic hypertension.; post COVID syndrome & orthostatic hypertension.; Lymph node pain; Tilt Table Testing confirmed Covid-induced POTS; mild injection site pain; COVID symptoms in same order as the Oct2020 COVID (upper respiratory, less intense headache, shortness of breath, chest pain); COVID symptoms in same order as the Oct2020 COVID (upper respiratory, less intense headache, shortness of breath, chest pain); COVID symptoms in same order as the Oct2020 COVID (upper respiratory, less intense headache, shortness of breath, chest pain); COVID symptoms in same order as the Oct2020 COVID (upper respiratory, less intense headache, shortness of breath, chest pain); chest pain & tightness to the point I could not move my arm to use my emergency inhaler prescribed after COVID; dizzy; Fatigue; vasovagal response; Passed out; This is a spontaneous report from a contactable other health professional (patient). A 46-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm left on 05Feb2021 at 10:30 (Lot Number: EL9261) (at the age of 46-year-old) as single dose for COVID-19 immunisation. The patient was not pregnant. Medical history included infectious mononucleosis (Recent mono) in 2020 (Spring), urinary tract infection (UTI) in 2020 (Summer), venous Insufficiency on Dec2020, shingles in past on an unspecified date, lactose & gluten intolerance from an unknown date and unknown if ongoing, COVID-19 from Jun2020 to an unknown date (I had recovered from mild COVID in Jun and Oct2020 that required no hospitalization and was managed with DAYQUIL, XYZAL, Prednisone, Vit D and melatonin). Concomitant medications included ibuprofen at 2400 mg and 800 mg; pregabalin (LYRICA); progesterone; bifidobacterium bifidum/bifidobacterium lactis/bifidobacterium longum/lactobacillus acidophilus/lactobacillus rhamnosus (PROBIOTIC), all concomitants were taken for an unspecified indication, start and stop date were not reported. The patient experienced mild injection site pain, COVID symptoms in same order as the Oct2020

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COVID (upper respiratory, less intense headache, shortness of breath, chest pain), dizzy, fatigue, vasovagal response, passed out, nausea, throwing up, tremor increased, chest pain & tightness to the point I could not move my arm to use my emergency inhaler prescribed after COVID/ I couldn't move, post COVID syndrome and orthostatic hypertension, tilt table testing confirmed COVID-induced POTS (postural orthostatic tachycardia syndrome) and lymph node pain, all on 05Feb2021 at 11:00. All events were serious disabling and required hospitalization. The patient underwent lab tests and procedures which included computerized tomogram (CT): unknown results on an unspecified date, D-dimer: 1300 is very elevated, it shows that I have a lot of inflammation in my body or I could have the clot, 1300, almost 3 times the normal value; magnetic resonance imaging head (MRI): unknown results on an unspecified date, SARS-COV-2 test (nasal swab): negative on 19Feb2021, tilt table test: COVID-induced pots on 05Feb2021 . Unspecified therapeutic measures were taken as a result of the events. The patient outcome of the event passed out was unknown and not recovered for all the other events.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of reported events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1290465	5/5/2021	VA	70	F	3/8/2021	4/3/2021	STARTING AROUND 4/3 she started to experience dizziness, nausea and memory loss. On 04/06 She passed out while sitting in her chair, woke up and began throwing up. Had extreme short term memory loss and low blood pressure. On 04/08 while at her primary care Dr, he suggested a hospital visit with suspicion of possible stroke. Was admitted and released the following day. Dr advised possible mini strokes but could also be dehydration. CBC with differential showed other results than dehydration. Starting around 04/20 she started having chest pains and thought it was heart burn, after medication and another visit to her pcp she was admitted to the hospital again on 04/23. Her troponin levels indicated a possible heart attack. She had a heart catherization and was found to have a healthy heart. Again, her blood pressure has been decreased since, her hgb and hct has also been low with a history of it being high. A high WBC since all of this has started among other unexplained blood results.
1289990	5/5/2021	MD	18	F	5/5/2021	5/5/2021	Patient notes feeling of dyspnea that started a few minutes after getting second vaccination. No chest pain, palpitations or sensation of throat closure. VSS. Physical exam reassuring. She was observed for 30 minutes and during this time she notes symptoms have completely resolved.
1290102	5/5/2021	CO	35	M	4/29/2021	5/2/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: three days after vaccination patient presents to emergency department (ED) reporting sudden onset severe chest pain, emesis, numbness/tingling of arms, and nausea. Initial vital signs: pulse = 90 beats per minute, blood pressure 142/100 mmHg, oxygen saturation 95% on room air. Patient admitted for management of NSTEMI: differential includes myocarditis.
1290227	5/5/2021		18	M	5/4/2021	5/5/2021	caller received second pfizer vaccine yesterday. today has headache, tired, low grade fever, chest pain above nipple on one side. has not received medical attention for chest pain.

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1290235	5/5/2021	IL	21	M	4/23/2021	4/26/2021	21 year old previously healthy male had 2nd dose of COVID vaccine on 4/23. He had fever and chills over the next two days that resolved spontaneously. On 4/26, he began having palpitations with onset of substernal chest pain described as a piece of metal on top of his chest. He also had nausea and vomiting. After 1 hour, he took one ibuprofen which resolved symptoms. On 4/27, he again had chest pain but immediately took ibuprofen which resolved symptoms. He saw his PCP on 4/28 and had abnormal EKG with ST and T wave abnormalities, elevated troponin of 10, and he was sent to the ED for further evaluation. He was given 324mg aspirin and admitted for observation. He did not have any additional symptoms, and echo was normal. Troponins down trended to 2 by 4/29, and he was discharged on a 5 day course of indomethacin with follow up with his PCP, no cardiology follow up required.
1290256	5/5/2021	WA	70	M	5/5/2021	5/5/2021	Four minutes after his vaccination, patient reported feeling "hot", and sweating profusely. Some shortness of breath, and mild chest pain. Patient was responsive, and able to answer questions. By 2:50 PM, pt reported feeling "better" but still "groggy".
1290439	5/5/2021	CA	33	M	4/21/2021	4/21/2021	Post vaccine, a few hours later he had symptoms of an upper respiratory infection. It evolved into a fairly intense headache for which he took some ibuprofen. He had chills and fevers and felt very poorly. At 7 AM on Saturday, April 24 he suffered excruciating substernal chest pain. It was a burning sensation and it was so severe he wanted to die to relieve the pain. The pain was only minimally positional and it was nonpleuritic. He drove himself to the nearest hospital and even drove through some red lights to get there more quickly. When he arrived he had ST elevation in the same leads with his early repolarization which was perhaps a millimeter or so higher than the EKG we did in February. He had both an elevation of his troponin levels which were 5.07, 6.06, 5.72 and 5.73. A CK was 195 with an MB of 41.2. He was taken to the cath lab emergently. no coronary disease.
1290716	5/5/2021		24	M	4/17/2021	4/19/2021	Patient experienced fatigue, muscle aches, dyspnea and chest pain. Was told to go to ER and was diagnosed with myocarditis.

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1290729	5/5/2021	CA	27	M	4/5/2021	4/15/2021	On day 1 (April 15) of noticing my body was very off after the vaccine I had Leg pain and severe headaches, I say severe because though I rarely get headaches and stay hydrated I could tell this headache really hurt and lasted the full day and several days after (something I have never had happen to me) Also on April 15, I had leg pain, If I took a step off a few inches curb or stair step I felt sharp pain shoot up my leg. On April 16th I still had the headaches and leg pain , but also while driving I began loosing my vision and started to pass out/faint. I Pulled over and waited at least a half hour. during that time I noticed I couldn't type or read anything on my phone as I was trying to reach a friend to help me. eventually after time had passed I was able to drive myself to a friends where I thought the best thing would be to sleep it off. the headaches and leg pain lasted a couple more days and I thought it was going to go away, but it is now May 5th and today and last couple days the leg pain feels more like someone has been punching my left leg. five had chest pain and headaches return. I do not have medical insurance and have avoided going to the hospital or primary care because I am afraid. today the pain is so irritating and sore I wish I could escape my body.
1290929	5/5/2021	FL	68	M	4/2/2021	4/15/2021	Chest pain Shortness of breath Elevated heart rate Elevated Blood pressure Elevated Troponin Elevated D-Dimer

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1291203	5/5/2021	TX	53	F	4/19/2021	4/20/2021	<p>the right arm is roughly 2" bigger than the left arm around it.; inflamed; Thought it was dry skin. That area is prone to dry skin.; pretty tired; shortness of breath; chest pain; rash/rash around right arm; Redness in right arm at mastectomy site, and warm to touch; Welts; red bumps; Itching; Nauseated; This is a spontaneous report from a contactable consumer (patient). A 53-year-old female patient received the second dose of BNT162B2, via an unspecified route of administration in left deltoid on 19Apr2021 14:30 at single dose for COVID-19 immunisation. Medical history bipolar disorder, breast cancer, and slightly high blood pressure. Patient had a right mastectomy and had lymph nodes removed from the right side. In the spring, when everyone was mowing grass and it was real humid outside, she got welts on her body. It was temporary and went away. Patient would get really itchy. Concomitant medications included letrozole for breast cancer (the tumor in her breast was powered by hormones. This drug suppressed hormones) from 2017 and ongoing, omeprazole for constant heartburn from an unspecified date and ongoing, propranolol hydrochloride (PROPANOLOL) for anxiety from 2016 and ongoing, clonazepam for anxiety from 2016 and ongoing, and venlafaxine hydrochloride (EFFEXOR) for bipolar disorder from an unspecified start date and ongoing. Patient previously received the first dose of BNT162B2 in left deltoid on 29Mar2021 11:30 for COVID-19 immunisation and was really tired after the first vaccine. When she was a kid, her doctor put her on steroids. Never happened after age 12. Patient also got the influenza vaccine (flu shot) a couple of years before. The patient experienced redness in right arm at mastectomy site, and warm to touch, welts, red bumps, itching, and nauseated on 20Apr2021. Patient had a right mastectomy and had lymph nodes removed from the right side. In the area where that occurred, it had become red, inflamed, and a little welty. Not all of the welts were raised, they look like they were in the skin. There was redness and it was like someone scratched her and was kind of itchy. She took 2 diphenhydramine hydrochloride (BENADRYL). Patient was very sensitive to allergies, but was not allergic to anything. Sometimes she broke out in welts in the spring. Patient got the injection in the left side but the reaction was occurring in the right side. Patient was pretty tired, but she was concerned about the rash.</p>

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Patient was concerned that the right arm was roughly 2" bigger than the left arm around it. Patient had been measuring the circumference, because nurses were paranoid about things like that. It was usually not 2" more around. Patient woke up this around 10:00 am. Around roughly 12:20 pm, or probably 10 after 12, she looked in the mirror and said there it was. She noticed the itching and thought it was dry skin. That area was prone to dry skin. The welty points of redness that were raised. It looked like someone had scratched across the area. It was red, and might be the end of one red scratchy area might be a bump. It looked like, if were to put hand where the nipple used to be and open up the area. That would all be covered. It included the upper arm and the inside of the shoulder, like the front side of the shoulder. It was raised and welty redness. Not all areas were raised and was bumpy. It was all pretty red and warm to the touch. The itchiness started more after she saw it, which was terrible. Patient took diphenhydramine hydrochloride because she was concerned about an allergic reaction. She also had scheduled medications that she took in the morning. Patient took 50 mg diphenhydramine hydrochloride this morning. Patient took at 12:10 pm when noticed these things. At first, she didn't think anything, she didn't think like it was the Pfizer shot or anything. It was just a normal day. Diphenhydramine hydrochloride had done nothing for the welts yet. Patient then felt kind of nauseated. It started when we first got on the phone. She couldn't put her finger on it. Patient went to the emergency room last Monday. The incident had nothing to do with any vaccine. She had chest pain and shortness of breath. They drew all of the labs. If she wanted to know if anything in the labs was different from then and now, she could. Everything was normal. She got an inhaler. They though it might be related to all of her allergies. The only way she would go see a doctor, is if she saw that the arm was getting much bigger, like it grew 2" more. If she had a hard time breathing, she would call 911. Patient had rash around right arm on 20Apr2021, in area of past breast mastectomy. Patient first noticed itching and the redness around 12:20 pm on 20Apr2021. Had gotten progressively worse. Patient did not see in the emergency department and was not hospitalized. Patient was not admitted to an Intensive Care Unit. Multiorgan were involved. Patient just noticed

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new area that formed. There were lines coming out of the area and came below the sleeve line. The red rash was spreading. It looked like something invisible scratched it. There was a triangle of three dots with a little scratch mark below the sleeve. There was another dot area on the forearm that itches, just like the other stuff did. Stomach had been feeling a little jumpy. Patient had already eaten breakfast. It was not horrible. Patient would watch it and drink ginger ale. Patient was asking what parameters should be for calling 911. She was home alone. This was not life threatening but if it turned into something bigger or if she noticed getting a bigger rash, she might have to call 911. Outcome of the events was unknown. No follow-up attempts are needed; information about lot/batch number cannot be obtained.

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1291206	5/5/2021	TX	53	M	4/5/2021		<p>Chest pain; Back pain; The chest and back pain has worsened; Sore throat, like when you get a cold and it's kind of hard to swallow; Came back positive was the inflammation test; Couldn't walk; back inflammation; Diabetes is out of whack; Every joint hurt badly; This is a spontaneous report from a contactable consumer (patient). This 53-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE Lot number: EW0151), via an unspecified route of administration, on 05Apr2021 (at the age of 53-years-old) as a single dose for COVID-19 vaccination, in left arm. The medical history included: Diabetes. Concomitant medications not reported. The patient reported that he got the first shot on 05Apr2021 and something went wrong. Every joint hurt really bad (From: Apr2021 To: 18Apr2021, duration 17 days), and he couldn't walk. So, he went to the emergency room and the ER people told him he had arthritis and to go home and take Tylenol. He came home, took Tylenol, and then his chest and back started hurting. He went to the doctor and the doctor ran an arthritis test, lupus test, and all these tests, and it came back negative. The only test that came back positive was the inflammation test. He had 3 times the normal amount of inflammation a person is supposed to have. He stated his chest hurts really bad and his back hurts really bad. He keeps going to the hospital and then they keep sending him home. Caller states he is not sure if he's not going to die but all of his other items are out of whack, like his diabetes is out of whack. He can confirm after all the joint pain went away, then the chest and back pain/inflammation popped up. The chest and back pain has worsened. It's worse than yesterday. He has not taken any aspirin or anything. The back pain has worsened. It feels like he did chest exercises. It hurts to the touch. He has back inflammation. Treatment: He clarified that he was instructed to take Tylenol Arthritis and not aspirin. He confirmed he was taking Tylenol Arthritis. No additional details provided. He mentioned that someone told him he could not take Aleve. He does not know what to do and what he can and cannot take also has diabetes and his blood sugar seems to be extremely high, which it never is. They are working on getting his blood sugar under control, but it seems like it's been out of whack for a little bit. He later clarified that he switched medications prior in</p>

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						March and he is on some new stuff and he expected it to be out of whack. He also adds that it's like he has a sore throat but he doesn't have a sore throat, it's like when you get a cold and it's kind of hard to swallow. He explains when arthritis issue/joint stuff cleared up, he had the sore throat, the chest pain and sore throat appeared. It's been 3 or 4 days and it has not gone away. ER Dates - 15Apr2021. Doctor's office - 16Apr2021. Lab tests included: 16Apr2021 Test: Muscle enzyme Result: normal; Thyroid test Result: normal; blood cell count result: normal; rheumatoid arthritis test Result: negative; Lupus test Result: negative; Inflammation Marker Blood test Result: High; 3x normal; EKG Result: Fine. The clinical outcome of the event Diabetes is out of whack, chest and back pain has worsened, Came back positive was the inflammation test, Couldn't walk, back inflammation was unknown; Every joint hurt badly was recovered; Chest plates, back pain, sore throat was not recovered. No follow-up attempts are possible. No further information is expected.	
1291286	5/5/2021	DE	36	F	3/18/2021	3/18/2021	Shortness of breath, chest pain, fever
1291652	5/5/2021	TX	62	F	3/23/2021	3/24/2021	3-24-21 - Chills, body ache, stomach pain 3-25-21 - stomach pain continued, nausea 3-26-21 - intense stomach pain, throwing up, nausea, chest pain. Went to ER stomach pain was so extreme. Diagnosed with accurate pancreatitis admitted to hospital. During stay O2 level dropped to 73, extreme pain for multiple days. 21- The form won't let me fill in the hospital info 10 night stay in hospital.
1291658	5/5/2021	NJ	57	F	1/20/2021	1/20/2021	10 Minutes after reviewing the covid vaccine, the Patient became warm, BP190/106 pulse 68, pulse oximetry 100%.Rest and juice, the patient felt better, BP 155/78 Pulse 68, puulse oximetry 100%. The patient has a history of anxiety. No complaints of chest pain of SOB. No rash.
1289546	5/5/2021	PA	20	M	4/11/2021	4/14/2021	Admitted 72 hours after 2nd Moderna dose with acute onset chest pain, EKG changes, positive troponin and elevated CRP. Coronary CT ruled out coronary disease. Transthoracic echocardiogram revealed EF 55-60% with inferior wall hypokinesis. Findings on cardiac MRI consistent with acute myopericarditis.

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1289987	5/5/2021	NY	17	M	5/1/2021	5/2/2021	The day following the vaccine c/o tactile fever, headache, stomach ache and fatigue (on 5/2). On 5/4 developed chest pain and shortness of breath. Reported to the ER with concerning EKG and troponin levels and therefore transferred where he has been admitted for myocarditis.
1291282	5/5/2021	MN	45	M	4/29/2021	5/1/2021	Chest pain/discomfort, Heart Palpitations/Abnormal Heart rhythm, Shortness of breath, Exhaustion, Lightheadedness and dizziness. Symptoms are ongoing and of intermittent intensity. Aspirin daily for chest pain. See below for diagnostic tests ordered.
1288065	5/5/2021	OR	46	F	4/10/2021	4/11/2021	12 hrs after vaccine I was awoken by stabbing pain in my right thigh and chest pain. Pain lasted about 5 min, after which my muscles started rapidly twitching all over body. Muscles are twitching every few seconds, I am having multiple muscle cramps at random times, sharp intermittent pain all over body. I started having frequent tremors in my hands, muscles feel strained and it is difficult to walk or perform on the piano (my job). 2 days ago I started experiencing constant pins and needles all over my body. My pulse is in the 80s (normally in the 60s), I feel frequent heart palpitations.
1289811	5/5/2021	PA	24	M	4/30/2021	5/4/2021	Patient presented to the ED on 5/4/21 with chest pain. Patient received initial dose of of COVID vaccine on 4/2/21 and stated he received his second dose on 4/30/21.
1289740	5/5/2021	NE	42	F	4/5/2021	4/9/2021	Covid like symptoms. body aches, congestion, chest pain, tested Positive for rhino Virus

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1287947	5/5/2021	OH	22	F	4/1/2021		SEVERE CHEST PAIN RADIATING TO LEFT ARM; HEARTBURN; NECK PAIN IN RIGHT SIDE RADIATED TO JAW AND EAR; PURPLE TOES; FEELING WORSE; LOSS OF APPETITE; NAUSEA; CHEST PAIN; LEG PAIN; HEADACHE; ABDOMINAL PAIN; LOWER BACK PAIN; DIARRHEA; SEVERE UNEXPLAINED ANXIETY; SHAKING; LOW GRADE FEVER; ARM PAIN; COLD FINGERS / COLD TOES; LOW VITAMIN D; ELEVATED BLOOD PRESSURE; This spontaneous report received from a patient concerned a 22 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808978, and expiry: 13-JUN-2021) dose was not reported, administered on 02-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced low vitamin d. On APR-2021, the subject experienced elevated blood pressure. On APR-2021, the subject experienced cold fingers / cold toes. Laboratory data included: Pain scale (NR: not provided) HEADACHE (6 on pain scale), RIGHT LEG PAIN (5 ON PAIN SCALE), CHEST PAIN (3 ON PAIN SCALE). On 02-APR-2021, the subject experienced arm pain. On 02-APR-2021, the subject experienced low grade fever. Laboratory data included: Body temperature (NR: not provided) 99 F. On 08-APR-2021, the subject experienced abdominal pain. On 08-APR-2021, the subject experienced lower back pain. On 08-APR-2021, the subject experienced diarrhea. On 08-APR-2021, the subject experienced severe unexplained anxiety. On 08-APR-2021, the subject experienced shaking. On 08-APR-2021, the subject experienced chest pain. On 08-APR-2021, the subject experienced leg pain. On 08-APR-2021, the subject experienced headache. On 09-APR-2021, the subject experienced loss of appetite. On 09-APR-2021, the subject experienced feeling worse. On 09-APR-2021, the subject experienced nausea. Laboratory data included: Blood test (NR: not provided) NORMAL, and CT scan (NR: not provided) NORMAL. On 10-APR-2021, the subject experienced neck pain in right side radiated to jaw and ear. On 10-APR-2021, the subject experienced purple toes. Laboratory data included: COVID-19 virus test negative (NR: not provided) NEGATIVE. On 13-APR-2021, Laboratory data included:

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Blood test (NR: not provided) LOW VITAMIN-D. On 14-APR-2021, Laboratory data included: COVID-19 virus test negative (NR: not provided) NEGATIVE. On 15-APR-2021, Laboratory data included: Ultrasound Doppler (NR: not provided) normal. On 16-APR-2021, Laboratory data included: COVID-19 virus test negative (NR: not provided) NEGATIVE. On 17-APR-2021, the subject experienced severe chest pain radiating to left arm. On 17-APR-2021, the subject experienced heartburn. Laboratory data included: Blood test (NR: not provided) NORMAL, CT scan (NR: not provided) NORMAL, and EKG (NR: not provided) NORMAL. Other relevant diagnostics included: Mono test on 10-apr-2021 result - negative D-dimer test for blood clot on 13-apr-2021 result - normal I. On 19-APR-2021, treatment medications included: omeprazole. On 26-APR-2021, Laboratory data included: Blood test (NR: not provided) NORMAL. Additional treatment medications (dates unspecified) included: paracetamol, pantoprazole, and prednisolone. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from diarrhea, and shaking on 15-APR-2021, loss of appetite, and nausea on 12-APR-2021, and arm pain, and low grade fever, had not recovered from headache, leg pain, severe chest pain radiating to left arm, and chest pain, and the outcome of abdominal pain, lower back pain, severe unexplained anxiety, neck pain in right side radiated to jaw and ear, purple toes, low vitamin d, elevated blood pressure, cold fingers / cold toes, feeling worse and heartburn was not reported. This report was non-serious.

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1288098	5/5/2021	CA	90	M	2/17/2021	2/17/2021	chest pain; sluggish and limited energy; High amount of mucus; Hard for him to sleep; His wife says he is having breathing problem left side; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (chest pain) in a 90-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 011M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Smoker (I haven't smoked in 40 years) and Alcohol use (nor had alcohol in 30). Concurrent medical conditions included Hypertension since 03-Apr-2021. Concomitant products included METOPROLOL SUCCINATE (TOPROL) from 03-Apr-1966 to an unknown date for Hypertension, CAFFEINE, MEPYRAMINE MALEATE, PARACETAMOL, PHENIRAMINE MALEATE, PHENYLPROPANOLAMINE HYDROCHLORIDE (TRIAMINICIN [CAFFEINE;MEPYRAMINE MALEATE;PARACETAMOL;PHENIRAMINE MALEATE;PHENYLPROPANOLAMINE HYDROCHLORIDE]) from 03-Apr-1966 to an unknown date and OMEPRAZOLE (PRILLOSEC [OMEPRAZOLE]) for an unknown indication. On 17-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 15-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 17-Feb-2021, the patient experienced SECRETION DISCHARGE (High amount of mucus), INSOMNIA (Hard for him to sleep) and DYSPNOEA (His wife says he is having breathing problem left side). On 17-Mar-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced CHEST PAIN (chest pain) (seriousness criterion hospitalization). The patient was hospitalized from 18-Mar-2021 to 31-Mar-2021 due to CHEST PAIN. At the time of the report, CHEST PAIN (chest pain) had not resolved and SECRETION DISCHARGE (High amount of mucus), INSOMNIA (Hard for him to sleep) and DYSPNOEA (His wife says he is having breathing problem left side) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, X-ray: abnormal (abnormal) Urgent care who took x-rays and

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confirmed something happening in my lungs.. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Cardiologist, who ran tests and said "he saw no sign of a heart attack" that he suspected lung damage. He was admitted to the ER and later began treatment to remove water from my system. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. Action taken with mRNA-1273 in response to the events was not Applicable. he ruled out cancer. This case was linked to (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 26-Apr-2021: Patient demographics updated. Historical condition, lab data, second dose of moderna vaccine, events chest pain (Hospitalised) and asthenia was added.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.

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1288101	5/5/2021	FL	86	M	1/20/2021	2/18/2021	Sharp pain in heart/feels like scar tissue around heart; hurting in his chest, boom in chest; He felt severe pain from the pacemaker jolt on his heart/pacemakers is giving him violent reactions; Almost passed out; blood pressure has been erratic; severe swelling at injection site/swelling right arm; a lot of pain at the injection site/swelling and pain in his right arm; This spontaneous case was reported by a consumer and describes the occurrence of ANGINA PECTORIS (Sharp pain in heart/feels like scar tissue around heart) in an 86-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 039K20A and 031M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Atrial fibrillation and Pacemaker insertion (cardiac) (He has a pacemaker for 10 years, implanted on 2007. He had the battery replaced in his pacemaker on 01/Dec/2018). Concurrent medical conditions included Post-traumatic stress disorder and Plantar fasciitis. Concomitant products included ASPIRIN [ACETYLSALICYLIC ACID] for an unknown indication. On 20-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 18-Feb-2021, the patient experienced PRESYNCOPE (Almost passed out), BLOOD PRESSURE FLUCTUATION (blood pressure has been erratic), VACCINATION SITE SWELLING (severe swelling at injection site/swelling right arm) and VACCINATION SITE PAIN (a lot of pain at the injection site/swelling and pain in his right arm). On 27-Apr-2021, the patient experienced ANGINA PECTORIS (Sharp pain in heart/feels like scar tissue around heart) (seriousness criteria hospitalization and medically significant) and CARDIAC COMPLICATION ASSOCIATED WITH DEVICE (He felt severe pain from the pacemaker jolt on his heart/pacemakers is giving him violent reactions). On an unknown date, the patient experienced CHEST PAIN (hurting in his chest, boom in chest). At the time of the report, ANGINA PECTORIS (Sharp pain in heart/feels like scar tissue around heart), CARDIAC COMPLICATION ASSOCIATED WITH DEVICE (He felt severe pain from the pacemaker jolt on his

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heart/pacemakers is giving him violent reactions), CHEST PAIN (hurting in his chest, boom in chest), BLOOD PRESSURE FLUCTUATION (blood pressure has been erratic), VACCINATION SITE SWELLING (severe swelling at injection site/swelling right arm) and VACCINATION SITE PAIN (a lot of pain at the injection site/swelling and pain in his right arm) outcome was unknown and PRESYNCOPE (Almost passed out) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, Oxygen saturation: 63 percent (Low) low. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested. Concomitant medication used by patient includes Aspirin 325 mg. No treatment medication information provided. This case was linked (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 27-Apr-2021: Angina pectoris was added as event. Start date of other events are updated.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.

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1288106	5/5/2021	NJ	79	M	3/24/2021	4/23/2021	<p>myocardial infarction with 100% vessel occlusion; Chest pain; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (myocardial infarction with 100% vessel occlusion) and ANGINA PECTORIS (Chest pain) in a 79-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 031B21A and 038A21A) for COVID-19 vaccination. Concurrent medical conditions included Hypertension. Concomitant products included VERAPAMIL, LABETALOL and CALCIUM CARBONATE, COLECALCIFEROL (VITAMIN D 2000) for an unknown indication. On 24-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 20-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 23-Apr-2021, the patient experienced ANGINA PECTORIS (Chest pain) (seriousness criterion hospitalization). On 24-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (myocardial infarction with 100% vessel occlusion) (seriousness criterion hospitalization). On 26-Apr-2021, MYOCARDIAL INFARCTION (myocardial infarction with 100% vessel occlusion) had resolved. At the time of the report, ANGINA PECTORIS (Chest pain) outcome was unknown. The patient had an urgent coronary intervention and was discharged from the ER on 26Apr2021. He was informed about an additional 80% occlusion which will require stenting in a future. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) was not applicable. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.</p>

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1288114	5/5/2021	AL		F	3/2/2021		stabbing chest pains; chest pain; really bloated; blood pressure increased; cannot eat very well; body aches; fever; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of ANGINA PECTORIS (stabbing chest pains) in a 44-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 023M20A and 006M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported.). On 02-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 30-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced ANGINA PECTORIS (stabbing chest pains) (seriousness criterion hospitalization), CHEST PAIN (chest pain), ABDOMINAL DISTENSION (really bloated), BLOOD PRESSURE INCREASED (blood pressure increased), DECREASED APPETITE (cannot eat very well), MYALGIA (body aches) and PYREXIA (fever). The patient was hospitalized from 01-Apr-2021 to 03-Apr-2021 due to ANGINA PECTORIS. At the time of the report, ANGINA PECTORIS (stabbing chest pains), CHEST PAIN (chest pain), ABDOMINAL DISTENSION (really bloated) and DECREASED APPETITE (cannot eat very well) had not resolved and BLOOD PRESSURE INCREASED (blood pressure increased), MYALGIA (body aches) and PYREXIA (fever) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood pressure measurement: high (High) high. No concomitant medications were reported. The reporter states that the patient was given metoprolol in the hospital which was discontinued by her primary care physician,lorazepam by one physician who suggested that she may be having anxiety and was prescribed omeprazole by a gastroenterologist. Action taken with mRNA-1273 in response to the event was not applicable. This case concerns a 72-year-old male with a serious unexpected event of herpes zoster. Event onset 8 days after first dose mRNA-1273. Event resolved with dexpanthenol and chlorhexidine. Based on current

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available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: This case concerns a 72-year-old male with a serious unexpected event of herpes zoster. Event onset 8 days after first dose mRNA-1273. Event resolved with dexpanthenol and chlorhexidine. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1288120	5/5/2021	CA	56	F	3/25/2021	3/25/2021	Chest Pain; Dry mouth; Could not start hydrated; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (Chest Pain) in a 56-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 008B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 25-Mar-2021 at 1:45 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 25-Mar-2021, the patient experienced DRY MOUTH (Dry mouth). 25-Mar-2021, the patient experienced DEHYDRATION (Could not start hydrated). On 28-Mar-2021, the patient experienced CHEST PAIN (Chest Pain) (seriousness criterion hospitalization). The patient was hospitalized from 09-Apr-2021 to 10-Apr-2021 due to CHEST PAIN. On 10-Apr-2021, DRY MOUTH (Dry mouth) and DEHYDRATION (Could not start hydrated) had resolved. On 12-Apr-2021, CHEST PAIN (Chest Pain) had resolved with sequelae. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 09-Apr-2021, Blood pressure measurement: 192/99 (abnormal) 192/99. On 09-Apr-2021, Troponin: elevated (Inconclusive) elevated troponin levels. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications were not reported. On 25Mar2021, the patient reported initial minor side effects of dry mouth while sitting in her car, but no other noteworthy side effects immediately following injection. Then, 2 or 3 days later the patient experienced chest pain that she reported started out as very mild, however, it grew in intensity over the following weeks, and she presented to the Emergency Room (ER) on Friday, 09Apr2021 per the caller's estimation. Blood pressure taken at the ER was 192/99mmHg. Full hospital work-up performed with the patient noted that she was negative for blood clots but had elevated troponin levels. She said the hospital staff evaluated her heart's condition and found no sign of a heart attack. On 10Apr2021, she was discharged with a new prescription of metoprolol. On the Monday after discharge, the patient had felt symptoms of chest pain again along with elevated blood pressure levels, so she returned to the ER where she was discharged without hospitalization

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and given a clonidine patch for any future blood pressure fluctuations. Since then she had visited her Cardiologist and he has substituted her prescription metoprolol for amlodipine and losartan combination therapy, and to discontinue her prescription for clonidine patches. Patient indicated her cardiologist is hopeful that her blood pressure should normalize over time and instructed patient not to receive her second dose of the vaccine. Additionally, patient reported that, from the time she received her vaccination, until she was discharged, she could not start hydrated. She reported drinking large quantities of water, electrolyte replacement liquids, and Gatorade with no success. Event of chest pain was resolved with Sequelae of elevated blood pressure. Treatment included clonidine patches and metoprolol. On an unspecified date, the clonidine patches and metoprolol were stopped and amlodipine and losartan combination therapy was started.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1288138	5/5/2021	PA	37	F	1/18/2021	1/19/2021	Constant headache/migraine; Constant headache/migraine; Panic; Trouble sleeping; Chest pain; Fatigue; Trouble breathing; Feeling of doom; This is a spontaneous report from a contactable other healthcare professional (patient). A 37-years-old non-pregnant female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot number: Not reported) via intramuscular, in left arm on 18Jan2021 as single dose for COVID-19 immunization (at the age 37 years). Patient previously took first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via intramuscular on left arm on 28Dec2020 as single dose for COVID-19 immunization (at the age 37 years). The patient medical history and concomitant medications were not reported. Most recent COVID-19 vaccine was administered in Hospital. No other vaccine was received 4 weeks prior and no medication was received prior 2 weeks. Patient was not diagnosed with covid-19, prior to vaccination and since the vaccination the patient was not been tested for COVID-19. Patient did not have allergies to medications, food, or other products. On 19Jan2021, patient experienced constant headache/migraine, panic, trouble sleeping, chest pain, fatigue, trouble breathing and feeling of doom. Patient visited Physician's office for the treatment. No treatment was received in response to events. The outcome of the event was not recovered. Information on the lot/batch number has been requested. Follow-up (15-Apr-2021): This follow-up is being submitted to notify that the batch number is not available despite the follow-up attempts made. Follow-up attempts have been completed and no further information is expected.

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1288351	5/5/2021	IN	83	F	2/13/2021	2/14/2021	<p>She had buzzing in her ear or tinnitus; lost her balance; The dizziness started on the morning of 14Feb2021 and has continued and worsened since then and getting to the point where its getting dangerous and inconvenient; This is a spontaneous report from a contactable consumer. This consumer reported for an 83-year-old female patient that received second dose of bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 13Feb2021 (Batch/Lot Number: EN6201) as single dose for covid-19 immunisation. Medical history included ongoing Hashimoto's thyroiditis and She says she has had this since the '1970's, she was diagnosed in the '1970's but she had it long before that, they finally figured out what it was, ongoing tremor and she says she has had this for about 10 years, her brother has it, her sister has it, her mom has it, it is called familiar tremors. Concomitant medication(s) included ongoing levothyroxine sodium (LEVOTHYROXINE SODIUM) at 125 mcg once a day for Hashimoto's thyroiditis She says this is Synthroid, she has been taking it for years. She was diagnosed with Hashimoto's thyroiditis in 1970, but she's had it all her life; ongoing metoprolol tartrate (METOPROLOL TARTRATE) at 25 mg, once a day for tremor and She says its a heart medication but she takes for tremors, she has been taking it for a long time; ongoing nitroglycerin (NITROGLYCERIN) precautionary because she was having chest pain from 22Nov2019 and she says she has never had to use it, ongoing cobamamide (VITAMIN B12 [COBAMAMIDE]) and she says she has been taking this for a long time, it has green tea, coQ10, B vitamins in it for energy and ongoing Vitamin D3 and she says she has been taking this for a long time for energy. The patient previously took first dose of bnt162b2 for covid-19 immunisation. The patient experienced the dizziness started on the morning of 14feb2021 and has continued and worsened since then and getting to the point where its getting dangerous and inconvenient on 14Feb2021 with outcome of not recovered , lost her balance on 15Feb2021 with outcome of unknown, she had buzzing in her ear or tinnitus on an unspecified date with outcome of unknown. The clinical course was reported as follows: Dizziness - is this normal and how long will it last? Upon further discussion, patient stated that she got her second dose of the Pfizer Covid 19 vaccine on</p>

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13Feb2021. The dizziness started on the morning of 14Feb2021 and has continued and worsened since then and getting to the point where its getting dangerous and inconvenient. The other day, she lost her balance when going down the steps and almost fell. Her doctor suggested the Epley maneuver which she has been using for the past 2 weeks and it is not helping at all. She had buzzing in her ear or tinnitus (onset not reported). Her doctor has referred her to an ENT specialist for further evaluation. Discussed per Pfizer-BioNTech COVID-19 Vaccine EUA PI (LAB-1457-7.0, Revised: 06 April 2021) Adverse Reactions section (nothing found on dizziness, vertigo, tinnitus) and per attached CONS documents and VR re: 'dizziness and weakness' as part of possible allergic reaction, noting no specific information on duration as it may vary by individual. Referred to HCP for further discussion/guidance, based on medical history. Investigation Assessment: No Additional Context: The caller is calling about the COVID vaccine, Pfizer. She says she had her last vaccine on 13FEB2021 and got dizzy and it's not going away. She says she has seen her doctor, he suggested using the Epley maneuver but it its not helping any. She said that she is ordering if the Pfizer Vaccine is causing the dizziness? She is wondering if this is something she should be worried about it. Contact Details: She says she was a medical transcriptionist for many many years and a medical secretary. She does not have an email address. HCP: Caller does not have a full address or email to provide. Products: She reads EN6201, Pfizer EN6201. She says her first dose was on 23JAN2021 and reads EL8982 for that one. No expiry date for the first dose. History: She says it is hard for her to get around, she is so dizzy. She says she has nitroglycerin because she had chest pain back in 2019. She says her doctor is sending her to an ear specialist. VACCINE SUPPLEMENTAL FORM Pfizer Suspect Vaccine and Vaccination Details Time the Vaccination Was Given: 10:15 in the morning Anatomical Location of Administration of Pfizer vaccine considered as suspect: left arm Vaccination Facility Type hospital. No Vaccine Administered at Military Facility. No additional Vaccines Administered on Same Date of the Pfizer Suspect. AE(s) require a visit to no Emergency Room but Physician Office. Saw her primary doctor, she

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called and told him about it, her appointment was for this past Friday but he had her come in that day. She does not remember which day. She says she put up with the dizziness, it got worse. Prior Vaccinations (within 4 weeks): No. She says she needs to get a lot of vaccines, she is behind in a lot of this, she just hasn't done it yet. AE(s) following prior vaccinations: No She says she has had reaction to 3 medications. Sulfa, she says the reaction was low blood pressure. Celebrex, she says the reaction was severe chest pain, she thought she was having a heart attack, she went to the ER they thought she was having a heart attack. Codeine, she says the reaction was an extremely low blood pressure, all her vitals dropped really low, dangerously low. She says there was another one she can't remember, her reaction was she broke out in real bright red hives. Family Medical History Relevant to AE(s) She says her mother had cancer and died of cancer and her husband died of cancer. She is wondering if this is something she should be worried about it, if this is a normal side effect and is it going to last much longer because it is terrible. No follow-up attempts are needed. Information on the lot/batch number cannot be obtained.

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1288425	5/5/2021	FL		F	4/1/2021	4/1/2021	blood pressure went high to 163/blood pressure was elevated; dizzy; tightness in collar bone area; cold; neck tightness; freezing really cold for 30 to 40 minutes; pain at the bottom of my neck; exhaustion; it sounds like paresthesia; my body started shaking, involuntary shaking for about an hour; Disoriented; confused; my heart beating fast, tachycardia; This is a spontaneous report from a contactable physician, the patient. A 60-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 1 via an unspecified route of administration on Apr2021 (Batch/Lot number was not reported) as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. On an unspecified date in Apr2021, the patient had the first Pfizer covid Vaccine 2 weeks ago today, and states, "I felt dizzy within first 5 minutes, my blood pressure went high to 163/, tightness in collar bone area, cold right away. I think I panicked at the same time. Not like a chest pain, but bottom of my neck tightness, it went away in half an hour on its own. I was freezing really cold for 30 to 40 minutes they brought me blanket and orange juice to drink and it went away about 5:30ish it took 45 minutes to feel better. The pain at the bottom of my neck went away the next day or a few hours later, it was at the bottom of my collar of my neck, my blood pressure was elevated, I was cold and freezing. Besides the typical side effects of exhaustion, I went to urgent care near my house, and they said it was vaccine stuff, a week ago Monday was when I went. I spoke with my doctor this Monday on virtual call, and she said it sounds like paresthesia, shaking of the body related to vaccine. My doctor called it paresthesia, my body started shaking, involuntary shaking for about an hour. I was disoriented, confused and my heart beating fast, tachycardia. The outcome of the events neck tightness, freezing really cold for 30 to 40 minutes and pain at the bottom of my neck was recovered on an unknown date in Apr2021 and all other events was unknow. No follow-up attempts are needed; information about lot/batch number cannot be obtained.; Sender's Comments: Based on a temporal association a causal relationship between the reported events and suspect drug BNT162B2 is assessed as possible. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer

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1288466	5/5/2021	CO	79	F	1/15/2021	1/16/2021	<p>procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.</p> <p>Patient began with chest pain onset today while sitting in chair at home. Patient called ems and was found to have HR of 193. Patient did 2 vagal maneuvers and hr dropped to 150. Patient reports decreased chest pain, denies cough or n/v. Patient on arrival has an initial HR of 132 and a BP 106/69. Temp 36.6 degrees Celsius. HR decreased to 100 with no intervention. 500mL of fluids given. Diltiazem was not given as HR decreased to 100 and BP was 98/62. Patient reports that she had her COVID19 vaccine yesterday followed by some arm pain and aches in her legs. Patient does have a history of Afib and is on diltiazem at home. Dx with Afib with RVR. Patient will be admitted to the hospital. Patient converted to NSR on her own.</p>
1288469	5/5/2021	CA	36	F	4/19/2021	4/20/2021	<p>Started to have shortness of breath 4/20/2021, began using albuterol inhaler after primary care visit on 4/23/2021, went to ER 4/26/2021 due to still being short of breath and was given prednisone and breathing treatment then was sent home saying it was an asthma exacerbation. Followed up with primary doctor on 4/28/2021 with continuing and worsening symptoms now including chest pain as well as shortness of breath and was sent back to ER for more testing for pulmonary embolisms.</p>

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1288539	5/5/2021	CA		M	3/28/2021	4/20/2021	<p>Multiple Pulmonary Emboli on both sides of the lungs\ multiple Pulmonary emboli like a spray of blood clots in the lungs; had trouble breathing; sharp pain on the right side of the chest; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PULMONARY EMBOLISM (Multiple Pulmonary Emboli on both sides of the lungs\ multiple Pulmonary emboli like a spray of blood clots in the lungs), DYSPNOEA (had trouble breathing) and CHEST PAIN (sharp pain on the right side of the chest) in a 75-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 020B21A and 007C21A) for COVID-19 vaccination. The patient's medical history was not provided. Concomitant products included SIMVASTATIN for an unknown indication. On 28-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 25-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 20-Apr-2021, the patient experienced PULMONARY EMBOLISM (Multiple Pulmonary Emboli on both sides of the lungs\ multiple Pulmonary emboli like a spray of blood clots in the lungs) (seriousness criteria hospitalization and medically significant), DYSPNOEA (had trouble breathing) (seriousness criterion hospitalization) and CHEST PAIN (sharp pain on the right side of the chest) (seriousness criterion hospitalization). The patient was hospitalized from 20-Apr-2021 to 21-Apr-2021 due to CHEST PAIN, DYSPNOEA and PULMONARY EMBOLISM. At the time of the report, PULMONARY EMBOLISM (Multiple Pulmonary Emboli on both sides of the lungs\ multiple Pulmonary emboli like a spray of blood clots in the lungs), DYSPNOEA (had trouble breathing) and CHEST PAIN (sharp pain on the right side of the chest) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 21-Apr-2021, Computerised tomogram: multiple pulmonary emboli CT scan showed multiple Pulmonary emboli like a spray of blood clots. Patient was taken to emergency room (ER) on 20-APR-2021. Patient was discharged next day given prescription of blood thinners and pain medications. Action taken with mRNA-1273 in response to the events was not applicable. Based on the</p>

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1289429 5/5/2021 IA

62 M

4/7/2021

4/13/2021

current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.;
 Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

6 days later pain in chest, next day went to lung, called the Ambulance. Admitted to the hospital, on 2nd day transferred to another hospital 4th day, went to arm. Released from the hospital after 7 days in the hospital. Still have numbness tingling and pain in the right arm. Going to have EMG today.

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1287918	5/5/2021	CA	33	F	4/10/2021		TREMBLING; BOTTOM OF FEET PAINFUL; BAD/SEVERE HEADACHE; EXTREME FATIGUE; SWELLING AROUND MOUTH; SWOLLEN HANDS AND FEET; ITCHY ON THE TOP FEET WITH RED BLOTCHY RASHES; NUMBNESS AND TINGLING SENSATION AT LEFT SIDE OF EXTREMITIES AND BODY; SWOLLEN THROAT; SEVERE SHARP STOMACH PAIN; TINGLING AROUND MOUTH; SEVERE SHARP CHEST PAIN (STERNUM AREA); SORE THROAT; DIFFICULTY IN BREATHING; This spontaneous report received from a patient concerned a 33 year old female. The patient's weight was 130 pounds, and height was 169 centimeters. The patient's past medical history included surgical removal of left ovary and fallopian tube, and cyst in ovary, and concurrent conditions included alcohol user, and non-smoker, and other pre-existing medical conditions included the patient had no known drug allergies. the patient did not have any history of drug abuse or illicit drug use. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, and batch number: 042A21A expiry: UNKNOWN) dose was not reported, administered on 03-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, Laboratory data included: Pain scale (NR: not provided) 7/10. On 10-APR-2021, the subject experienced severe sharp chest pain (sternum area). On 10-APR-2021, the subject experienced sore throat. On 10-APR-2021, the subject experienced difficulty in breathing. On 10-APR-2021, the subject experienced tingling around mouth. On 10-APR-2021, the subject experienced swollen throat. On 10-APR-2021, the subject experienced severe sharp stomach pain. On 11-APR-2021, the subject experienced swelling around mouth. On 11-APR-2021, the subject experienced swollen hands and feet. On 11-APR-2021, the subject experienced itchy on the top feet with red blotchy rashes. On 11-APR-2021, the subject experienced numbness and tingling sensation at left side of extremities and body. On 11-APR-2021, the subject experienced bottom of feet painful. On 11-APR-2021, the subject experienced bad/severe headache. On 11-APR-2021, the subject experienced extreme fatigue. Treatment medications included: bismuth subsalicylate, diphenhydramine hydrochloride, famotidine, and

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				<p>ibuprofen. On 12-APR-2021, the subject experienced trembling. Laboratory data included: Fibrin D dimer high (NR: not provided) elevated, and Platelet count (NR: not provided) Normal. On 13-APR-2021, Laboratory data included: Blood test (NR: not provided) Normal. On 14-APR-2021, Laboratory data included: CAT scan (NR: not provided) Normal. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from severe sharp chest pain (sternum area), sore throat, swelling around mouth, tingling around mouth, itchy on the top feet with red blotchy rashes, and severe sharp stomach pain on 13-APR-2021, difficulty in breathing, swollen hands and feet, numbness and tingling sensation at left side of extremities and body, swollen throat, bottom of feet painful, bad/severe headache, and extreme fatigue on 20-APR-2021, and trembling on 16-APR-2021. This report was non-serious.; Sender's Comments: V0: Medical assessment comment is not required as per standard procedure as case assessed as non-serious.</p>
1288672	5/5/2021	CA	19 F	<p>5/3/2021 CHEST PAIN; This spontaneous report received from a patient concerned a 19 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included asthma, shellfish allergy, no alcohol use, and non-smoker, and other pre-existing medical conditions included the patient had no drug abuse or illicit drug use. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: 042A21A, expiry: UNKNOWN) dose was not reported, administered on 03-MAY-2021 12:50 for prophylactic vaccination. No concomitant medications were reported. On 03-MAY-2021, Laboratory data included: COVID-19 virus test (NR: not provided) Negative. On 03-MAY-2021 22:00, the subject experienced chest pain. The action taken with covid-19 vaccine was not applicable. The patient had not recovered from chest pain. This report was non-serious.</p>

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1289434	5/5/2021		89	M	4/27/2021	5/1/2021	<p>Patient is a 89 y.o. male admitted on 5/1/2021 Please refer to the History and Physical report for information on presentation. 89-year-old male with past medical history of CAD, recent cath done in January, known disease that is not amenable to intervention, hypertension, BPH, diabetes mellitus came to ED due to chest pain. Patient had persistent chest pain despite nitroglycerin, however later reports relieved. Troponin negative initially, however later trended up. EKG unchanged. Patient became asymptomatic during hospitalization. Cardiologist Dr. evaluated patient, recommended no further management except for blood pressure control. Blood pressure medications were adjusted. Cardiologist said patient has known CAD, that is not amenable to any intervention. He will have underlying some chest pain and troponin leak. Patient needs to follow up with cardiologist in the office. He has known AV node block. Sometimes heart rate went down to as low as 30. Patient remained asymptomatic. Lopressor dose was decreased from 50 mg to 25 mg daily. Amlodipine dose increased. Patient understands, and agrees for discharge. Plan explained to family, wife present at bedside. All the concerns were answered.</p>
1289493	5/5/2021	IN	34	F	4/29/2021	5/4/2021	<p>I had covid in May 2020. Suspected second infection in October. Positive antibody test in January. Second vaccination 4/29. Positive antibody test 5/1. Became sick and tested positive for COVID 5/4. I have proof of all of this. I see some research suggesting people who've had covid do not need second shot. It seems important that I've had it and got it again after first shot (assuming I actually contracted it before my second). I am the sickest I've been. Sicker every time. No fever. Just headache, chills, chest pain, cough, runny nose, pain swallowing, sore throat, wheezing, weakness, fatigue.</p>

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1289306	5/5/2021	CA	52	F	4/18/2021	4/25/2021	This is a 52 Y female with past medical history of GERD, seasonal allergy and maybe early onset of pre-diabetic (A1c of 5.7) who was transferred from the hospital for continuation of care. Patient was initially presented to hospital on 4/25 for chest pain, shortness of breath and TIA symptoms and patient was transferred to after patient was found to have NSTEMI, LV thrombus and sub-acute stroke and r/o pneumonia. Patient was in her usual state of health (was able to do elliptical machine with low resident for 14 mins without feeling any chest pain or shortness of breath) till 4/18 where patient received her 2nd Moderna shot. 1 day after the vaccine, patient developed N/V and then intermittent slurred speech, trouble spelling in her texts, L arm weakness was noted 4/23. + chest pain and shortness of breath. While in hospital, MRI of the brain confirmed sub-acute stroke at R cerebrum, patient was noted to have trop of 20, echo showed EF of 25%, hypokinesis of mid-apical myocardium, large 3.8cm x 2.3cm mural apical thrombus. Patient underwent cardiac cath on 4/26, s/p PCI with DES on proximal LAD, post-cath small hematoma noted on R groin site.
1289255	5/5/2021	RI	37	M	4/27/2021	4/29/2021	Following second COVID-19 vaccination on 4/27/21, patient experienced diaphoresis/rigors, nausea, myalgia, headache, extreme fatigue, and chest pain starting on 4/29/21 around 8 pm. Patient presented to the emergency department at Hospital on 4/30/21 and was found to have an elevated troponin. Transferred to another Hospital where patient underwent cardiac catheterization and ECHO and was admitted to the hospital. Patient was discharged from the hospital on 5/1/21 following negative findings on diagnostic exams and resolution of troponin level.
1289176	5/5/2021	CT	24	M	4/12/2021	4/16/2021	Trouble swallowing saliva at night, hesitation to swallowing saliva. Unable to take deep breathes, chest paint when taking deep breathe.
1289064	5/5/2021	CA	44	F	4/30/2021	5/1/2021	Patient developed adverse reaction like fever, flu like symptoms and rashes on the first day post vaccine second dose (05/01/2021) and then she went to ER morning of 05/04/2021 at about 1 am due to chest pain and SOB

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1289041	5/5/2021	MA	24	M	4/22/2021	4/25/2021	On Sunday April 25th 2021, I woke up with severe chest pain that went up to the right side of my neck, as well as having shortness of breath. I was admitted into the ER and they ran blood work, did a CT scan and x ray of My chest. When my bloodwork came back, it showed I had very elevated troponin levels. Because I was having continuous pain, I was given morphine but it didn't work. So they upped it and gave me dilaudid and that took the pain away. It was in the doctors best interest I get transported to a facility with a good cardiatric team. Upon arriving to the new facility, they further drew my blood and ran more tests. I got admitted as an in patient on the cardiatric floor. The cardiologists ordered for me to have an echocardiogram done, another CT scan with a special protocol to view my heart, and an MRI done of my heart. After my echocardiogram and CT scan came back fine, the doctors said they'd be surprised if the MRI DIDNT show something. When that result came back, it did reveal my heart was still inflamed. After ruling out all other possibilities they concluded that the 2nd Dose of Moderna COVID vaccination I'd received was the culprit behind my diagnosis. My diagnosis being, a case of myocarditis as well as a mild heart arrhythmia. For the next several months I am kn a medication called metoprolol 25mg, 2 half tablets a day, to correct my heart arrhythmia and relieve stress from my heart as well as minimize the amount of stress I encounter each day. No heavy lifting pushing or pulling of any sort for the next 3 months.
1288998	5/5/2021	MA	52	F	3/1/2021	3/12/2021	Dose 1 : elevated BP ; pain in chest and arm; tightness in throat; sweats;headaches ; stomache pain ;elevated protein and blood in urines malaise : Reactivation of IGAN Dose 2 : fever over 100; extream headache;stomach pain; back pain ; sever jump in protein (severe)and blood in urines; urines red in color and tea colored ; swelling of legs w pain in right leg ; swelling of hands : normal BP 4/9/21 Prednisone 40 mg daily ; still taking Tylenol as needed

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1288696	5/5/2021	NJ		F			SHORTNESS OF BREATH; LITTLE CHEST PAIN; This spontaneous report received from a consumer concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: not reported) dose was not reported, administered on 03-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 03-MAY-2021, Laboratory data included: ECG (NR: not provided) normal, and X-ray (NR: not provided) normal. On an unspecified date, the subject experienced shortness of breath, and little chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the shortness of breath and little chest pain was not reported. This report was non-serious.
1289448	5/5/2021		69	M	2/19/2021	5/1/2021	HPI: This is 69 years old man with extensive cardiac history including coronary disease status post CABG in 1995, stable from that standpoint with recent negative stress test. The patient also has a history of A. fib for which he is on Xarelto. He was on Lopressor for years and complained to his primary care provider that he had a rectal dysfunction so this was discontinued on Thursday and he was started on Norvasc. He went to a bar to wash therapy with friends and after he had to severe he started feeling dizzy heaviness in the head and blurry vision. He denies having any chest pain, shortness of breath, headache, focal weakness numbness tingling. He has had no palpitation. He got concerned so he came to the emergency room. He had no symptoms in the ER. EKG showed atrial fibrillation with nonspecific ST-T change. Chest x-ray showed no acute intracranial abnormality.

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1284781	5/4/2021	VA		F		4/5/2021	<p>heaviness and pressure on her chest which got worse and worse. She went to the ER; heaviness and pressure on her chest which got worse and worse. She went to the ER; chest pain; sick; acid reflux; This is a spontaneous report from a contactable consumer. This consumer reported for a 58-Year-old female patient (Mother) received 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 05Apr2021 at single dose for covid-19 immunization. Medical history was chronic bronchitis and allergies. Concomitant drug was not reported. Caller is calling for her 58 year old mother who received the 1st dose of the Pfizer COVID Vaccine on 05Apr2021. She mentioned that she was totally fine on the 1st day, but after 20 hours, she felt a heaviness and pressure on her chest which got worse and worse. She went to the ER and stayed there for 8 hours. Her mother had chronic bronchitis and allergies, so they did bloodwork on her, had an EKG, and other test but everything was normal. She was given a ventolin inhaler and was sick the whole week with chest pan and acid reflux. She is scheduled to receive her 2nd dose on 26Apr2021 and the ER told her to call Pfizer and ask if it was okay for her to take the 2nd shot. She mentioned that her mother was fine now. Outcome of the event heaviness and pressure on her chest was not recovered, for other events was unknown. Information on the lot/batch number has been requested.</p>

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1284820	5/4/2021	NJ	17	F	4/15/2021	4/1/2021	This is a spontaneous report from a contactable pharmacist. A 17-years-old female patient received second dose of BNT162B2 (PFIZER BIONTECH COVID VACCINE, Solution for injection, Lot number was ER8731), via an unspecified route of administration on 15Apr2021 as single dose for COVID-19 immunization. The patient medical history and concomitant was not reported. Historical vaccine included BNT162B2 for COVID-19 immunization. It was reported that 48 hours after receiving the 2nd Pfizer Biontech COVID vaccine she woke up with chest pains and the next morning went to urgent care where she had an irregular EKG. The sent her to the local hospital where her troponin was 7. The patient underwent lab tests and procedures which included electrocardiogram irregular on 18Apr2021, troponin was 7. Event took place after use of product. The outcome of the events was unknown.; Sender's Comments: Based on the information available and a close temporal association, a possible contributory role of the suspect BNT162B2 cannot be excluded for the reported events of Chest pain.The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate

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1284835	5/4/2021	NY	27	F	5/1/2021	5/2/2021	Approximately 12 hours after I received my second Moderna vaccine dose (around 4:30am EST), I began having chills, fever, body aches, nausea, moderate chest pain/discomfort, vomiting, and shortness of breath. I called 911 and asked for an ambulance because of difficulty breathing. Arrived at Hospital Center ER around 5:00am, given oxygen and several tests (blood, urine, EKG) and also IV fluids in my left arm. Vomited a second time around 8:00am. Continued difficulty breathing until around 11:00am and chest pain improved somewhat. Got chest x rays done and monitored until I could breathe more regularly without oxygen. Discharged around 12:26pm. Heartbeat was abnormally fast for this whole duration and did not return to resting heart rate until about 5:00pm later that evening, 24 hours after vaccine. All symptoms subsided within 48 hours. Diagnosis was nonspecific chest pain and UTI.

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1284850	5/4/2021	TX	68	M	3/11/2021	3/12/2021	BP and oxygen all over; 06Apr went to ER been in and out of ICU battling covid/ pneumonia as they say; 06Apr went to ER been in and out of ICU battling covid/ pneumonia as they say; day one normal tenderness at injection site; This is a spontaneous report from a contactable consumer (patient). A 68-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Right on 11Mar2021 10:00 (Batch/Lot Number: EN6204) (at the age of 68-years-old) as single dose for Covid-19 immunisation. Medical history included chronic obstructive pulmonary disease (COPD) and weak immune system. The patient's concomitant medications were not reported. The patient did not receive other vaccine in four weeks. The patient did not have COVID prior to vaccination. The patient underwent nasal swab COVID test on 10feb2021 with negative result, nasal swab rapid PCR COVID test on 15Feb2021 with negative result. On day one (12Mar2021), patient experienced normal tenderness at injection site, by day 3 (14Mar2021), got sick, had daughter call in LEVAQUIN 7 days worth. The patient experienced continuing chest pain from continuous coughing, BP and oxygen all over, over next 2 weeks less physical activity. On 06Apr2021, patient went to ER, had been in and out of ICU battling COVID/ pneumonia as they say. He received plasma from recovered COVID patient and Remdesivir. The patient stayed so isolated in his home; his daughter did all his shopping meds everything. Her family had been tested and was tested several times. The patient stated that he was afraid his COPD and weak immune system couldn't handle the vaccine. The events required a visit to the Doctor or other healthcare professional office/clinic, Emergency room/department or urgent care and led to prolongation of hospitalization (as the vaccine was received during existing hospitalization (as reported)). The events were assessed by the reporter as life-threatening (immediate risk of death from the event). The patient was hospitalized for 21 days. The outcome of the events was unknown.

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1284862	5/4/2021	MI	43	M	4/23/2021	4/27/2021	myocarditis; Chest pain; This is a spontaneous report from a contactable Physician. A 43-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE Solution for injection), dose 2 intramuscular on 23Apr2021 (43-year-old at time of vaccination) (Batch/Lot number was not reported) as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. Patient had no prior vaccination. Patient had no known allergies. Patient previously took dose 1 of BNT162B2 (lot number: not available/provided to reporter at the time of report completion) for COVID-19 immunisationThe patient presented with chest pain found to have myocarditis on 27Apr2021. The patient was hospitalized for myocarditis and chest pain for 2 days. Patient resulted visiting emergency room and physician office due to myocarditis. Patient had test post vaccination test which is nasal swab (COVID-19 virus test) on 27Apr2021, and the result was negative. Outcome of the event s was not recovered. The events assessed serious as these caused hospitalization, disability and was life threatening. Information on the lot/batch number has been requested.

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1284917	5/4/2021	FL	51	F	4/1/2021		<p>PALPITATIONS; CHEST PAIN; CATARACTS; BILATERAL EYE PAIN; INTERMITTENT HEADACHE/LIGHTHEADEDNESS; This spontaneous report received from a pharmacist concerned a Vietnamese female of unspecified age. The patient's weight, height, and medical history were not reported. The patient's concurrent conditions included high cholesterol. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration and vaccination site not reported, batch number: Unknown) dose was not reported, 1 total, administered in APR-2021 (reported as approximately 2 weeks prior to the date of the report) for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. In APR-2021, reported as 5 days ago, the patient experienced with intermittent headache, bilateral eye pain and blurry vision, in addition to chest pain and palpitations. She was seen in the emergency Room on 26-APR-2021, and was subsequently diagnosed with acute cavernous venous thrombosis. Patient was hospitalized and number of days were unspecified. On an unspecified date, the patient experienced bilateral eye pain, blurry vision, cataracts, and intermittent headache/lightheadedness. On 26-APR-2021, Laboratory data included: Magnetic resonance imaging (NR: not provided) grossly abnormal indicative of clot, and Platelet count (NR: not provided) 251000 on admission. On 27-APR-2021, Laboratory data included: Magnetic resonance imaging (NR: not provided) no evidence of thrombus, mild white matter (units unspecified), and platelet count (NR: not provided) 246,000. On 28-APR-2021, Laboratory data included: Anti-thrombin III decreased (NR: not provided) unknown, erythrocyte sedimentation rate (nr: not provided) 21 (normal), factor V leiden mutation (NR: not provided) unknown, Fibrin D dimer abnormal (NR: not provided) 0.29 (unit not reported) (normal 0-0.49), Platelet count (NR: not provided) 227,000, Protein C (NR: not provided) unknown, Protein S antigen (NR: not provided) unknown, and Serotonin syndrome (NR: not provided) unknown. Laboratory data (dates unspecified) included: Ammonia (NR: not provided) high ammonia level. Treatment medications (dates unspecified) included: acetylsalicylic acid. The action taken with covid-19 vaccine ad26.cov2.s</p>

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						was not applicable. The patient recovered from intermittent headache/lightheadedness on 28-APR-2021, and the outcome of chest pain, palpitations, bilateral eye pain and cataracts was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0.20210451865-covid-19 vaccine ad26.cov2.s-cataract,palpitations,chest pain. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).	
1285148	5/4/2021	IN	52	F	5/1/2021	5/2/2021	Stopped breathing in a sleep apnea type of scenario from approx 5:30a - 11a on May 2nd. Extreme body aches and headache for two days. Fever and way overheated for three days. Sweating profusely from 5:30a and still occurring today three days after shot. Intense chest pain 1:50a Tuesday morning 5/4 along with acid reflux and body aches continuing. Insomnia started 30 hrs after injection and has lasted two days. Loss of appetite started 5/3 all day.
1285155	5/4/2021	NJ	49	F	4/27/2021	4/27/2021	Patient started having chest pain within five minutes after receiving her vaccine. She did not take her BP medications and requested to go to the hospital. BP elevated 160s/90s, heart rate 78, oxygen level 98% on RA.
1284476	5/4/2021	WA	16	M	4/30/2021	5/1/2021	16 year old male who got first Pfizer Covid vaccine 4/30, then by the next morning experienced non-bilious emesis for a few hours, as well as fever, chills, body aches, and HA. The body aches and HA continued through today when he began experiencing chest pain while lying down. Chest pain improved on sitting up, standing, sitting forward. No shortness of breath.
1285292	5/4/2021	WI	83	F	3/11/2021	3/20/2021	7 day post shot 2: sore feet - could not stand up 9 days post shot 2: vomiting, lethargy, severe chest pains, lymphopenia, low magnesium, low glucose, mildly elevated troponin

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1284659	5/4/2021	ID	27	F	4/3/2021	APPENDICITIS; CHEST PAIN; WEAKNESS; BODY ACHES; SKIN BLOTCHES; BRUISES; HEADACHE;	<p>This spontaneous report received from a consumer concerned a 27 year old white, hispanic or latino female. The patient's height, and weight were not reported. The patient's concurrent conditions included allergic to aspirin (unknown reaction), no alcohol use, and non smoker, and other pre-existing medical conditions included the patient had no relevant medical history. The patient was not pregnant at the time of reporting. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1808980, expiry: 20-JUN-2021) dose was not reported, 1 total administered on 02-APR-2021 on right arm for prophylactic vaccination. No concomitant medications were reported. It was reported that, the patient experienced side effects that developed after receiving covid-19 vaccine ad26.cov2.s. On 03-APR-2021, the patient experienced headache. On 06-APR-2021, the patient experienced skin blotches and bruises. On 07-APR-2021, the patient experienced body aches. On 14-APR-2021, the patient experienced weakness. On 19-APR-2021, the patient experienced chest pain. On 27-APR-2021, the patient experienced appendicitis and had a hospitalization that resulted in surgery for appendectomy. The patient had visited emergency room/department or urgent care and doctor/healthcare professional office. The patient was hospitalized for 1 day and was discharged on 28-APR-2021. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from skin blotches, bruises, and appendicitis, and had not recovered from headache, chest pain, body aches, and weakness. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0 20210456304- COVID-19 VACCINE AD26.CO2.S-Appendicitis. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).</p>

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1285448	5/4/2021	NJ	18	F	4/11/2021	4/13/2021	Adverse events: Extreme chest pain, couldn't move arms very much, hands went numb and tingly, throat pain Treatment: went to the doctors and the hospital and have tried over the counter pain medicine which didn't work, prescribed prednisone which didn't work, prescribed naproxen 500 which didn't work, prescribed famotidine which didn't work, all blood and heart and lung tests came back fine Outcome: still in a lot of pain and nothing is helping and nobody can figure out what is wrong
1285276	5/4/2021	OH	19	M	4/29/2021	4/30/2021	4/29/21 3:30 PM - Vaccine Administered, right arm soreness and fatigue throughout rest of day 4/30/21 12:00 PM - Woke up, fatigue, body and headaches, fever, chills, chest pain and tightness throughout day, intermittent naps 10:00 PM - Fell asleep 5/1/21 11:00 AM - Woke up, chest pain and tightness persists, other symptoms minimized 9:00 PM - Check into ER, underwent series of tests (blood work, EKG, etc.) - EKG showed serious heart problems 11:00 PM - Medevaced to second hospital 5/2/21 12:00 AM - Underwent cardiac catheterization, showed inflammation around the heart 1:00 AM - Sent to ICU bed to recuperate and heal from catheterization 9:00 AM - Given Colchicine, Ultrasound administered showing still lower than normal heart activity Mid-morning/mid-day - Given metoprolol 12:00 PM - Moved to regular bed, symptoms somewhat improving Rested 5/2/2021 6:30 AM - diagnosis of Myopericarditis , 9:00 AM - Given colchicine and metoprolol, symptoms reduced 11:00 AM - Discharged

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1284774	5/4/2021	VA	56	F	3/1/2021	3/2/2021	pericarditis; recurrent nonexertional, positional chest pain; SOB; dry cough with evidence of pericardial effusion and bilateral pleural effusions; dry cough with evidence of pericardial effusion and bilateral pleural effusions; dry cough with evidence of pericardial effusion and bilateral pleural effusions; This is a spontaneous report from a contactable Physician. A 56-year-old non-pregnant female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot/batch number not provided), via an unspecified route of administration on 01Mar2021 (at age of 56 years old) at single dose for COVID-19 immunisation. Medical history included Asthma. There were no concomitant medications. No COVID prior vaccination. No COVID tested post vaccination. No other vaccine in four weeks. The patient previously took first dose of BNT162B2 (lot/batch number not provided) for COVID-19 immunisation, tioconazole and had Known allergies to Tioconazole. On 02Mar2021, the patient presented with recurrent nonexertional, positional chest pain, SOB (Shortness of breath) and dry cough with evidence of pericardial effusion and bilateral pleural effusions on CTA (Computerised tomogram). ECHO (Echocardiogram) confirming pericarditis. Labs and additional workup negative for AI or malignancy, all lab test in 2021. No. of days hospitalization was 2. AE resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. Treatment received (Colchicine, Ibuprofen) for all events. The outcome of the events was Recovering. information on the lot/batch number has been requested.; Sender's Comments: Based on data provided, the reported events are assessed as possibly related to BNT162B2. This case will be reassessed upon receipt of further information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.

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1284487	5/4/2021	CA	16	F	5/1/2021	5/1/2021	<p>Patient reported feeling lightheaded status post first dose Pfizer COVID vaccine (Lot: EW0167, expiration date: 08/31/2021) to medic. Medic noted that the client was CAOx4, her skin was pale, warm and slightly moist, pupils were equal, round, reactive to light and accommodating (PEARRL), respiration rate (RR) was 20. The client's sister stated the client had a history of anxiety and that "she gets this way whenever she gets a shot". Medic walked patient to the zero gravity chair. The client was given water to sip on. At 1213 baseline vitals were taken with client sitting: Blood pressure (BP): 110/82, heartrate (HR): 98, RR: 20, PEARRL. Medic reports she coached the client on her breathing to help alleviate her complaint of feeling lightheaded, mild nausea and anxiety. Client reported she felt anxious prior to her vaccination and that her last oral intake was 15 minutes prior to vaccine. Client denied headache, blurry vision and chest pain. At 1220 a second set of vitals were taken while standing: BP 108/80, HR 86, RR 16, CAOx4. Client stated her symptoms were diminishing. Client's RR slowed down to normal rate and rhythm, vital signs were trending to normal and client was negative for orthostatic pressures. Client was advised to stay for additional 30 minute observation. Client's symptoms resolved completely and she was able to ambulate away from observation site without assistance and with a steady gait.</p>

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1284773	5/4/2021	VA	20	M	4/9/2021	4/10/2021	chest pain; elevated troponin; EKG changes in the setting of pericarditis.; This is a spontaneous report from a contactable physician. A 20-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration on 09Apr2021 (at age of 20 years old, Batch/Lot number was not reported) as single dose for covid-19 immunization. Medical history included crohn's disease and cerebral palsy. No Known allergies. Concomitant medications included mesalamine; macrogol 3350 (MIRALAX). The patient previous took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection) on an unknown date (lot number not reported, at a single dose for covid-19 immunization. The patient not had covid prior vaccination also not tested post vaccination. The patient experienced chest pain, elevated troponin, and EKG changes in the setting of pericarditis on 10Apr2021. AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization (2 days). Treatment received included Colchicine. The outcome of the event was recovering. Information on the lot/batch number has been requested.

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1284768	5/4/2021	CO	36	F	4/1/2021	4/1/2021	woozy, about to pass out/like you are going to pass out; heavy breathing/breathing was heavy, voice was deep, like she really had to work to breathe; racing heart/heart was racing; rash/ rash was under the skin/ it started in the thighs and spread down her legs; vascular rash/ rash was under the skin/ it started in the thighs and spread down her legs/ it seems like a vascular reaction; pain at the injection site./super painful injection site; felt really really poor; voice was deep; heavy chest, chest pain; heavy chest, chest pain; feeling woozy/woozy, about to pass out; This is a spontaneous report received from a contactable consumer (patient). A 36-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number ER8737), administered in left arm on 01Apr2021 01:15 PM (at the age of 36-year-old) at single dose for so she could be protected from COVID (as reported). It was reported that vaccine was not administered at military facility and vaccination facility type was hospital (reported as patient drove up to vaccine clinic). The patient's medical history included acute lymphocytic leukemia from 1992 to 1996 and not ongoing (she was immunocompromised when she was young, she was a cancer survivor). No family medical history relevant to events was reported. The patient declined being sick at the time of vaccination. No patient's concomitant medications were reported. No prior vaccinations reported within four weeks. No additional vaccines were administered on same date of the Pfizer suspect. The patient previously took gentamycin, amoxicillin and flu shot, culture specific to the flu (as reported), and she experienced allergy with all three on 1996. Patient said that she was immunocompromised when she was young, she was a cancer survivor. She said that right after remission she developed a gentamycin allergy and, because of the gentamycin and amoxicillin allergy she was allergic to the flu shot, not the flu but the egg culture, because the egg culture can be that reaction. Patient also said that she had a reaction to a flu shot back in 1996 or something, it was the same rash that was with the COVID vaccine. It was reported that patient had her first Pfizer Covid vaccine dose on 01Apr2021. She reported side effects of heavy breathing, racing heart, feeling woozy, rash, and pain at the injection site. It was reported that she would like more information and she wanted to know if she

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should get the second dose of the vaccine. Patient had both an event to report and a question. She said she had done application, the first vaccine was 2 weeks before the present report and she was not supposed to get the second until this Thursday (19Apr2021), she needed to look at a calendar. She said 01Apr2021 was her first vaccine and that she did already report her events. She said she had a bad reaction that borderline sent her to the emergency room but she instead took a BENADRYL and she laid down and then felt really really really poor the next 5 days. She said she had a terrible reaction, she didn't feel like her throat was shut, her breathing was heavy, her voice was deep, her heart was racing, like she really had to work to breathe, not like losing her airway passage, just that she had to work to breathe, she had a heavy chest, chest pain, a racing heart. She said she could best correlate it to how feels like low blood sugar, like you are going to pass out. It was also reported that patient experienced woozy, about to pass out. She said she ended up what she'd call a vascular rash. She said it started in the thighs and spread down her legs. She said it was not a rash at the injection site, the rash was under the skin rather than a topical rash. She said she had a photo of it, that it seems like a vascular reaction. She would like to file a report with us because she said she felt like she did not get anything out, she had logged what happened to them and there was no correlation, no confirmation. She said she could send the photo to them. She said she was scared to get second vaccine, she wonders if she should do her due diligence to do second dose, or if she should skip it. She said there was no protocol in place, she had a telemedicine call with her doctor, there was no \$200 fee due, her physician said it sounds like patient had more than a normal reaction. She said there were other things that are scary, her doctor told her she should speak to an allergist, but she said it would cost her like \$600. She said she didn't feel good on immediate injection, she felt like she probably shouldn't be driving her car. She looked for her notes then she said her only normal reaction was a super painful injection site but not a rash. She said the vascular rash subsided with the use of BENADRYL. She said she could not afford an allergist to figure out what's going on. She asked why someone as small as her would get the same dose as a 200 pound man and why the doses of

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the vaccine were not specific to size or weight based. She also asked if based on symptoms will someone in the medical information department advised her not to get the second dose. Events onset date were reported as 01Apr2021. The case was reported as non-serious by the consumer. No events required emergency room visit. She confirmed that she did have a telehealth meeting with her general practitioner (also reported as no events required physician office visit), she said she talked to them on the phone. No investigations assessment and relevant tests were reported. The outcome of events was resolved on 02Apr2021 for "rash/ rash was under the skin/ it started in the thighs and spread down her legs" and "vascular rash/ rash was under the skin/ it started in the thighs and spread down her legs/ it seems like a vascular reaction", resolved on 08Apr2021 for "heavy breathing/breathing was heavy, voice was deep, like she really had to work to breathe" and "voice was deep", and resolved on 05Apr2021 for all other events.

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1284767	5/4/2021	TX	29	F	4/12/2021	4/12/2021	Hurts to move her arm; Felt like she had the flu; Congestion; Headache; Tiredness; lymph nodes in her underarm area are swollen, really achy; lymph nodes in her underarm area are swollen, really achy; Chest pain; Numbness in her face; Completely lost her vision; This is a spontaneous report from a contactable consumer (patient). A 29-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 12Apr2021 (Batch/Lot Number: ER8729) as single dose for COVID-19 immunization. There were no medical history or concomitant medications. The patient experienced completely lost her vision on 12Apr2021 with outcome of recovered on 12Apr2021, congestion on 16Apr2021 with outcome of not recovered, chest pain on 12Apr2021 with outcome of recovered on 12Apr2021, numbness in her face on 12Apr2021 with outcome of recovered on 12Apr2021, felt like she had the flu on 17Apr2021 with outcome of recovering, lymph nodes in her underarm area are swollen, really achy on 13Apr2021 with outcome of not recovered, headache on 15Apr2021 with outcome of not recovered, tiredness on 13Apr2021 with outcome of not recovered, hurts to move her arm on an unspecified date with outcome of not recovered. lymph nodes in her underarm area are swollen, really achy was reported as worsened. Clinical course: the patient was asking for advice because she had the first dose of the Covid Vaccine 1 week ago and had a really bad reaction and had to go to the hospital. It has been a week now and the symptoms are continuously getting worse. It sounds like the side effects were all expected. She felt like she had the flu yesterday. She is really achy, her lymph nodes in her underarm area are really swollen, and it hurts to move her arm. She is familiar that these symptoms are expected, but it has been a week. She wants to know if she should see a physician or if there is something she should do. Event details: The flu like feeling was not until 6 days after she got the first shot. It is not as bad but she does have aches and congestion. Her lymph nodes are really swollen and she has a headache and tiredness. She had symptoms before, that was just the start of the flu like feeling. On the day of the shot she went to the hospital because she completely lost her vision and had chest pain. She got the shot on Monday, 12Apr2021. She had

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1284665	5/4/2021 NY	58 F	4/19/2021	<p>numbness in her face, vision loss, and chest pain. From there she went to the hospital and that subsided. It was just like total exhaustion and body aches for the next couple of days. She lost her vision for 5 minutes total. The numbness to her face was right after the shot and is all gone now. The achiness is pretty bad now. It differs per day but her symptoms have probably gotten a little worse as time has gone on. She had slight pain in her lymph nodes and they weren't really swollen. It got progressively worse to now they are very swollen and it hurts to move her arm. It was the same arm where the shot was given. The headache is off and on. It started around Thursday 15Apr2021. It is sporadic when she gets it. It hasn't gone away. The tiredness has been the same since she got the shot. When she went to the hospital she went to the ER. She was not admitted. She spent 4 to 5 hours there. Treatment: In the ER she just had an IV (intravenous). Other than that they did a bunch of lab work. She had no medicine or anything. Investigations: They did a chest X-ray and lab work in the ER. Emergency Room Visit required for events completely lost her vision, chest pain, numbness in her face, felt like she had the flu.</p> <p>CHEST PAIN; CHEST PRESSURE; This spontaneous report received from a consumer concerned a 58 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808978, expiry: UNKNOWN) dose was not reported, administered on 02-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 19-APR-2021, the subject experienced chest pain. On 19-APR-2021, the subject experienced chest pressure. Laboratory data included: Blood test (NR: not provided) Normal, and EKG (NR: not provided) Normal. Laboratory data (dates unspecified) included: Stress test (NR: not provided) not reported. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from chest pain, and chest pressure. This report was non-serious.; Sender's Comments: MAC not required as per standard procedure as case was assessed as non-serious.</p>
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1284647	5/4/2021		54	M		3/1/2021	CHEST PAIN; TWO HEART ATTACKS; This spontaneous report received from a patient via the VAERS (Vaccine Adverse Event Reporting System; VAERS ID 1202551) concerned a 54 year old white not Hispanic or Latino male. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included the patient did not had allergies to medications, food, or other products, did not had other illnesses at the time of vaccination, up to one month prior and did not had spleen. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1802070, expiry: UNKNOWN) dose was not reported, administered on 10-MAR-2021 12:00 for prophylactic vaccination on right arm. Concomitant medications included lisinopril for drug used for unknown indication. On MAR-2021, the patient experienced two heart attacks, first attack was on day of vaccine and another was the day after the vaccine and was hospitalized (date unspecified). On 16-MAR-2021 04:00, the patient experienced chest pain prior to each heart attack but had never suffered chest pain before. He further reported that he was continuing to suffer from periods of chest pain at rest. Laboratory data (dates unspecified) included: Cardiac catheterization (NR: not provided) 20 to 30 percentage blockage. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from two heart attacks. This report was serious (Hospitalization Caused / Prolonged, Life Threatening, and Disability Or Permanent Damage).; Sender's Comments: V0. 20210439984-covid-19 vaccine ad26.cov2.s -Two heart attacks, Chest pain-This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
1284521	5/4/2021	NJ	65	F	4/21/2021	4/22/2021	Headache, chest pain , muscle pain, high blood pressure

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1284516	5/4/2021	AK	41	F	1/7/2021	1/7/2021	<p>About 15 mins after vaccine I felt a sudden onset of lightheadedness and feeling as if i would pass out, told the nurse I was going to throw up. I was given zofran and Dr monitored Vs. I continued to experience waves of dizziness, nausea, abdominal pain. Shaking followed (I felt so cold), along with frequent need to urinate and urgency to have a BM (loose) for several hours. I was given fluids and monitored. They gave Ativan 0.5mg 2.5 hrs later? I was discharged home at 8:45p.m. by Dr and told not to get the 2nd Vaccine. Symptoms continued and worsened on day 3 with Shortness of breath, chest pain and tingling in my arms that spread to my legs, back and neck. The first week I could barley walk and was seen in the ER 2 times for chest pain, shortness of breath, dizziness, tingling, heart racing, diarrhea, nausea, muscle weakness, insomnia due to shortness of breath (gasping) with heart racing, & unable to control my body temperature. Given Prednisone 40mg which exasperated symptoms. 1/13/21 In ER and given Benadryl 3 bags of fluids, potassium and sodium. Postural tachycardia was noticed. Referral to Neurologist.High D-dimer at ER on 1/16/21 CT scan performed to rule out blood clot in lungs. Referred to Cardiologist. Metoprolol and Colchicine was started in Jan by Cardiologist Dr . Weekly visits with Dr for the first couple months. More meds started to decrease inflammation. Furthur referrals to Immunologist, infectious disease, and Rheumatology. At 3 months worsening of tingling in my neck and headaches/burning that felt like shocks and shooting down neck and ears. Neurologist performed 3 view MRI to rule out transverse Myelitis. In ER early April for new onset of Petechiae, CBC labs normal. Immunologist states he felt i experienced an allergic reaction followed by secondary anaphalaxis. He is testing me for Mast cell activation syndrome (not diagnosed yet). Now almost 4 months later still unable to work. Waiting results to rule out POTS. Currently battle daily fatigue, chest pressure/pain, lung SOB, heavyness/pressure, with any exertion. I am limited with daily walking/normal activities. Symptoms that come and go are tingling, nausea, diarrhea, flushing of frequent urination, neck pain, regulating temperature.</p>

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1284509	5/4/2021	OH	21	M	3/29/2021	5/1/2021	Patient developed COVID symptoms 01MAY2021 (coughing, chest pain, fever, difficulty breathing) and was placed in observation by medics and physician. During initial evaluation vitals: temperature 102.7 °F, SpO2 95%, RR: 14, BP 132/90 and HR 115. The morning of 02MAY2021, patient had worsening difficulty breathing, lower oxygen saturations (88-92%) and sent to local hospital where he was admitted and found to have rapid antigen COVID test and confirmed with COVID PCR test. Patient was fully vaccinated as he received the vaccination 29MAR2021. Patient received antibiotics, 10L oxygen with non-rebreather mask, fluids and steroids.
1285516	5/4/2021	TN	17	F	4/28/2021	4/30/2021	chest pain and chills 2 days after vaccination. seen in ED 2 days after for chest pain. normal labs and EKG. seen 6 days later in this office for continued chest pain and chills. no previous history of chest pain
1286393	5/4/2021	NJ	42	M	4/23/2021	4/24/2021	had chest pain - was admitted to hospital with elevated troponin and was ultimately diagnosed with acute myocarditis. Was admitted on 4/25 and discharged on 4/27 - symptoms resolved within a week.

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1284735	5/4/2021	NY	64	F	3/4/2021	3/6/2021	<p>Angioedema; Shock; stridor; dry cough; Hoarse voice; Sneezing; Rhinorrhea; Dizzy; nausea; Hypotension; Weakness feeling; Generalized erythema; Generalized pruritus with skin rash; Generalized pruritus with skin rash; Diarrhoea; Vomiting; Throat closed in; the sides of the throat, down my neck , straight over my chest felt as if someone was squeezing me, chest felt heavy; Potential anaphylactic reaction; Difficulty breathing; severe brain fog; Severe chest pain hard to breath felt as if being smothered; difficult to sleep nights before as felt wired after the shot; bp slightly elevated 140/80; Became very groggy; eyes heavy, had about 3 sleep attacks; 3 sleep attacks; This is a spontaneous report from a contactable Health Care Professional (patient). A 64-year-old non-pregnant female patient received the first dose of BNT162B2 (Pfizer-Biontech Covid-19 Vaccine, Lot Number: EN4206) at single dose, intramuscularly, in the left arm, on 05Mar2021 at 10:00 AM, for COVID-19 immunization. The patient also received hylan g-f 20 (SYNVISC), via an unspecified route of administration, in knee, on 04Mar2021, at single dose, for an unspecified indication. Relevant medical history included narcolepsy from an unspecified date, in 1973, cataplexy from an unspecified date, complex regional pain syndrome (CRPS) from an unspecified date, in 2003, osteoporosis from an unspecified date, gastrooesophageal reflux disease (GERD) from an unspecified date, hypertension from an unspecified date and arthritis from an unspecified date, in 2003. Concomitant medications included methylphenidate hydrochloride (RITALIN), imipramine, baclofen, atenolol, rosuvastatin calcium (CRESTOR), ezetimibe (ZETIA), imipramine hydrochloride (TOFRANIL), montelukast sodium (SINGULAIR), acetylsalicylic acid (BABY ASPIRIN) and clonidine, all taken for an unspecified indication, start and stop date were not reported. The patient reported allergy for drugs like lisinopril, spiro lactone, ghb (gamma-Hydroxybutyric acid), epinephrine and all seizure type medications. The patient became very groggy, felt eyes heavy, had about 3 sleep attacks, on 06Mar2021, at 13:00. Also reported difficulty to sleep nights before as felt wired after the shot (insomnia) and bp was slightly elevated 140/80 on 07Mar2021. On 27Mar2021 at 13:00, throat closed in, felt the sides of the throat, down her neck, straight over her chest felt as if someone was</p>

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1286133 5/4/2021 CA

55 M

5/4/2021

5/4/2021

this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

The patient received the Janssen vaccine lot #1808980 exp 06/20/2021 at 0930am in the left arm. Patient has a history of asthma, high blood pressure, anxiety, and hearing voices. He takes lisinopril and zyprexa. He was in the hospital recently due to hearing voices but can not remember how long ago. He is living at a recuperative care shelter. Patient denied drug use, denies prior vaccine reactions, and said he was allergic to Geodon which makes him break out in a rash. The patient was sitting in the observation area after receiving his vaccine. At 09:35am he said he had 8/10 "sharp chest pain" that started after receiving the vaccine. He was warm to touch, non diaphoretic, no dizziness or nausea, and color was appropriate for race. He was AOX4. BP 139/90, RR 18, HR 91 and regular per palpation, Spo2 95% and no respiratory distress noted. At 0935 the patient said the pain "went away" and said it was now a 0 out of 10. He said he has had that sharp pain the past and has seen a doctor but he doesn't know what causes it. Vitals were rechecked. BP 130/92, RR 18, SpO2 95%, HR94. Patient remained alert and oriented. Patient remained with RN in observation area until 10am and continued to deny pain or any other symptoms. At 10am patient stood up. He denied dizziness or pain and walked away with a steady gait. The patient was educated to see his primary care physician about the periodic chest pain. Patient says he smokes 1 pack of cigarettes per day.

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1284735	5/4/2021	NY	64	F	3/4/2021	3/6/2021	<p>Angioedema; Shock; stridor; dry cough; Hoarse voice; Sneezing; Rhinorrhea; Dizzy; nausea; Hypotension; Weakness feeling; Generalized erythema; Generalized pruritus with skin rash; Generalized pruritus with skin rash; Diarrhoea; Vomiting; Throat closed in; the sides of the throat, down my neck , straight over my chest felt as if someone was squeezing me, chest felt heavy; Potential anaphylactic reaction; Difficulty breathing; severe brain fog; Severe chest pain hard to breath felt as if being smothered; difficult to sleep nights before as felt wired after the shot; bp slightly elevated 140/80; Became very groggy; eyes heavy, had about 3 sleep attacks; 3 sleep attacks; This is a spontaneous report from a contactable Health Care Professional (patient). A 64-year-old non-pregnant female patient received the first dose of BNT162B2 (Pfizer-Biontech Covid-19 Vaccine, Lot Number: EN4206) at single dose, intramuscularly, in the left arm, on 05Mar2021 at 10:00 AM, for COVID-19 immunization. The patient also received hylan g-f 20 (SYNVISC), via an unspecified route of administration, in knee, on 04Mar2021, at single dose, for an unspecified indication. Relevant medical history included narcolepsy from an unspecified date, in 1973, cataplexy from an unspecified date, complex regional pain syndrome (CRPS) from an unspecified date, in 2003, osteoporosis from an unspecified date, gastrooesophageal reflux disease (GERD) from an unspecified date, hypertension from an unspecified date and arthritis from an unspecified date, in 2003. Concomitant medications included methylphenidate hydrochloride (RITALIN), imipramine, baclofen, atenolol, rosuvastatin calcium (CRESTOR), ezetimibe (ZETIA), imipramine hydrochloride (TOFRANIL), montelukast sodium (SINGULAIR), acetylsalicylic acid (BABY ASPIRIN) and clonidine, all taken for an unspecified indication, start and stop date were not reported. The patient reported allergy for drugs like lisinopril, spiro lactone, ghb (gamma-Hydroxybutyric acid), epinephrine and all seizure type medications. The patient became very groggy, felt eyes heavy, had about 3 sleep attacks, on 06Mar2021, at 13:00. Also reported difficulty to sleep nights before as felt wired after the shot (insomnia) and bp was slightly elevated 140/80 on 07Mar2021. On 27Mar2021 at 13:00, throat closed in, felt the sides of the throat, down her neck, straight over her chest felt as if someone was</p>

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							this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.
1285887	5/4/2021	GA	22	M	4/13/2021	4/16/2021	Chest pain, inpatient therapy 4-17-2021 to 4-19-2021. Discharge diagnosis of myo -pericarditis
1287406	5/4/2021	IL	61	F	3/1/2021	3/2/2021	3.2.21 chest pain, jaw pain increased heart rate, headache,high blood pressure. I continued to work until 3.5.21 heart rate continued to be high 185 BPM when normally 55- 54 BPM. I went to the emergency room, thought I was having a heart attack, sweats, chest pains, high heart rate and was hospitalized.
1287136	5/4/2021	NJ	46	F	4/7/2021	4/10/2021	flu like symptoms with headache 4/8/21. Chest pain, nausea, sweating, lightheadedness started 4/10/21, was seen in ER and discharged home. White count was noted as 2.8. Chest pain went away after 24 hours and palpitations started 4/11/21, severe at times for several hours at a time. Saw my cardiologist on 4/15/21 for severe palpitations and he ordered a halter monitor to be worn for 2 weeks. I stated to him that I felt like I was in SVT, or something stronger than just palpitations. This continued for several hours a day from 4/11/21 to 4/24/21, when I was on the telemetry pack at work and went into an arrhythmia that was later evaluated by my cardiologist as SVT and A FIB. On 4/25/21, I had mild "palpitations" but have not had any incidences since. I am now on metoprolol to control it and did not have a cardiac issue prior to receiving the vaccine.
1287067	5/4/2021	CA	58	F	4/19/2021	4/19/2021	PT EXPERIENCED SHORTNESS OF BREATH , CHEST PAIN, LUNG PAIN AROUND 1 HOUR AFTER GETTING THE SECOND DOSE OF PFIZER COVID 19 VACCINE. SHE WENT TO THE ER ON 4/20 AND AGAIN ON 4/25 AND WAS ADMITTED FOR 4 DAYS AND WAS DIAGNOSED TO HAVE PERICARDITIS, ATRIAL FIBRILLATION AND ENLARGED HEART.

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1286798	5/4/2021	CA	16	F	5/4/2021	5/4/2021	Client c/o "chest hurting and hard to breathe" approx. 15 mins. after 2nd Pfizer dose. EMS was called for transport to local hospital. V/S @ 12:35: AOX3, BP 118/90, HR 72. At 12:42pm, client reported increased difficulty breathing and rated chest pain 7/10. V/S @ 12:42 BP 122/82, AOX3, HR 66, RR 22. At 12:50 medics arrived on scene and assumed care of client.
1286674	5/4/2021	NY	19	M	4/28/2021	4/30/2021	Patient felt febrile with flu-like symptoms on 4/29/21. Woke up on 4/30/21 with chest pain. Went to the emergency department. They evaluated him and transferred him by ambulance to Medical Center where he stayed for three days for tests and evaluation. Patient was ultimately diagnosed with acute perimyocarditis.
1286645	5/4/2021	CA	24	M	4/27/2021	4/28/2021	Presented with chest pain starting 1d after 2nd vaccine and worsening 3 d post vaccine. Found to have nstemi with troponin 11, normal echo, normal heart cath, negative urine drug screen.
1286578	5/4/2021	CA	58	F	4/9/2021	4/9/2021	At 12:30PM, I started getting a migraine, nauseated, and fatigued. By 1:15PM, I was having a hypertensive crisis. I went to my doctor's office with a blood pressure of 191/109. I was administered an EKG, which came out abnormal. I was prescribed new blood pressure medication and sent home. My blood pressure continued to spike out of control, and I had chest pains, shortness of breath and nausea. I went back to my doctor on the 15th and had another abnormal EKG. She sent referred me to a cardiologist, who I saw on the 16th. She prescribed new blood pressure medication. I made an appointment for additional testing, but ended up hospitalized on the 23rd when my symptoms worsened.

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1286504	5/4/2021	NY	70	F	2/11/2021	3/6/2021	I had a "drop attack: on 3/8/21. suddenly went limp and fell to the ground, conscious, but not dizzy in advance. When comfortable, I walked into another room to get my BP cuff, and the same thing happened. I fell limp to the ground, unhurt. Then unable to get up because limbs felt like spaghetti for about an hour. I had a PET scan which was unremarkable on 4/9/21, with some hypoperfusion neurophalm exam unremarkable 4/16 3rd attack, falling backwards, unharmed 4/24 sudden transientbinocular diplopia.. 4/30 a cardiac loop placed. Afterwards, BP 180/98 and transient aphasia. Followed by chest pain. Hosp overnight. MI r/o.
1286431	5/4/2021	CA	73	M	4/8/2021	4/23/2021	Patient reported to ER on 4/23/21 with complaint of chest pain. Symptoms started that morning. Felt fine the evening before. No fevers, chills or productive cough. He also had associated shortness of breath.
1286171	5/4/2021		34	M	4/25/2021	5/1/2021	This patient was admitted on 5/1/21 with chest pain. He was found to have an inferior STEMI with a thrombotic lesion in the proximal circumflex artery that was stented. He was also found to have a chronic right gastrocnemius deep vein thrombosis on a lower extremity ultrasound on 5/3/21. He is currently undergoing a hypercoagulable workup. There is potential concern that the thromboses may have been related to his COVID vaccine, as he received the second dose on 4/25/21.
1286342	5/4/2021	OH	34	M	4/21/2021	4/23/2021	34 y.o. male with history of depression admitted to the hospital on 4/23/2021 for chest pain and leg pain found to be due to Deep Vein Thrombosis and bilateral Pulmonary Embolism. Patient started on heparin infusion in the hospital with stabilization of vital signs then transitioned to apixaban at DVT/PE dosing prior to discharge

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1285561	5/4/2021	MI	79	M	3/12/2021	4/4/2021	<p>The patient presented with chest pain around 5 pm on 4/4/21. Patient reported "pain came out of nowhere." Patient reported pain was non-exertional and non-positional. He described it as "a constant burning sensation" located in the center of his chest with radiation upwards toward his jaw and shoulders, bilaterally. He was transferred to COVID unit, became hypotensive, hypoxic was seen by house MD. Lung exam crackles bilaterally. IV fluids stopped, patient was given 40 mg Lasix, Morphine 2 mg and started on a small dose nitroglycerine drip. POX 70s, low 80s so Bipap ordered. Patient developed v tach and arrested, resuscitated, defibrillated, received multiple meds, intubated by anesthesia, transferred in ICU on Levophed and Epinephrine. Arrested in ICU. Lines were placed by ICU team, arrested again in ICU. Was maxed out on 4 pressors, despite CPR, pulse could not be obtained, patient was pronounced dead 4/6/21 at 3:31am. 1. Triple vessel CAD 2. Moderately severe LV dysfunction with and EF 30% 3 The recent NSTEMI is secondary to the occlusion of the SVG-OM1. There is a large thrombus in the SVG which makes PCI of this vessel unlikely to be successful. 4 The native OM1 is chronically occluded. It may be possible to attempt to open this with CTO techniques, however, at this time continued medical treatment. 5. Perclose</p>

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1286078	5/4/2021	DE	69	M	3/18/2021	3/18/2021	I was hospitalized 2Xs immediately after receiving the 2nd Covid-19 vaccination for coronary artery blockages: 3/19 and again 3/22. I had been experiencing what I thought was heartburn and was referred to by PCP to a cardiologist who ordered a stress test that I passed. After suffering severe pain in my sternum from 11:00 pm 3/18-1:00 am 3/19 I went to the hospital. An EKG showed no coronary issues yet at 7 am I was taken to the cardiac catheter lab where it was discovered i had a 100% blockage. A stent was implanted and i was released around 4:30 pm the afternoon of 3/20. The morning of 3/22 I once again experienced severe chest pain and called an ambulance. I was told by the EMT my heart rate reached more than 200. I was rushed back to the same hospital where a 2nd cardiac catheter was performed. It was discovered that the stent implanted 48 hours earlier had a 100% blockage. It was opened and several additional stents were implanted. I was kept in the ICU for 2 days for observation and then released. No one I've spoken with since can verify what caused the 2nd episode. Several people at the hospital speculated the cause for the 2nd attack may have been a single dose of Brilinta that had been missed Saturday evening because by the time my wife got me home from the hospital and settled our pharmacy was closed. She picked up my prescriptions first thing Sunday morning and I took everything as directed. My cardiologist agreed with me that missing 1 dose should not have caused such an adverse reaction.
1286057	5/4/2021	TX	65	M	12/29/2020	12/29/2020	Resident experienced chest pain the evening he received the vaccine and requested to go to the hospital as he stated his "chest is pounding".
1286019	5/4/2021	TX	88	M	4/24/2021	4/26/2021	Went to ER on 4/27 with c/o chest pain (~3 day history), resolved. Returned to ER on 4/30 for chest pain- diagnosed with a small LEFT lower lobe segmental and subsegmental pulmonary embolus on CT 4/30/2021, hospitalized until 5/2/21, discharged on Eliquis, metoprolol, pantoprazole, keflex (for sore throat, negative throat cultures), metoprolol, atorvastatin, amlodipine.

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1285944	5/4/2021	CA	20	M	4/15/2021	4/17/2021	chest pain starting 2 days after vaccination that resulted in hospitalization for 3 days. Started on beta blocker and anti-inflammatories. Discharge diagnosis : presumed myopericarditis
1285818	5/4/2021	GA	50	M	4/23/2021	4/27/2021	Patient received vaccine on 04/23/21. Four days later developed chest pain. Patient believed this was related to normal symptoms post vaccination. His pain worsened and patient eventually presented to hospital and found to have inferior infarct, with 100% RCA complicated by VSD and RV failure requiring ECMO support
1285693	5/4/2021	LA	42	F	4/7/2021	4/7/2021	Shortness of breath, severe headache, chest pains, swollen injection site swollen breast
1285684	5/4/2021	LA	42	F	4/7/2021	4/7/2021	Shortness of breath, severe headache, chest pains, swollen injection site swollen breast
1285676	5/4/2021	OR	36	F	4/7/2021	4/28/2021	The patient is a 36 y.o. female w/ hx of migraines, renal artery stenosis s/p right renal artery stent placement, and HTN who presents to the Emergency Department with left leg swelling and rash. Patient reports that while shaving her legs this morning she noticed that there was a rash to her left lower leg anteriorly. It has persisted throughout the day, and tonight she also noticed that her LLE appeared to be more swollen than her RLE. Patient denies any pain of her LLE, but reports that she has some paresthesia in it. She denies any associated fevers, chills, SOB, or chest pain. Patient has not been diagnosed with any autoimmune disorders, and has never had a DVT. She also denies any recent long periods of immobility, recent surgeries, and any oral contraceptive use. Patient presents significantly hypertensive with SBP in the 220s, but she notes that this is in the setting that she has not taken her nightly dose of Labetalol.
1285637	5/4/2021	GA	38	F	4/27/2021	4/27/2021	Employee at SNF experienced the following symptoms: vomiting, fever, shortness of breath, and chest pain. Employee was taken to hospital and discharged on 4/28/21
1285576	5/4/2021	MA	71	F	3/8/2021	4/23/2021	Shot on 3/8/21 & on 4/23/21 had pain in chest. MWH tested & NOT heart UT LUNGS that a clot in each.

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1285570	5/4/2021	IL	16	M	4/29/2021	5/3/2021	My son woke up with a upper backache in the middle of the night (5/3/21) and shortly after that he said that it felt like someone was squeezing his heart. We called the pediatrician on call who recommended I take him to the ER. At the ER, they performed two EKG's, a chest x-ray, bloodwork and an echocardiogram. We were discharged from the ER 7 1/2 hours later with the following diagnoses: acute chest pain and acute pericarditis. His treatment consists of taking 600 mg of Advil every eight hours for at least the next, laying low and not exerting himself for the next and following up with his primary care provider and seeing the pediatric cardiologist later this week.
1286415	5/4/2021	FL	21	M	5/4/2021	5/4/2021	Complained of chest pain, Shortness of breath, dizziness initially. BP 86/54, P 58, O2 sat 99% Note: Client had been working in migrant field in 95 degree heat for 3 hours prior to vaccine and also appear dehydrated. Symptoms resolved after placed in Trendelenberg position and hydrated with PO fluids Client signed EMS waiver declining to be transported to hospital.

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1285703	5/4/2021	OH	58	F	4/20/2021	4/25/2021	4/25 Pt presented to urgent care with complaint of HA and earache. Her pulse ox was in the 80's and she was sent to the ED for further evaluation and admission. D/C summary from 4/26 : Patient is a 58 y.o. female patient of, DO with history of OSA cannot tolerate CPAP, depression, rheumatoid arthritis, chronic pain syndrome, obesity, diabetes type 2, CAD, hypertension, hyperlipidemia, TIA who presents with shortness of breath. Patient was placed on 4 L NC but quickly weaned off. She tested positive for covid on 4/25. She was started on dexamethasone and covid cocktail for 10 days. Her CTPA and venous duplexes were negative for blood clots. There was bronchitis on CTPA so pt was placed on albuterol, mucinex and advised to use IS. Her Cr was elevated to 1.52 and improved to 1.25 this morning. Her hydrochlorothiazide was held. Her AST was 186, ALT 245 previously normal. Her atorvastatin and metformin were held. She was tolerating po and her VS were stable so she was discharged home. She was advised to have repeat labs with her PCP in 1 week and if at that time her Cr, AST, ALT improved, then her hydrochlorothiazide, atorvastatin, metformin could be resumed at her PCP's discretion. She was at home for one day and presented to another ED with CP and SOB. Admitted 4/27-5/1 D/C Summary :Clinical Summary Patient is a 58 y.o. female with a history of positive covid test 4/25/21, CKD, CAD s/p PCI, depression OSA rheumatoid arthritis morbid obesity, HTN and DM2 who just discharged from hospital 4/26/21 after diagnosis of COVID and starting on dexamethasone. She presented to hospital 4/27/2021 with chest pain and shortness of breath. CXR negative 4/27/21, CTPA negative 4/26/21, LEVD negative 4/26/21 labs stable from last admission. 1. COVID 19 Pneumonia: Suspected re-infection. Husband reported was positive mid - January. Continued dexamethasone to complete 10 days (started 4/25/2021). Remdesivir not started with LFT elevation on admit. 2. Acute hypoxic respiratory failure: with increasing O2 requirement 4/28/2021. CXR 4/28/2021 with underaeration of lungs. ABG 4/28/2021 without hypoxemia. Likely d/t COVID, resolved 3. Chest pain: Suspect in setting of COVID infection and component of costochondritis. CTPA and LEVD negative 4/26/21. Troponins stable from last admission in setting of CKD, ekg without acute findings on admit. 4. Elevated LFT: on

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admit AST 186, ALT 245, total bilirubin 0.2. likely d/t COVID. Improving, AST 93, ALT 163 4/30/2021. will need outpatient repeat in 1-2 weeks with PCP 5. CKD3: Baseline creat 1.2-1.5. Cr on admit 1.52, improved 0.99 4/30/2021. Repeat chem in 1-2 weeks 6. T2DM: Per history, on Januvia at home (held on admit). A1C 8 1/29/21. Hyperglycemia on admission, improved with SSI, discussed continuing on discharge while on steroids and following up with PCP in next week

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1281070	5/3/2021	FL	33	F	3/11/2021	4/9/2021	When I tried to eat, I threw up and pooped myself 45 seconds after eating something.; trouble walking; Didn't sleep for five days; hot arm; red arm; sore arm; aches; Fever; I have heart problems since the vaccine where they wanted to do ablation in my heart but couldn't; When I tried to eat, I threw up and pooped myself 45 seconds after eating something; Chills; Trouble breathing; Delirious; enormous pain around rib cage she couldn't lay down due to the pain; Going to bathroom all the time; Lost 15 pounds because I couldn't eat. Seven days without eating; she got very sick; Sweating all the time; Mental break down; Cant stand up; heart keeps shooting; This spontaneous case was reported by a consumer and describes the occurrence of PYREXIA (Fever), CARDIAC DISORDER (I have heart problems since the vaccine where they wanted to do ablation in my heart but couldn't), DIARRHOEA (When I tried to eat, I threw up and pooped myself 45 seconds after eating something.), VOMITING (When I tried to eat, I threw up and pooped myself 45 seconds after eating something), CHILLS (Chills), DYSPNOEA (Trouble breathing), DELIRIUM (Delirious), MUSCULOSKELETAL CHEST PAIN (enormous pain around rib cage she couldn't lay down due to the pain), POLYURIA (Going to bathroom all the time), WEIGHT DECREASED (Lost 15 pounds because I couldn't eat. Seven days without eating), ILLNESS (she got very sick), HYPERHIDROSIS (Sweating all the time), EMOTIONAL DISTRESS (Mental break down), DYSSTASIA (Cant stand up), GAIT DISTURBANCE (trouble walking), INSOMNIA (Didn't sleep for five days), FEELING HOT (hot arm), ERYTHEMA (red arm), PAIN IN EXTREMITY (sore arm) and MYALGIA (aches) in a 33-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 017B21A and 027A7VA) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Lupus erythematosus. Concurrent medical conditions included Fibromyalgia, Autoimmune disorder, Allergy to molds and Mercury poisoning. Concomitant products included MARIJUANA for an unknown indication. On 11-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular)

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dosage was changed to 1 dosage form. On 09-Apr-2021, the patient experienced PYREXIA (Fever) (seriousness criterion hospitalization), CARDIAC DISORDER (I have heart problems since the vaccine where they wanted to do ablation in my heart but couldn't) (seriousness criterion hospitalization), VOMITING (When I tried to eat, I threw up and pooped myself 45 seconds after eating something) (seriousness criterion hospitalization), CHILLS (Chills) (seriousness criterion hospitalization), DYSPNOEA (Trouble breathing) (seriousness criterion hospitalization), DELIRIUM (Delirious) (seriousness criterion hospitalization), MUSCULOSKELETAL CHEST PAIN (enormous pain around rib cage she couldn't lay down due to the pain) (seriousness criterion hospitalization), POLYURIA (Going to bathroom all the time) (seriousness criterion hospitalization), WEIGHT DECREASED (Lost 15 pounds because I couldn't eat. Seven days without eating) (seriousness criterion hospitalization), ILLNESS (she got very sick) (seriousness criterion hospitalization), HYPERHIDROSIS (Sweating all the time) (seriousness criterion hospitalization), EMOTIONAL DISTRESS (Mental break down) (seriousness criterion hospitalization), DYSSTASIA (Cant stand up) (seriousness criterion hospitalization), INSOMNIA (Didn't sleep for five days) (seriousness criterion hospitalization), FEELING HOT (hot arm) (seriousness criterion hospitalization), ERYTHEMA (red arm) (seriousness criterion hospitalization), PAIN IN EXTREMITY (sore arm) (seriousness criterion hospitalization) and MYALGIA (aches) (seriousness criterion hospitalization). On an unknown date, the patient experienced DIARRHOEA (When I tried to eat, I threw up and pooped myself 45 seconds after eating something.) (seriousness criterion hospitalization), GAIT DISTURBANCE (trouble walking) (seriousness criterion hospitalization) and HEART RATE INCREASED (heart keeps shooting). The patient was hospitalized on 14-Apr-2021 due to CARDIAC DISORDER, CHILLS, DELIRIUM, DIARRHOEA, DYSPNOEA, DYSSTASIA, EMOTIONAL DISTRESS, GAIT DISTURBANCE, HYPERHIDROSIS, ILLNESS, INSOMNIA, MUSCULOSKELETAL CHEST PAIN, POLYURIA, PYREXIA, VOMITING and WEIGHT DECREASED. At the time of the report, PYREXIA (Fever), CARDIAC DISORDER (I have heart problems

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1281795	5/3/2021	MN	17	F	4/8/2021	5/1/2021	<p>since the vaccine where they wanted to do ablation in my heart but couldn't), DIARRHOEA (When I tried to eat, I threw up and pooped myself 45 seconds after eating something.), VOMITING (When I tried to eat, I threw up and pooped myself 45 seconds after eating something), CHILLS (Chills), DYSPNOEA (Trouble breathing), DELIRIUM (Delirious), MUSCULOSKELETAL CHEST PAIN (enormous pain around rib cage she couldn't lay down due to the pain), POLYURIA (Going to bathroom all the time), WEIGHT DECREASED (Lost 15 pounds because I couldn't eat. Seven days without eating), ILLNESS (she got very sick), HYPERHIDROSIS (Sweating all the time), EMOTIONAL DISTRESS (Mental break down), DYSSTASIA (Cant stand up), GAIT DISTURBANCE (trouble walking), INSOMNIA (Didn't sleep for five days), FEELING HOT (hot arm), ERYTHEMA (red arm), PAIN IN EXTREMITY (sore arm), MYALGIA (aches) and HEART RATE INCREASED (heart keeps shooting) outcome was unknown. In hospital she was 6 days of fluids around the clock: magnesium fluids ,potassium , medicine for stomach, Zofran for vomiting which didn't stop it. Started new heart medication that she has one pill in the morning and one at night: Metoprolol and Propafenone Also started with Lexapro at hospital because of the mental breakdown so had to but her on anti depressant. The patient received both scheduled doses of mRNA-1273 prior to the events; therefore, action taken with the mRNA-1273 in response to the events was not applicable.</p> <p>acute myocarditis; acute onset chest pain; admitted to the pediatric intensive care unit; about to receive IVIG. Chest pain started 5/1/20 about 2 days after her 2nd Pfizer COVID-19 vaccination</p>

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1284434	5/3/2021			U			BP is 28/82. Hr 95. Mild bee sting allergy. First dose given today. Patient complains of Lightheadedness, nausea and dizzy. She said she has not had food the whole day. Paramedics on site. Patient complains of Numbness-tingling around the lips. Hyperventilating, no SOB, no chest pain HR 96. Spo2 100% on RA. Sinus rhythm. BP 92/70. 103/63. Blood glucose 103. Pt refused to go to the hospital. Education provided by paramedics. Consent/waiver signed. Second code green was called for the same patient. Patient was still lethargic and lightheaded. This time she agreed to go to the hospital.
1281763	5/3/2021	NY	61	M	4/5/2021	4/22/2021	He is complaining of rhinorrhea, nasal congestion and a dry cough. He denies any fevers or chills. Patient said that he felt off yesterday. Since getting up today patient has felt more short of breath on exertion. He feels like he is breathing heavy. He is denying any chest pain or pressure. Patient did feel some pain behind his left knee over the last week, but has none at this time. He is also felt some mild right ankle discomfort, but that has resolved as well. He denies any recent COVID-19 exposures. Treated with heparin and catheter directed alteplase

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1281725	5/3/2021	FL	62	F	4/29/2021	4/29/2021	<p>She got the vaccine, she's healthy. Within minutes they took her VS and showed no signs of anything happening at that point. She had a care ride. At approximately 4:00 PM the EMS was at the facility, she could not breath or talk and EMS was called and it got worse in the ride to the ER. She had a severe headache to the point that somebody grabbed her around the throat and her eyes were popping out of her head. She had chest pains, and given nitro for that, and had trouble breathing. She had no voice. The attempted to give her aspirin in applesauce. Her temp was taken and it was 97, by the time she was admitted it was elevated. In the car, EMS was trying to get her veins and 11 attempts were made and she was bruised. She has waited a year and a half for surgery as she needs right knee replacement, and has spine, joint issues and was not able to move due to extreme weakness. She was given Epinephrine in her leg and it did not do anything. She was admitted to the hospital and was there a couple of days until she was able to help her walk. She had no anxiety and had anger over the nursing staff, attending physician and the way she was treated. She is a licensed CNA and has worked in 3 hospitals and has a grievance due to the lack of care that she received while in the hospital. The ER nurses were good, but going to the 6th floor was another issue. Her Dr. on Saturday ordered a swallow test as they could not determine why she had no voice and could not swallow. It was done and she was still having difficulty getting food down, but it was slow and did go down. Since he has been back at ALF she is now better, able to walk, talk and go about her life. While in the hospital she was having a hard time getting her medications, and was given a breathing treatment in the ER, and was still having problems on the floor and was having problems with them getting her medications so that she could breath. She finally got their attention and told her that she was not okay with her and the lack of the nursing staff care. She fought to get her Flonase, and by the time she was ready to leave on Saturday she had been given one treatment of Symbicort. She did have blood tests done to the point that it was excessive, but she had veins that were blowing and there was no access points. On Friday she refused them as she had been stuck 11 times. On Saturday morning they came to get more blood and she refused on Saturday evening</p>

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1281706	5/3/2021	CO	35	M	4/29/2021	5/2/2021	when she was being discharged, and she was prescribed a multivitamin to take, which she has never taken one before. She has no heart issues and no chest pains but was discharged home with nitroglycerin. She states that she will not be getting the 2nd vaccine.
1281675	5/3/2021	IN	29	M	3/31/2021	4/27/2021	Patient received his 2nd dose of the COVID vaccine (pfizer) on 4/29/21. The next day he developed a fever of 103 F which lasted about 36 hours. He felt achy and generalize malaise and felt sweaty in the evening on 5/1. Presented to ED on 5/2 with chest pain and shortness of breath. Patient given nitro x3, asa, and heparin gtt and transferred for ongoing management of NSTEMI. Family history of CAD; grandfather and all 6 of his brothers died from heart attack
1281599	5/3/2021	KY	32	M	4/7/2021	4/23/2021	Began having chest pains on the morning of 4/27. I was taken to the ER at 7pm. An EKG was ran and came back normal. Blood tests showed my Trop level was high. I was taken to another hospital via ambulance. My trop levels were taken 2 more times that night, both coming high at 3.49 and 4.19. They took two more EKGs that night. On the morning of 4/28, they conducted an echocardiogram that came back normal. On 4/29, they performed an angiogram at 1:45pm that came back with no blockages. I was discharged on 4/29 at 6pm with the diagnosis of myocarditis.
1281996	5/3/2021	IA	31	M	3/29/2021	4/19/2021	Culminated in myocardial infarction. Chest pains started next day and leg pains. By April 23, I had severe chest pains and had to see medical at work. On April 30, 2021 was at emergency department for heart attack symptoms. Was transferred for myocardial infarction. Test results show myocardial infarction, coronary spontaneous arterial dissection, and blood clot.
							Pulmonary embolism of right lung. Required hospitalization x1 overnight. Was started on enoxaparin inpatient, then transitioned to Eliquis 10mg twice daily with intent to drop down to 5mg daily. Presented to ER on 3/3/21 with chest pain. Patient continues to follow up in clinic.

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1281336	5/3/2021	NY	32	F	4/8/2021	4/1/2021	Overly tired, shortness of breath, chest pain, leg pain After 3wks of symptoms patient(self) went to hospital and it has been discovered patient has (self) has a blood clot in Right lung. Patient (self) has no record or history of blood clots. Was treated with heparin while in hospital. Has since been discharged and sent home with a prescription for anticoagulant.
1281880	5/3/2021	WA	64	M	4/10/2021	4/23/2021	4/25/2021 - He was apparently well until 2 days prior to admission when he developed spontaneous left calf pain and swelling. He denies any associated trauma, recent travel and immobility. He is not taking any new prescription, including steroids. One day prior to admission, he started experiencing left-sided pleuritic chest pain up to 9/10 in intensity and exertional shortness of breath. He denies any fevers, hemoptysis, sputum production, diaphoresis, nausea, vomiting, abdominal pain, dizziness or lightheadedness. The pain was persistent throughout the day. Today, his chest pain persisted and his shortness of breath had progressed. He also noted left arm swelling with mild discomfort. He felt that his left leg swelling and pain had improved today. Nevertheless, given persistent symptoms, he decided to come to the emergency room for further evaluation management. In the emergency room, his initial blood pressure was 218/104 with mild tachycardia of 99, normal oxygen saturation and no fevers. CBC showed a white count of 12.35, hematocrit of 50.4 and normal platelet count 198. INR was normal at 1.06. BMP showed mild hyperglycemia at 148. Troponin was 5 and BNP was 8. Imaging studies show extensive left upper extremity DVTs that involved the left subclavian vein, left lower extremity DVTs and bilateral lower lobe pulmonary emboli. 4/30/2021 Presumed unprovoked extensive DVT of the left upper extremity and left lower extremity. However, he did recently receive Johnson & Johnson Covid vaccine. Now status post catheter directed thrombolysis to the left upper extremity.

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1281053	5/3/2021			M		3/20/2021	ADVERSE EFFECT OF VACCINE; SHORTNESS OF BREATH; FATIGUE; HEADACHE; LOW PLATELETS; NIGHT SWEATS; DIAPHORESIS; BLURRED VISION; FEVER; BODY ACHES; This spontaneous report was received from a physician via a company representative and concerned a white nonhispanic or Latino 50 year old male. Initial information was received on 28-APR-2021, with additional information obtained via telephone follow up from a physician on 29-APR-2021. The patient's height was 73 inches and weighed 252 lbs; approximate body mass index was 32.68 kg/m2. Medical history included: lung infection in 2014 which led to aortic valve disease which required biologic aortic valve replacement (2014); prolapse of right coronary aortic valve cusp, severe aortic insufficiency. There was no history of hyperlipidemia and was positive for family history of cardiovascular disease. Concurrent conditions included attention deficit disorder (ADD), back and neck problem, other congenital anomaly of heart, hypertension, lumbago, shortness of breath and thyroid nodule. The patient received COVID-19 vaccine Ad26.CoV2.S (suspension for injection, intramuscular, batch number and expiry date unknown) on 19-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. Concomitant medications included: carvedilol, losartan and atorvastatin (all for aortic valve replacement). Also aspirin, Adderall (dextroamphetamine-amphetamine) both for unspecified indication. On 20-MAR-2021, the day after receiving the vaccine, the patient developed fevers, body aches and headache which resolved within 24 hours. Then a week on an unspecified date, he developed more symptoms which included fatigue, shortness of breath for the most part and some headaches. On 27-MAR-2021 the patient experienced a single episode of visual disturbance of blurred vision while driving. At a stoplight vision in both eyes were blurred and he had trouble see the road; he no longer could drive. The blurred vision resolved within a few minutes and not vertigo or headache occurred at that time; and there were no other reported visual changes. The patient visited his physician 28 days after receiving the vaccine on 16-APR-2021. He reported ongoing fatigue, body aches and headaches. No further visual changes or disturbances. He felt fatigue and shortness of

breath were the most noticeable. He denied chest pains and fevers but has been experiencing night sweats (unspecified start date); and generally feels unwell and described himself as "feeling off". No leg edema or leg pain currently. Also no coughing, wheezing or bruising. His concentration was stable and there was no loss of memory. No other neurological symptoms. Physical exam was positive for chills diaphoresis, fatigue, fever and shortness of breath; cardiovascular examine revealed a murmur present, and pulmonary examine was normal breath sounds, no decreased breath sounds, wheezing, rhonchi or rales. Vital signs: blood pressure 104/68, pulse 93, temperature 98. The physician's assessment also included an adverse effect of vaccine. Laboratory results form 16-APR-2021 included: Creatinine (normal range 0.50 - 1.30 mg/dl) 1.09, white blood count (WBC) (normal range 3.8 - 10.8) 3.4, red blood cell count (RBC) (normal range 4.20 - 5.8) 4.92, hemoglobin (normal range 13.2-17.1 g/dL) 13.9, glucose (normal range 71-99mg/dL) 109, D-Dimer elevated at 286 (normal range <230), elevated C-Reactive Protein (CRP) (normal range 0 - 5 mg/L) 32.3, fibrinogen (results not reported), Covid-19 Antigen Antibody negative, platelet count 123,000 (lower limit of normal <140,000). The patient has a baseline platelet count of 200,000 from JAN-2021 and for the past 9 years had ranged from 180,000 - 240,000. A heparin-induced thrombocytopenia (HIT) was negative anti-PF4 antibody. On 20-APR-2021, the patient received Computerized tomogram (CT) of the head with and without contrast which was normal - no acute hemorrhage, mass effect or abnormal enhancement. The patient also had a CT chest with contrast with no evidence of pulmonary embolism to the segmental level; a 16 by 16 mm nodule with small calcification was noted, this was nonspecific but could reflect primary lung cancer, correlation with PET/CT is indicated. Additional laboratory results on 20-APR-2021 concerning serotonin release stated as follows: Positive, 6%, 40%, 37%. HIT panel negative with less than 0.6 antibody On 27-APR-2021 additional laboratory results were as follows: WBC 4.1, RBC 4.95, hemoglobin 14.0 g/dL, D-Dimer 275, fibrinogen 427 and HIT panel negative with less than 0.6 antibody. A hematologist was consulted and a complete blood count and HIT panel were performed on 28-APR-2021. Results were platelet

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						count of 159,000, D Dimer of 275, HIT negative anti-PF4 antibody screen and the SRA assay was pending. On 29-APR-2021 the duplex of left lower extremity was negative for deep vein thrombosis (DVT). Additional laboratory reports included a platelet factor 4 antibody test test methodology which used latex particle enhanced immunoassay to detect anti -pF4/heparin antibodies (reference range 0.0-9), with the patient's value was <0.6 (negative). A COVID PCR test was not performed. An enzyme-linked immunosorbent assay (ELISA) test was ordered for 30-APR-2021 for anti-PF4 antibodies. The action taken with COVID-19 vaccine Ad26.CoV2.S was not applicable. The outcome of the event blurred vision and fever were resolved; the outcome of low platelets, adverse event of vaccine, shortness of breath, fatigue, headache, body aches, night sweats and diaphoresis were not reported. This report was serious (other medically important condition).; Sender's Comments: V0.20210456790-COVID-19 vaccine Ad26.CoV2.S -Low platelet counts,blurred vision,adverse affect of vaccination. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).	
1281031	5/3/2021	PA	16	M	4/30/2021	5/1/2021	The patient received the second dose of the Covid vaccine on 4/30/21, on 5/2/21 at 0230 the patient reported an episode of palpitations, chest pain, and left arm pain that was relieved after 1 hour. On 5/3/21 at 0230 the patient reported a second episode of palpitations, chest pain, and left arm pain that was not relieved, pt presented to the Clinic, to ED at 0340 on 5/3/21, the patient had an EKG and lab work done. Troponin I lab level was 4.52, which is over 100 times the normal limit. Pediatric cardiology was consulted and the patient was sent to Hospital via life flight.
1280986	5/3/2021	OH	43	M	4/30/2021	5/2/2021	Fever/chills, decreased appetite. ED visit for chest pain day 3 post vaccination

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1280966	5/3/2021	IL	34	M	4/27/2021	4/29/2021	Chills, fever, and severe headache started 12 hours after injection and subsided 36 hours later. 12 hours after those side effects subsided chest pains started. I was told I was having a heart attack based off the high levels of an enzyme that's present when the heart is under stress. I was given a catheter through the artery in my wrist and my heart was clear. I was then diagnosed with Pericarditis. I am currently on medication and still having severe chest pains.
1280933	5/3/2021	KY	36	F	5/1/2021	5/2/2021	5/1/2021 Drainage and weird taste in back of mouth 11:30a Slight redness left thigh warm to touch 12:30-1:15p Fatigue 12:30-current Nausea 12:30-current Headache 3:15-current Diarrhea 4:30-current Sore arm 8p-current General malaise, especially if standing up 9:30p-current Face pressure 11:30p-11:35p 5/2/2021 Shakes 5a-7a Chest pains 8a-current, intermittently Anal bleeding 2p, every bowel movement since, bright red blood in toilet and on paper Lightheaded and faint called EMS Blood pressure 155/94 3p, they suggested to follow up with my PCP in AM Anal bleeding 5:30p Red streak R arm near injection site 6:15p-6:45p Red dots on L knee 6:15p-current (not itchy) Started period/spotting 1st one since conceiving last year. I am 12 weeks postpartum and exclusively breastfeeding. (light brown not heavy) 9:30p (with prior two children J did not start my period until babies were about one year old and weaning from breastfeeding)
1280917	5/3/2021	AZ	32	F	4/28/2021	4/29/2021	After 2nd vaccine. Night 1 - woke up, hot/cold sweats. Flu-like symptoms. Very sick. Tired. Gassy. Slept a lot. Bloody nose. Day 2 - extremely tired. Hot/cold. Couldn't stay awake. Clammy. Gassy. Slept all day. Day 3 - eyelid swelling when I woke up. Put a hot towel on the eyes. low-grade fever. Extremely tired. Migraine all day. Body aches. Toe pain (not sure how that even happened). Night 3 - extreme neck pain. Hurt very bad to sleep on it. Eye swelling. Gassy. Tired. Slept a lot. Migraine. Inability to focus. Chest pain. Trouble breathing. Day 4 - mild neck pain. Semi-clammy. feeling much better.

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1281481	5/3/2021	TX	42	F	2/26/2021	3/12/2021	<p>She got her vaccine, she started tasting the medicine first, and then her mouth got watery and started having little chest pains. She waited the 15 minutes and left, and did tell the pharmacy lady her symptoms. Her arm was red, and had a headache, but didn't think anything of it. After 2 weeks she had a red arm, hot, shiny and swollen. She went back to the store, and had the pharmacy lady look at it who told her she had an allergic reaction, take some Benadryl and go to her doctor. She took that and went to her doctor as the symptoms did not go away. She sent her to an allergy specialist. She did blood work and went to the specialist and still taking the Benadryl. It was kind of going away, but the rash was warm and he did allergy testing and told her that she had allergies to trees, grasses, etc. During the time of waiting for the test results of the allergy testing she continued to have the headaches and her mouth started getting dizzy. She thought maybe it was just allergies. She was at work cutting hair and almost cut a child as she felt dizzy and fatigued and it gradually came on her. She had to sit down for a while and that feeling did not go away. Her boss told her to finish and she was about to cut a child and went to her car, and laid in the car all day as she could not drive home. She was feeling that it was just some allergies. Called her husband and went to a store within walking distance, and she was holding onto the basket and feeling dizzy and fatigued and was facetimeing her husband and then she felt lost, did not know why she was in the store. She didn't remember where the car was, and walked around for an hour not knowing what to do or why she was there. She then sat down to try and get her senses and took something for her headache. She got to the car and zoned out and tried to drive home and was not able to due to the dizziness and fatigue, but could not remember to drive and telling herself to push the gas and was only going about 5 miles an hour. She called her husband and told him that she could not drive home, and stayed in the parking lot a little bit longer. It took her 3 hours to get home, which was normally at 20 minute commute. She went back to her PCP and told her what happened and told her that she did not feel safe, confused, watery mouth and headache. She then ordered an MRI to see what was going on. She then tried to get home again and had another episode and was not able to make it</p>

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home. She went to the ER and they ran a lot of tests, CT scan, x-rays and told her that all tests were normal. He then looked at her and did a neurologic test and told her that he could not send her home and told her that she did not look fine. She told him that she did not feel safe, and was not able to function. She gave him a description of how she felt, and told him that she has short term memory problems, and that if she is driving she does not realize that she is. She was then admitted to the hospital and did 2 more CT scans, an MRI, blood work and ended up having a neurologist see her, and told her that all her tests were negative. It was even hard for her to walk and she had to see a therapist for that, and they put her on some medicine for the dizziness and fatigue. She was in the hospital for 3 days. She went back to the doctor on Monday and still having the symptoms, but the medicine did help some. The doctor saw that she could not walk and fell over. She called the neurologist again and did another blood tests to see if she had COVID prior to the vaccine and doubled up on the medicine for the dizziness which did help with that but the other symptoms were still there, but she was able to walk but not drive. She had her go to another neurologist to do an MRI of the brain with contrast of the ear part, and she is to go to the doctor today for those results. From 2/26/21 until now 5/3/21 she has been taking the medicine to function and be able to walk. She tried to wean herself off the medicine but she is not able to walk and the fatigue comes back. She still is not able to drive as the short term memory hits her and she forgets where she is and not able to keep up with the speed of the freeway and driving only 10 miles an hour. She then called the doctor again as she was still having the episodes, she has not been able to work and was told that she probably had to see a neuropsychologist. She also was filing out paperwork at one point and got a headache and was not able to fill out the paperwork correctly, and did not remember her 16 year olds information. She is not able to return to work as the company she was working sold the company and she is not able to cut 2 haircuts a day without breathing hard and used to be able to cut 30 a day. Her body hurts so bad that it feels like if you touch her skin it?s like she had a full work up. Her doctor told her that she did not have COVID but her body is reacting as if she did. She is also used to taking care of special

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1282821	5/3/2021	19 M	4/26/2021	4/28/2021	<p>needs and autism kids cutting their hair and is upset that she cannot provide for her family and used to work 7 days a week, 7 hours a day. She is supposed to go to the neurologist today for the results of her MRI (while talking to me she could not remember why she was supposed to go to that doctor). She was also having an episode and not able to speak to me, starting babbling. I told her to take a deep breath and she did collect herself. They are still trying to determine what is going on and why she is having these side effects which she did not have prior to the vaccine. The tests results are showing that she is okay, but the doctors know that she is not.</p> <p>Chest pain 2 days after COVID vaccine. Midsternal cramping, pressure-like associated with shortness of breath. Pain resolved, but then returned later in the evening when lying down to go to sleep. Symptoms - chills, fever, shortness of breath, chest pain COVID 19 vaccine related myopericarditis cannot be ruled out</p>
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1283974	5/3/2021	OH	81	F	2/10/2021	4/21/2021	<p>Clinical Summary Patient is a 81 y.o. female with a history of HTN, IDDM2 w/ neuropathy, HLD, COVID-19 infection (11/5/20) and hypothyroidism who presented to hospital Observation 4/21/2021 from AL s/p fall with right knee/hip pain. Admit Hgb 12.0, COVID-19 +. CT right knee showed large hematoma in the prepatellar region measuring up to 16.4 cm. Evaluated by ortho, recommended supportive measures. 1. Traumatic Hematoma of Right Knee: s/p fall as detailed below. Patient endorsed immediate pain to her right hip/knee, described as sharp/aching with muscle spasms. Denied numbness/tingling. Admit CT pelvis non-acute, CT right knee as above. Held ASA. Pain control, ice, elevation. CBC remained stable. Ortho followed, recommend continued monitoring of skin integrity and local wound care. 2. Left Forehead Hematoma: s/p fall. Admit Hgb stable. CTH on admit with noted hematoma, otherwise unremarkable. Encouraged ice, pain control. 3. Mechanical Fall: Patient tripped and fell in the hallway at her AL facility while participating in fire drill. Denied LOC, did strike head on a nearby shelf. Initially reported dizziness that has since resolved, continued gentle IVF. 4. COVID-19 Infection: asymptomatic. Patient initially tested + for COVID-19 11/5/20, and received her 2nd vaccination 2/10/21. Denied dyspnea, chest pain, fevers/chills, cough. Discussed with infection prevention, will require additional 10-day isolation (last day 4/30/21). Isolation precautions, supportive care.</p>

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1283185	5/3/2021	WA	16	M	4/30/2021	5/1/2021	Previously healthy 16 year old young man presenting with chest pain admitted for myopericarditis. He was in his usual state of good health until 2 days ago when he experienced fever, chills and myalgias after receiving his 2nd dose of COVID pfizer vaccine. He improved until 5/2 when he developed a crushing, non-radiating, substernal chest pain which was waxing and waning in nature without specific alleviating factors. He had shortness of breath, but no palpitation, dizziness, or changes in pain on exertion vs rest. Family activated EMS who gave 325 mg of aspirin en route to the ED. In the ED, he was afebrile and hemodynamically stable. He was mildly diaphoretic, but otherwise, unremarkable on physical exam. STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending. Cards also recommended starting Ibuprofen 600 mg q8 hrs and admission to cards for further management.

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1283077	5/3/2021	CA	57	F	4/28/2021	4/28/2021	Dose given at 1:43pm. Symptoms started around 1:50pm. Symptoms include arm numbness and chest pressure. Pulse ox: 98 Bp: 168/95 Heart rate: 89 Pain: 8 of 10 chest pain moving to left Arm Pt reports numbness in the left arm all the way to shoulder & in the right arm numb to elbow. Pt states having breathing problems. Gave pt oxygen. Pt reports pain with inhalation and exhalation. Pmh: diabetes, no cardiac hx, thyroid problem Per pt, took medications today, ate quesadilla for breakfast, & was feeling good before vaccine administration. Pt has never felt these type of symptoms. No fever, no cough Medications per pt: glipizide, synthroid Recommended to go to the hospital; sounds like anxiety but pt wants to go to the hospital. Pt feels tightness of throat, but o2 is sat is 99@2:02 Pt was very nervous and didn't want to get the vaccine. Her legs are numb/falling asleep 2:05pm Nauseous at 2:08pm but dry heaving, no actual vomit 911 called at 2:10pm. Chest pain @ 2:11pm is 8 out of 10 and numbness is still present in hands and feet, per pt. o2: 99 and pulse: 87 at 2:13pm Temp: 36.0 BG 8am before breakfast: 118 Ambulance arrived @ 2:19pm and transported pt to hospital
1283021	5/3/2021	WA	35	F	4/8/2021	4/8/2021	On the way home after my vaccine, I had Chest pain. The next day I felt unusual early the next day and normal symptoms in the afternoon. On the third day I had a slight headache in the morning. I then got a significant nosebleed, and my right leg was painful. On the fourth day I tried to work out and I felt lightheaded and got some chest pain and tightness with shortness of breath. I seemed to bruise easily. I was advised to see my doctor and I went to the ER. I followed up with my doctor and she advised that there were no signs of blood clots.

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1283002	5/3/2021	OH	79	F	3/23/2021	4/14/2021	<p>Patient is a 79 y.o. female with a history of CAD, COPD, chronic CHF, DM2, HTN who presented to hospital 4/14/2021 with chest pain, upper abdominal pain and ongoing melena. 1. Melena: Ongoing for 6 weeks per patient. Underwent colonoscopy 4/7/21 with polypectomy, no inflammation or bleeding. CT A/P 4/14/21 with mild esophagitis, mild colitis, no other acute finding. IV PPI BID. GI followed, pt is s/p EGD 4/15/21 with normal esophagus, large hiatal hernia with multiple Cameron ulcers and erosive gastropathy with no stigmata of recent bleeding. Biopsied. H&H stable at discharge. Avoid NSAIDs. Discharged on PPI 2. Colitis: Mild on CT A/P. Stool PCR discontinued as diarrhea resolved. Patient is s/p cipro/flagyl in ED. Transitioned to Unasyn with end date 4/15/21. 3. Acute Blood Loss Anemia: Baseline Hgb ~ 12-14. Down to 5.8 on admit in setting of GI bleed. Transfused 1 unit pRBC 4/14/21. Trend H/H Q6H. Transfuse for Hgb < 8 given cardiac disease. Iron studies with evidence of iron deficiency. s/p IV iron. H&H stable at discharge 4. AKI: Baseline creat ~ 0.7-0.8. Elevated to 1.35 in the setting of bleeding/anemia. Held ACEi and diuretic. She did receive IV contrast. Colloid resuscitation with blood transfusion. Resolved 5. Chest Pain w/ Elevated Troponin: Troponin T 16 on admit in setting of severe anemia and poor clearance with AKI. ECG non acute on admit. CT PA negative 4/14/21. Suspect demand ischemia. Negative delta troponin. No further workup. 6. Hx COVID 19: Positive testing 12/2020. Repeat testing ordered in ED 4/14/21 and remains positive. She desaturated only after receiving IV fentanyl in ED. Asymptomatic, CT chest 4/14/21 without GGO. Given > 90 day, patient remain in isolation per OhioHealth Policy. 7. CAD: LHC 9/28 with diffuse disease DES to OM1 and BMS to Circ/OM1. Held ASA/Plavix on admit due to GIB, resumed at discharge. Continued home statin, imdur, BB. 8. Chronic HFrEF: due to ischemic cardiomyopathy. LV 45% on LHC. Continued BB, Imdur. ACEi and Maxzide held initially with GIB and hypotension. PCP follow up 9. HTN: Soft BP on 4/15/21. Continued Imdur and BB with hold parameters. Norvasc, Maxzide, and ACEi discontinued at discharge. Follow up with PCP 10. IDDM2: A1c 7.8% on 3/2021. Continued home regimen. 11. Essential tremor: Follows with Dr. (Neurology). Continued home Propranolol. 12. Pulmonary Nodule: Ct chest 4/14/21</p>

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							with 6mm pulmonary nodule, repeat in 6-12 moths.
1282988	5/3/2021	OK	49	F	4/1/2021	4/7/2021	Dizziness Shortness of breath Chest pain Vision changes
1281770	5/3/2021	TN	35	F	4/14/2021	4/30/2021	PT PRESENTED TO ER WITH COMPLAINTS OF CHEST PAIN. REPORTED RECEIVING COVID VACCINE 5 AND 2 WEEKS PRIOR. IT WAS NOTED SHE HAD ELEVATED TROPONIN LEVELS, NSTEMI. PT TRANSFERRED TO ANOTHER MEDICAL CENTER FOR HIGHER LEVEL OF CARE/CARDIOLOGY. HEART CATH PERFORMED. THE DISTAL ONE FOURTH OF THE LAD WAS OCCLUDED AND APPEARED TO BE FROM THROMBUS. OTHER FINDINGS ALSO NOTED . PT DID NOT REPORT PRIOR HISTORY OF CORONARY HEART DISEASE OR MI.
1282914	5/3/2021	AR	54	M	4/30/2021	5/3/2021	Patient received first Pfizer COVID vaccination 3 days ago at an outside facility and has presented today to our facility with chest pain found to be acute coronary syndrome. Patient is daily smoker, BMI of 35.5, and drinks 5-6 drinks daily.
1282063	5/3/2021	FL	67	M	2/22/2021	3/1/2021	ECHO FEB 8, 2021; EF 55%. REREAD AGAIN IN APRIL AND EF 55% CONFIRMED. ON MARCH 5, HE PRESENTED WITH A 5 DAY HX OF SOB, ORTHOPNEA AND SEVERE PRECORDIAL CHEST PAIN. HE DESCRIBED THE ONSET AS SUDDEN, ABRUPT AND SO SEVERE THAT HE WAS UNABLE TO CALL 911. THE SEVERITY OF THE CHEST PAIN DISSIPATED SOMEWHAT, BUT THE DYSPNEA AND ORTHOPNEA HAD WORSENER. HE TRIED ALBUTEROL AEROSOLS BUT THESE ONLY GAVE HIM VERY PARTIAL RELIEF. PHYSICAL EXAMINATION REVEALED A NEW CARDIAC S4, CLEAR CHEST TO AUSCULTATION BUT HE WAS UNABLE TO TAKE A DEEP INSPIRATION DUE TO THE PLEURITIC CHEST PAIN. HIS WEIGHT WAS UNCHANGED. NO PERIPHERAL EDEMA NOTED. EKG SHOWED RBBB, LPPB; BIFASCICULAR BLOCK. NO PREVIOUS EKG FOR COMPARISON.

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1282398	5/3/2021	CA	78	M	2/25/2021	3/10/2021	3/21/21 - Pt emails MD that he'd had SOB + fatigue since 3/10 when given first dose of infliximab, no energy, sitting all day. smell ok. taste reduced. poor appetite. +dyspnea on exertion. no chest pain or edema. HR nontachy at baseline, to 105 ambulating to bedroom. BP 164/97. COVID test scheduled for 3/23, which returned negative 3/24. 3/28 - Pt went to healthcare facility for generalized weakness, worsening SOB over days, R pleuritic chest pain, diagnosed with bilateral pulmonary emboli, left popliteal vein DVT. Required 5L O2. echo w/o LV strain. At the time he stated it may have been going on for 4 months. during hospitalization also had altered mental status, MRI/neuro diagnosed with hypoxic brain injury 3/30 - transferred to another healthcare facility given IV abx, lasix, 2-4L NC, 4/11 - discharged to another healthcare facility.
1282356	5/3/2021	NC	23	M	4/29/2021	4/30/2021	Shortly after receiving his 2nd dose, he developed the expected fever, chills, and myalgias. However, he also developed substernal chest pain that was persistent.
1282354	5/3/2021		25	M	4/21/2021	4/24/2021	25-year-old male with a history of exercise-induced asthma who presents with headache, myalgias, nausea, vomiting as well as sudden onset chest pain with diarrhea in the setting of recent Covid-19 vaccination. He was found to have diffuse ST elevations and PR depressions on EKG with downtrending troponins from 0.15 ng/mL and admitted for myopericarditis.
1282344	5/3/2021	GA	20	F	5/3/2021	5/3/2021	Chest pain immediately after receiving the vaccine described as a 6/10 on pain scale. (10 being the highest) Patient also reported her arm feeling numb after receiving the dose.
1282301	5/3/2021	MA	21	M	4/6/2021	4/25/2021	Mycrocarditis, truponin levels were at 20, Diahreah , chest pain, back pain -1 werk
1282295	5/3/2021	MT	40	M	4/27/2021	5/1/2021	Awakened at 2 am 5/1/21 with acute onset of chest pain, SOB, and diaphoresis. No cardiac history; no history of similar episode. Reported that, following his second dose of COVID vaccine, he was ill for 1 day with vomiting. Chest pain continued upon arrival to ER 5/1/21 about 7 am. EKG indicated STEMI. Adm with Acute ST elevation myocardial infarction.

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1282202	5/3/2021	MD	16	M	4/8/2021	5/2/2021	Received dose #1 on 4/8/21 and dose #2 on 4/30/21. On 5/1 evening developed chest pain and tightness. He told his family about the chest pain the following day, on 5/2, which prompted his Mom to take him to an ED. In ED on 5/2 and found to have ST elevation, elevated troponins and elevated inflammatory markers. ECHO with mildly decreased systolic function. Picture consistent with perimyocarditis. Admitted to Hospital 5/3 AM. Currently clinically stable but admitted for close monitoring.
1282190	5/3/2021	IN	40	M	4/26/2021	4/28/2021	Shortness of breath, chest pain- 4/28/21- 10:30pm continued through 4/29/21- 9:30am
1282926	5/3/2021	IL	18	M	4/23/2021	5/2/2021	chest pain diagnosed with myocarditis relating to vaccine administration
1280371	5/2/2021	MD	20	M	4/9/2021	4/11/2021	Acute onset chest pain began 4/11/2021, he took NSAIDS and tried to sleep. The following day, 4/12/21 the chest pain was still present. He was admitted to hospital and diagnosed with acute myo-pericarditis. He was treated with Colchicine with improvement in his symptoms.

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1280871	5/2/2021		46	M	4/9/2021	4/10/2021	<p>Patient presented to the emergency department on 4/10 with a complaint of left leg pain. Patient reports onset of symptoms on Wednesday (4/7). He states that initially it just felt like a cramp in his calf. He states that over the past couple days, the pain has gotten significantly worse. He states the pain is now sharp and severe in nature. He states that he is having due to the severity of the pain. He states the pain is now moving up into his medial thigh. Patient states that around noon on 4/10, he began having chest pain and shortness of breath. Patient describes a tightness across his chest and states that he cannot breathe associated with this. Patient does have a history of asthma and states that he has had a couple of episodes like this in the past. Patient also reports a history of diabetes, hypertension. Patient does report a family history of coronary artery disease as well as a family history of blood clots. He received his Pfizer Covid vaccine 2nd dose on 4/9/2021 (Lot # ER8729) and 1st dose (Lot # EN6204) given on 3/12/2021 at an outside facility He does report arm soreness but is otherwise doing well. No recent travel. No recent immobilization. Upon evaluation in the ED, he was noted to have positive US for DVT in the LLE. Follow up CTA Chest was positive for bilateral lobar and segmental PE with right heart strain. CVM was consulted for possible PE intervention evaluation. Patient started on therapeutic Lovenox, but discharged home on 4/11 with Eliquis. . The next day 4/12/21 he returned to ED for SOB/Wheezing and LLE pain. On 4/15/21 he underwent EKOS, IVCF and iliac stent placement per Vascular surgery and subsequently sent home on Eliquis 4/16/21. Pt returned to the ER again 4/21/21 for recurrent SOB. CTA chest with no significant change in clot burden, no associated hypoxia.</p>
1280702	5/2/2021	AL	69	F	4/7/2021	4/15/2021	<p>Presented with chest pain on April 15, 2021, was evaluated in the ER, and discharged home. Presented again on April 18, 2021, and at that time chest pain is more persistent, therefore patient was admitted. Had serial enzymes performed and was discharged the following day to follow-up with cardiology. Unknown further outcomes beyond this.</p>

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1280622	5/2/2021	SC	50	M	4/28/2021	5/1/2021	On 4/13 Patient underwent aortic root replacement with saphenous vein graft reconstruction of the right coronary artery. He had no prior coronary disease. This operation was done for an enlarging aortic root aneurysm in the setting of Marfan syndrome. The right coronary was anomalous and needed vein extension for reimplantation. He recovered very well and was seen in our clinic on 4/23, with no unusual findings. He had a normal echo, EKG and DVT study performed. On 4/28 he had his first Moderna COVID19 dose. on 5/1, he developed malaise, myalgias, painful lymph nodes, chills, and chest pain. He called my clinic and was instructed to go to the ER, but then felt better and didn't go. He was then found unresponsive later that afternoon and was pronounced dead on arrival of EMS.
1280254	5/2/2021		58	M	4/16/2021	5/1/2021	Patient received his first dose of COVID vaccine on 4/16/21, and he developed nausea, occasional chest pains, dyspnea, and fever ~ 4/21/21. Patient tested positive for COVID on 4/23/21 and his symptoms progressively worsened until he presented to the ED on 5/1/21. Patient was admitted to the hospital for COVID treatment, but was discharged on 5/2/21 since his symptoms rapidly improved.
1280421	5/2/2021	MA	52	F	4/29/2021	4/30/2021	52F with no known PMH developed progressive chest pain on 4/30/2021, admitted to Medical Center 5/2/2021 and found with NSTEMI with 95% proximal LAD occlusion w/ moderate thrombus successfully treated with drug-eluting stent x1. Pt received Pfizer vaccine #1 on 4/29. Of note, pt has not seen a doctor in several years, but labs notable for leukocytosis (WBC 14.0), polycythemia (Hgb 16.9) and thrombocytosis (PLT 959) concerning for undiagnosed polycythemia vera. If so, it is not clear whether her NSTEMI was a coincidence or whether the vaccine increased her risk of thrombosis.

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1280493	5/2/2021	NC	16	M	4/26/2021	4/26/2021	<p>MYOCARDITIS. Patient is a 16 year old boy with ADHD who presented with fever and myalgias for 3 days, that progressed to sharp parasternal chest pain and some SOB. Patient received second dose Pfizer COVID-19 vaccine on 4/26, and after that shot experienced fever to 102 at home and myalgias. Subsequently his symptoms of chest pain have occurred. He underwent workup revealing of elevated Troponin, and EKG with some ST segment elevation, a slightly elevated CRP at 32, and a normal ECHO. Admitted for observation and concern for infectious myocarditis vs MIS-C. Cardiac MRI was done confirming Myocarditis, Troponin I was elevated and peaked at 23, 325pg/mL. Workup unrevealing of SARS. Other testing showed Resp virus panel negative, blood pcr for EBV, CMV, Parvovirus B19, enterovirus, and adenovirus all negative, HIV antigen/antibody testing negative. Patient treated with Ketorolac with steady improvement in symptoms over several hospital days. Discharged home 5/2 with Troponin I well down and symptoms resolved. Given reports in lay press regarding other cases of COVID-19 mRNA vaccine associated myocarditis, we are reporting this as a vaccine associated adverse event.</p>

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1276475	5/1/2021	MI	70	F	4/1/2021		<p>BLACK TOE; STUBBED HER RIGHT SMALL TOE; SEVERE HEADACHE; CHEST PRESSURE; CHEST PAIN; SORE ARM; NECK PAIN; MUSCLE ACHES; EXTREME TIREDNESS; SHORTNESS OF BREATH; HEAVY AND TIRED EYE; MULTIPLE BRUISE; BLURRED VISION IN LEFT EYE; FUNNY EYES; COUGHING; This spontaneous report received from a patient concerned a 70 year old female. The patient's height, and weight were not reported. The patient's past medical history included covid-19 in march 2020, and concurrent conditions included migraine on the right or left side of her head, and sinus problem. he patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A, expiry: 21/JUN/2021) dose was not reported, administered on 08-APR-2021 for prophylactic vaccination. Concomitant medications included mecobalamin. On APR-2021, the subject experienced shortness of breath. On APR-2021, the subject experienced heavy and tired eye. On APR-2021, the subject experienced multiple bruise. On APR-2021, the subject experienced blurred vision in left eye. On APR-2021, the subject experienced funny eyes. On APR-2021, the subject experienced coughing. On APR-2021, the subject experienced neck pain. On APR-2021, the subject experienced muscle aches. On APR-2021, the subject experienced extreme tiredness. Laboratory data included: Platelet count (NR: not provided) Normal. On 08-APR-2021, the subject experienced sore arm. On 10-APR-2021, the subject experienced chest pressure. On 10-APR-2021, the subject experienced chest pain. On 14-APR-2021, the subject experienced stubbed her right small toe. On 14-APR-2021, the subject experienced severe headache. On 15-APR-2021, the subject experienced black toe. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pressure, and chest pain on 11-APR-2021, and heavy and tired eye, blurred vision in left eye, funny eyes, coughing, black toe, stubbed her right small toe, sore arm, severe headache, muscle aches, and extreme tiredness on APR-2021, had not recovered from multiple bruise, and the outcome of shortness of breath and neck pain was not reported. This report was non-serious.; Sender's Comments: V0 Medical assessment comment not required as per standard</p>

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1276657	5/1/2021	NY		F	4/12/2021	4/14/2021	operating procedure as the case assessed as non-serious. STOMACH ACHE; FEELS DISTORTED; DIZZINESS; BODY SWAYS; ACHES IN BILATERAL THIGHS AND FRONT/BACK OF CALVES; MUSCLE ACHES; HEADACHES; TIRED; CHEST PAIN; This spontaneous report received from a patient concerned a 31 year old female. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included healthy and not using any medications. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202A21A, and batch number: 202A21A expiry: UNKNOWN) dose was not reported, administered on 12-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 14-APR-2021, the subject experienced chest pain. On 28-APR-2021, the subject experienced stomach ache. On 28-APR-2021, the subject experienced feels distorted. On 28-APR-2021, the subject experienced dizziness. On 28-APR-2021, the subject experienced body sways. On 28-APR-2021, the subject experienced aches in bilateral thighs and front/back of calves. On 28-APR-2021, the subject experienced muscle aches. On 28-APR-2021, the subject experienced headaches. On 28-APR-2021, the subject experienced tired. Laboratory data (dates unspecified) included: Blood test (NR: not provided) Platelets and d-dimer were normal, and ECG (NR: not provided) unknown. Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain on 17-APR-2021, had not recovered from muscle aches, headaches, feels distorted, body sways, and stomach ache, and the outcome of tired, aches in bilateral thighs and front/back of calves and dizziness was not reported. This report was non-serious.

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1276629	5/1/2021	NY		F		4/7/2021	LEGS ARE VERY TIRED; WEAKNESS IN BOTH LEG; PAIN IN BOTH LEG, BUT WORSE IN LEFT; HARDLY WALK; CHEST PAIN DURING NIGHT; HEADACHE; SOMETIMES DIFFICULTY BREATHING; This spontaneous report received from a patient concerned a 35 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included asthma, non alcoholic, and non smoker, and other pre-existing medical conditions included the patient had no known drug allergies and no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 042A21A, and expiry: UNKNOWN) dose was not reported, administered on 07-APR-2021 13:00 for prophylactic vaccination. No concomitant medications were reported. On 07-APR-2021, the subject experienced sometimes difficulty breathing. On 08-APR-2021, the subject experienced chest pain during night. On 08-APR-2021, the subject experienced headache. On 12-APR-2021, the subject experienced hardly walk. On 12-APR-2021, the subject experienced legs are very tired. On 12-APR-2021, the subject experienced weakness in both leg. On 12-APR-2021, the subject experienced pain in both leg, but worse in left. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from sometimes difficulty breathing on 09-APR-2021, and chest pain during night on 08-APR-2021, and had not recovered from headache, hardly walk, pain in both leg, but worse in left, legs are very tired, and weakness in both leg. This report was non-serious.

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1276626	5/1/2021		49	M	4/19/2021		DEEP VEIN THROMBOSIS; This spontaneous report received from a consumer concerned a 49 year old male. The patient's weight was 80.3 kilograms, and height was 182.9 centimeters. The patient's past medical history included post-operative deep vein thrombosis (more than 30 years ago), depression, heart murmur, and back surgery, and his concurrent conditions included non-smoker, no alcohol use, and marijuana abuse. The patient had no history of known allergies. The patient's mother had a history of aneurysm. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown, and expiry date: unknown) dose was not reported, administered on 08-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. Concomitant medications included fexofenadine hydrochloride (Allegra) for allergy, rivaroxaban (Xarelto) for venous thromboembolism, and omeprazole (Prilosec) for unknown indication. About one and half weeks after vaccination, on 21-APR-2021, the patient was taken to the emergency department and was admitted with the complaints of leg pain since 2 days with suspected blood clot in leg. Over the last days, patient's left leg looked swollen compared to the right leg. The patient also had pain, initially started in groin area and radiated down across the anterior portion of the leg, then to posterior leg, and into toes. The patient also had some intermittent tingling in toes. The patient denied of weakness, numbness or persistent paresthesia. The patient was concerned regarding the pain as it felt similar to the post-operative deep vein thrombosis he had in the past. The patient had been anxious since vaccination when hearing about the development of blood clots. The patient also denied of fevers, chills, chest pain, shortness of breath abdominal pain, nausea, vomiting, diarrhea, and difficulty walking. On 21-APR-2021 16:25, the patient's laboratory data included: Blood pressure (148/66 mmHg), Body mass index (24), Body temperature (98.8 F), Oxygen saturation (100 %) Pulse rate (88), and Respiratory rate (16). On 21-APR-2021 16:32, laboratory data included: Blood pressure (148/66 mmHg), Body temperature (97.8 F), Oxygen saturation (100 %), Pulse rate (91), and Respiratory rate (15). Other general physical examinations included: General: Well-developed well-nourished in no acute distress. HEENT

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(Head, Eye, Ear, Nose, Throat) examination: normocephalic atraumatic extra ocular motions are intact. Neck examination: Supple without jugular vein distention or meningismus. Lung examination: Clear auscultation bilaterally without wheezes rales or rhonchi. Heart examination: Regular rate and rhythm without murmurs rubs or gallops. Abdomen examination: Soft no tender non-distended without rebound or guarding. Extremities: Without clubbing cyanosis edema, no lacerations or abrasions or ecchymosis noted, no appreciable size difference in the left leg compared to the right, the patient had some tenderness throughout palpation of the medial thigh on the left with radiation up into the left inguinal region, no calf tenderness or swelling, no erythema, palpable posterior tibialis pulse. Skin examination: Warm and dry and well perfused. Psych examination: Appropriate mood and affect. Neuro examination: Cranial nerves 2-12 are grossly intact, strength is 5/5 in upper and lower extremities, full distal sensation in the left lower extremity, full plantar and dorsiflexion of the left foot including the left great toe, sensation is grossly intact, awake, alert and oriented x3. On ultrasound Doppler venous lower extremity test, identified sub occlusive thrombus in the left superficial femoral veins, likely related to organizing/chronic thrombus, however no prior imaging was available at the institution for comparison, no evidence of occlusive deep vein thrombosis. The final diagnosis was made as Deep Vein Thrombosis (DVT). At no time the patient had ever endorsed any chest pain/pleuritic pain, shortness of breath or exertional dyspnea. Due to the nature of this clot, a course of anticoagulation was planned. Patient was prescribed with Xarelto at twice daily starting doses, with transition to 20 mg doses. During the initiation of treatment, the patient should be followed up by his primary care physician for further evaluation. The patient stated that he would call the primary care physician in the following morning for follow-up appointment. The patient was discharged from the hospital on APR-2021. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of deep vein thrombosis was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0: 20210457179-Covid-19 vaccine ad26.cov2.s-deep vein thrombosis. This event is

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considered not related. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event than the drug. Specifically: MEDICAL HISTORY

CHEST PAIN; ANXIETY; MUSCLE PAIN; FATIGUE/TIREDNESS; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808482, and expiry: UNKNOWN) dose was not reported, administered on 07-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On an unspecified date, the subject experienced chest pain, anxiety, muscle pain, and fatigue/tiredness. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pain, fatigue/tiredness, muscle pain and anxiety was not reported. This report was non-serious.

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1276543	5/1/2021	AZ	52	U		4/17/2021	BLOOD CLOTS IN THE LUNGS; CHEST PAIN; SHORTNESS OF BREATH; This spontaneous report received from a patient concerned a 52 year old of unspecified sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown) dose was not reported, administered on 06-APR-2021 for prophylactic vaccination in the left arm. The batch number was not reported and has been requested. No concomitant medications were reported. On 17-APR-2021, the subject experienced chest pain and shortness of breath and was taken to the Emergency Room. The patient was hospitalized and a diagnosis of blood clots in the lungs was made. The patient was hospitalized for 4 days. Corrective treatment included blood thinners (to be taken for 6 months) and a follow-up appointment with the pulmonologist was scheduled. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the blood clots in the lungs, chest pain and shortness of breath was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210454248-Covid-19 vaccine ad26.cov2.s-Blood clots in the lungs, chest pain and shortness of breath. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

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1276538	5/1/2021	TX		F		4/8/2021	<p>COLLAPSED LUNG; PAIN IN RIBS; PAIN IN BACK; PAINFUL BREATHING; COULDN'T FUNCTION; MASSIVE ALLERGIC REACTIONS; BUMPS; SORE ARM; SLEEPY; DIZZY; SHAKY; HURTS TO WALK; HURTS TO TALK; BURNING SENSATION ON RIB CAGE TO THE BACK; MASSIVE CHILLS AND TEETH CHATTERING; JOINT PAIN; MASSIVE HEADACHE;</p> <p>This spontaneous report received from a patient concerned a 55 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042A21A, expiry: UNKNOWN) dose was not reported, administered on 08-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On the night of 08-APR-2021, after her vaccination, patient had massive chills, teeth chattering, a massive headache, and her knees felt like they were going to break. The next day of the vaccination, 09-APR-2021, patient had a slight headache and felt really weak and not good at all. On 10-APR-2021, patient felt just fine but her arm was sore for like a week but thought that was normal. On 15-APR-2021, patient felt hurt to breath, walk and talk and patient had a burning sensation on her rib cage that went all the way to her back. The patient went to the Emergency Room(ER) and at the ER, they said she had a collapsed lung. At the ER, patient underwent computerized tomogram scan, Electrocardiogram, chest X-ray and lab work. No blood clots found in test reports. The patient was recommended to take deep breaths and drink lots of water by doctor at the ER, which she did. On the 22-APR-2021 patient saw her regular doctor who told her that she had a massive allergic reaction to the shot. The patient's doctor gave her gabapentin 100mg three times daily, along with tramadol. The patient had no relief hence the medication dose was increased to 300 mg of gabapentin in the morning and 300 mg at night. Patient took 300 mg at night and 300 mg morning of the reporting but by 11:00 on the day of reporting she was sleepy, shaky and dizzy, she couldn't function. Patient lay down for a while and got back up at 2:30pm. After waking up the pain was worse. It was hard to breathe while she was deep breathing. Every time she breathes there was a sharp pain between her lungs and chest. Patient was not able to drive because of the bumps. Laboratory data</p>

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(dates unspecified) included: CT scan (NR: not provided) No blood clots, Chest X-ray (NR: not provided) No blood clots, EKG (NR: not provided) No blood clots, and Lab test (NR: not provided) No blood clots. Treatment medications (dates unspecified) included: tramadol, and gabapentin. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from massive chills and teeth chattering, massive headache, joint pain, and sore arm, had not recovered from collapsed lung, pain in ribs, painful breathing, and pain in back, and the outcome of burning sensation on rib cage to the back, massive allergic reactions, sleepy, dizzy, couldn't function, bumps, shaky, hurts to walk and hurts to talk was not reported. This report was serious (Hospitalization Caused / Prolonged, and Life Threatening).; Sender's Comments: V0.-covid-19 vaccine ad26.cov2.s -Pneumothorax, Musculoskeletal chest pain,Back pain,Painful respiration . This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).-covid-19 vaccine ad26.cov2.s -Hypersensitivity ,rash erythematous. This event(s) is labeled per RSI and is therefore considered potentially related.

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1276519	5/1/2021	MD	64	F	4/23/2021		<p>PULMONARY EMBOLISM/RIGHT SIDED MID BACK PAIN; This spontaneous report received from a health care professional concerned a 64 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included Crohn's disease. The patient was previously treated with infliximab for Crohn's disease. The patient experienced drug allergy when treated with infliximab (Remicade). The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 042A21A, expiry: unknown) dose was not reported, 1 total administered on 31-MAR-2021 to left arm for prophylactic vaccination. Concomitant medications included vitamins nos, azathioprine, dicycloverine, and mesalazine for drug used for unknown indication. On 22-APR-2021 by evening, the patient experienced right-sided mid-back pain and shortness of breath and was presented to ED (emergency department) on 23-APR-2021. The patient's pain was sharp and worsened with coughing and deep inspiration; she felt that she was taking shallow breaths. Upon ED (emergency department) presentation, there was no shortness of breath, chest pain, dizziness, fevers, dysuria, or abdominal pain. The patient had reproducible pain on her right mid-back area. There was some mild diffuse tenderness in her abdomen, but it was reported that she always had a tender abdomen due to Crohn's disease. The patient had no peritoneal signs and had no recent travel history. On 23-APR-2021, the CTA (Computed tomography angiography) of chest was done with and without contrast and found out central and peripheral pulmonary emboli in the right lower lobe. The patient had no CT (computerized tomography) evidence of right heart strain. The patient's ground glass opacities within the right lower lobe was somewhat band like in appearance and concerned for early pulmonary infarcts. It was reported that this might also relate to sub segmental atelectasis or less likely an inflammatory/infectious process. The patient had also small right pleural effusion; no acute inflammatory process in the abdomen or pelvis. On 23-APR-2021, the patient's platelet count was 252 k/mcL and was tested negative for covid test. The patient was diagnosed with pulmonary embolism; she consulted hematology/oncology specialist and recommended with initiation of argatroban for treatment of pulmonary</p>

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embolism. The patient was admitted to inpatient on 23-APR-2021. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of pulmonary embolism/right sided mid back pain was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0;-covid-19 vaccine ad26.cov2.s-Pulmonary Embolism. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

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1276504	5/1/2021	LA		U			<p>TRANSIENT ISCHEMIC ATTACK MORE FREQUENT; POSSIBLE BLOOD CLOT; SHORTNESS OF BREATH; CHEST PAIN; SWELLING IN ONE LEG; PULSATING HEADACHE; This spontaneous report received from a patient via social media concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported) dose, 1 in total, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On an unspecified date, after took vaccine the patient had major health problems which was described as transient ischemic attack which was more frequent and lasted longer, headaches were a pulsating headache, shortness of breath(more than usual),chest pains, swelling in one leg and seems to be blood clots. The patient was enquire about the involvement of people in vaccine study with conditions like hepatitis C, strokes, chronic obstructive pulmonary disease, chronic headaches, liver problems, transient ischemic attack. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the transient ischemic attack more frequent, pulsating headache, shortness of breath, chest pain, swelling in one leg and possible blood clot was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0-20210452291JANSSEN COVID-19 VACCINE Ad26.CO2.S This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.</p>

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1276743	5/1/2021		38	M			<p>myocarditis; abdominal discomfort; fever; chills; malaise; fatigue; chest pain; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of MYOCARDITIS (myocarditis), ABDOMINAL DISCOMFORT (abdominal discomfort), PYREXIA (fever), CHILLS (chills), MALAISE (malaise), FATIGUE (fatigue) and CHEST PAIN (chest pain) in a 38-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Glioblastoma multiforme (in remission) in 2018 and CVA in 2018. Concomitant products included TEMOZOLOMIDE (TEMODAR) for an unknown indication. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (myocarditis) (seriousness criterion hospitalization), ABDOMINAL DISCOMFORT (abdominal discomfort) (seriousness criterion hospitalization), PYREXIA (fever) (seriousness criterion hospitalization), CHILLS (chills) (seriousness criterion hospitalization), MALAISE (malaise) (seriousness criterion hospitalization), FATIGUE (fatigue) (seriousness criterion hospitalization) and CHEST PAIN (chest pain) (seriousness criterion hospitalization). At the time of the report, MYOCARDITIS (myocarditis), ABDOMINAL DISCOMFORT (abdominal discomfort), PYREXIA (fever), CHILLS (chills), MALAISE (malaise), FATIGUE (fatigue) and CHEST PAIN (chest pain) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Acute kidney injury: unknown (Inconclusive) unknown. In 2021, Angiogram: abnormal (abnormal) Bilateral lower lobe patchy and ground glass airspace opacities and mild degree of ground glass opacity within the peripheral right middle lobe.. In 2021, Echocardiogram: abnormal (abnormal) severe Hypokinesia of the mid to distal segments and apex, hypercontractile base--> estimated EF = 30% (Last known baseline 3/2019 EF 65%).. In 2021, Electrocardiogram: abnormal (abnormal) abnormal. In 2021, Fibrin D dimer: increased (High) increased. In 2021, Hyponatraemia: abnormal (abnormal) abnormal. In 2021, Leukocytosis: abnormal (abnormal) abnormal. In 2021, SARS-CoV-2 test: negative (Negative) negative. In</p>

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2021, Transaminases increased: abnormal (abnormal) abnormal. In 2021, Troponin: abnormal (abnormal) elevated troponin of 12. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment was unknown. Continued to be hypotensive despite fluid and initiated on Levophed. Taken to cath lab with no evidence of coronary disease, LVEF down to 10% on LV gram, right heart catheterization with evidence of elevated pulmonary capillary wedge pressure, patient was placed on Impella CP support. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information has been requested.

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1276473	5/1/2021	CA		F		3/14/2021	CHEST PAIN; PAIN IN SHOULDER; SLEPT ALL THE DAY; TOTALLY TIRED, FATIGUE; LOSS OF ENERGY; HARD TO BREATH; FELT VERY DIFFERENT LIKE SOMETHING WAS TIGHT IN HEART; This spontaneous report received from a patient concerned a 39 year old female. The patient's height, and weight were not reported. The patient's past medical history included slightly elevated cholesterol/high cholesterol, and stomach acidity. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805018, and expiry: UNKNOWN) dose was not reported, administered on 13-MAR-2021 for prophylactic vaccination. Concomitant medications included cholesterol, and ergocalciferol. On 2021, the subject experienced hard to breath. On 2021, the subject experienced felt very different like something was tight in heart. On 2021, the subject experienced loss of energy. On 14-MAR-2021, the subject experienced slept all the day. On 14-MAR-2021, the subject experienced totally tired, fatigue. On 20-MAR-2021, the subject experienced chest pain. On 20-MAR-2021, the subject experienced pain in shoulder. Treatment medications (dates unspecified) included: omeprazole. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from totally tired, fatigue, chest pain, pain in shoulder, and hard to breath, and the outcome of slept all the day, loss of energy and felt very different like something was tight in heart was not reported. This report was non-serious.; Sender's Comments: V0. Medical assessment comment not required as per standard procedure as the case was assessed as non-serious.

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1276467	5/1/2021			M		4/1/2021	<p>LOST NIGHT VISION; HAD A SHARP PAIN IN THE SIDE OF HEAD; HURT SHOULDER; HAD A SHARP PAIN IN THE SIDE OF JAW; SLIGHT CHEST PAIN; CHEST HEAVINESS; STABBING PAIN IN BACK; LIGHT-HEADNESS; PAIN IN HIPS; DIFFICULTY BREATHING; This spontaneous report received from a patient concerned a male of unspecified age. The patient's height, and weight were not reported. The patient's past medical history included blood clots, and other pre-existing medical conditions included sick for at least 6 weeks, started with a fever for several days. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown) dose was not reported, administered on 10-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On APR-2021, the subject experienced difficulty breathing. On APR-2021, the subject experienced slight chest pain. On APR-2021, the subject experienced chest heaviness. On APR-2021, the subject experienced stabbing pain in back. On APR-2021, the subject experienced light-headness. On APR-2021, the subject experienced pain in hips. On 10-APR-2021, the subject experienced hurt shoulder. On 10-APR-2021, the subject experienced had a sharp pain in the side of jaw. On 10-APR-2021, the subject experienced had a sharp pain in the side of head. On 11-APR-2021, the subject experienced lost night vision. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from difficulty breathing, and stabbing pain in back, and the outcome of pain in hips, had a sharp pain in the side of head, had a sharp pain in the side of jaw, lost night vision, slight chest pain, chest heaviness, light-headness and hurt shoulder was not reported. This report was non-serious.; Sender's Comments: V0:Medical assessment comment not required as per standard procedure as the case assessed as non-serious.</p>
1275930	5/1/2021	FL	38	M	4/17/2021	4/21/2021	<p>My arm went totally numb five days after the shot and stayed numb for a week, chest pain, tingling headaches.</p>

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1275915	5/1/2021	WA	82	F	3/10/2021	3/22/2021	On 3/25/21, patient presented to the ED with several days history of nausea, vomiting, and upper abdominal pain, and 1 day history of shortness of breath and wheeze. Patient recently received her first dose of Moderna COVID vaccination on March 10. Patient's daughter first developed COVID symptoms approximately 1-2 weeks prior, and was tested positive. Patient developed nausea, vomiting, and upper abdominal pain 6 days prior on March 19. She was tested positive for COVID several days prior to admission (either the 22 or 23rd, patient not sure). On the morning admission, patient had significant worsening of shortness of breath and wheeze. Patient also became significantly more weak and fatigued, and was eventually brought to ED. Patient reported chills, but denied headaches, chest pain, or diarrhea. Patient admitted to the hospital on 3/25/21 with main diagnosis COVID-19 pneumonia and patient expired on 4/13/21.
1275906	5/1/2021	WA	46	M	3/14/2021	3/23/2021	Patient presented with shortness of breath and generalized body aches on 3/26/21. Patient has had symptoms for 3 days, with new diarrhea as well. No nausea vomiting, positive fever and chills, no loss of taste or smell. He has chest pain that is pleuritic in nature, central lower sternal region. Patient admitted to the hospital setting from 3/26/21 and still in CCU as of today (4/30/21).
1275900	5/1/2021	WA	92	M	2/27/2021	4/3/2021	92 y.o. male patient with past medical history of Factor V with history of pulmonary embolism who presented with shortness of breath and cough. He was vaccinated for COVID-19 with his first shot on 2/3 followed by 2/27 with the Pfizer vaccine. He reported his symptoms started on 4/3. Family members including wife (also vaccinated) all had similar symptoms, they had all tested positive for COVID-19 on 4/6. He reports having diarrhea, nausea, shortness of breath and cough. No chest pain. Work up in the ED revealed a WBC of 16.1 and infiltrates on CXR. Patient is admitted to hospital starting 4/9/21 and currently still here as of today 4/30/21.
1275899	5/1/2021	HI	56	M	3/30/2021	3/30/2021	2 days later had chest pain. admitted 4/6/21 for acute ST MI and had stents in LAD/RCA

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1275870	5/1/2021	CA	41	F	4/7/2021	4/13/2021	Approximately 30 hours of sharp chest pain when taking a deep breath or twisting torso from 3am on 4/13 till 8am on 4/14. Period delayed 6 days, starting on 4/21 when it should have started 4/16. This was 34 days between cycles and an irregular occurrence.

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1276509	5/1/2021	IL	31	F	4/1/2021		BRONCHITIS; VOMITING; NAUSEA; SORE LEFT ARM; BODY ACHES; POSSIBLE UTI; This spontaneous report received from a patient concerned a 31 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included hidradenitis suppurativa, penicillin allergy, latex allergy, and overweight. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown, expiry: Unknown) dose was not reported, 1 total was administered on 12-APR-2021 to left arm for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 13-APR-2021, the patient experienced body aches, chest pain, intermittent dyspnea, and sore left arm, which resulted in hospitalization. Patient was hospitalized on 13-APR-2021. The patient was discharged on an unspecified date. Patient went to another hospital as patient's symptoms did not subside. On APR-2021, the patient was diagnosed with bronchitis. Patient was not able to provide admission and discharge date. On 25-APR-2021, the patient experienced vomiting and nausea. Patient was additionally in contact with her health care professional regarding a possible urinary tract infection and/or yeast infection. Patient was not having any problem before the vaccine, even though patient can't say the Janssen Covid-19 vaccine caused her issues. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from body aches, and sore left arm on APR-2021, and vomiting, and nausea on 26-APR-2021, had not recovered from intermittent dyspnea, and the outcome of bronchitis was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0: 20210413562-covid-19 vaccine ad26.cov2.s-Bronchitis,bodyaches. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

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1277879	5/1/2021	MD	60	F	4/22/2021	4/25/2021	3 days after 2nd vaccine shot I started experiencing sporadic chest pain and a feeling of being light headed. The next day I still had the same symptoms so I described them to my doctor. She recommended going to a urgent care facility. I was diagnosed with 2 small blood clots - one in each lung. I'm on anti-coagulants for the next 6 months.
1279208	5/1/2021	UT	26	F	4/7/2021	4/7/2021	lost vision; migraine; unable to lift head; chest pain; nausea; This is a spontaneous report from a non-contactable consumer (patient). A 26-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiry date not reported), via an unspecified route of administration, administered at the right arm on 07Apr2021 10:45 (age at vaccination was 26 years) as single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. The patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was vaccinated at pharmacy or drugstore. The patient was not diagnosed with COVID-19 prior to vaccination. Since the vaccination, the patient had been tested for COVID-19. The patient experienced lost vision on 07Apr2021 with outcome of recovered on an unspecified date, migraine on 07Apr2021 with outcome of recovered on an unspecified date, was unable to lift head on 07Apr2021 with outcome of recovered on an unspecified date, chest pain on 07Apr2021 with outcome of recovered on an unspecified date, and nausea on 07Apr2021 with outcome of recovered on an unspecified date. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on an unspecified date. Therapeutic measures were taken as a result of lost vision, migraine, unable to lift head, chest pain, nausea that included migraine medication, ibuprofen, and nausea medication. No follow-up attempts are possible. Information about lot/batch number cannot be obtained. No further information is expected.

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1279292	5/1/2021	NC	18	M	4/14/2021	4/16/2021	peri/myocarditis; peri/myocarditis; This is a spontaneous report from a non-contactable consumer (patient). An 18-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection; Batch/Lot number was not reported), via an unspecified route of administration, administered in the left arm on 14Apr2021 at 11:30 AM at the age of 18-years-old as single dose for COVID-19 immunization at Public Health Clinic. The patient had no COVID prior vaccination. The patient had no other vaccine in four weeks. The patient's medical history included known allergies to nickel and dust mites. The patient's concomitant medications were not reported. The patient developed severe chest pain between the night of 16Apr2021 to 17Apr2021, and was admitted to the hospital on 17Apr2021, diagnosed with peri/myocarditis. The cardiology team was convinced it was an adverse reaction to the vaccine. He remains hospitalized (number of days of hospitalization was also reported as 2). The events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, and hospitalization. The patient was tested for COVID post vaccination which was a nasal swab with negative result on 17Apr2021. Therapeutic measures were taken as a result of peri/myocarditis which included ibuprofen, aspirin, and colchicine. The outcome of the events was recovering. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

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1278990	5/1/2021	NJ		F	4/7/2021	4/7/2021	<p>She started to feel like she was fainting; chest pain; she was seeing stars; she had trouble breathing; She was very hot; She also had a sore throat and some congestion; She also had a sore throat and some congestion; This is a spontaneous report from a contactable consumer (patient's parent). A female patient of an unspecified age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 07Apr2021 at 17:30 at a single dose for COVID-19 immunization. The patient medical history and concomitant medications were not reported. The patient had the first Pfizer covid-19 vaccine on 07Apr2021 and that night (as reported), patient had some troubling side effects; she had trouble breathing and was very hot. She also had a sore throat and some congestion. They thought these were very normal side effects; however, the side effects happened again on 12Apr2021, but it was worst. All of a sudden patient had trouble breathing, chest pain and she started to feel like she was fainting, she was seeing stars. She sat down, put her head down in her knees and the same thing stopped and it worked; it was about 5 to 10 minutes for her breathing to be okay again (for clarification). On an unspecified date, they called her health care providers and went to her urgent care location due to the events. They took her X-ray and EKG and was normal. They also did a Covid test which was negative. The reporter wanted to know if it is safe for the patient to get the second dose. The final outcome of the events she started to feel like she was fainting and she had trouble breathing was recovered (for clarification); while the other events was unknown. Information on lot/batch number has been requested.</p>

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1278576	5/1/2021		16	F	4/23/2021	4/28/2021	Five days following her first Pfizer COVID vaccine, she woke up from a dead sleep with sharp chest pain, shortness of breath, and feelings of her throat closing. She was given one dose of oral steroids by PCP, but continued to have the feeling that she couldn't breathe due to her throat closing throughout the day so she presented to the ED. There, she reported continued chest pain, worsening SOB, and the feeling that she could not breathe. She was tachycardic to 140 bpm, but otherwise vitals were stable. She was admitted and monitored on continuous telemetry and pulse oximetry overnight. By the following day on 4/29, her symptoms had largely resolved and she was discharged.
1278551	5/1/2021	MA		F		4/9/2021	short of breath; chest pain; she had a blood clot and was diagnosed with a blood clot/diagnosed with DVT; Red splotches on leg; This is a spontaneous report from a contactable Nurse. A 62-year-old female patient received first dose of BNT162B2 (BNT162B2), via an unspecified route of administration, administered in Arm Right on an unspecified date (Batch/Lot Number: EW0150) as SINGLE DOSE for covid-19 immunization. Medical history included she had a blood clot after surgery 100 pounds ago, around 18 years ago, she had the heart attack at age 41 and thrombophlebitis from an unknown date and unknown if ongoing. Concomitant medications included aspirin [acetylsalicylic acid] (ASPIRIN [ACETYLSALICYLIC ACID]) taken for cardiac disorder from an unspecified start date and ongoing. The patient experienced she had a blood clot and was diagnosed with a blood clot/diagnosed with DVT on 10Apr2021 and red splotches on leg on 09Apr2021. She states she got the vaccine on Thursday 08Apr2021. She confirms that the painful red splotches showed up on 09Apr2021. The blood Clot was diagnosed on the 10Apr2021. She states that the doctors put her on Lovenox. She states that it is only significant if she gets short of breath and/or has chest pain. If it travels then it is significant. She states that her doctor said she had a good sized clot, but she didn't ask specifics. Outcome of the event was not recovered.; Sender's Comments: On the basis of the available information, the reported event DVT would seem most likely related to underlying medical conditions which is not related to BNT162B2.

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1278538	5/1/2021	NC	56	F	3/31/2021	4/10/2021	Woke up with chest pains diagnosed as blood clots in both lungs.; Mental confusion; This is a spontaneous report from a contactable consumer reporting for herself. A 56-years-old female patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration, administered in Left Arm on 31Mar2021 13:00 (Batch/Lot Number: ER8730) as single dose for covid-19 immunisation . Medical history included sleep apnoea syndrome , depression , drug hypersensitivity to penicillin. Concomitant medications included escitalopram (ESCITALOPRAM) taken for an unspecified indication, start and stop date were not reported; meloxicam (MELOXICAM) taken for an unspecified indication, start and stop date were not reported. The patient previously took Biaxin and experienced drug hypersensitivity, first dose of bnt162b2 for covid-19 immunisation on 10Mar2021. The patient woke up with chest pains diagnosed as blood clots in both lungs on 10Apr2021 08:30 with outcome of recovering , mental confusion on 10Apr2021 08:30 with outcome of recovering. The patient was hospitalized for 3 days because of the events. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 14Apr2021 . The patient is receiving apixaban (ELIQUIS) as treatment of the reported events. Follow up information has been requested. Lot number already received.
1278383	5/1/2021	MD	20	F	4/11/2021	4/1/2021	Persistent headaches, shortness of breathe, body aches, fatigue, sharp chest pain

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1276706	5/1/2021	IL	61	F	1/2/2021	2/5/2021	mouth burning; face burning; hot and cold issues with nerves; she gets burning hot and heat waves come up; chills; metallic taste in mouth; difficulty in breathing\intermittent difficulty in breathing; hives rash around throat and face; chest wall tingling/throat tingling/Tingling in her arms, legs, mouth, face; throat burning; throat closing; chest wall burning; chest wall closing; light-headed; anaphylactic reaction; This spontaneous case was reported by a health care professional and describes the occurrence of ANAPHYLACTIC REACTION (anaphylactic reaction) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 012L20A and 026L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Penicillin allergy. Concomitant products included TAFLUPROST (ZIOPTAN) for Glaucoma, LIOETHYRONINE SODIUM and LEVOTHYROXINE for Thyroid disorder. On 02-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 05-Feb-2021, the patient experienced ANAPHYLACTIC REACTION (anaphylactic reaction) (seriousness criterion medically significant), DYSPNOEA (difficulty in breathing\intermittent difficulty in breathing), URTICARIA (hives rash around throat and face), PARAESTHESIA (chest wall tingling/throat tingling/Tingling in her arms, legs, mouth, face), THROAT IRRITATION (throat burning), THROAT TIGHTNESS (throat closing), CHEST PAIN (chest wall burning), CHEST DISCOMFORT (chest wall closing) and DIZZINESS (light-headed). On 05-Apr-2021, the patient experienced DYSGEUSIA (metallic taste in mouth). On an unknown date, the patient experienced ORAL DISCOMFORT (mouth burning), BURNING SENSATION (face burning), DYSAESTHESIA (hot and cold issues with nerves), FEELING HOT (she gets burning hot and heat waves come up) and CHILLS (chills). On 05-Feb-2021, ANAPHYLACTIC REACTION (anaphylactic reaction) had resolved. At the time of the report, DYSGEUSIA (metallic taste in mouth), DYSPNOEA (difficulty in breathing\intermittent difficulty in breathing), URTICARIA (hives rash around throat and

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face), PARAESTHESIA (chest wall tingling/throat tingling/Tingling in her arms, legs, mouth, face), THROAT IRRITATION (throat burning), THROAT TIGHTNESS (throat closing), CHEST PAIN (chest wall burning), CHEST DISCOMFORT (chest wall closing), DIZZINESS (light-headed), ORAL DISCOMFORT (mouth burning), BURNING SENSATION (face burning), DYSAESTHESIA (hot and cold issues with nerves), FEELING HOT (she gets burning hot and heat waves come up) and CHILLS (chills) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 30-Jan-2021, COVID-19: positive (Positive) Positive. On 31-Jan-2021, COVID-19: negative (Negative) Negative. On 02-Feb-2021, COVID-19: negative (Negative) Negative. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. She was not admitted to the hospital. She stated she had to go back to the emergency room a few times since then for symptoms of burning and tingling in her arms, legs, mouth, face, as well as hot and cold issues with her nerves, and tightening of her throat and chest. She immediately treated with Bedadryl (unknown dosage), Pepcid40mg, Prednisone 40mg, ongoing- Prednisone 5mg daily, Pepcid 20mg daily, Claritin 10mg daily. Company comment: This case concerns a 61 Y/O F with a serious expected anaphylactic reaction, and dyspnea, urticaria, paraesthesia, throat irritation, throat tightness, chest pain, chest discomfort, dizziness, dysgeusia, oral discomfort, burning sensation, feeling hot, chills, and nervous system disorder. Event onset immediately after second dose. Based on current available information and temporal association between use of the product and the start date of the event, a causal relationship cannot be excluded. This case was linked to US-MODERNATX, INC.-MOD-2021-087026, US-MODERNATX, INC.-MOD-2021-087026 (E2B Linked Report).; Sender's Comments: This case concerns a 61 Y/O F with a serious expected anaphylactic reaction, and dyspnea, urticaria, paraesthesia, throat irritation, throat tightness, chest pain, chest discomfort, dizziness, dysgeusia, oral discomfort, burning sensation, feeling hot, chills, and nervous system disorder. Event onset immediately after second dose. Based on current available information and temporal association between use of the product and the

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1278203	5/1/2021	NH	43	F	4/30/2021	4/30/2021	start date of the event, a causal relationship cannot be excluded. US-MODERNATX, INC.-MOD-2021-087026:Case for dose 1 US-MODERNATX, INC.-MOD-2021-087026:case for dose 2 Extreme migraine, excruciating body pains, chest pain, palpitations, shortness of breath, chills

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1276728	5/1/2021	NJ	58	F	3/2/2021	3/4/2021	This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of ARRHYTHMIA (arrhythmia), TACHYCARDIA (tachycardia) and HEART RATE INCREASED (190bpm heart rate) in a 58-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 027A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Arrhythmia (No symptoms over the past six years.). Concomitant products included OLOPATADINE HYDROCHLORIDE for an unknown indication. On 02-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 04-Mar-2021, the patient experienced ARRHYTHMIA (arrhythmia) (seriousness criterion hospitalization prolonged), TACHYCARDIA (tachycardia) (seriousness criterion hospitalization prolonged) and HEART RATE INCREASED (190bpm heart rate) (seriousness criterion hospitalization prolonged). On 23-Mar-2021, the patient experienced SUPRAVENTRICULAR EXTRASYSTOLES (premature arterio contraction) and SUPRAVENTRICULAR TACHYCARDIA (supraventricular tachycardia). On an unknown date, the patient experienced PRESYNCOPE (almost passed out), LIMB DISCOMFORT (legs feel heavy) and CHEST PAIN (chest feel sore). The patient was hospitalized on 08-Apr-2021 due to ARRHYTHMIA, HEART RATE INCREASED and TACHYCARDIA. At the time of the report, ARRHYTHMIA (arrhythmia), TACHYCARDIA (tachycardia), HEART RATE INCREASED (190bpm heart rate), SUPRAVENTRICULAR EXTRASYSTOLES (premature arterio contraction), SUPRAVENTRICULAR TACHYCARDIA (supraventricular tachycardia), PRESYNCOPE (almost passed out), LIMB DISCOMFORT (legs feel heavy) and CHEST PAIN (chest feel sore) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 04-Mar-2021, Tachycardia: 190 (High) increased. On 23-Mar-2021, Electrocardiogram ambulatory: abnormal (abnormal) abnormal. On 08-Apr-2021, Tachycardia: 190 (High) increased. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was

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							unknown. On 23-Mar-2021, the patient saw the cardiologist and reported that testing, including Holter monitoring was performed. On 14-Apr-2021, ablation surgery was performed.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1277706	5/1/2021		16	M	4/27/2021	4/30/2021	Patient presented to urgent care with chest pain that started on 4/30/2021. EKG with diffuse ST elevation, consistent with Pericarditis. Sent to ED for further care and management.
1277488	5/1/2021	OH	52	F	4/27/2021	4/27/2021	She was admitted on 4/29 for altered mental status. She received her second dose of COVID vaccination on 4/27 at 0700 and her son reported that 2h after the vaccination she started to act strange with labile mood, but mostly intermittently tearful. Later that evening after 5pm she became confused (at times not recognizing who her son was) with worsening intermittent agitation, labile moods, singing, and reporting visual hallucinations. Denied SOB, chest pain, fevers, chills, n/v/d, new medications... Per son she is A&Ox4 at baseline and no history of mental illnesses.

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1277266	5/1/2021	IA	44	F	4/5/2021	4/5/2021	diagnosed with coronary vasospasm; chest pain for 10 minutes and it went down through her arm and she was nauseous and thought she could walk it off and she was fine and did that for 10 minutes and got sick and she had to go; it was a pressure, painful but pressure; arm a little sore; tired; weird taste in her mouth; got nauseous; tingling pins and needles in her bottom jaw; This is a spontaneous report from a contactable consumer (patient). A 44-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), first dose via an unspecified route of administration, administered in Arm Left on 05Apr2021 11:30 (Batch/Lot Number: ER8737) as SINGLE DOSE for covid-19 immunisation. She added it is to protect herself and she takes care of her mom next month and she had hers and she also works with the public at store and it is the right thing to do to not keep spreading the awfulness. No prior vaccinations within 4 weeks and no additional vaccines administered on the same date as the COVID-19 Vaccine. Medical history included ulcer, irritable bowel with constipation, tired a lot and just that her doctor said to take a multivitamin and knows B and D are good, sinus infection 2-3 weeks ago and he told her to do sulfer antibiotics, risk factors of high blood pressure, overweight, and a smoker. Concomitant medication included linaclotide (LINZESS) taken for irritable bowel with constipation from an unspecified start date (started taking over 5 years ago) and ongoing; hydrochlorothiazide, lisinopril (LISINOPRIL HCTZ) taken for high blood pressure from an unspecified start date (started taking over 15 years ago) to 10Apr2021 (stopped taking on 10Apr2021, her last dose was 09Apr2021); colecalciferol (VITAMIN D3) taken for an unspecified indication from an unspecified start date (started taking about 1 year ago, after Covid came out and fiance, tested him and it was low and takes because going around) and ongoing; cyanocobalamin (VITAMIN B12 [CYANOCOBALAMIN]) taken for supplementation therapy (reported as tired a lot and just that her doctor said to take a multivitamin and knows B and D are good) from an unspecified start date (started about 6months ago) and ongoing; curcuma longa (TURMERIC [CURCUMA LONGA]) taken for as tired and heart healthy and she heard good things and thought she would try it from an unspecified start date (started about

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6 months ago) and ongoing; vaccinium macrocarpon (CRANBERRY) taken for an unspecified indication from an unspecified start date (started 2-3 weeks ago) and ongoing. The patient also concomitantly took "Tantoprazole" (at 40mg once a day by mouth) started taking over 5 years ago and ongoing, states she took it that morning for ulcers; Dietary fiber (at 25.4 grams by mouth once a day) started taking over a year ago and ongoing after she lost her insurance and couldn't get the medication for her irritable bowel and was taking 2 a day and when she got insurance back and the medication back and still takes 1 a day and helps go to the bathroom; chewable immune support formula (by mouth daily) and ongoing and stated that it is like airborne, it has Vitamin C plus 13 vitamins and she started taking this about 2 weeks ago VitC plus 13 vitamins started about 2 weeks ago; ongoing Culturelle Probiotic lactobacillus rhamnosus (40 mg) started over a year to a year and a half ago when she lost her insurance and had problems with irritable bowel with constipation and figured it can't hurt to keep taking. The patient added that she was not taking anything new, she has been on them a long time but will list in case the shot counteracts with a medication. The patient further added she was taking Lisinopril HCTZ for the last 15 years and has had high blood pressure for 20 years and was 1st on Capazoid and was changed to this. She states it is in a pharmacy filled see through bottle and the pill had BO3 on one side and LL on the other side. States she stopped taking it, her last dose was 09Apr2021 and the cardiologist switched her to 2 new medications. The Capazoid, she is not sure of spelling, was for about 5 years and it was Captopril and HCTZ and it was 15-20 years ago and she does not know the dose. It was also stated that she took her morning pills the day of the shot but didn't take her 3 afternoon pills. She went to the doctor for a sinus infection 2-3 weeks ago and he told her to do sulfur antibiotics and took that and she had problems going to the bathroom and the prescription for the UTI was too expensive so she got the over the counter and figured she would take Cranberry to keep it at bay. The patient does not know the name of the antibiotic, the dose, NDC, lot or expiry date states it was about 3 weeks ago. The pharmacist told her fiance that the over the counter was just as good as the AZO. It was also reported that the

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patient previously had prior vaccinations: sore arm with the flu shot, caller does not have name, dose, NDC, lot or expiry to provide. It was nowhere near the soreness from the Covid shot, it hurt to lift her arm. The patient can be heard asking if her fiance would like to make a report about being tired and having a sore arm after his shot. The patient and fiance decline to make a report. No further details provided. It was reported that the patient is calling to report the side effects she had with the 1st vaccine and what she went through after that and have it recorded and see if anyone else is having the same issue. She states if she can get answers that would be great. Her cardiologist can't confirm or deny if what she experienced was from the vaccine. States she had some immediately after and some happened a couple days later. States some of the stuff is on the sheet but not the severe stuff and if we have more information than when she got the sheet it would be great. The cardiologist she saw in the hospital that said he could neither confirm or deny that it is from the vaccine, states her primary is not aware of this. The patient states she didn't report right away as she didn't think it was a big deal and then she had big issues on Friday and she had the vaccine on Monday. The patient got the vaccine on Monday 05Apr2021, her appointment was at 10:35. The patient got the shot and right after the Band-Aid was placed a couple of minutes she got a weird taste in her mouth and she didn't say anything. She has donated plasma and knows there can be a metallic taste and it was just a shot and whatever it was a funny taste. She sat for the 15 minutes and was fine and got in her car and got nauseous and thought maybe she didn't eat so she started to drive and was calling her fiance to see what he wanted to eat. She started to get tingling pins and needles in her bottom jaw and that was weird to her and she told her fiance about it and got off the phone. She got to the place and ate and the nausea got a little better but she still had the tingling in her bottom jaw. She went home and laid down to take a nap. When she got up it was gone and everything was fine. The next day her arm was a little sore and she was tired but that is normal. Her fiance got his and he was tired and so she didn't think anything of it, she works 2 jobs, one at home and also at Target and her first day back was 09Apr2021. States most of the day she was fine but on her last break she

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was having chest pain for 10 minutes and it went down through her arm and she was nauseous and thought she could walk it off and she was fine and did that for 10 minutes and got sick and she had to go. Her manager and coworkers were worried about her so she went to the urgent care across the street and was told there that she was having signs of a heart attack with her risk factors of high blood pressure, overweight, and a smoker. They gave her 4 baby aspirin and did an EKG and that came back fine and was told she could go up to the ER if she wanted, she asked what that would do and was told they would run blood work. The patient states it was a pressure, painful but pressure. She asked him if this could have to do with the Covid vaccine she got Monday and he said he didn't know but probably not. She told him her symptoms she has listed, the taste, nausea, pins and needles in the jaw and he hung his head and shook it and told her that is another sign of heart issue. The patient went home and laid down for a nap and when she woke up the chest pain was still there and her fiance said she was going to the hospital since the aspirin didn't help and she could go by ambulance or by car. He took her to the ER Friday and they really thought she was having a heart attack and did tests like EKG and X-Ray and those were fine. It was stated that they did a T enzyme for your heart and it was .03 and they said they wanted it below that, that it wasn't bad. She had that test again and it went up so she had a catheter the next day and was told it was not clogged arteries. The patient stated she was diagnosed with coronary vasospasm. It was clarified the name of the test as Troponin and it was .03 and they wanted it below that and had her stay for observation and said it can go up and is a sign of heart damage and heart attack 6-24 hours after the initial pain. The patient stated they gave her nitroglycerin and that helped with the chest pain and it opened all the blood vessels. Throughout the night her Troponin levels went up. She had a cardio cath Saturday and the cardiologist was surprised he thought there was blockage and would place a stent and there was not blockage and nothing wrong. He explained that her blood vessels were so constricted that her heart spasmed as it was not getting enough oxygen and was causing the pain. She asked him if it could be from the Covid vaccine and he said he could not confirm or deny as she is overweight, has high blood pressure and

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smokes but she has never had issues before. The reason she is calling is because the tingling in the bottom jaw started within 30-45 minutes after the vaccine and she had never had that before and she is not saying it is related or not. This may help other people may be having issues and may help give information to say maybe you shouldn't smoke right after the vaccine or if you have high blood pressure or are overweight you should stay longer. For the next one her cardiologist thinks she should get the 2nd one and she will pay more attention to the signs. She has an appointment tomorrow with her cardiologist and will double check and ask him as they ask you to let them know before the vaccine if you are on a blood thinner and when her Troponin was up they have her blood thinner Warfarin through the night in the hospital and wants to double check to see if that is still in her system and if it's ok to get the 2nd dose. The physician also changed her blood pressure medication she has been on for over 15 years (No further details provided). The patient added she was hospitalized on 09Apr2021 evening and discharged 10Apr2021 around 5pm. For the investigation the patient states after the heart cath. she had an echocardiogram where you lay on your side and they do an ultrasound of your heart. The patient does not know the result of the echocardiogram, assumes it's fine but doesn't know. She took a week off at work as she was told not to bend her wrist from the procedure and has a weight restriction so she is doing her computer job. It was also reported the normal arm soreness and tired are expected but the severe, it helps to report and keep track of and it may be isolated and it may not be. The outcome of the events was unknown. The events required emergency room and physician office visit.

Patient presented to the emergency department with right-sided pleuritic chest pain-she has a pulmonary embolism on CT angiogram. She was started on heparin and admitted to the medical center. She received her Johnson and Johnson vaccine on 03/04/2021.

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1276787	5/1/2021	WI	45	F	3/31/2021	3/31/2021	Numbness on either side from my elbow to each knee; Shooting pain down my sternum; Wide variations in my blood pressure; Serious asthma attack; Body tremors; Dizziness, wooziness; Chills; Nausea; Headache; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of ASTHMA (Serious asthma attack) in a 45-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 016B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was provided by the reporter. Concomitant products included ACETYLSALICYLIC ACID (ASPIRIN (E.C.)), CETIRIZINE HYDROCHLORIDE (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) and DIPHENHYDRAMINE for an unknown indication. On 31-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 31-Mar-2021, the patient experienced TREMOR (Body tremors), DIZZINESS (Dizziness, wooziness), CHILLS (Chills), NAUSEA (Nausea) and HEADACHE (Headache). On 14-Apr-2021, the patient experienced ASTHMA (Serious asthma attack) (seriousness criterion medically significant). On 16-Apr-2021, the patient experienced BLOOD PRESSURE FLUCTUATION (Wide variations in my blood pressure). On 20-Apr-2021, the patient experienced CHEST PAIN (Shooting pain down my sternum). On 22-Apr-2021, the patient experienced HYPOAESTHESIA (Numbness on either side from my elbow to each knee). On 01-Apr-2021, TREMOR (Body tremors) had resolved. On 16-Apr-2021, ASTHMA (Serious asthma attack) had resolved. On 21-Apr-2021, CHEST PAIN (Shooting pain down my sternum) had resolved. On 22-Apr-2021, HYPOAESTHESIA (Numbness on either side from my elbow to each knee) had resolved. On 25-Apr-2021, DIZZINESS (Dizziness, wooziness), CHILLS (Chills), NAUSEA (Nausea) and HEADACHE (Headache) had resolved. At the time of the report, BLOOD PRESSURE FLUCTUATION (Wide variations in my blood pressure) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In April 2021, Blood test: normal (normal) All kinds of blood work came back fine. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

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Patient was taken to the ER (emergency Room) on 20-APR-2021. Treatment for the events included antihistamine combination of Zyrtec and Diphenhydramine, Benadryl, and Baby Aspirin 81 mg.; Sender's Comments: This case concerns a 45-year-old female with a serious unexpected event of asthma, and nonserious unexpected blood pressure fluctuation, dizziness, chest pain, tremor, hypoaesthesia, and expected chills, headache, nausea. Event onset the same day as first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1276778	5/1/2021	CA	50	F	3/20/2021	3/20/2021	Delay 2nd dose 2 weeks, after the 42 days post 1st shot; Had an episode of Afib; Elevated Heart rate 4 hours after first dose; Chest pain; Chest pressure; Palpitation; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of ATRIAL FIBRILLATION (Had an episode of Afib) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 036A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Atrial fibrillation and Costochondritis on 09-Mar-2021. Concomitant products included METOPROLOL, LOSARTAN, SOTALOL, LEVOTHYROXINE, LIOTHYRONINE and METFORMIN for an unknown indication, DABIGATRAN ETEXILATE MESILATE (PRADAXA) and EMPAGLIFLOZIN (JARDIANCE). On 20-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 20-Mar-2021, the patient experienced HEART RATE INCREASED (Elevated Heart rate 4 hours after first dose), CHEST PAIN (Chest pain), CHEST DISCOMFORT (Chest pressure) and PALPITATIONS (Palpitation). On 07-Apr-2021, the patient experienced ATRIAL FIBRILLATION (Had an episode of Afib) (seriousness criterion medically significant). On an unknown date, the patient experienced PRODUCT DOSE OMISSION IN ERROR (Delay 2nd dose 2 weeks, after the 42 days post 1st shot). At the time of the report, ATRIAL FIBRILLATION (Had an episode of Afib), HEART RATE INCREASED (Elevated Heart rate 4 hours after first dose), CHEST PAIN (Chest pain), CHEST DISCOMFORT (Chest pressure) and PALPITATIONS (Palpitation) outcome was unknown and PRODUCT DOSE OMISSION IN ERROR (Delay 2nd dose 2 weeks, after the 42 days post 1st shot) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 09-Mar-2021, Chest X-ray: normal (normal) normal. On 09-Mar-2021, Electrocardiogram: normal (normal) normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Her cardiologist changed her medications from: metoprolol Tartrate 50mg BID, Levothyroxine 200MCG QD, Liothyronine 25mcg 1/2 T Bid, Losartan 100mg QD, Metformin 1000mg BID To:

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DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 09-Mar-2021, Chest X-ray: normal normal. On 09-Mar-2021, Electrocardiogram: normal normal. Losartan 25mg QD, Jardiance 25mg 1/2 T QD, Metoprolol t 50 mg TID, Pradaxa 150mg BID Today(26-Apr-2021) evening she is supposed to stop her Metoprolol Tartrate 50mg TID and start Sotalol 80mg 1/2T BID. Company comment:This case concerns a 50-year-old female with a serious unexpected event of atrial fibrillation, and non-serious unexpected heart rate increased, chest pain, chest discomfort, palpitations, and product dose omission in error. Event onset 19 days after first dose mRNA-1273. Events resolved. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: This case concerns a 50-year-old female with a serious unexpected event of atrial fibrillation, and nonserious unexpected heart rate increased, chest pain, chest discomfort, palpitations, and product dose omission in error. Event onset 19 days after first dose mRNA-1273. Events resolved. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1276770	5/1/2021	WA	47	F	3/24/2021	3/24/2021	<p>very mild heart attack; chest started burning; couldn't breath; incomplete course of vaccination; very sick; arm got little sore; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (very mild heart attack) in a 47-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 045A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect product included non-company product SIMVASTATIN for an unknown indication. The patient's past medical history included Allergic reaction (MMR vaccine allergic reaction as an infant) in 1973. Concomitant products included PANTOPRAZOLE, SERTRALINE and VARENICLINE TARTRATE (CHANTIX) for an unknown indication, ACETYLSALICYLATE LYSINE (ASPARIN). On 24-Mar-2021 at 1:00 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient started SIMVASTATIN (unknown route) at an unspecified dose. On 24-Mar-2021, the patient experienced VACCINATION SITE PAIN (arm got little sore). On 25-Mar-2021, the patient experienced ILLNESS (very sick), DYSPNOEA (couldn't breath) and INCOMPLETE COURSE OF VACCINATION (incomplete course of vaccination). On 25-Mar-2021 at 8:00 AM, the patient experienced MYOCARDIAL INFARCTION (very mild heart attack) (seriousness criteria hospitalization and medically significant) and CHEST PAIN (chest started burning). The patient was hospitalized on 25-Mar-2021 due to MYOCARDIAL INFARCTION. At the time of the report, MYOCARDIAL INFARCTION (very mild heart attack), ILLNESS (very sick), CHEST PAIN (chest started burning), DYSPNOEA (couldn't breath), INCOMPLETE COURSE OF VACCINATION (incomplete course of vaccination) and VACCINATION SITE PAIN (arm got little sore) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 25-Mar-2021, Angiogram: normal (normal) no signs of plaque buildup. On 25-Mar-2021, Blood creatinine: abnormal (abnormal) levels determined patient was having a mild heart attack. On 25-Mar-2021, Electrocardiogram: normal (normal) Normal. The action taken with mRNA-1273 (Moderna COVID-19</p>

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1278320 5/1/2021 MA

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Vaccine) (Intramuscular) was unknown. The patient was very panicky about getting the second dose for fear that she would have another heart attack. She went to the cardiologist for a follow up and the doctor could not determine why she had a heart attack. The patient reported that it was not a normal heart attack in that her blood pressure and pulse were not raised, but instead, were low. The patient agreed to follow up with her HCP (health care provider). Treatment for the heart attack included SIMVASTATIN and BABY ASPIRIN to prevent blood clots. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

Patient received her second dose of Moderna COVID vaccine on Tues, 4/27, then developed palpitations on night of 4/29. She woke up that night at 3am with vomiting and 7/10 chest pain. Chest pain was described a substernal and symptoms occurred at rest. Additionally noticed an elevated heart rate. Her chest pain did not subside so she presented to the Hospital ER where she was noted to have elevated trop from 1.8 to 3.5. TTE at bedside showed reduced EF to 40%, global apical hypokinesis. At healthcare facility, cardiac cath was normal and EF appeared normal on wet read of repeat TTE. She was started on captopril (transitioned to lisinopril on DC) and metoprolol. She will be discharged with follow up with physician.

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1278758	5/1/2021	OH	62	F	4/15/2021	4/15/2021	Pericarditis; Pleuritis; This is a spontaneous report from a contactable consumer, the patient. A 62-year-old non-pregnant female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot: EW0162), via an unspecified route of administration in the left arm on 15Apr2021 at 12:30 (at the age of 62-years-old) as a single dose for COVID-19 immunization. Medical history included thalassemia minor, fibromyalgia, migraines, depression, Barrett's Esophagus, hiatal hernia, restless leg syndrome (RLS), asthma, hypothyroidism, moderate sleep apnea, osteoarthritis, valvular heart disease, hyperlipidemia, degenerative disc disease (DDD), osteopenia, benign essential tremor, hypertension (HTN). The patient was not diagnosed with COVID-19 prior to vaccination. Concomitant medications were not reported, but the patient did receive other unspecified medications within two weeks of the vaccine. The patient did not receive any other vaccinations within 4 weeks of the vaccine. The patient previously took morphine, pregabalin (LYRICA) and methylphenidate hydrochloride (CONCERTA) and experienced allergies. On 15Apr2021 at 21:30, the patient had shortness of breath and chest pain and could only tolerate leaning forward. She went to the emergency room and was admitted to the hospital for pericarditis and pleuritis. She was informed not to take the second vaccine as it would kill her. The patient was hospitalized as of an unspecified date for 2 days and treated with steroids, anti-inflammatory and pain medication. Since the vaccination, the patient was tested for COVID-19 via nasal swab on 16Apr2021 with negative results. The clinical outcome of pericarditis and pleuritis was resolving.
1273822	4/30/2021	NY	63	F	4/5/2021	4/7/2021	Spontaneous coronary artery dissection. heart attack symptoms (chest pain), pain lasted over an hour
1275852	4/30/2021		35	F	4/23/2021	4/26/2021	Developed chest pain, dizziness, palpitations, and diaphoresis 3 days after receiving 2nd dose of Pfizer COVID-19 vaccination. Ultimately found to have myocarditis. Discharged to home in stable condition, asymptomatic. Supportive care.

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1275712	4/30/2021		17	F	4/30/2021	4/30/2021	patient felt dizzy, lightheaded, nauseous after receiving pfizer covid-19 vaccine. I checked her blood pressure, it was normal 127/96; pulse was 87. I gave patient ice pack and she said she was feeling numbness in her left arm and fingers. After 5 minutes she was feeling some chest pain and wanted me to call 911. She said she was feeling anxious and hadn't eaten all day. patient takes weekly methotrexate injections.
1275232	4/30/2021	NV	38	F	4/2/2021	4/16/2021	Migraine - Toradol - Received injection Back, neck, chest pain Elevated blood pressure Numbness/ pin needles in injected arm - prescribed Tizanidine for muscle spasms Brain fog
1274397	4/30/2021	CA	79	F	3/18/2021	4/4/2021	~~Pfizer-BioNTech COVID-19 Vaccine EUA" - received first dose 2/25/2021 and second dose 3/18/2021 Patient wint intermittent persistent occipital headache for 2-3 days. Pain was rated 8/10. Also with bilateral lower extremity rash without itchiness persisting for 2 days. no vision change, no photophobia. Denied any fever, chills, SOB, cough, loss of smell or taste, myalgia, nausea, vomiting, diarrhea, weakness or any focal neurological deficit. Admitted for ITP (also with epistaxis and severe low platelets, hyponatremia, acute cystitis without hematuria. No chest pain, no GI bleed. Treatments included 2 units PRBC transfusion (4/6), plateletpheresis (4/6), dexamethasone IV (changed to prednisone oral on 4/7), IVIG infusion from 4/5 to 4/7, and B12 replacement. Discharge home with prednisone oral, folic acid, cyanocobalamin

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1274385	4/30/2021	CA	61	F	3/27/2021	3/31/2021	<p>~~Moderna COVID-19 Vaccine EUA" -- received 1st dose 3/27/2021 Received 1st Moderna vaccine in R arm on 3/27/21. Within first hour, she had a headache, R eye pain, and felt tired; symptoms subsided after she laid down. On 3/31 in early AM, felt sudden and more severe headache and same eye pain, and "electrical contractions down neck, back, and spine." Went to medical facility, then transferred to hospital, and transferred to another hospital via helicopter. 61-year-old female, generally very healthy, on no medications, here complaining of sudden onset right sided stabbing/electrical headache which began 30 minutes prior to arrival. She states she was standing at work when had sudden onset severe headache radiating into her right eye. Stating that it feels like my right eyeball is going to explode. She ranks the pain a 9 out of 10. She does have a history of migraine headaches which have never been evaluated with imaging or by neurology. They were normally frontal, and she has not had one in more than 2 years. She states that this headache is dramatically different than her prior migraines. Patient states associated with this sudden onset headache, she had bilateral neck pain, and substernal chest pain. Upon arrival to clinic, she points to her substernal region as the site of her chest pain. She denies associated shortness of breath, irregular heart rate/rhythm, presyncope. She does feel slightly weak. Of note, patient states she had a MODERNA COVID-19 vaccine on Saturday and subsequently had some right-sided shoulder pain. Her symptoms are on the same side. - 7:50 AM: BP 165/109 (R arm); pulse 86; no antihypertensives given, given a total of 100 mcg fentanyl over 1 hr - 9:04 AM: BP 150/92 (R arm); pulse 60; transferred to hospital and then transferred to another hospital via helicopter for SAH 3/31/2021 ED - given nicardipine IV, dexamethasone IV, levetiracetam, and antiemetics. Nero noted that no associated trauma, LOC, or seizure with the HA, Neuro assessment - day 4 (plus possible re-rupture within last 24 hours) of good clinical grade HH2 low volume aSAH due to ruptured R ICA ANR 4/1/2021 - completed successful and uncomplicated RICA oblong aneurysm coiling (successful coil elimination & preservation adjacent PcommA infundibulum). Patient was admitted to critical care for post procedure care, monitoring, and management of sodium, blood pressure, and headache.</p>

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1274364	4/30/2021	ID	27	M	4/8/2021	4/11/2021	Levetiracetam discontinued since patient did not have any seizures. 4/7/2021 - discharged
1274344	4/30/2021	CA	51	F	4/11/2021	4/13/2021	Pt experienced malaise, subjective fever, chills, headaches, and myalgias following vaccination then on 4/11 (3 days post vaccine) experienced sharp chest pains radiating up left side of neck and down bilateral arms. Pt presented to urgent care clinic where EMS was activated for transport to the Emergency Department. Pt was evaluated for STEMI by cardiologist in the ED, cath lab was not recommended and pt was admitted for evaluation of possible myocarditis.
1274193	4/30/2021	CA	70	M	4/23/2021	4/26/2021	Urinary/stomach pain, muscle/back pain, joint pain, chest pain
1274110	4/30/2021	MD	39	F	4/21/2021	4/25/2021	Patient presented to the emergency room for evaluation of shortness of breath and chest pain that started two days prior (one day after receiving first Moderna vaccine). Symptoms worse with exertion. Chest pain is described as a heaviness, does not radiate. EKG in the emergency room that showed ST elevations in III and aVF and his troponin was found to be 40.5 and so code STEMI was activated. Patient had cardiac cath on an urgent basis and that showed triple-vessel disease, with a very short left main as LAD and left circumflex were almost coming from 2 separate ostia, subtotal occlusion of the LAD and left circumflex and 100% occlusion of the mid RCA. Evaluated for CABG, which was declined. Patient's echocardiogram showed global hypokinesia with EF of 20 to 25%. Patient underwent high risk PCI procedure using Impella support with 2 stents to the subtotally occluded LAD and 1 stent to the subtotally occluded left circumflex. Patient's symptoms subsided following procedure, however patient suffered mild CHF on initial CXR secondary to ischemic cardiomyopathy, successfully treated with Lasix as displayed by downtrending BNP. Patient's labs also displayed shock liver with AST and ALT liver enzymes both above 1000 on arrival; hepatitis and HIV titers came back negative. Patient suffered from AKI on arrival secondary to ischemia, with an elevated BUN and creatinine; CKD suspected due to lab values showing chronic anemia.
							Severe chest pain diagnosed finally as PERICARDITIS

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1274031	4/30/2021	PA	25	M	4/27/2021	4/29/2021	Developed chest pain. Found to have myocarditis. Receiving NSAID for treatment.
1273909	4/30/2021	NJ	20	M	4/30/2021	4/30/2021	Patient was given vaccine and was told to wait in the monitoring area for 15 minutes post vaccination. Shortly after, the patient reported "feeling pale" and was told to remain seated. The patient then fell over from the chair and lost consciousness. We immediately called 911 and went to the patient's side with epinephrine. However, he recovered within seconds and was able to sit up and drink water. He reported feeling "pale [...], weird [...]" and said he felt like his "ears are sweating." He did not want epinephrine and remained seated and responsive. When asked, he said he had never received any adverse reactions to any vaccines in the past. A pharmacist then cleaned and disinfected his right temple that was bleeding, which he seemed to have hit when he fell. He later reported feeling chest pain and slight difficulty breathing but did not want epinephrine at that time. Emergency services arrived about 20 minutes after and assessed the patient and removed him in a gurney.
1281101	4/30/2021	CA	65	M	3/22/2021	3/26/2021	65-year old man with PMH notable for CAD s/p 3v CABG 2015, HFref (EF 54% 11/2020), CKD, T2DM (A1c 7.5% 9/2020), and OSA, presenting with 2 days of weakness, malaise, difficulties getting out of bed and walking. The patient was in his normal state of health until he got the 2nd dose of the moderna covid vaccine two days ago; since then he has been somnolent, weak, not eating or drink much, and slid out of his bed and woke up on the floor once. He came to the ED because he was so weak that he couldn't walk. He furthermore endorses suprapubic and generalized right-sided abdominal tenderness that started after two episodes of nonbloody emesis and chills while waiting in the ED. He denies fevers, chest pain, dyspnea, orthopnea, lower extremity swelling, palpitations, brbpr, melena, dysuria, rash, easy bruising/bleeening, headache, vision changes, and sensory changes.
1273854	4/30/2021	IN	22	F	4/28/2021	4/29/2021	High fever, body aches, chest pains, back pain, fatigue, sweating, chills, shortness of breath, over sleeping, left arm pain.

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1274796	4/30/2021	CO	49	F	3/20/2021	3/21/2021	Eleven Hours after the vaccine I got a fever body aches, chills and chest pain. The fever and flu symptoms went away after 24 hours but the stabbing chest pain lasted for 37 days. The pain was in the center of my chest in different places and it felt like tightening and clenching. The D-Dimer was elevated and other tests were normal. My Platelets were tested later and were normal. Doctors indicated it was an inflammatory immune response. I went to a Cardiologist for a Stress test which showed ST depression. The chest pain stopped after 37 days. I did have shortness of breath which came and went over the course of four weeks. I am normally in good shape and I run, dance and work out two to four times a week. I have been unable to work out since this began. I also had lightheadedness, chest pain and palpitations seemed to go together. I still have lower back pain and Tinnitus which started two and a half weeks after the shot. It has been five weeks.
1273679	4/30/2021	PA	70	F	4/22/2021	4/25/2021	Patient received her second dose of moderna on 4-22-21. On 4-25-21, patient states she began to experience chest pain when she took deep breaths. On 4-28-21, patient states she went to the emergency room. She states the hospital did a chest x-ray, a scan, and a heart echo. She was diagnosed with a lung clot. Patient states she was put on a blood thinner. On 4-29-21, the patient was discharged with a prescription of Eliquis.
1273648	4/30/2021	MT	38	F	3/26/2021	4/11/2021	03/26/2021 PM Slightly fatigue and lethargic, arm hurt and tingly and was thirsty after the vaccination after the vaccination, next day a head ache, and have aches and pains. 04/16/2021 chest ex De diamer test, primary care doctor Ultra sound of the gallbladder Stomach and nausish gallbladder and chest exray and blood work on 04/20/21 Rash developed Currently, still have the rash today 04/26/2021 ER Chest pain, Chest CT, De diamer, EKG

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1273486	4/30/2021	NC	60	F	4/12/2021	4/15/2021	Patient developed cold symptoms with heavy drainage on 4/15/21. Patient took a whole package as directed but continued to get worse. Used Vicks Vapor Rub and took a couple doses of sinus medication after the Coriadin was gone. Started severely hurting with difficulty breathing and chest pain on 4/27/21. Went to The Hospital on 4/28/21. Was diagnosed with pneumonia, pulmonary embolism in left lower lobe pulmonary arterial branches. Patient was admitted. Patient placed on Rocephin 1 gram IVPB daily and azithromycin 500 mg IVPB daily. Patient was started on therapeutic dosing of Lovenox and then transitioned to Eliquis 10 mg BID for 7 days then 5 mg BID. See hos.
1273477	4/30/2021	GA	55	F	3/11/2021	4/19/2021	Hospitalized with COVID-19 a month after COVID-19 vaccine. Had fever, chills, congestion, sore through, cough, shortness of breath, chest pain, fatigue, and headache.
1273469	4/30/2021	OR	26	M	4/9/2021	4/11/2021	4/13/21: 26 y.o. male who presents with central nonradiating chest pain and dyspnea for the past 2 mornings. Seen in urgent care and sent here for elevated troponin. EKG nonischemic. No symptoms currently. Repeat troponin slightly elevated. BNP elevated but no clinical evidence of heart failure. CRP elevated, sed rate normal. Respiratory viral panel negative. CTA PE study negative for PE or other acute pathology. Echo normal per cardiology prelim report verbally. Patient hemodynamically normal. Respiratory viral panel including Covid negative. Concern for possible vaccine reaction. Will be reported by pharmacy. Seen by cardiology in the emergency department. Will be admitted overnight for observation given concern for troponin still climbing as well as monitoring for arrhythmia. Patient concerned about being admitted but willing to stay after further conversation.

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1273447	4/30/2021	KY	20	M	4/22/2021	4/22/2021	1 day after the 2nd shot in the Pfizer COVID vaccine series he began to develop substernal pressure like chest pain . Patient was admitted into the hospital for 2 days (4/27-4/29) for this substernal chest pain. A CTPE, EKG, and CXR were ordered that were unrevealing as to the etiology of the chest pain. Troponins were elevated on admission with a slightly decreased delta (515->479). An ECHO was ordered that showed a LVEF of 35-40% with moderate global hypokinesis of the left ventricle, right ventricles moderately dilated, and no pericardial effusion. A Cardiac MRI was then ordered to determine etiology that showed subepicardial late gadolinium enhancement of the basal inferior and mid-inferior and inferoseptal wall consistent with acute myocarditis. Additionally, a small pericardial effusion without signs of inflammation, calcification, or cardiac tamponade physiology. Patient was then D/C on 4/29 after the cardiac MRI with no medical therapy with the recommendation to not partake in physical activity for one month. Will have follow up with cardiology clinic in 1 month and will participate in cardiac rehab.
1273359	4/30/2021	FL	68	F	2/13/2021	2/13/2021	Pt presented to ED after receiving second COVID vaccine. Pt states within 5 minutes of second dose, she began feeling lightheaded, shakey, diaphoretic and generally not well. Personnel noticed pt leaning over the back of her chair and brought her juice, gatorade, donuts, and candy. Denies ever losing consciousness, chest pain, SOB. Pt was taken to the ED where glucose was 176. Pt states by the time she arrived to the ED her symptoms had resolved. On presentation pt had negative troponin, however EKG showed mild T wave changes. Pt admitted to internal medicine for ACS rule-out. No acute overnight events. Troponins remained negative, no EKG changes. Discharged next day.
1273242	4/30/2021	PR	45	F	4/20/2021	4/20/2021	During the night, I had a really strong headache, nausea, chills, pain in my left arm that reached my chest, and then a lot of sweating. Wednesday I did not work, Thursday I still worked with the pains. Friday I woke up around 5:00 am with severe chest pain and nausea. The pain was not normal, I went to the Hospital, to the emergency room.

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1273149	4/30/2021	GA	66	F	3/16/2021	4/26/2021	Patient presented to hospital with four days chest pain, dyspnea on exertion and weakness. Work up revealed an acute submassive pulmonary embolism without evidence of deep vein thrombosis in bilateral lower extremities.
1273145	4/30/2021	VA	25	F	2/3/2021	2/4/2021	I received the vaccine on February 3, on February 4 at 0100 I woke up with chills. The rest of the day I would have chills and sweats. I was nauseous and threw up twice. I had a low grade fever of around 99 degrees but at one point it did go up to 101.3. My entire body hurt including my head and Tylenol and ibuprofen did not help. On February 5 I was feeling a little better, I still had body aches but could eat a little. On February 6 at around 0500 I woke up with chest pain. I waited a little while to see if it would go away but it had gotten more intense. I am a cardiac ICU nurse so I knew what chest pain could mean. I got out of bed and at that time my chest pain was a 10/10 and I was having shortness of breath. I woke my fiancé up and told him I needed to go to the ER. At the ER they ran test and admitted me to the hospital. They later diagnosed with myopericarditis with a small pericardial effusion.
1273081	4/30/2021	CO	17	F	4/26/2021	4/29/2021	After receiving the vaccine on 4/26, she developed headache and temperature to max 99-100 as well as muscle pain in the arm where she received the vaccine. Progressed to diffuse myalgias on 4/27 and 4/28. Was having a slight cough that is typical for her during this time of year due to allergies, no other respiratory symptoms. Then acutely developed severe jaw pain that radiated to the throat and into her chest when she woke up on 4/29 in the morning. She had 10 out of 10 crushing chest pain.
1273017	4/30/2021	GA	33	M	4/10/2021	4/28/2021	PT REPORTED TO ED WITH C/O SOB/DYSPNEA, CHEST PAIN, PROBLEMS WITH INSPIRATION AND FATIGUE-TACHYCARDIA HR 119- BILATERAL LEG PAIN SINCE 4/26/21

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1273007	4/30/2021	PA	57	M	4/1/2021	4/27/2021	1st shot migraine head ache for week, dizzy ness, fell down steps, hard to breath, pain in chest, call and ask health clinic if should get second shot they said ok to. blood pressure up by 10-15 pts 2nd shot- 3 hours dizzy, head ache, 8 hours later, gaunt start in right foot, hot and freezing every 15 minutes rotation in for day, stabbing stomach pains, 3 black outs for up to 4 hours each, 2 day burning eyes, and gaunt start in other foot left foot, and gaunt move up to ankle on right foot. blood pressure now 20-25 pts higher. notified heath clinic again.
1273908	4/30/2021	CO	38	F	4/11/2021	4/12/2021	Patient received COVID -19 vaccine Johnson & Johnson on 4/11/21. On unspecified date, patient presented with fever, muscle aches, join pain, and feeling unwell. Per ED notes, provider documented this was a reaction related to COVID vaccine. File this incident for record keeping. Patient came back on unspecified date to ED for evaluation of elevated D-Dimer. Patient was at PCP and had labs drawn, her D-dimer was elevated, and her HA was still persistent. She denied any chest pain, shortness of breath, hemoptysis, tachycardia, and pleuritic chest pain. CT brain showed normal in size, no mass lesion, hemorrhage, or acute infarct. Report ADR for record keeping.
1274386	4/30/2021	CA	18	M	4/23/2021	4/24/2021	The patient presented with chest pain and dyspnea on exertion which started the day after receiving the second dose of the Moderna Covid vaccine. Pt was found to have myocarditis. He was admitted to the hospital and treated with NSAIDS and Steroids. He improved and was discharged after 2 days.

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1269802	4/29/2021	HI	33	F	4/26/2021	4/26/2021	33 year old female with no significant past medical history presents to the ED with syncope s/p receiving first COVID-19 vaccination this evening at 1758. The patient states that she completed her 15 minutes of observation when she suddenly felt dizziness after standing and had a syncopal episode, waking up on the ground. Per the nurse at the scene, the patient hit the back of her head. The patient does not remember hitting the back of her head as she lost consciousness prior to falling. Since then, the patient has been experiencing symptoms of generalized weakness and intermittent nausea, but denies symptoms of headache, visual changes, vomiting, neck pain, back pain, shortness of breath, chest pain, or abdominal pain. The patient has had normal PO intake today. She reports that she has had three separate syncopal episodes s/p getting her blood drawn in the past, but denies syncopal episode s/p receiving vaccinations in the past. The patient is an otherwise healthy individual with no known drug allergies, taking no daily medications, and denies the use of alcohol, tobacco, or drugs. Her last normal menstrual period was completed recently and she denies any chance of pregnancy, recent pregnancies, or currently nursing.

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1271040	4/29/2021	FL	51	M	4/23/2021	4/23/2021	<p>Within 30-minutes of vaccination, the patient reported a headache, slurred speech, and right side weakness. EMS evaluated the patient on-site. The patient was hypertensive (197/129) with a FSBG of 95mg/dL. During stroke assessment, the patient had new onset facial palsy/droop and need speech abnormality which signaled a stroke alert. 12-lead EKG was unremarkable. EMS transported the patient to Emergency Department. In the ED, the patient presented with a headache, chest heaviness, and slurred speech, but no aphasia. NIH stroke scale was 0. Patient remained hypertensive (170/109). Labs, tests, and imaging did not indicate rtPA administration. ED physician administered 0.4mg SL Nitroglycerin, 10mg IV Hydralazine, and 325mg PO Aspirin prior to admission for suspected Transient Ischemic Attack. Upon admission, differential was TIA vs. CVA vs. ACS. Admitting physician ordered HbA1C, lipid panel, MRI brain, CTA head/neck, 2D echo, and neurology consult. Throughout course of admission, patient had recurring midsternal chest pain that was relieved with Nitroglycerin. Imaging ruled out CVA. Given elevated TGs and Cholesterol, patient was started on Atorvastatin 40mg PO. Suspected TIA and ACS. Neurology consult reviewed the labs and imaging, and stated the episodes of stuttering are most commonly associated with anxiety or stress reaction. Neuro did not recommend any further workup unless this happened again unprovoked. Patient was discharged after a 3-day admission with diagnosis of cerebrovascular disease, unspecified. The patient was prescribed 81mg PO Aspirin, 20mg PO Lisinopril, and 40mg PO Atorvastatin.</p>

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1270848	4/29/2021	NY	39	F	4/28/2021	4/29/2021	<p>Patient received vaccine at 2:15 pm at Public Health clinic. She waited the appropriate 15 minute observation period and was feeling well. She then came to PCP office for a routine medical exam and reported feeling well when she first came, although her blood pressure was slightly elevated but pulse was normal. She was taken to an exam room and left for approximately 5 minutes, at which time she presented to the nurses station reporting that she thought her tongue may be swelling. Nurse evaluated and got NP to evaluate immediately. Patient reported she could still breath normally and swallow but that she was still feeling the swelling increase. At this time NP left to get PCP while nurse elevated HOB as patient began to choke on her tongue. PCP ordered epinephrine, 1 mL administered immediately. 911 called. Patient reported she was starting to feel better, swelling began to decrease. She then started to feel shaky, was pale and diaphoretic. She lost consciousness for approximately 10 seconds and pulse was not palpable. Staff readied for CPR and AED brought to room but patient regained consciousness prior to any care being necessary. She began to speak in full, clear sentences and was alert and oriented. 2L o2 applied. She was speaking with staff normally for around 5 minutes while awaiting ambulance, began to feel hot and felt her heart racing. Her PCP advised her that this was a normal sensation brought on by epi. As EMS arrived, patient reported feeling intense chest pain radiating down left arm, intense headache, and tingling in her fingers. As she was being transported to stretcher, patient experienced a 1.5 minute seizure followed by an episode of vomiting. She then left the building via ambulance and was take to Hospital emergency department. There it appears that she received 2 more rounds of IM epinephrine, IV epi, CPR, and was intubated. She was transferred from there to ICU where she is currently admitted on ventilation under sedation and receiving cardiac testing due to continued hypoxia and tachycardia.</p>

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1270761	4/29/2021		20	F	3/11/2021	3/18/2021	<p>After first vaccine: History: Moderna COVID vaccine on 3/11/2021. Arm soreness over the first day or two but nothing else that really struck her. A few days after she started to notice axillary pain that progressed up her right neck and down to her right hand. She saw a physician who thought she was having nerve pain brought on by the vaccine. Around the 18th she started to feel a snapping pain in her wrist. Went to ED on the 20th because she started to have arm shaking, she was given ativan, her arm shaking stopped and they discharged her home. That evening her fingers felt clenched. On the 21st she woke up in the morning, went to urinate and dropped to the floor because her legs felt like jello and felt like they kept giving out. They initially thought the ativan was just making her feel out of it. They waited until the evening but then needed to go to the ED. The concern was GBS and transverse myelitis. They ate dinner and decided to drive to ED, on the drive she was kind of falling asleep periodically. Then she suddenly couldn't lift her water bottle. She started to be completely out of it, Mom says she wasn't responding. Pt says that she felt like she knew what was going on, felt a little out of body and wasn't quite responding. Mom couldn't get her out of the car, she was carried into the ED and at that point she started to recover a little bit more. About 10 minutes later she started to feel better. She was admitted because she was still having trouble walking. In the hospital she had a normal CT head and video EEG but she didn't have any events while on the monitor. Discharged home the following day with the diagnosis of functional neurologic disorder and instructions to establish care with an adult PCP. They advised considering CBT as well. Since discharge her legs feels tired, going up the stairs feels much harder than it should. She has not had any falls and no longer feels like she is going to fall. She follows with a therapist, has had dissociative episodes and panic attacks in the past. Assessment: 20 YOF with PMH of panic attack, POTS, IDA and benign heart murmur who developed weakness of b/l LE and altered consciousness approximately 10 days after her first dose of Moderna COVID vaccine. Also had an episode of unilateral arm shaking the day prior that resolved with ativan in the ED. At this point unclear if directly related to vaccination. Differential includes mild Guillain-Barre 2/2 previous infection or vaccination,</p>

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stress reaction/anxiety, POTS complication, myasthenia gravis, tick bite, infection, heavy metal poisoning, B12 deficiency, seizure disorder, atypical migraine. Functional Neurologic Disorder diagnosed by neurology after overnight admission for video EEG which captured no events. CT head also WNL per neurology discharge summary. Neurologic exam today WNL. After Second Vaccine: History: She had her 2nd vaccine on 4/15 (6 days ago). Had vaccine in right arm again, she did have some arm pain again. She had coffee without breakfast in the morning. Had finished her first virtual class, went to the restroom during her second class, felt strangely in the restroom, went back to her room. She then passed out. Her fall was unwitnessed. She called to her roommate when she came to but her roommate hadn't heard the fall. She thinks she was only out for a few seconds but cannot be sure. Called her Mom who advised her to eat something so she ate an orange sitting on the floor. She got up to make herself breakfast and she passed out again. Again unwitnessed but patient thinks it was very fast. She crawled over to the couch, sat on the couch for for 15 minutes then felt fine for the rest of the day. She did not feel nauseous at all. She denies palpitations, difficulty breathing and chest pain. Today in office after orthostatics and blood draw she fainted again, only out for seconds. BP elevated immediately after the event but WNL minutes later. These syncopal episodes reminded her of her syncopal episodes with IDA and POTS. They do not feel like the episode after the first vaccine when she lost feeling in her legs and was very out of it. She feels like her arm pain from the first vaccine never fully resolved. After the arm pain worsened from the 2nd shot she tried a 3 day course of aleve to see if that helped things. At this point it is mostly just her right wrist that is painful. Overall feels more localized to wrist than prior. She has since stopped the aleve, last was last night. She has not noticed redness or swelling in wrist or arm. LMP was 4/2-4/6. She went almost a year without menses so stopped her OCP, but her menses have returned recently and she has restarted OCP. Assessment: Right arm pain persisted from the first vaccination but otherwise sx had resolved. She got 2nd vaccination on 4/15, only arm pain but yesterday had 2 brief syncopal events and one today in the office. Orthostatic BPs not completely convincing for orthostatic hypotension today.

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1270587	4/29/2021	GA	31	F	3/12/2021	3/24/2021	Started experiencing chest pain on March 26th in the evening. I went to my primary care physician that Friday and she performed an EKG that came back normal. She told me if the pain persisted to go to the ER to where they could further evaluate me. A week later I went to the emergency room. They performed a CT scan and EKG and ran blood work everything came back normal. They did state that I had a pulmonary nodule that was benign and to get it rechecked in one year. For aftercare I was Referred to a cardiologist. Upcoming appointment is May 14th 2021.
1270454	4/29/2021	NY	81	F	3/19/2021	4/21/2021	4/22/21 Patient presented to ED for evaluation of chest pain and shortness of breath of several weeks of evolution. Of note, patient had covid infection at the end of Dec 2020 - beginning of Jan 2021 and had pfizer vaccine, 2nd dose in mid march. Per patient she has been complaining of progressive SOB for the last 2 months. Denies recent travels or trauma. CTA in ED revealed bilateral Pulmonary embolisms and suggested possible right Heart Strain.
1270370	4/29/2021	OH	22	M	4/14/2021	4/17/2021	4/14/21- Vaccination Day 4/15/21- Headache, Chills, sweating & achiness. I took some Ibuprofen for the chills and rested pretty much all day 4/16/21- I felt better still sweating and sore but nothing out of the ordinary 4/17/21- A little tightness of the chest when I woke up but nothing crazy and then around 11 AM & 12 PM, I had serious chest pain. Exactly the way it was in 11/2019 (First episode of Myocarditis). Went the the ER for care 4/18/21- Ended up staying in the CICU (Cardiac ICU) for 2 days because I had more chest the morning of the 18th

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1270306	4/29/2021	MA	33	M	4/9/2021	4/16/2021	33-year-old male without past medical history presenting with 10d of nausea and vomiting associated with disequilibrium. Patient notes he received his second dose of Moderna on April 9. On April 16th, patient woke up and started to feel disequilibrium, unsteady on his feet. This was associated with nausea and vomiting. Patient will vomit about 2-3 times per day nonbloody nonbilious. He notes that the vomiting is associated with movements of his head. He went to urgent care where he was given prescription of meclizine. This did not work. Was also given prescription for prednisone and Augmentin for question of vestibular neuritis. This did not help either. Patient then went to see ENT today. He was told that his symptoms were not consistent with a vestibular process. He was recommended to go to emergency room for further evaluation. Patient has not been able to really hold down any food or liquids. He denies any fevers, chills, headache, vision changes, neck stiffness, abdominal pain, constipation or diarrhea, chest pain, dyspnea. In the ED, patient afebrile, HR 67, BP 135/97, RR 18, SpO2 96% on RA. Labs notable for Hb of 17.3. CT head -10 millimeter periventricular hypodensity in right parietal lobe chronicity.
1270108	4/29/2021	MI	75	F	4/10/2021	4/25/2021	Patient was exposed to COVID positive person on 4/14/21 and requested test for screening. Reported no symptoms at that time, but was positive. Presented to emergency department on 4/25/21 with complaints of sudden onset difficulty breathing and chest pain. She was found to be in COPD exacerbation possibly caused by COVID-19 infection or allergies. She was admitted to hospital for further management until 4/26/21.

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1271042	4/29/2021	MI	87	M	4/1/2021	4/20/2021	<p>BRIEF OVERVIEW: Discharge Provider: MD Primary Care Provider at Discharge: MD Admission Date: 4/22/2021; Discharge Date: 4/23/2021 Active Hospital Problems - Admitted for bilateral PE ? Acute pulmonary embolism without acute cor pulmonale, unspecified pulmonary embolism type (HCC) 04/22/2021 DETAILS OF HOSPITAL STAY: Patient is a 87 y.o. male with psoriatic arthritis, essential hypertension who presents today with right-sided chest pain. He reports onset starting yesterday. The pain radiated around to his back into the center of his chest. Thought he had pulled a muscle was having heartburn. Taking a deep breath made the pain worse. He tried Tums but no significant relief. It was not associated with shortness breath. Denied any, lower extremity swelling or calf pain. Today the pain was acutely worse so presented to the emergency department for evaluation. No prior DVT, PE, no FH of DVT/PE. No weight loss. No recent prolonged trip. On arrival to the emergency department his pulse was noted to be elevated to 120 but otherwise vitals unremarkable. CT angiogram thorax had significant findings of multiple bilateral pulmonary emboli involving segmental and subsegmental vessels. There was no evidence of right heart strain. He was started on heparin drip and transferred to another facility for ongoing care. He was switched to Eliquis 10 mg bid for 7 days, then 5 mg bid for 3 months. He has not sign of any malignancy, no weigh loss. He received Moderna COVID-19 vaccine on 3/4/21 and 4/1/21. It is conceivable that this PE could be complication of COVID-19 vaccine. He should follow up with PCP in 1 week. CTA also showed partial visualization of gas fluid collection within the right upper quadrant, likely reflecting a duodenal diverticulum which was present on 8/20/2012 CT abdomen, incompletely assessed. There is a small hiatal hernia. PCP to follow. Discussed with wife, and with daughter over the phone. Patient discharged home.</p>

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1269942	4/29/2021	MN	44	M	4/1/2021		<p>CHEST PAIN (WHOLE CHEST HAD LOT OF PAIN)/THOUGHT THAT HE HAD HEART ATTACK; SHORTNESS OF BREATH/COULD NOT BREATHE; SEVERE CRAMPING IN LEFT SHOULDER AND UPPER BODY; DIFFICULTY IN STANDING; SINUS; THOUGHT THAT HE WAS ABOUT TO PASS OUT; BUNCH OF CLOTS IN THE BOTTOM SIDES OF BOTH LUNGS AND ON THE TOP OF ONE OF THE SIDES; BEGINNING STAGES OF PNEUMONIA ON BOTH LOBES OF THE LUNGS (COLLAPSED); CRAMPING IN CHEST; This spontaneous report received from a patient concerned a 44 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) frequency 1 total, dose was not reported, administered to left arm on 06-APR-2021 at 12 noon for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 6-APR-2021 at 12 noon, patient got vaccinated and was fine that day . Next morning on 07-APR-2021, patient woke up with sever cramping in same shoulder which he got the shot in, most pain was in the upper left quarter of his torso to down half way to chest up to the shoulder till the neck . By the end of the day it spread to his whole chest and upper body. Also he had shortness of breath ,could not breath .The cramping and shortness of breath came at same time. He took Advil and went along with his day . He took 3 tablet of Advil 200mg every 4-5 hours all day (total of 3 dose that day) . By night time the case was progressively worse as the whole chest had a lot of pain . He thought that he had heart attack . He thought that he was about to pass out . He could not stand on his own . So his wife took him to emergency room at mid night at 12:30 am on 08-APR-2021. He stayed there for 5 hours and they did bunch of tests , EKG which rolled out the heart attack .They did Chest X-ray which found things then did D-dimer which its level was very high . They found bunch of clots in the bottom sides of both lungs and on the top of one of the sides. They did ultra sound on the legs which had no evidence of blood clots . They discharged him from the emergency room as they felt that he was ok to be out . After couple of hours after discharge , patient's health care professional wrote for</p>

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him Eliquis, antibiotic and pain reliver. He was given antibiotic because he had beginning stages of pneumonia on both lobes of the lungs (collapsed) . It was found air sacs in lung with signs of pneumonia in both lobes . He came home and started to monitor his blood oxygen . He stayed in the same position till recovery . He was better each day since last week but still had sinus and cramping in the chest (very minor but was still there). The lung capacity was very limited to take some steps. Patient stated that he needed a specialist to understand his condition. He had no medical history before that incidence . He was wondering regarding which type of blood thinner was good for this type of blood clots because he read that the regular blood thinners are not good for that type of blood clot which his HCP gave (regular blood thinner). Laboratory data included: Total lung capacity decreased (NR: not provided) lung capacity is very limited. On 08-APR-2021, Laboratory data included: Chest X-ray (NR: not provided) found things, EKG (NR: not provided) rolled out heart attack, Fibrin D dimer (NR: not provided) level was very high, and Ultrasound scan (NR: not provided) no evidence of blood clots. Treatment medications (dates unspecified) included: apixaban, and ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the severe cramping in left shoulder and upper body, chest pain (whole chest had lot of pain)/thought that he had heart attack, shortness of breath/could not breath, thought that he was about to pass out, difficulty in standing, bunch of clots in the bottom sides of both lungs and on the top of one of the sides, beginning stages of pneumonia on both lobes of the lungs (collapsed), cramping in chest and sinus was not reported. This report was serious (Other Medically Important Condition),; Sender's Comments: This 44-year-old male patient reported blood clots of both lungs 2 days after receiving COVID-19 VACCINE AD26.COV2.S for the prevention of symptomatic SARS-CoV-2 virus infection. The patient denies any medical history/condition prior to vaccination. The symptoms reported were severe cramping of arm that spread to his whole chest and upper body and shortness of breath; the patient thought he had a heart attack, about to pass out and could not stand because of the progression of pain. EKG done at the emergency room ruled out heat attack,

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1270139	4/29/2021	MA	34	M	4/9/2021	4/24/2021	<p>D-Dimer was reported to be very high, clots were found in the bottom sides of both lungs and on the top of one of the sides, x-ray showed beginning stages of pneumonia on both lobes of the lungs (collapsed). The patient was prescribed with Eliquis, an unspecified antibiotic and pain reliever. Outcome of the events were not reported. Based on the information that is available, the event is assessed as plausible with the causal association to immunization, per WHO causality classification of adverse events following immunization based on a lack of a definitive plausible biological mechanism. However, considering the temporal relationship and recently evolving theories in the literature about COVID infections and vaccinations, potential vaccine contribution cannot be excluded. Additional information was requested.</p> <p>Started experiencing extreme chest pains (stabbing feeling) between my lower right breast and upper rib cage on Saturday afternoon, especially when trying to take a big inhale. I went to the emergency room the next day after pain meds (ibuprofen) did not help, and they did an EKG and X-Ray and they said it was a muscle strain. I went home and alternated between 3000 MGs of Tylenol every 24 hours, 2400 MGs of Ibuprofen, 8 hours of 4% lidocaine patch and then off for 8 hours + and a heating pad when the patch was off. The pain in my chest got worse and worse on Mon and Tue (started having spasms in the chest that caused extreme sharp shooting pain down my back up into my head) so went back into the ER Tues night. They</p>
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1269712	4/29/2021			F			heart hurts; the feeling of fainting stopped; sore throat; trouble breathing; nasal congestion and felt very hot; nasal congestion and felt very hot; had chest pain/ heart hurts; seeing stars; This is a spontaneous report from a contactable consumer (patient's parent). A female patient of an unspecified age (age 27, unit: unknown) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported) via an unspecified route of administration on an unspecified date at 5:30 pm at single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. E-transmitting possible duplicate AE as caller stated they already reported AE to previous agent. Caller reporting on behalf of her daughter. The patient got the 1st dose at 5:30 pm, woke up with a jolt at 1:00 am with trouble breathing, a sore throat, nasal congestion and felt very hot. She took a COVID test since then which was negative. 5 days after that, this Monday 12Apr2021, she had trouble breathing again, that didn't get better, while in the shower. She had chest pain which she described as 'my heart hurts' when she got out of the shower started seeing stars. She put her head down and the feeling of fainting stopped. Both times, the trouble breathing lasted 5-10 minutes. And she felt okay after just a few deep breaths. On the 2nd time she felt better after deep breaths, cold water and felt fine. She had a Tele-visit with a different doctor than her usual physician. She was told to go to urgent care, where they did an X-ray and EKG (electrocardiogram) and COVID test, as mentioned earlier. By the time she went to urgent care she had no trouble breathing though. The outcome of the events trouble breathing and felt faint was resolved on an unspecified date, of other events was unknown. Information on the lot/batch number has been requested.

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1269682	4/29/2021	TN	69	F	3/29/2021	3/30/2021	it'll feel like little flutters; Heart palpitations; Shortness of breath; Didn't feel like normal self; Site pain; Chest pressure; Difficulty sleeping because of heart rate; Fatigue; This is a spontaneous report from a contactable consumer (patient). A 69-year-old female patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number: EP7534), via an unspecified route of administration administered in right arm on 29Mar2021 at 09:20 (at the age of 69-year-old) at hospital facility as SINGLE DOSE for COVID-19 immunisation. The patient had no prior vaccinations within four weeks. The patient had no relevant medical history. Patient reported that she has people in the family that have had heart problems. Concomitant medication included unspecified vitamins. Historical vaccine includes first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number: EM9990 or EM9890) administered in the right arm on 08Mar2021 (at the age of 69-year-old) for COVID-19 immunisation and had a little fast heart rate but not constant, little fatigue and site pain. The patient previously took steroid injections 2 years ago (2019) and had heart palpitations before. The patient further mentioned that normally after the steroids wear off, the heart palpitations go away. The patient reported that she did not have any problems following the first dose of the COVID-19 vaccine. Caller reported that she had a little fatigue and site pain for just a couple of days but that everything was fine. Patient reported that she felt a little heart palpitations for maybe a day or two and then it was gone following the first dose of the COVID-19 vaccine. After she got the second dose of the COVID-19 vaccine on 29Mar2021, she noticed the heart palpitations again and a little shortness of breath. The heart palpitations and shortness of breath were nothing that she felt that she had to run to the emergency room or anything over. The patient reported that now it was getting difficult for her to sleep sometimes at night because of the heart rate. The patient also reported that she was trying to figure out that from this length of time between her second dose of the COVID-19 vaccine on 29Mar2021 and time of call on 14Apr2021, could the heart palpitations be a side effect from the COVID-19 vaccine. Patient also mentioned that when she experienced heart palpitations before, a whole work up was ordered and

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she was referred to cardiology and that nothing was found during the work up after previous experience with heart palpitations. The patient also mentioned that she has been fine, that she has been able to work and walk and that she gets her 10,000 steps every day. After getting the COVID-19 vaccine, she was tired and didn't feel like her normal self. The patient also reported that when the time had arrived to get the second dose of the COVID-19 vaccine, about a week before, she may have had a little fast heart rate but not constant. It was also reported that following her second dose of the COVID-19 vaccine on 29Mar2021, the fatigue started about the same time as it did following the first dose, on the second day post-vaccine on 30Mar2021. Patient reported that she was kind of tired and just taking a nap during the day. The fatigue was still ongoing. It was also reported that patient was starting to feel better other than the heart palpitations. The patient reported that yesterday, 13Apr2021, she felt great and could do her normal routine, other than feeling chest pains and palpitations. The heart palpitations are not constant, but are more regular during the day than she was used to. The heart palpitations were really bad last night, 13Apr2021, and that she had difficulty sleeping because of heart rate (couldn't hardly sleep at all). The patient's doctor was scheduling her for an echocardiogram. The patient's doctor did an electrocardiogram (EKG) on her on 08Apr2021 and there was nothing there (normal). The patient's doctor was scheduling her for a stress echocardiogram. The patient also mentioned that after returning from the physician's office, her husband went back and looked at the symptoms from the COVID-19 vaccine information sheet. The patient reported that her husband thought that she needed to call to eliminate everything, that they are trying to figure out why the patient was experiencing the heart palpitations. The patient also mentioned that 2 days ago she got on her treadmill to walk and went for 30 minutes. Patient reported that it normally takes her 5 minutes to recuperate, but that time it took her 20 minutes before she felt comfortable after her walk. The patient also reported that the site pain was nothing serious following both doses of the COVID-19 vaccine. The site pain began shortly after receiving the vaccine and went away after the second day following both vaccines. The

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shortness of breath probably started about 5 days after she got the second dose of the COVID-19 vaccine. The shortness of breath wasn't enough that she felt that she needed to run to the emergency room. It just felt like when she would breathe, especially at night as she normally breathes with her mouth closed at night, the patient felt like she had to open her mouth to breathe because she can still feel the pressure in chest. The patient was still experiencing the heart palpitations. The heart palpitations are a little worse because they happen so often. Patient reported that initially, she would have a few heart palpitations and then go for hours with none. Patient reported that now, she was feeling the heart palpitations quite a bit. Patient reported that it feels kind of like a little pressure in her chest and then it'll feel like little flutters. The patient further reported that she experiences a little pressure in her chest when she experiences the heart palpitations. At times, the chest pressure would go away, but she always feels the chest pressure there now. The chest pressure has gotten worse over the past couple of weeks and that she was thinking that it would go away like the first one did. Patient reported that she went to the doctor last week and was given an EKG. Patient reported that the EKG was fine and that her physician was scheduling other tests to make sure it's nothing with her heart. The patient didn't think that the heart palpitations and shortness of breath were from the COVID-19 vaccine, but that her husband looked at the vaccine information paper after her doctor's appointment and said she should call Pfizer. The patient had not yet recovered from heart palpitations, shortness of breath, fatigue, and chest pressure while outcome of the rest of the events was unknown.

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1269675	4/29/2021	CA	17	M	4/7/2021	4/8/2021	Patient was in his usual state of health. On Wed, 4/7/21, at 10:20am, he received the first dose of Pfizer COVID-19 vaccine. No immediate vaccine reactions. He went home, complained of pain at the vaccination site and took a nap because he stayed up late the night before. On Thursday morning, he woke up with chills and feeling like having a fever. He took Tylenol and then took a nap. On Thursday night, he began to have chest pain but he did not tell his parents. On Friday, he continued to have chest pain so he told his parents about it. His father told him that if chest pain got worse, they would go to an ER. On that night (Friday) at 1am, he told his parents that he was not feeling well, his chest pain had gotten worse and he wanted to be taken to an ER. He also had abdominal pain, dizziness, disorientation, and he vomited. He was taken to ER where he was found to have elevated troponin of 10. The ER recommended transferring for further work up and the father drove him to the hospital. At the hospital, he was found to have elevated troponins and NT-proBNP concerning for myocarditis of unclear etiology. He was monitored on telemetry and had no concerning ectopy. He had an echo on admission that demonstrated no structural abnormalities, trivial mitral valve regurge, and normal biventricular systolic function. EKG was unremarkable. Troponins were trended q6h and decreased from 32 -- > 23 -- > 17. NT-pro-BNP decreased from 439 to 322 at discharge.
1269641	4/29/2021	PA	49	F	4/22/2021	4/23/2021	Pleuritic chest pain and shortness of breath starting on the day after admission. Clinically suggestive of acute pericarditis. She has a history of this which was thought to be due to lupus.
1269606	4/29/2021	IL	35	M	3/12/2021	3/14/2021	Chest pains began one day after the vaccine and continued to worsen. The morning of the third day after the vaccine, chest pain became so strong that I went to the emergency room. I spent 3 days and 2 nights in the ICU.

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1269557	4/29/2021	MO	36	M	3/11/2021	3/12/2021	chest pain; neck pain; general muscle pain; joint pain; headaches; fatigue/malaise; fatigue/malaise; shortness of breath; lightheadedness; nausea; severe heartburn flare up; abdominal pain; digestive issues (urgent, but small stools); heart racing/palpitations; elevated heartrate; vision changes in the left eye; This is a spontaneous report from a contactable consumer (patient). A 36-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot Number: EN6201), dose 1 via an unspecified route of administration, administered in Arm Left on 11Mar2021 13:45 (at the age of 36years) as single dose for Covid-19 immunization. Medical history included heartburn and known allergies: Penicillin, alcohol; all from an unknown date and unknown if ongoing. The patient previously took Cipro (ciprofloxacin) and experienced drug allergy. Concomitant medication included Ritual Multivitamin. The patient was not diagnosed with COVID-19 prior to vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 12Mar2021 (06:00 am), the patient experienced chest pain, neck pain, general muscle pain, joint pain, headaches, fatigue/malaise, some shortness of breath, lightheadedness, nausea, severe heartburn flare up, abdominal pain, digestive issues (urgent, but small stools), heart racing/palpitations, elevated heartrate, and vision changes in the left eye. The adverse events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, and Hospitalization. The patient was hospitalized from an unspecified date for 1 day. Treatment was received for the adverse events. There were many tests done/are being done. The patient has not been tested for COVID-19 since the vaccination. The outcome of events was unknown.

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1269527	4/29/2021	NC	60	F	4/7/2021	4/7/2021	multiple pulmonary embolisms/Pulmonary embolism and subsegmental pulmonary embolus; felt sluggish directly; feeling discomfort in my lungs; pain in my lung/chest area; pain in my lung/chest area/right-sided chest pain under the rib; difficult and extremely painful to breathe/significant shortness of breath/shortness of breath due to extreme pain; blood clots; This is a spontaneous report from a contactable consumer (patient) and physician. A 60-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EP7534 and expiration date not provided), via an unspecified route of administration, administered in Arm Left second dose on 07Apr2021 17:00 at single dose for covid-19 immunisation. The patient medical history was not reported. The patient was not pregnant at time of vaccination. The patient's concomitant medications included cetirizine, diphenhydramine, and phenylephrine. The patient historical vaccine includes bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EN6203), right arm first dose on 10Mar2021 for COVID-19 Immunization. On 07Apr2021 21:30, the patient felt sluggish directly after receiving the second dose. The patient began feeling discomfort in my lungs about 5 hours after the dose. The pain in my lung/chest area grew worse throughout the night to the point where it was difficult and extremely painful to breathe. The patient went to urgent care in the morning, and they ran an EKG, urine analysis, and chest X-ray: all with unknown results. They were concerned it could be something worse along with potential pneumonia, so they sent me to the emergency room. In the emergency room, I received a CT scan where they found multiple pulmonary embolisms (1 large one in my right and multiple in my left lung). The patient stated that she had just had my yearly physical the previous week (Apr2021), with no signs of any health issues. With that, the doctors believed my condition to be related to my 2nd dose, so I was admitted to the hospital. I had to stayed for 2 nights. I am now on blood thinners, other meds (pain medications), and require oxygen during sleep (O2 levels drop too low). I have been referred to lung and hematology specialists. Also, reported that patient experiencing significant shortness of breath and right-sided chest pain under the rib. This persisted for some time until she presented to the

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emergency department found to have segmental and subsegmental pulmonary embolus. Additionally, the patient experienced blood clots, chest pain, and shortness of breath due to extreme pain. Hypercoagulable work-up pending. The patient underwent lab tests and procedures which included COVID-19 virus test (nasal swab) with result of negative. The outcome of the events was recovering.; Sender's Comments: Based on the information available, a possible contributory role of the suspect BNT162B2 cannot be excluded for the reported events occurred in a plausible temporal relationship. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.

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1269987	4/29/2021	NJ		F		4/1/2021	<p>NUMBNESS IN HAND; PAIN IN LEFT SIDE OF ABDOMEN; CHEST PAINS; LEFT LEG NUMBNESS; PAIN IN BACK; DIFFICULTY SLEEPING; NECK PAIN; LEFT LEG PAIN; STRONG PAIN IN ARM; HEADACHES; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: UNKNOWN) dose was not reported, administered on 07-APR-2021 for prophylactic vaccination. Batch number was not reported and has been requested. No concomitant medications were reported. On APR-2021, the subject experienced numbness in hand. On APR-2021, the subject experienced pain in left side of abdomen. On APR-2021, the subject experienced chest pains. On APR-2021, the subject experienced left leg numbness. On APR-2021, the subject experienced pain in back. On APR-2021, the subject experienced difficulty sleeping. On APR-2021, the subject experienced neck pain. On APR-2021, the subject experienced left leg pain. On APR-2021, the subject experienced strong pain in arm. On APR-2021, the subject experienced headaches. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from strong pain in arm, pain in back, numbness in hand, headaches, pain in left side of abdomen, chest pains, left leg pain, left leg numbness, and difficulty sleeping, and the outcome of neck pain was not reported. This report was non-serious.</p>
1272548	4/29/2021	TX	18	F	4/7/2021	4/7/2021	<p>April 7th Adverse reactions to vaccine 5 hours after taking it including, feeling like a bowling ball was sitting on my chest, throat felt like it was closing, racing heart, resting pulse at 110, headache, chills, nausea April 8th flue like symptoms with chest pains April 9th chest pains, headache and fatigue was in bed entire day April 10th rested at home on Saturday but was very fatigued when I took a slow paced walk April 11th rested at home on Sunday continued chest pain April 12th Was part of a game where there was running involved after a ¼ of a block of running I threw up and felt like I could not breath, the rest of the day I had chest pain and went to</p>

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1270017	4/29/2021		40	F	1/28/2021	1/28/2021	1/28 1st Pfizer > 1/29 Onset, dizziness, nausea, h/a, eye pressure, "heaviness" in legs, altered taste 2/3 Cough, mild congestion Seen in ER on 2/5 for evaluation of cough. Reports 3 days of upper respiratory congestion, mild nonproductive cough. Diffuse body aches. Mild nausea associated with coughing, however no emesis. Denies chest pain/abdominal pain. ROS positive for: fatigue, congestion, cough, myalgias.
1272591	4/29/2021	MA	49	M	4/27/2021	4/28/2021	Chest pain. Positive D-Dimer. Pulmonary Embolism.
1271329	4/29/2021	IN	66	F	3/10/2021	3/11/2021	Blood clots in both lungs upper and lower chambers New stage 2 HBP Chest pain and tightness Shortness of breath Fever, headache, joint pain severe, chills, nausea

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1272164	4/29/2021	UT	46	M	4/14/2021	4/16/2021	46 year old male with history of depression, polio, HTN/HLD, chronic lung disease 2/2 remote PNA, and cirrhosis suspected 2/2 schistosomiasis, who presents with 1wk of dyspnea, w/ waxing waning subjective fevers. Per ED Note: Endorses chronic fatigue until 4/16 when he received first dose of Covid vaccine (Pfizer). Since then, pt reports persistent dyspnea, worsening fatigue. Reports 2 days of left-sided chest pain w/ periumbilical abd pain and enlarging abdomen. Pt believes these are 2/2 covid vaccination. Chest pain is described as constant generalized discomfort under left breast that worsens with pressure. Also worse with deep inspiration. No radiation or migration since onset. Pt describes abdominal pain as periumbilical tightness, "pain". Describes subjective, unmeasured fevers that "come and go" over last week. When asked to repeat the story of what happened on arrival to the unit, wife speaks for the patient since he is slightly dyspnic. States this morning, went to small clinic, husband had a headache and slight fever. Clinic said to come in to the big hospital. Fever and pain in legs and head, started a few days after he got the covid vaccine. The fever came and went. Didn't measure the fever. Also has some problems with Abdominal pain - doesn't know how to describe it. Feels like stomach ache. Stomach pain is getting better. Has since gone away since arriving to the hospital. He denies any cough, denies chills, denies nausea or vomiting. States he took some medications at home for constipation because he felt like he couldn't go. From the conversation it appears he does not take lactulose for HE, more for constipation. ED workup included an Xray, CT C/A/P with multifocal lung lesions suspicious for multifocal pneumonia. Lactate of 16. Na of 124. Noted to be anemic and thrombocytopenic. UA cloudy, pyuric, w/protien >100. Chest and abdominal pain resolved by the time pt was examined on the floor. Still tachypnic and tachycardic. Stated most bothersome was feeling anxious. Has anxiety at a baseline. Not complaining of any pain at the moment. Cannot describe chest pain in more detail, put his hand over the right side of his chest and presses on it but does not say if it hurt more when he would press on it, does not say if it was reproducible. Not painful when he touches or presses on it now. Per chart, patient recently re-established care after long-time from follow up during pandemic. At visits

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						last month c/o gingival bleeding, fatiguem & found to have Hgb drop from 13 in 2018-> 9.7 on 3/2/21. Referred for EGD but cancelled due to anxiety. I am the Infectious Diseases attending asked to see him for septic shock. He developed septic shock and respiratory failure requiring mechanical ventilation and 3 vasopressors. He has evidence of DAH, DIC, acute renal failure, progressive liver failure and he has Klebsiella pneumoniae bacteremia.	
1272096	4/29/2021	CA	56	F	4/8/2021	4/9/2021	Ten hours after I got the shot I got violent chills and fever(100.4), muscle aches all over. My quad muscles are still a little achy and weak. It lasted 36 hours and then I felt my Vestibular Migraines. I was dizzier than usual. Under my left armpit was very painful reaching toward my left breast. The area of the shot was not painful. I also had dizziness chest pains under my right clavicle immediately after I got the shot. The chest pain went away for three days and then it came back. It was like an extreme muscle ache. It was a dull and intermittent pain. I was referred to a Respiratory clinic and I still had a low grade fever. My left arm was stiff two weeks before the shot and three days after the shot my left shoulder was frozen. I had an appointment with my Orthopedist and she confirmed an encapsulated shoulder problem. At present after three weeks my shoulder is still frozen and my armpit is still a little painful. The chest pains are less frequent.
1272011	4/29/2021	KS	50	F	3/22/2021	3/22/2021	Around 1 and a half hour after my 2nd dose of the vaccination, I started feeling chest pain a fast heartbeat. My friend and her husband were about to take me to the emergency room, but I told them if I could just rest first at their house. The chest pain and heartbeat lasted for about 2 hours. I was not able to sleep well that night due to headache, on and off fever, muscle/body aches, feeling nauseated and a general feeling of being unwell. I was absent from work for two days because of these adverse reactions/side effects.

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1271952	4/29/2021	TX	74	M	3/30/2021	4/1/2021	Patient presented to ER with substernal chest pain, normal ECG and positive cardiac enzymes (CPK 145, CK-MB 10, trop-I 2.16 peak), chest pain relieved with nitroglycerin SL and heparin. Observed overnight and taken for R transradial left heart cath next day, where 2 vessel nonobstructive (<50%) coronary plaquing unchanged from 2014 cath (MINOCA) with no observe plaque ulceration, spasm, thrombus or coronary slow flow (endothelial dysfunction) with normal LV systolic function and wall motion/EF 70%. By exclusion, MI was felt to be most likely a hypercoagulability event, although spasm /endothelial dysfunction could not be excluded as contributors. Discharged at 24 hours s further adverse events after adding clopidogrel and ranolazine for 90 days. Seen in follow up today (4/29/2021) and doing well.
1271939	4/29/2021	NY	63	F	4/9/2021	4/20/2021	First experience in life of severe chest pain, 2 waves in a row, < 30 seconds. No shortness of breath, no radiating pain, no other symptoms. Admitted for 1 night through ER 4/20-21/2021. Continued to have mild chest pain in hospital and since discharge. Suspected issue is coronary artery spasms. Visit to private Cardiologist scheduled for 5/3/21 for follow up.
1271930	4/29/2021	MA	50	M	4/1/2021	4/22/2021	starting have shortness of breath/difficulty breathing and back and chest pain. light headed, pain unbearable. Saturday April 23rd Went to er was treated for kidney stones but they could only find one small one, Was sent home with pain medication. Shortness of breath persisted as did bloody cough and pain in chest and all over. Went back to the er on 4/28 as pain was unbearable (chest pain) once given a cat scan and diagnosed with blood clots in my lungs and then an ultra sound and found a blood clot in my leg (just above knee). It is thought that I was mis-diagnosed on the original trip to the er with kidney stones. I have been put on blood thinners and pain medication and will be following up with my doctor.
1271907	4/29/2021	IA	51	F	2/8/2021	2/14/2021	4 days after second dose patient had excruciating abdominal pain, and since has had ongoing issues like weakness, shortness of breath and chest pain. Patient is a health care worker.

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1271389	4/29/2021	FL	31	F	3/14/2021	3/25/2021	Began on 3/26/21 with numbness in face. Woke up on 3/27 with numbness in feet. Spread to my feet and up legs and arms through next couple days. Fatigue increased dramatically, though it was present prior. Dizziness, sharp pains in left ear in skull, nerve issues. The following is a log from when the symptoms became most intense, so significant I have not been able to drive myself and been working from home due to balance issues, no feeling in feet, and neurological symptoms. After different a week and a half,, i sought medical care and began logging daily as follows: Fri 4/9: fatigue was high, neuropathy present. Balance was off. Stabbing sharp pains into the left ear but behind the ear in head. Dizzy spells with static feeling rush in forehead lasting a few seconds and passing. Gate while walking feels awkward and difficult. Think walking after sprinting on a treadmill plus's stiffness Sat 4/10: couldn't eat. General malaise. Fatigue. Neuropathy and balance issues present. Gate slightly improved. Noted increase in joint pain and popping in wrists elbows hips and knees. Needed white noise to cover ear ringing to sleep. Sun 4/11: feeling a bit better. Able to eat. Gastric issues after eating. Slightly more energy but neuropathy and balance was frustrating like superglue on my fingers and areas of my feet with no feeling at all surrounded by pins and needles. Aching in wrists and pain shooting down through to heel of my foot. Ear ringing more noticeable. Two instances of ice pick ear pain. Monday 4/12: neuropathy present, balance improved. No digestive issues. Feeling more stable while walking. Still numb in hands and feet and part of my face but less pronounced. Ear ringing unbearably loud and constant. Tuesday 4/13: slightly less energy but neuropathy still seems improved and not losing balance as much. Ears obnoxious, joints popping and cracking constantly. Pain in wrists and hands. One instance of ice pick ear pain Wednesday: same as Tuesday, but no ear pains. Had to take a nap in the middle of the day due to worn out feeling. Laying in bed felt something in my back snap, then a stabbing pain into my lower right side of my back. Aching like the skin was hurting for hours. Thursday: other symptoms same as Tuesday. Ears ringing crazy loud, stiff in the hips more noticeably. Neuropathy present with dizzy waves/vertigo. Low back skin pain right side continue. Also right hip. Gate while walking is

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starting to feel like it did before after a few days of improvement. Friday: back still hurting. Neuropathy increased. More numbness than previous few days. Very stiff throughout lower back hips and legs. Low back pain. Gate while walking feels awkward and robotic. Ears ringing. Joints throughout cracking/popping. This is not historically common for me. While washing dishes got shooting pain down my left wrist back of hand almost shooting down the veins to in between my pointer finger and thumb. Painful to touch. Immediate strong increase in the pins and needles in my hand concentrated in finger tips but now radiating up forearm too. .numbness in feet and part of my face. Whole body aching. When trying to sleep kept getting head rush static attributed to Benadryl to sleep and staying up too late. Saturday: very tired. Back hurting in morning. Felt better after getting up. Kept feeling head rush like static in forehead continuing on and off throughout the day into the night with dizziness almost like I might pass out. Nausea and low appetite Fatigue higher than normal. Neuropathy still present. Ears ringing insanely loud and constant. Aching and stiffness in hands wrists and legs and feet in heel/sole. Chest pain in sternum. Had a few months ago almost daily for awhile. Went away til now. Sunday- neuropathy the same. Ears ringing the same. Stiffness throughout. Dizzy spells and static in forehead. Nausea and low appetite. Fatigue. Ice pick ear pain starting in evening a few times throughout the night. Monday. Neuropathy the same. Ears ringing the same. Slightly less pain and popping in joints. Fatigue high. No appetite. Ice pick ear pain starting in morning happening several times. PREDNISONE STARTED WEDNESDAY Wed April 21: feeling about the same. Ringing in ears, neuropathy same, fatigue high. Appetite improved. Ice pick ear pain a couple times. Neuropathy seemed to improve towards the end of the day, when it usually is worsening. Felt nauseas and sick to stomach before bed with digestive issues. Dizzy spells all evening with static feeling. Ears ringing constant. Thursday: neuropathy improved, still present and noticeable but I was able to walk normally and had more feeling than previous. Joints still cracking and popping. Not as nauseas or sick feeling throughout the day. No ear pain. Dizziness occasional, less than day before. Ears ringing constant. Friday: neuropathy still improved but present and noticeable, able to walk more

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normally than previous. Joints still the same. Not as nauseas or sick feeling. Chest pains in sternum and stabbing ice pick ear pains on and off all day. Very painful in the ear. Light headed/easily motionsick, but better than Wednesday worse than thursday. Ears ringing constant. Saturday: Neuropathy still improved, joints are stiff but not in pain. Light headed easily, ears ringing constant. This is the worst day for the ice pick ear pain yet. Repetitive ?attacks? concentrated in the morning enough to make me have to drop and hold my head. It was very painful and higher frequency than ever seen previously. Sunday: Feeling sore in my hip joints. Ears ringing constantly. Ice pick ear pain only happened twice. Neuropathy slightly more than day previous but okay and balance still improved. Chest pains in sternum present. Episodes of blurred vision/double vision towards the end of the day.

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1271783	4/29/2021	MI	51	M	4/1/2021	4/26/2021	<p>BRIEF OVERVIEW: Bilateral PE Discharge Provider: MD Primary Care Provider at Discharge: NP Admission Date: 4/26/2021 Discharge Date: 4/26/2021 Active Hospital Problems (Diagnosis Date Noted) ? Pulmonary embolism without acute cor pulmonale, unspecified chronicity, unspecified pulmonary embolism type (HCC) 04/26/2021 Resolved Hospital Problems No resolved problems to display. CONSULTS: None INPATIENT PROCEDURES: None DETAILS OF HOSPITAL STAY: Patient is a 51 y.o. male with a past medical history of psoriasis, environmental allergies who presents today with sudden shortness of breath, left side pleuritic chest pain 7/10, worsened with deep inspiration. No recent travel, no family history, no history of malignancies, no immobilization or surgeries. He had his 2nd dose of Pfizer COVID vaccine on April 1. He does not have a history of COVID-19 infection, and COVID-19 PCR test was negative in ER. His blood pressure is a little high at 170 6/83 mm, pulse 76 per minute saturating 96% on room air, troponin less than 6, BNP 16, WBC 12.3,, EKG without any significant ST T-wave changes. CT angiogram of the chest shows nonocclusive thrombi in almost all the lobes, there is no saddle embolus noted. There is no evidence of right heart strain. Echo: The technical quality of the exam was limited due to suboptimal acoustic windows. The left ventricle is normal in size. There is normal left ventricular wall thickness. The left ventricular ejection fraction is 60%. Regional wall motion abnormalities cannot be excluded due to limited visualization. The right ventricular size, thickness, and function are normal. No significant valvular pathology identified with Doppler examination. There was insufficient tricuspid regurgitation envelope detected to calculate right ventricular systolic pressure. Injection of contrast documented no interatrial shunt. There is no comparison study available. He was started on Heparin gtt. And admitted for observation. He required no supplemental oxygen. He was discharged later pm on Eliquis 10 mg bid for 7 days, than 5 mg bid for 3 months. I am questioning did he had COVID-19 vaccine related bilateral PE. His hypercoagulable profile is pending. He has no sign of malignancy, no new symptoms, no weight loss. He had normal colonoscopy 2 yrs ago. He should follow up with his PCP. He was given work excuse from 4/26-5/3/21. She shouldn't take non steroidal anti-</p>

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							inflammatory (Ibuprofen (Motrin), Naproxen, Naprosyn, Voltaren, Relafen ... meds because of blood thinner Eliquis. He can take Tylenol 500 mg 1-2 tabs 3-4x a day as needed. He was also prescribed Lidoderm patch. For HTN he was started on DASH diet and Norvasc 5 mg daily. He should follow up with PCP next week. Also he was instructed to quit smoking.
1271372	4/29/2021	NJ	25	F	4/21/2021	4/23/2021	Pt vaccinated with second Covid vaccine Wed, awoke Fri night with chest pain lasting an hour, recurrent CP Sat morning prompting urgicenter visit who referred to Hospital
1271412	4/29/2021	PA	32	M	4/23/2021	4/24/2021	o Triage Presenting Complaint pt received covid vaccine #2 on friday; on saturday morning he developed cold chills, today he developed headache, chest tightness, intermittent sob; denies n-v-d; has taken aleve, pepto, and tums with no change in s/s The patient is a 32 year old Male complaining of multiple complaints. 04/26/2021 00:40 patient, c/o multiple complaints. Patient states that he received his second Moderna vaccine on Friday, then developed chills, body aches, headache, chest pain. He took Tums, Tylenol without relief. He says that it woke him up in the middle of the night Saturday night with headache and chest pain, but subsided after an hour and he was able to go back to sleep. He states that he had intermittent feelings of sickness all day today until the headache and chest pain worsened this evening and he decided to come in. He denies any radiation of pain, diaphoresis, dizziness, numbness, weakness, vision change, shortness of breath, abdominal pain, or other complaints. He denies any significant PMH at all.
1271457	4/29/2021	OR	18	M	4/16/2021	4/17/2021	developed shortness of breath with chest pain.
1271550	4/29/2021	GA	16	M	4/27/2021	4/27/2021	11:55am Pt. reported feeling like he was "fading out and dizziness," denies SOB, chest pain. Airway patent. Patient and patient's Mother declined emergency care. 12:00pm. 122/82 58 21; 12:05pm 120/86 67 21; 12:15pm 122/82 72 20; Disposition: 12:35pm. Pt. in no distress, declined offers for emergent treatment. Pt. left with Mother in no distress via personal vehicle.

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1271626	4/29/2021	GA	78	M	4/21/2021	4/22/2021	SPOUSE REPORTS THE FOLLOWING FOR PATIENT 4/21/2021 @ 9PM GENERAL MALAISE 4/22/2021 APPROX 4AM SEVERE HEADACHE TOOK IBUPROFEN 4/23/2021 AFTER LUNCH, PATIENT WAS UNABLE TO WALK AS PREVIOUS AND HAD 4 FALLS, ALSO COMPLAINED OF A SORE THROAT. 4/24/2021 DID NOT FEEL WELL, TEMP UP TO 100.4, NAUSEA AND VOMITTING X 1 AND CHEST PAIN, CALLED EMS AND WAS TRANSPORTED TO MEDICAL CENTER ER. 4/26/2021 PATIENT WAS DISCHARGED HOME AFTER TREATMENT FOR RHABDOMYOLYSIS AND RETURNED TO THE HOSPITAL AGAIN ON 04/27/2021 WITH RHABDOMYOLYSIS AS PRIMARY DIAGNOSIS. RESIDENT DISCHARGED TO SNF ON 04/28/2021.
1271651	4/29/2021	MA	28	M	4/24/2021	4/25/2021	Received COVID vaccine (Pfizer) 3 days prior to admission which was followed by subjective fevers and chills x 2 days but no longer endorses this. Had a headache one day prior to admission that resolved with tylenol. Reports that he has hx HTN but home BPs (which he takes infrequently) have been 140s-150s systolic in the past. Has never been on meds for blood pressure. Chest pain was substernal 5/10 lasted 2 hours and believes it relieved with his blood pressure coming down. Does not describe any other alleviating factors. It was nonradiating, just happens for have left arm pain after vaccine that was present prior to chest pain.
1271369	4/29/2021	WY	17	M	4/21/2021	4/22/2021	Systemic rash with hives and itching, chest pain and shortness of breath, neck and facial edema, edema to extremities, nausea and vomiting Benadryl 50mg PO every 4-6 hours for 4 days and then PRN for itching/rash. Medrol Dose pack as directed, Daily Pepcid PO, Zofran PO PRN

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1267416	4/28/2021	IL	73	M	4/9/2021	4/26/2021	73 y.o. male former smoker with PMH significant for coronary artery disease with history of CABG in 12/22/2020, hypertension, hyperlipidemia, type 2 diabetes mellitus, GERD, hypertension, non proliferative diabetic retinopathy, sleep apnea presents to emergency room complaining of generalized fatigue and body aches ongoing for 2 weeks. Patient received Johnson and Johnson COVID-19 vaccine 2 weeks ago. Patient denies any fever or chills. Denies any chest pain or shortness of breath. No nausea or vomiting. Poor appetite. Patient had is the cardiac catheterization rehab post CABG, last session was 1 week ago. Denies any sick contacts. ED vitals stable, afebrile. Patient on room air. Labs remarkable for lymphocytes 15.3, monocytes 10.9, glucose 190, BUN 21, creatinine 1.3, sodium 133, potassium 5.3, chloride 97. Lactate normal at 1.6, troponin 14, Last A1c 6.7 from 12/19/2020. EKG no acute ST wave changes EKG changes. CTA chest no pulmonary embolism seen. Patchy airspace disease of the lungs suspicious for mild to moderate bronchopneumonia. Ultrasound Dopplers of the lower extremity right negative for DVT. COVID-19 positive. Patient received Rocephin, Zithromax in ED, ER asked to admit patient the hospital for observation due to ongoing fatigue and body aches from COVID-19 pneumonia.
1266307	4/28/2021	IN	24	F	4/26/2021	4/27/2021	Extreme fatigue, headache, chest pain. Had to call in sick to work because of extreme side effects.

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1266655	4/28/2021	OH	22	F	4/2/2021	4/8/2021	4/2 vaccination 4/8 severe HA, leg, arm, lower back pain, chest pain, diarrhea, bad anxiety with shaking 4/9 PCM (NP) appt; CT scan of abdomen and blood panel 4/10 felt worse, nauseous. Diarrhea continued 4/11 At 11PM, pain right side of neck, to jaw, and toes turned purple. 4/13 PCM; vit D prescribed as they were extremely low, extra strength Tylenol release for leg and arm pain, ordered a D-dimer for possible blood clot. Doppler for right leg. COVID; neg 4/17 chest pain was extremely severe. Radiated to L arm. Went back to ER. EKG, CT Scan, BNP. All normal. Stated probably really bad heartburn. 4/19 Prilosec. I called my dr on 4/22 to follow up. They told me to keep eye on BP as been elevated thru this whole thing. 4/22 My chest, arm and leg pain with HA are still present despite Tylenol and Prilosec. My PCM said to come back in . She prescribed Prednisone and Pantropical and did a blood test to check for inflammation which was normal. I have been taking both medications since Tuesday. *My HA still present. My right side still has pain and I still have chest pain.
1267360	4/28/2021	CA	76	M	2/18/2021	4/30/2021	After the first vaccine: Leg pain, foot pain, chest pain. Four days after vaccine, the chest pain was so bad that my dad went to ER and had a Pulmonary Embolism . He was hospitalized two nights. After the second vaccine: right leg pain, weakness in both legs. Three days after the second dose, my dad had a stroke.

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1267303	4/28/2021	MD	18	F	3/29/2021	4/21/2021	<p>symptom started 4/21, with pain and tightness in the left arm, progressively spreading up the arm over the following 48 hours, and then to the distal right arm, and legs. The leg symptom were present when seen 5 days ago, though were not discussed as Patient wasnt sure if thats what was really starting. This is associated with a feeling of "not being able to feel muc" and "doesn't feel right", as if it "feels foreign... body says this is weird," and feels heavy. Also notes that different extremities feel different - left is worse than right. Seen 5 days ago, and noted to have been advised by hematology to stop eliquis approximately 2 weeks prior to onset of symptom after PE/Renal artery embolism 1/2021. At that visit was referred to ER, where workup for repeat clot was normal (CTA, b/l upper extremities dopplers, head/neck CT, CXR). EKG was notable for Sinus tach and nonspecific T wave abnormalities. Discharged home with close follow up. Since then the intensity of the symptom as worsened and the leg symptoms have gotten more pronounced and consistent with the upper extremities symptom. Today notes new difficulty getting dressed on because clothes were getting stuck/he couldnt pull them down. Also notes when his left arm is touched it causes burning pain that shoots up the arm. Reports headache. 2-4/day, last 30 minutes, 5/10 in severity. Worse with movement of head. Frequent nausea, no emesis. but not specifically associated with headache. No waking from sleep. Since PE, has complains of intermittent left sided squeezing chest pain, which he wonders may be due to his anxiety. Lasts a few minutes Received Pfizer COVID vaccine 3/29, hasnt received 2nd dose yet ROS: general: no fevers or weight loss. CHRONICALLY C/O FATIGUE AND TROUBLE FOCUSING. has had evaluation for executive function difficulty in the past (interdynamics), now purusing evaluation at Neurology and awaiting EEG with this. HEENT: no sore throat. + VISION CHANGES - TROUBLE FOCUSING, but not specifically blurry vision. CV: LEFT SIDED CP, NONSPECIFIC T WAVE CHANGES ON LAST EKG W/SINUS TACH. Pulm: SOB, with walking up and down stairs, since PE. not worsening. No Cough. GI: +NAUSEA, no vomiting, no abdominal pain. No current diarrhea. Neuro: + HEADACHES. + SENSORY CHANGES. + family h/o MS</p>

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1267444	4/28/2021	IL	67	F	1/23/2021	2/28/2021	<p>multiple er/admissions from february through april 27. pt deceased on 4/27/21 2/25/21 known past medical history of hypertension and hypothyroidism. Status-post spinal decompression due to stenosis. The patient then developed worsening issues with a surgical site infection. Patient has had numerous bouts of C diff. Staff notes patient is to have GI consult in the near future. Patient is seen today in her room. Patient was once again diagnosed with C diff and is currently being treated with antibiotics. Patient notes no bowel movements today. Patient has not had any issues with intake recently. The patient's weight has declined partially due to likely diarrhea. Patient's blood pressure continues to be monitored closely as it has been on the lower side of normal. Patient's potassium 2.9 on CMP. Patient's other care and therapies were reviewed. 2/28/21 Patient was admitted the hospital after found to be anemic at skilled care facility where she is being treated for C diff infection recurrent Lea. Patient was transfused. Patient was also found to have pneumonia/lung mass. Patient has struggled with electrolyte dysfunction. Patient had to be transfused a second time. Patient did well with second transfusion. Patient was found to be hypokalemic. Patient did well with potassium replacement. The patient was advised will have to do outpatient PET scan. Patient was found to have positive blood cultures as well 4/26/21 68 y.o. female who presents from nursing home with complaints of elevated white blood cell count. According to nursing home records patient had CBC checked on Saturday 04/24/2021 and her WBC count was found to be 50,000. At that point in time no other orders were given and patient was not sent in for evaluation. CBC was repeated this morning and WBC count found to be in the 70,000s. Patient was sent in for evaluation this morning. In talking with the patient, she denies any runny nose, sinus drainage or cough. Patient does report shortness of breath. Patient denies any chest pain or palpitations. Patient denies any dysuria, hematuria, fevers, or chills. Patient denies any nausea or vomiting. Patient does report diffuse pain across the lower abdomen. She does report chronic diarrhea. Patient had C diff stool checked on 04/13/2021 and was negative. (4/26 cdiff positive) Of note patient does have known lung mass that was seen on chest x-ray and PET scan. Patient reports that she does not want anything</p>

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1267209	4/28/2021		74	F	1/22/2021	4/12/2021	done and understands it could be cancer. And continuing to question patient, she reports she wants to be a DNR and does not want any aggressive measures.
1267199	4/28/2021	WV	69	M	4/5/2021	4/22/2021	~~74 year old female with Past Medical History DM II, ESRD on HD, hep A, HTN, HLD, presented to ER with worsening cough and fatigue. She says she completed her covid vaccination series in February 2021. She worsened over the weekend with her symptoms and wen to urgent care and was directed to ER. In the ER she has required 5-6L NC for hypoxia and she was placed on NRB therapy. She denies chest pain, palpitations, abdominal pain, constipation, diarrhea, headache, vision changes, slurred speech~~
1267074	4/28/2021	OH	48	M	2/3/2021	4/26/2021	patient developed severe chest pain, ambulance was called and patient was taken to ER. Patient was transferred to higher level facility and was told he had a heart attack and that it was caused by a "blood clot~~
1267074	4/28/2021	OH	48	M	2/3/2021	4/26/2021	#1 = 011J20A on 1-6-21 #2 = 028L20A on 2-3-21 patient presented after sudden onset of chest pain early in morning and found to be covid +. ECG demonstrated diffuse ST elevation, troponins negative. CT without contrast didn't have much in it. He was found to be COVID rapid test+ and IGG negative. He was admitted into isolation, no oxygen needs. DDIMER was over 2000 and friction rub noted on physical exam. Cardiology ruled out STEMI, thought maybe viral pericarditis - but wanted echo done after out of isolation. CTA was planned for AM on 4-28-21, but patient died 4-27-21 PM after being found down in room. ROSC was not able to be achieved despite aggressive resuscitation efforts
1266885	4/28/2021	GA	43	F	4/8/2021	4/15/2021	Was taken to the ER due to chest pains and shortness of breath. Was diagnosed with having a Spontaneous Coronary Artery Dissection occurred on April 15, 2021.

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1266651	4/28/2021	WI	78	M	3/16/2021	3/28/2021	<p>Patient developed shortness of breath, chest pain 'fuzzy head,' headache, rhinorrhea, diarrhea, and increased fatigue around 3/28/21 had clinic appointment 3/30/21, diagnosed with pneumonia. XR CHEST 2 VIEWS (PA AND LATERAL), TRANSTHORACIC ECHO (TTE) ADULT NON CONGENITAL, EKG 12-LEAD completed. given ceftRIAXone (ROCEPHIN-Equivalent) injection 1,000mg IM, and doxycycline monohydrate (MONODOX) 100 mg capsule PO. was evaluated in ED 4/5/21 CT Abdomen Pelvis with IV Contrast Final Result 1. Positive for extensive acute bilateral pulmonary emboli at the lung bases as detailed in the body of the report. DX Chest Portable 1 View Final Result Mild left ventricular prominence is noted. Small right pleural effusion is seen. Minimal discoid atelectatic changes in the left perihilar region and left lung base. Elevated right hemidiaphragm suggests eventration. Admitted to Hospital 4/5/21, per admission diagnosis: Acute pulmonary embolism (*) submassive likely secondary to covid 19 Per hospital course notes: Patient presented with acute hypoxic respiratory failure and was show to have submassive PE with severe pulmonary hypertension seen on TTE. He should be on lifelong therapy given 2nd VTE and severity. I would consider unprovoked (COVID in 11/20 wouldn't count I wouldn't think). He was started on eliquis 10 mg BID x 7 days than 5 mg bid. Given his severe pulm htn on TTE, left atrial pressure normal. We would have outpatient sleep study as well He will need VQ scan to assure no CTEPH. Will have outpatient follow up. We discontinued his aspirin on discharge as well.</p>
1266554	4/28/2021		93	M	4/14/2021	4/25/2021	<p>Received 2nd shot on April 14. He was functioning normally until he woke up on April 25. Symptoms were chest pain, trouble breathing, lethargic, very pale, cold to the touch, vomiting with blood in vomit. PT was taken to the ER where he passed away later that night.</p>

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1266405	4/28/2021	NJ	73	F	4/10/2021	4/22/2021	Patient received J&J COVID vaccine on 4/10/2021. She underwent elective R total knee arthroplasty on 4/20/2021. On 4/21, patient developed chest pain and was found to have a STEMI (large embolus in the posterolateral branch of the right coronary artery). She underwent thrombectomy and angioplasty on 4/21 with no evidence of CAD elsewhere. She developed hypoxic respiratory failure evening of 4/21 and was found to have bilateral pulmonary embolus with saddle type emboli and distal emboli throughout both lungs. She underwent IR guided thrombectomy on 4/22 and had a cardiac arrest intra-operatively. Given timing of onset and recent J&J COVID vaccination, the patient was treated with IVIG, steroids, and placed argatroban. She continued to have multiorgan failure requiring mechanical ventilation and hemodialysis. On 4/26, CT head was positive for small area of subarachnoid hemorrhage. Patient was transitioned to comfort care measures and palliatively extubated on 4/26.

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1265955	4/28/2021	NY	68	M	3/29/2021	3/30/2021	dry heaves; chest pain; heart attack; Sweats and chills the next morning; Sweats and chills the next morning; tiredness; This is a spontaneous report from a contactable consumer (patient). A 68-year-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in the left arm on 29Mar2021 17:45 (Batch/Lot Number: EP1534) as SINGLE DOSE for covid-19 immunization. Medical history reported as "none before this event". Patient previously received the first dose of BNT162B2 (lot number: EN6203) on 08Mar2021 17:45 in the left arm for covid-19 immunization. The patient's concomitant medications were not reported. The patient experienced sweats and chills the next morning, tiredness, then went to dry heaves and chest pain after 2:30 PM -- on 30Mar2021 all these side effects started from early morning and at 5:30 went to ER and was told he was having a heart attack. The patient underwent lab tests and procedures on 30Mar2021, which included Covid (sars-cov-2) test with negative results. The outcome of events was reported as "not recovered". Therapeutic measures were taken as a result of the events includes angiogram and stent on right side of heart. The events were considered as serious since events involved inpatient hospitalization and persistent or significant disability or incapacity. No follow-up attempts are possible. No further information is expected. Information on the batch/lot number has been obtained.
1266339	4/28/2021	CA	25	F	4/26/2021	4/26/2021	Chest pain with nausea

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1266031	4/28/2021	VA	39	M	4/11/2021	4/13/2021	Myocarditis; My heart ejection fraction was reduced to 35-40 percent and had a troponin level that spiked to 11; My heart ejection fraction was reduced to 35-40 percent and had a troponin level that spiked to 11; having pain in my shoulder and left arm; having pain in my shoulder and left arm; body aches; headache; fever; chills; shortness of breath; chest pains; shooting pain in back; This is a spontaneous report from a contactable consumer (patient). A 39-year-old male patient received bnt162b2 (Pfizer BioNTech Covid 19), dose 2 via an unspecified route of administration, administered in right arm on 11Apr2021 11:00 (Lot Number: EW0153) as single dose for COVID-19 immunisation. The patient has no known allergies and has no other medical history. Concomitant medications were not reported. The patient had no other vaccine in four weeks and had no other medications in two weeks. The patient previously received 1st dose of bnt162b2 (Pfizer BioNTech Covid 19, lot number EL9264) on 21Mar2021 03:00 PM in the right arm for COVID-19 immunisation. The patient was not diagnosed with covid prior vaccination. It was confirmed that after receiving the second dose, the patient experienced chills, fever, headache, body aches. Those symptoms went away about 24-36 hours later. The patient started experiencing shortness of breath and chest pains. The pain increased over time and started having pain in shoulder and left arm. Fever began off and on. Experienced chest pains, when tried to lie down, had shooting pain in back. The patient went to the emergency room and was subsequently admitted to the hospital where he was diagnosed with myocarditis. Heart ejection fraction was in 30s (reduced to 35-40 percent) and had a troponin level that spiked to 11. Angiogram did not indicate tears or blockages. Vital checks good as of 15Apr2021. Initial COVID-19 test on 14Apr2021 (unsure of type) was positive; plan to retest today (15Apr2021) for confirmation. It was also reported on 23Apr2021 that Nasal Swab on 14Apr2021 was negative. Onset of events reported as 13Apr2021 07:30 PM. The patient underwent lab tests and procedures which included angiogram: did not indicate tears or blockages on 13Apr2021, electrocardiogram (EKG): unknown result on unspecified date, heart function/heart ejection fraction: 30s on 13Apr2021 (reduced to 35-40 percent), COVID-19 test (unsure of type): positive on 14Apr2021, vital

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checks: good on 15Apr2021, nasal swab COVID-19 test: negative on 14Apr2021, troponin: spiked to 11 on 13Apr2021, ultrasound: unknown result on unspecified date. Events resulted in emergency room/department or urgent care, hospitalization, life threatening illness (immediate risk of death from the event). The patient was hospitalized for 2 days for the events. The patient received treatment for events. Outcome of events was reported as recovering.

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1266023	4/28/2021	NH		F	3/26/2021		<p>one that was send to the ER with shortness of breath and elevated D-dimer; one that was send to the ER with shortness of breath and elevated D-dimer; This is a spontaneous report from a contactable nurse. This nurse reported for a female patient that she received a dose of BNT162B2 (Pfizer-BioNTech COVID-19 Vaccine; Solution for injection; Lot number: EL9269; Expiry date: 01May21) via an unspecified route of administration on 26Mar2021 as a single dose for COVID-19 immunization. The patients past medical history and concomitant medications were not reported. On an unknown date, the patient experienced Shortness of breath and elevated D-dimer. The clinical outcome for the events was unknown. Caller is an RN (Registered Nurse), caller's title, Infection Preventionist, she is calling from the nursing home (300 bed long term facility) stated that she was trying multiple times today and she needed to speak to someone to report adverse reactions, she had been reporting to the VAERS system since they started giving vaccines in Jan, stated: "I had submitted probably 30 reports at this point of all different various things in any of our patients even if they were in hospice if they had a vaccine and proceeded to pass away, I've done all the reporting. I have a very abnormal large volume of patients that got vaccinated on 16th of Apr, with the first doses of Pfizer (PFIZER-BIONTECH COVID-19 VACCINE) one specific lot number and I have 7 adverse events in one group of patients out of 30. And it is way too complicated to get that information to you guys quickly, so I need to speak to somebody as there is a chance that those could be a significant events and I need to be able to tell somebody what is going on" Verified that caller was trying to get in touch with someone in our safety group to report that, wanted to speak to the live agent. Offered assistance. Caller stated: "I've actually left several messages that have gotten no callbacks, sometimes they don't even go through your phone system, or keep me on hold for 20 -30 minutes and then finally say please leave a message so I've had to do that already couple times" Both she and her colleague were trying to get through and her colleague phone started to ring so she transferred a phone to the caller. When attempted to determine what number they were calling, caller provided #, option #1 (I explained that was a number to FDA/CDC (VAERS)Vaccine</p>

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Adverse Event Reporting System to report side effects) at this point caller stated that she also called # this morning and left a message as well. At this point attempted to warm transfer the caller to safety. All safety agents were busy (20 calls ahead of us). Due to the long hold time, e-transmitting AE. Caller aware of the option to submit the information online, aware of the fax # as well, wanted to share details to live agent. Caller stated: "because all those reports involving one lot # it is more suspicious than even all the other reports that I've ever done. This is just one whole group and now I have 3 deaths. I have 3 deaths and I have 2 strokes in this group" Caller stated that she will file reports online she just wanted someone to call her back about the side effects and the lot # involved. Stated" I've got this whole group, this whole entire group due to get their second dose on Friday, two days from now, so obviously I am not giving it to any of these people there is a 7 of them out of 33. I have 20 staff that have received it the same day I did not have any side effects in any of the staff but I am definitely little weary at the moment." Offered to forward provided information to safety. Caller provided lot# EL9269, exp. Date 01May21 (stated that it was weird because it was very close to the expiration date). Caller stated: "All those people were dosed on Mar 26th. Caller stated that she was going to give me just basics (in terms of information to start the process) and that she will file a forms online. Caller stated: "That day 31 patients received a vaccine and she had 7 patients worth investigating (caller stated that she had that portion written if there was a way to forward that to us? Explained that there was an option to contact us through our website (website withheld)) but for adverse reports specifically I would refer them to Pfizer safety (website withheld) explained that I also had a fax# but caller declined she already had that information. Verified that she was reporting adverse events [7 patients, gender: 5 females and 2 males; all (ethnicity), (ethnicity)] Caller stated" Three people (patients) were send out and subsequently passed away in the hospital, one (patient) we send with bradycardia, hypotension and she (female) passed away in the ER, critical labs, she didn't even make it one day, we send her out and she passed away in the ER. I have one male (patient) who had acute stroke I don't have all the details because he is still

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hospitalized in ICU. I have one (patient) who we sent to the ER hypoxic, hypotensive, short of breath, she (female) she ended up passing away in the hospital, her diagnosis there was hypoxia and acute CHF. I have another male (patient) who had an acute CVA we send him to the hospital he had acute CVA, he had a right artery occlusion, he passed away. I had another female (patient) who we sent out with shortness of breath and increased confusion, she wound up in the ER with hypoxia and sepsis and she (female) passed away. I am sure there is more we do not have hospital records we only know what we were told. And then I have two others one that was send to the ER with shortness of breath and elevated D-dimer, she (female) actually returned to us her scans were negative, so she is one of those we are not really 100 % sure, but she did get send out to the ER. And we have another one (female) chest pain, shortness of breath, she was not send out her D-dimer and her studies that we have done here were within normal limits but definitely had some acute shortness of breath and chest pain, we did troponin and bunch of cardiac labs here, she did not go out. So those are the seven that I have at the moment that are concerning." attempted to warm transfer the caller to safety. All safety agents were busy (20 calls ahead of us). Due to the long hold time, e-transmitting AE/PC DSU/PQC: Caller requested callback from safety and product quality group regarding her concern about that particular lot# and reported adverse reactions. F/ u pending.; Sender's Comments: Based on the limited information, a causal relationship between the suspect drug BNT162B2 and the events dyspnea and d dimer increased cannot be ruled out. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate

1267618 4/28/2021 FL 21 F 4/6/2021 4/6/2021 Passed out for a few minutes. Chest pains 2 weeks later.

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1267547	4/28/2021	TN	25	M	4/15/2021	4/19/2021	4 days after vaccination, patient woke up with severe chest pain, radiating to L arm. Presented to ED where he was found to have elevated troponins. Cardiac cath normal. Echocardiogram normal. Cardiac MRI with evidence of Myocarditis. COVID testing at the time of chest pain NEGATIVE.

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1266355	4/28/2021	FL	47	F	3/11/2021	3/14/2021	<p>Patient stated she took the vaccine on Thursday 3/11/21 and about 3 days later she started to feel a cramp in both of her legs. On 3/27 patient stated she couldnt move and felt like a tingling sensation on the left arm (felt like ants crawling on body), felt dizzy, headache. She stated she then went to the ER on 4/15/21. CT scan (chest) and ultrasound(legs) was done and she wasnt sure of the results (the ER doctor only informed her that she wouldnt be #7). Then on 4/17 patient state she felt fine and was back to exercising and running. Then on 4/24 she stated she went to the beach to run and felt a sting/cramp on right leg, she looked and noticed a bruise and then as of 4/26 her leg is sore, it's not red, not hot and not hurting, just sore to touch. Bruising is going away but just uncomfortable to touch. Patient states she been feeling a little more fatigued and winded out when doing things now more than before and before taking the vaccine. Been a 1.5years since her last asthma attack. Since a month ago is when she started to feel that she needs to catch her breath more often. Patient stated she saw her PCP on 4/19/21 and she was prescribed another inhaler (can't recall the name) and antibiotic. CT scan was done when she was in the ER because pt had chest pain. No pulmonary embolism indicated on results but she states her scan came back with something on it but she wasnt able to explain what was on there. When she was in the ER the doctor didnt prescribe anything but when she went to see pcp her MD prescribed her an antibiotic (cant recall name, she picked up the rx but hasnt started taking it yet- wasnt home to obtain the name). As of 4/26 her headache, leg cramps have subsided, she just feels very fatigued. She stated that every time she has a headache she takes tylenol. The last time she took tylenol was on Sunday 4/25/21. Advised patient to start taking the antibiotic as prescribed by the pcp and to take the inhaler when she feels winded out. Also advised her that if she feels chest pain or extreme SOB then to either contact her pcp again or urgent care. She has no follow up scheduled with her PCP.</p>

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1269159	4/28/2021	FL		F			MIGRAINE; DIFFICULTY BREATHING; SWEATING; CHEST PAIN; BACK PAIN; LUNG PAIN; LETHARGY; SLEEPY ALL DAY; WEAKNESS; JOINT PAIN; MUSCLE PAIN; NAUSEA; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 17-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the subject experienced migraine, difficulty breathing, sweating, chest pain, back pain, lung pain, lethargy, sleepy all day, weakness, joint pain, muscle pain, and nausea. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the weakness, migraine, joint pain, nausea, muscle pain, difficulty breathing, sweating, chest pain, back pain, lung pain, lethargy and sleepy all day was not reported. This report was non-serious.
1267485	4/28/2021	CO	68	F	2/26/2021	3/1/2021	She received her Moderna COVID vaccine on 02/26/201 which was a Friday, then on Monday and Tuesday patient had decreased appetite and felt miserable. Then on 03/08/2021 she started having chest pain that made her go to the ER. She was then found to have a multisegmental pulmonary embolism
1269577	4/28/2021	TX	43	M	4/3/2021	4/16/2021	Nausea, chest pain, numbness in arm, vomiting and diarrhea.
1269441	4/28/2021	MN	34	F	4/28/2021	4/28/2021	Hives, tongue swelling, shortness of breath, heart palpitations, chest pain

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1269292	4/28/2021	NM	47	F	1/21/2021	1/21/2021	chest pain; heart burn; chills; fever; body pains; terrible headache; tired; weak.; I had shortness of breath; This is a spontaneous report from a contactable consumer(patient). A 47-year-old non pregnant female received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot number and expiry date unknown) on 21Jan2021 at 04:00 PM via an unspecified route of administration in left arm at single dose for covid-19 immunization. Patient was 47 years old at the time of vaccination. Patient medical history and concomitant medications were not reported. Patient did not have any known allergies. Patient did not receive any other medications in two weeks. Patient did not receive any other vaccine in four weeks. Patient did not have covid prior vaccination. On 21Jan2021 at 8PM patient had shortness of breath, chest pain, heart burn, chills, fever, body pains, terrible headache, tired, and weak. It lasted until 10AM the next day. Effects lasted for 12 hours. On 06Jan2021 patient tested for covid post vaccination with test name Saliva and result received was negative. The outcome of the events was recovered. Information on the lot/batch number has been requested.

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1269171	4/28/2021	FL	51	F	4/2/2021		<p>HURTS IN THE BACK WHEN BREATHS DEEPLY; CHEST PAIN ON LEFT SIDE; BLACK BRUISE ON RIGHT HAND (VEIN BECAME BLACK); PAIN IN ENTIRE BODY; SENSITIVITY TO LIGHT; DIFFICULTY BREATHING; PAIN IN LEG; INTENSE CHILLS; JOINT PAIN; MUSCLE PAIN; INTENSE HEADACHE ON LEFT SIDE OF HEAD; FEVER; This spontaneous report received from a patient concerned a 51 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042A21A expiry: UNKNOWN) dose was not reported, administered on 02-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 02-APR-2021, the subject experienced hurts in the back when breaths deeply. On 02-APR-2021, the subject experienced chest pain on left side. On 02-APR-2021, the subject experienced black bruise on right hand (vein became black). On 02-APR-2021, the subject experienced pain in entire body. On 02-APR-2021, the subject experienced sensitivity to light. On 02-APR-2021, the subject experienced difficulty breathing. On 02-APR-2021, the subject experienced pain in leg. On 02-APR-2021, the subject experienced intense chills. On 02-APR-2021, the subject experienced joint pain. On 02-APR-2021, the subject experienced muscle pain. On 02-APR-2021, the subject experienced intense headache on left side of head. On 02-APR-2021, the subject experienced fever. Laboratory data included: Pain scale (NR: not provided) Chest 10/10, headache10/10. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from pain in leg, black bruise on right hand (vein became black), and joint pain, had not recovered from intense headache on left side of head, hurts in the back when breaths deeply, and chest pain on left side, and the outcome of muscle pain, fever, intense chills, sensitivity to light, difficulty breathing and pain in entire body was not reported. This report was non-serious. This case, from the same reporter is linked to.</p>

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1269842	4/28/2021	UT		M		4/11/2021	Pain in chest beginning April 9, 2021. Entered the emergency room with blood clot in the lungs on April 11. Last dose Moderna vaccine received March 25, 2021. No known prior blood clot issues or causative health issues. Suspected prior infection with Covid 19 due to symptoms of illness approximately June 2020, but not confirmed with testing or afterward or with antibodies. Blood clot confirmed with CT Scan in hospital
1269156	4/28/2021	CA	74	F		3/9/2021	NOSE BLEED; BODY ACHES; HEADACHE; FATIGUE; NAUSEA; DIZZINESS; WARM FEELING IN THE VEINS OF THE PALMS AND FEET; SEVERE CHILLS; This spontaneous report received from the patient concerned a 74 year old mixed race female. The patient's height and weight were not reported. The patient's concurrent conditions included penicillin allergy. The patient took no concomitant medications. The patient received COVID-19 vaccine Ad26.CoV2.S (suspension for injection, route of admin not reported, batch number: 1805020 expiry: 25-MAY-2021) dose was not reported, 1 total, administered on 09-MAR-2021 to left arm for prophylactic vaccination. On 09-MAR-2021, the patient experienced severe chills at around 21:00, 5 hours post vaccination. On 10-MAR-2021 around 04:30, the patient woke up with a pounding headache, chills, body aches. During day the patient also felt fatigue, nausea, dizziness and a feeling of warmth in the veins of her palms and feet. It was reported that the symptoms disappeared on the morning of 11-MAR-2021, which was 2 days post vaccination. It was reported that about 30 minutes prior to call on reporting day of 25-APR-2021, the patient blew her nose and she said a little bloody clot came out, followed by a nose bleed lasting about 30 minutes. The patient reported that she never got nose bleeds and she had no fever, shortness of breath or chest pain. The action taken with COVID-19 vaccine Ad26.CoV2.S was not applicable. The patient recovered from dizziness, warm feeling in the veins of the palms and feet, body aches, severe chills, fatigue, nausea, and headache on 11-MAR-2021, and nose bleed on 25-APR-2021. This report was non-serious.

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1269151	4/28/2021		60	F		4/18/2021	<p>CHEST PAIN; SHORTNESS OF BREATH; TROUBLE FALLING ASLEEP; HOT FLASH; EXTREME FATIGUE; HEADACHE; This spontaneous report received from a patient concerned a 60 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unk) dose was not reported, administered on 07-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. Concomitant medications included progesterone for prevent breast cancer, and estradiol for prevent osteoporosis. On 18-APR-2021, the subject experienced chest pain. On 18-APR-2021, the subject experienced shortness of breath. On 18-APR-2021, the subject experienced trouble falling asleep. On 18-APR-2021, the subject experienced hot flash. On 18-APR-2021, the subject experienced extreme fatigue. On 18-APR-2021, the subject experienced headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from headache, chest pain, and shortness of breath, and the outcome of extreme fatigue, trouble falling asleep and hot flash was not reported. This report was non-serious.; Sender's Comments: V0: Medical assessment comment is not needed as per standard procedure since case is assessed as non-serious.</p>

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1269148	4/28/2021	NM		F	4/8/2021		<p>ELEVATED D-DIMER; SHORTNESS OF BREATH; HEADACHE; CHEST PAINS; DECREASED APPETITE; FEVER; This spontaneous report received from a physician concerned a 25 year old female. The patient's height, weight and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration, dose and batch number were not reported) administered on 07-APR-2021 for prophylactic vaccination. Batch number will be requested via follow up. Concomitant medications included unspecified oral contraceptives. On 08-APR-2021, the subject experienced shortness of breath, headache, chest pains, fever, and decreased appetite. Physician saw the patient on 14-APR-2021 and ordered D-dimer which came back at "0.80" and again on 20-APR-2021 which came back "0.82" (units and normal range unspecified). Physician reported that the patient's platelet count had not been done yet, but the d-dimer was a little elevated and given her chest pains, he wanted to evaluate for a blood clot and possibly order CT (computed tomography) scan of her chest. The physician did mention VAERS report filed case # 446427. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from headache, shortness of breath, and chest pains, and the outcome of decreased appetite, fever, and elevated d-dimer was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: This case concerns a 25-year-old female who had elevated d-dimer test results 7 days after receiving the Janssen Covid-19 vaccine. Full medical history was not provided. Concomitant medications included unspecified oral contraceptives. The day after vaccination, the patient experienced shortness of breath, headache, chest pains, fever and decreased appetite. Seven days post-vaccination, she went to see her physician who ordered a d-dimer test which came back elevated at 0.80 (normal range not reported). Repeat d-dimer test 6 days later came back at 0.82. A platelet level had not been checked, nor other diagnostic tests to evaluate for possible thrombosis. As of the the time of this report, the outcome was unknown. Based on the available information, the relationship with Janssen Covid-19 vaccine is considered unclassifiable. Further information (e.g. full medical history, social history, family</p>

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1267670	4/28/2021		73	M	4/21/2021	4/25/2021	history, CBC, doppler ultrasound, anti-platelet factor 4 antibodies, fibrinogen) will be requested. Patient reported to ER w/ 3 days of chest pain. Patient found to have segmental Pulmonary embolism and non segmental Pulmonary embolism w/ pleural effusion with evidence of right heart strain

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1268726	4/28/2021	OH	45	M	4/2/2021		<p>VIRAL PERICARDITIS; LEFT ARM PAIN; SEVERE HEADACHE; ABDOMINAL PAIN; This spontaneous report received from a patient via a company representative concerned a 45-year-old male. The patient's height, and weight were not reported. The patient's concurrent conditions included non-smoker, and social alcohol drinker, and other pre-existing medical conditions included no known allergies and no history of drug abuse/illicit drug use. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808609, expiry: 09-JUN-2021) dose was not reported, 01 total, administered on 23-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 02-APR-2021, the patient experienced abdominal pain. and severe headache. On 03-APR-2021, the patient experienced severe chest pain and left arm pain. On 04-APR-2021, the patient was admitted to the hospital and diagnosed with viral pericarditis and was discharged on 06-Apr-2021. Laboratory data included: On 04-APR-2021, Angiogram (NR: not provided) Not reported, CT (computed tomography) scan (NR: not provided) Not reported, EKG (electrocardiogram) (NR: not provided) Not reported, Echocardiogram (NR: not provided) Not reported, Troponin increased (NR: not provided) Troponin levels increased, and X-ray (NR: not provided) Not reported. On 05-APR-2021, Laboratory data included: Angiogram (NR: not provided) No blockages. On 06-APR-2021, Laboratory data included: Echocardiogram (NR: not provided) No blockages. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from abdominal pain, and left arm pain on APR-2021, and had not recovered from severe headache, and the outcome of viral pericarditis was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: 20210436265-covid-19 vaccine ad26.cov2.s-Viral pericarditis, Abdominal pain. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). 20210436265-covid-19 vaccine ad26.cov2.s-severe headache, Left arm pain. This event(s) is labeled per Agency and is therefore</p>

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1268233	4/28/2021	IL	42	F	4/2/2021	4/23/2021	considered potentially related. 4/16 - rash, lip swelling, tongue pain, temperature, chills, body aches, lymphadenopathy, 4/23 - chest pain (same day as cortisone injection) 4/24 - worsening swelling, pain with swallowing 4/25 - admitted to the hospital through the ED with erythemic rash to bilateral palms, bilateral feet, back; painful, not itchy; eye red; lip swollen; tongue pain and pain with swallowing

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1268109	4/28/2021	CA	43	M	3/26/2021	3/30/2021	<p>Pt received Pfizer COVID vaccine on 3/26 at facility. Pt presented to the ED on 3/30 for evaluation of chest pain at around 0722 on 3/30. Per ED provider note, "This patient is a 43 y.o. male who presents to the ED for evaluation of chest pain. The patient drove here two days ago and was feeling well when he went to sleep. He was awoken from sleep early yesterday morning with "intense" left sided chest pain with radiation and tingling sensation down his left arm. The patient says that his pain has since been fairly constant, waxing and waning in intensity. He says that his chest pain is still currently present, mostly localized in his left shoulder, but improved when compared to the pain that woke him up again this morning around 03:00. No reported vomiting, abdominal pain, fevers, chills, cough, or shortness of breath. Patient notes that he received the second dose of the COVID-19 vaccine 4 days ago. Patient reports family history of cardiac disease in his father. He denies any personal history of cardiac disease, and says that his last cardiac work up was a couple years ago for PVCs. The patient is not a smoker and denies any history of diabetes, hypertension, or high cholesterol. There are no other complaints. There are no other exacerbating or alleviating factors. There are no other reported associated signs or symptoms" Pt was given nitroglycerin ointment and aspirin chewable 324mg in the ED. " In addition, "This is a 43-year-old male presenting to the emergency department with just over 24 hours of left-sided chest pain with radiation into the left shoulder and down the left arm. Symptoms were more severe prior to the patient's arrival to the hospital. He was given nitroglycerin and aspirin upon arrival here. EKG shows subtle ST abnormality in the inferior lateral leads. Troponin is elevated at 11. Differential includes non ST-elevation myocardial infarction, myopericarditis. Patient will be admitted to telemetry. He will undergo a cardiac catheterization today." Pt was admitted, and per hospitalist note on 4/1, "Patient presented hospital with chest pain and EKG changes-there was initial concern for NSTEMI. Had cardiac catheterization with clean coronaries. Then thought to have pericarditis. Patient had trivial pericardial effusion on echocardiogram. Had MRI that demonstrated myocarditis as well. Patient improved on colchicine and NSAID therapy. Discussion had with cardiology will continue this and to be tapered in</p>

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the office setting. Will continue NSAIDs for approximately 2 weeks then begin tapering. Will likely need colchicine for approximately 3 months. Patient was placed on beta-blocker to help with symptomatic treatment and help alleviate pain. Patient was started on metoprolol, was cautioned side-effects of hypotension, bradycardia, exercise intolerance. Patient should monitor heart rate and blood pressure daily. Hold if heart rate <50 or blood pressure less than 100 systolic and notify provider. Patient was advised he may follow-up with Dr. Caution GI upset, nausea vomiting diarrhea. If diarrhea with colchicine would recommend back down to daily from b.i.d. treatment. Patient was ambulatory and functional without significant symptoms, vital signs within tolerable limits, and agreeable to discharge plan. Patient ultimately discharged in stable condition. All questions answered to apparent satisfaction. Patient cautioned side effects of medications. Patient was instructed if reoccurrence or any concerning symptoms to contact provider or present to nearest emergency department based on acuity. Patient and family voiced understanding of recommendations and in agreement with discharge plan.~~

1267989 4/28/2021 MI

17 F

4/28/2021

4/28/2021

She had chest pain and dizziness and local swelling left arm 15 min after injection.

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1267896	4/28/2021	NJ	40	F	4/7/2021	4/8/2021	Patient reports history of Bell's Palsy that developed end of 2016 and resolved in early 2017 and a history of gastric sleeve surgery in February 2019. No known allergies. Patient reports symptoms that started on 4/8/2021, the day after receiving her vaccine. Patient with ?groggy? feeling that has since resolved, headaches that haven?t resolved rated at a 4-5/10 that are relieved with OTC pain medication, and pain in left arm near injection site along with pain in left neck that radiates to left elbow rated at 4/10 that worsens with left arm abduction and isn?t alleviated with OTC pain medication. On 4/24/2021, patient reported a worsening of headaches rated at 7-8/10 that were eventually relieved by OTC pain medication, chest pain rated at 9/10 described as constant tightness that lasted for about an hour, and LUQ pain rated at 9/10 described as a stabbing pain that was relieved after sitting down/relaxing for about an hour. Patient did not seek medical attention. On 4/26/2021 during patient interview, reviewed the importance of following up with PCP based on her symptoms and patient stated she will be reaching out to her HCP.
1267831	4/28/2021	CA	40	M	4/12/2021	4/13/2021	Called Connections on 4/20/21. Pt c/o feeling swollen throat glands, hard to swallow, dry/sore throat, also random dizziness not constant, feeling body aches, tired, runny nose but pt denies sob, difficulty breathing, chest pain. Speech seems comfortable, AO X 3. Pt stated these sx started on 04/13/2021 after he got his Janssen(J&J) covid vaccine on 04/12/2021,he stated sx not getting better its getting more from then. This writer recommended pt to go to ED/call 911 for further evaluation and treatment. Pt took covid test yesterday awaiting for his result. Denies any past medical Hx

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1268870	4/28/2021	UT	25	M	4/14/2021	4/17/2021	On Wednesday April 14th I got my second vaccination shot. The following day I had a 103 F fever, body aches, chills, migraine, sore muscles, couldn't walk, excessive thirst. Those effects lasted all day and I felt better on Friday. Saturday night chest pain started along with sore arm getting worse. I took ibuprofen and melatonin to sleep. Woke up Sunday morning and pain came back and gradually got worse until I went into the ER around 9 am. They gave me Morphine to put the chest pain at bay. Then transferred me by ambulance to a different hospital with a cardiology department. They treated me as if it was Myocarditis and also got an x-ray of my chest. The next morning I had an MRI and that is what confirmed it to be Myocarditis. I was then discharged with lots of medications to keep the inflammation down.

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1269271	4/28/2021	PA	55	F	1/16/2021	1/16/2021	Arterial regurgitation; Cardiac changes/EKG changes were observed in heart; Sweating profusely; Hands went cold; Felt dizzy; Chest pain; blood pressure elevated 180s over 110s/hypertensive; doesn't feel well; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of AORTIC VALVE INCOMPETENCE (Arterial regurgitation) in a 55-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 028L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 16-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 16-Jan-2021, the patient experienced AORTIC VALVE INCOMPETENCE (Arterial regurgitation) (seriousness criterion medically significant), CARDIAC DISORDER (Cardiac changes/EKG changes were observed in heart) and VACCINATION COMPLICATION (doesn't feel well). 16-Jan-2021, the patient experienced HYPERHIDROSIS (Sweating profusely), PERIPHERAL COLDNESS (Hands went cold), DIZZINESS (Felt dizzy), CHEST PAIN (Chest pain) and HYPERTENSION (blood pressure elevated 180s over 110s/hypertensive). At the time of the report, AORTIC VALVE INCOMPETENCE (Arterial regurgitation) and CARDIAC DISORDER (Cardiac changes/EKG changes were observed in heart) had not resolved and HYPERHIDROSIS (Sweating profusely), PERIPHERAL COLDNESS (Hands went cold), DIZZINESS (Felt dizzy), CHEST PAIN (Chest pain), HYPERTENSION (blood pressure elevated 180s over 110s/hypertensive) and VACCINATION COMPLICATION (doesn't feel well) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 16-Jan-2021, Blood pressure measurement: 180/110 (High) 180/110. On 16-Jan-2021, Electrocardiogram: abnormal (abnormal) EKG changes were observed in the heart. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant product use was not provided. The patient went to the emergency room due to sweating profusely, blood pressure elevated 180s over 110s/hypertensive, hands went cold, felt dizzy, and chest pain. She reported she will have to follow-up

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1263154	4/27/2021	MA	40	M	4/12/2021	4/12/2021	<p>with a cardiologist because electrocardiogram (EKG) changed were observed in her heart. The patient was not receiving treatment at the time of the initial report. The patient called back on 13 Apr 2021 and noted continual, ongoing cardiac changes and "arterial regurgitation." Most recent FOLLOW-UP information incorporated above includes: On 13-Apr-2021: Patient reported continual, ongoing cardiac changes and arterial regurgitation. Outcomes of initially reported events changed from not resolved to unknown. Narrative updated.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. However, Very limited information regarding these events has been provided at this time. Further information has been requested.</p> <p>The evening of the vaccination I began experiencing tingling at the site of the shot, then this extended through the night to chest pains and tightness in the chest. That continued through the night and into the following day. The following day and lasting until present (4/27/2021) I have continued to experience tingling at night, extending to my arm and fingers, random very sharp pains in my chest, and some feeling of strong heart throbbing. This subsides during the day-time (when I'm upright versus lying down) but all of these symptoms return during the evening. These are all things I never experienced prior to the vaccine. Also, I have tested regularly for COVID-19 since my company conducts covid-19 testing and I have not been infected with COVID-19 at any point during the past year. The continuation of these symptoms is concerning. There have been at least two instances where the sharp pains in my chest were much more intense than the other chest pains I have felt since the vaccine.</p>

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1263529	4/27/2021	MN	64	F	3/28/2021	4/17/2021	Approximately 3 weeks after her second dose, patient had shortness of breath and chest pain, 2 days after onset present to the emergency department and was diagnosed with acute, moderate volume bilateral pulmonary emboli and a left lower extremity DVT (popliteal vein). Treated initially with lovenox and Eliquis followed by Eliquis alone. Discharged after one day. Recovering well. please see earlier comments regarding vein surgery in Feb 2021, past hx of DVT/PE.
1263180	4/27/2021	MN	63	M	3/8/2021	3/13/2021	Increase short of breath, chest pain, & blood clot
1263245	4/27/2021	OR	65	F	4/3/2021	4/3/2021	Shortness of breath, warmth in chest along with chest pain, abdominal pain 3 days after shot, nausea, dizziness and headache, lethargy, arm rash. Developed symptoms consistent with a TIA (transient ischemic attack) loss of appetite. Taken to emergency room. Initial diagnosis of Budd-Chiari syndrome. Multiple admissions to hospital and multiple CT's and MRI. Condition unresolved. Multiple blood thinners (heparin, lovenox) increased dosage of Eliquis.
1263271	4/27/2021	CA	18	M	4/23/2021	4/24/2021	Patient received his doses of the Moderna Vaccine on: 3/20/2021 and 4/23/2021. Two days later he started complaining of chest pain and pressure midsternal which improved by sitting forward and worse by lying down. His EKG showed diffuse ST elevations c/w possible pericarditis. He has no prior cardiac hx. His troponins were extremely elevated. Cardiology consulted and his assessment is that pt has combined myocarditis and pericarditis. Likely immune-mediated response post vaccine and also there are reports of young men in other countries with post vaccine pericarditis.
1263316	4/27/2021	NC	63	M	4/16/2021	4/17/2021	Developed shortness of breath and exertional chest pain within 24 hours of vaccine. Ended up having NSTEMI and 3 vessel CABG a week later. Will attend cardiac rehab
1263460	4/27/2021	CA	40	F	4/6/2021	4/7/2021	headaches, brain fog, forgetfulness, chest pain, anxiety ...

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1263085	4/27/2021	TX	34	M	3/29/2021	4/14/2021	SEEN ON 4/16/2021 WITH PROVIDER WITH THE FOLLOWING COMPLAINTS: Pt here for left sided low back pain; he gets it in different spots. Sharp - left mid back , left low back, left hip and left thigh. Does not radiate to foot. Does not cause paraesthesias, numbness, weakness or tingling. No problems urinating, dysuria. The pain started after janssen vaccine along with low grade fever; lasted for 2 days then went away for over 1 week. In fact he drove and hiked 10 miles as well w/o any recurrence of pain. He notes pain restarted 2 days ago. Massage and heat help. Exercising does not worsen. Pain for past 2 days is at a 2 level. No hx of back pain or arthritis. He does have hx of renal stones and cystitis but was cleared last year by his urologist. He has not drunk enough water today and would like to do his cbc on 4/22. He denies any heaches, vision changes, abd pain or leg pain. Most of the time his pain is low back area. It was more intense in the 2 days after vaccine. No hx of blood clots. No chest pain or SOB. No injuries to back. Pain is the same as post vaccine though milder. He denies straining his muscle. No easy bruising or bleeding. kidney stones feel much differently.
1263450	4/27/2021	MO	17	F	4/17/2021	4/20/2021	ON 4/21/21, SHE BEGAN TO EXPERIENCE SHORTNESS OF BREATH, COUGHING, CONGESTION, SEVERE BACK ACHE, WEAKNESS, FATIGUE, FEVER, CHILLS, VOMITING, DIARRHEA. I TOOK HER TO THE HOSPITAL WHERE WE WERE TOLD THAT IT WAS DUE TO VACCINE AND SHE WAS SENT HOME WITHOUT MEDS. SHE BECAME WORSE AND WORSE AND DEVELOPED HEART ATTACK SYMPTOMS: CHEST PAIN, WHEEZING, TIGHTNESS AND HEAVINESS IN CHEST, INTENSE BACK PAIN. WE RETURNED TO THE ER AND SHE WAS DIAGNOSED WITH PERICARDITIS. WE WERE ALSO TOLD THAT HER HEART WAS SLIGHTLY ENLARGED.

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1262893	4/27/2021	NJ	21	M	4/15/2021	4/20/2021	HPI: The patient is a very pleasant healthy 21 y/o male with no sig PMH, he received the second dose of Pfizer's vaccine on the 15 th, he had some retrosternal sharp chest pain which was worse with breathing about 2 days ago which got better, but last night he started having more chest pain radiating to his lower jaw, he presented to the ER where his troponin came elevated, he has no fever chills no SOB no other complaints. His chest pain resolved with no recurrence, his EKG was normal. No h/o heart issues or chest pain in the past.
1262887	4/27/2021	MI	74	F	3/24/2021	4/8/2021	Breakthrough COVID-19 infection in fully vaccinated individual; pt presented to emergency center +chest pain and longstanding cough, known +covid; currently inpatient and DNR limited code status, requiring supplemental oxygen
1262816	4/27/2021	MD	16	F	4/14/2021	4/16/2021	After getting the 2nd dose of Pfizer, two days later, my daughter developed chest pain. She gets the chest pain every day and it today's date is 4/27/2021. She went to urgent care on April 18, 2021. However, she kept having chest pain and Saturday, April 24th the chest pain was intense. Patient states she has daily chest pain. Chest pain tends to be intermittent but she has it several times throughout the day. Sometimes the chest pain can be intense. (patient has a history of Kawasaki Disease, she received IVIG as a toddler and was on aspirin for a few weeks after the treatment. We were concerned if the chest pain was related to her heart). Currently, still monitoring her chest pains daily.

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1262798	4/27/2021	GA	16	M	4/26/2021	4/26/2021	After reporting symptoms of dizziness, Patient was monitored by RN at vaccination site. While monitoring, RN noticed patient exhibiting muscle tremors throughout his body that he reported not being able to control. Reaction intensified with patient advising that the was having sharp right sided chest pains that he rated on a pain scale of 0 to 10 as being an 8. In addition he stated that the felt as though his throat felt as though it was closing off. EMS were notified and while en route, RN continued to monitor patient. Patient remained able to speak with RN, pulse remained 70s bpm and respirations within normal range of 14 to 20. Patient did not display any symptoms of having trouble breathing. EMS arrived to evaluate patient; administered oxygen therapy and ran a 12-lead echocardiogram. Patient's parents opted to take patient local hospital to be evaluated, but declined to do so via the ambulance and transported patient via private vehicle.
1262686	4/27/2021	MI	58	F	3/1/2021	4/18/2021	April 18 went to Er dizziness, fatigue, chest pain Released 4/21/2021, unstable blood pressure (high blood pressure. Given atrovastatin high cholesterol, losartan 50 mg and metoprolol 25 mg

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1262636	4/27/2021	CT	49	F	4/14/2021	4/14/2021	In vaccine clinic, 10-15 min after vaccine administration, c/o throat tingling. Given waters with vitals taken. given diphenhydramine 50 mg PO. Transferred to ED for throat swelling minutes after received Moderna Covid Vaccine. Reports hoarse voice and difficulty breathing. No rash, hives, diarrhea, abdominal pain or dizziness. BP 138/80 HR 110, RR 18 SpO2 96%, EpiPen, methylprednisolone, and famotidine given. No improvement within 15 minutes, so second EpiPen administered with gradual improvement in symptoms. Gradually developed chest pain approx 1.5 hours after 2nd dose Epi. Troponin ordered and EKG in setting of unchanged tachycardia HR 108-no acute ischemia. Kept overnight for observation. Discharged with short course prednisone and famotidine and advised to avoid 2nd vaccination. Re-presented to ED 48 hours later with c/o chest tightness that never completely resolved and increased SOB despite taking the prednisone and famotidine. Noted to have maculopapular rash on anterior chest. Treated with methylpred, around the clock diphenhydramine and famotidine. Discharged with albuterol MDI and medrol dosepak with instructions to stop prednisone, but continue famotidine. Referral to Allergy/Immunology pending.

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1262596	4/27/2021	FL	50	F		4/8/2021	<p>Feeling numbness, tightness, hotness, warmth, spotting and discoloration in right and alternates to the left leg today. Also started feeling some tightness in the left eye today. Have a Dr appointment but on May 17th and going to urgent care today. Advised to go to HCF instead of urgent just to ensure they can get imaging, US and appropriate testing's to r/o all cause of complications. 4/20-f/u pc to caller; couldn't sleep last night; used a heating pad on her leg but didn't work; states both legs hurt; feel tight; 4/10 pain; worried when also saw spots on her left leg and became concerned because saw news of clots; the episode started with tightness of her right leg which progressed to most of leg as well as left leg. Has not gotten worse today and denies any concomitant effects. Normally healthy. Did not go to the hospital because says she wouldn't be able to afford it. Has appointment with primary care in 2 weeks. rec'd that since she is still ok today then it's likely ok to skip the ER and go see MD as planned; warned to go to the ER right away or dial 911 if any of the following effects: sudden shortness of breath, severe headache, vision changes, loss of motor or/sensory function, chest pain. Call us back if having any effects at all besides the ones already noted so we may help determine if needs ER care.</p>

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1263693	4/27/2021		49	F	3/31/2021	4/1/2021	03/04/2021: Abdominal pain which required evaluation in the ER ER physician ordered urinalysis (normal), she reported that the ER did an ultra-sound and blood draws. CBC lymphocytes slightly low 22.5 %all other in normal range Normal Serum glucose, Renal and hepatic function tests. Discharged with tylenol, diagnosis of inflamed GI system. 04/08, Pain irradiated to ?right shoulder? just below the clavicle, ?shortness of breath? . ER second visit testing : COVID-19 PCR, Hemogram, arterial gases, Blood chemistry. Results: Hemogram WNL Glicemia: 96mg/dl Kidney function tests WNL Arterial gases: pH 7.46, pCO2: 32.7mmHg pO273.3mmHg SO2 95.4% HCO3 22.50mmol/L FiO2 0.21 COVID-19 PCR negative April 16, 2021: continued pain in right upper chest, radiating to mid-breast. Hurts to breathe deeply. No fever, no other signs/symptoms, referral consultation with Internal Medicine, specialist ordered VES, CRP, COVID-19 PCR, Abdomen and pelvis CT scan, Abdomen ultrasound, chest CT scan, these were performed on 4/20 On 4/24 Pain in chest continues, specialist ordered D-dimer. On 4/25 Dr. ordered arterial gases a Chest angio CT, abdomen doppler ultrasound and lower limb bilateral doppler ultrasound. Currently patient hospitalized, receiving treatment with blood thinners.
1262438	4/27/2021	IL	65	F	4/27/2021	4/27/2021	C/O Chest pain. Seen by paramedic and transferred to Hospital

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1264437	4/27/2021	CO	40	F	4/1/2021		STOMACH FLU; CHEST PAIN UNSPECIFIED; SHORTNESS OF BREATH; EKG SINUS TACHYCARDIA, LOW VOLTAGE PERIODICAL, UNCONFIRMED DIAGNOSIS; DIZZINESS; SLEEPING 14 HOURS; LARGE NODULE AT INJECTION SITE; SWELLING AT INJECTION SITE; REDNESS AT INJECTION SITE; SORENESS/PAIN AT INJECTION SITE; HIGH BLOOD PRESSURE; This spontaneous report received from a patient concerned a 40 year old female. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included the patient had no known allergies. The patient was not pregnant at the time of report. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202A21A, expiry: 23-JUN-2021) dose was not reported, administered on 09-APR-2021 in left arm for prophylactic vaccination. No concomitant medications were reported. On 09-APR-2021 (following vaccination), the patient's area around the injection site was swollen, a large nodule formed, it was red, sore and painful. These local symptoms lasted for a week then disappeared. The patient felt very fatigued, and reports sleeping 14 hours that night. On 10-APR-2021 the patient experienced headache and felt like his head was in a vise around each cheekbone. The fatigue and headache was gone on 11-APR-2021. On 19-APR-2021 the patient had vomiting and diarrhea for about 16 hours. The local symptoms swelling, redness, pain at injection site reappeared. On 19-APR-2021 the patient was very fatigued and took Pedialyte (calcium chloride/glucose/magnesium chloride/potassium chloride/sodium chloride/sodium lactate) to get rehydrated. On 21-APR-2021, the patient visited the emergency room as new symptoms appeared stomach pain, chest pain, shortness of breath and dizziness and her blood work and electrocardiogram(EKG) was done. The health care professional(HCPs) ruled out heart attack and told patient nothing in the symptoms or blood work warranted a scan for blood clots. The patient received anti-nausea intravenous (IV) medication, diagnosis of stomach flu and was sent home. The patient reports that her blood pressure readings were 144/104 and a pulse was 119. The emergency room health care professional instructed the patient to follow up with doctor

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							and discharge diagnosis was made as chest pain unspecified. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from swelling at injection site, redness at injection site, soreness/pain at injection site, and large nodule at injection site, had not recovered from chest pain unspecified, shortness of breath, dizziness, and EKG sinus tachycardia, low voltage periodical, unconfirmed diagnosis, and the outcome of stomach flu, high blood pressure and sleeping 14 hours was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210443030-covid-19 vaccine ad26.cov2.s-Stomach flu. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
1262327	4/27/2021	DE	69	F	4/26/2021	4/26/2021	Client reports took insulin this morning, did not take BP medications, had coffee and juice before coming in today. Reports history of intermittent lightheadedness and dizziness, and shortness of breath (SOB) at times. Denies headache, chest pain, change in vision, arm pain, nausea, vomiting, diarrhea, and other s/sx. 10:20am reported feeling lightheaded, hx of DM, ate a breakfast bar at about 10:25am, pulse ox on room air 98%. 10:48am lightheadedness, dizziness and SOB, BP 156/96, P 82, R 16, pulse ox room air 98%. Client status s/sx persist and now with SOB, requests transport to Hospital. 10:50 called 911. EMS assessed client BP 142/86, P84, room air pulse ox 98%. On standing client unsteady and assisted back to seat by EMS. Assisted to by EMS to stretcher and transported out of Community Center for transport to Hospital ED.
1262546	4/27/2021		41	F	4/26/2021	4/26/2021	Chest pain Nausea Headache Achy Chills
1262397	4/27/2021	OR	16	M	4/23/2021	4/26/2021	Suspected myocarditis. Chest pain with multiple intermittent dysrhythmias including complete heart block, junctional, PVCs. Trop leak. Elevated NT-proBNP. Planning for IVIG.

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1262246	4/27/2021	MN	67	F	1/29/2021	2/4/2021	Patient presented to the ED on 1/24/2021. She then presented to the ED and subsequently hospitalized for 2 days on 2/4/2021 with chest pain.
1265584	4/27/2021	MN	30	M	4/7/2021	4/8/2021	Achiness, fatigue, and mild nausea on 4/7/21 (day of second vaccination). Chest pain, fever, achiness, fatigue, mild nausea on 4/8/21. Symptoms mostly subsided on 4/9, so I returned to work at 3:00 pm. By about 5:00 pm, the chest pain returned and worsened until I went home, and then to the hospital around 7:00 pm. Tests were done before I was diagnosed with "acute myocarditis, elevated troponin level, coagulopathy, NSTEMI (non-ST elevated myocardial infarction)", told I likely had a heart attack, and was put on a Heparin drip and kept for additional testing and observation until 4/11/21 at approximately 5:00 pm. Official notes state
1265163	4/27/2021	CA	31	F	4/3/2021	4/17/2021	Blood clot in each lung, chest pain, labored breathing, leg pain and upper back pain.
1265117	4/27/2021	NC	59	F	4/9/2012	4/9/2021	Admitted to the hospital for 3 days for possible stroke. Had Tremmers, bad headache, two(2) knots in left arm painful, chest pain, right breast pain, high fevers, diabetes numbers very high These went on for 2 1/2 days was flushed with saline and aspirin and Tylenol.
1264914	4/27/2021	TX	38	F	3/18/2021	3/29/2021	On 3/29/21, patient went to hospital with chest pain and low heart rate. Upon arrival, blood pressure was 210/102?. Was admitted for 5 days. During stay, scan showed a small Pulmonary Embolism.
1264852	4/27/2021	CT	68	M	3/15/2021	3/21/2021	Six days after receiving the second Moderna COVID vaccine, my active, healthy Father, with no medical history suffered a ventricular fibrillation arrest at home, while asleep. He had had no complaints of chest pain or SOB the day prior; was doing yard work on 3/20. Only complaint post vaccine was fatigue and arm tenderness at site. He was resuscitated and all diagnostics for causes have come back unfounded; all tests have been negative to date. A cause as to why this happened is still unknown. The only variable was the vaccination.

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1264683	4/27/2021	NC		F		4/1/2021	CHEST PAIN; BILATERAL LEG SLEEPING AND LEFT ARM ALSO ASLEEP; HEADACHE; NAUSEA; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 203A21A, expiry: UNKNOWN) dose was not reported, administered on 10-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced chest pain. On APR-2021, the subject experienced bilateral leg sleeping and left arm also asleep. On APR-2021, the subject experienced headache. On APR-2021, the subject experienced nausea. Treatment medications included: acetylsalicylic acid. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pain, headache, nausea and bilateral leg sleeping and left arm also asleep was not reported. This report was non-serious.
1264543	4/27/2021		17	F	4/12/2021	4/12/2021	Reported sudden "fast heartbeats with mild chest pain" lasted less than 2 mins with tingling of L arm where she received the injection. Stable, released from vaccination site.

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1264392	4/27/2021	GA	47	F	4/1/2021		<p>FAINT; NAUSEA; RIGHT SHOULDER BACK PAIN; LEFT CHEST PAIN; DIZZINESS; RIGHT HAND NUMBNESS; COULD NOT MOVE; WEAKNESS; FEVER 102-103 F; BODY ACHES; SLIGHT HEADACHE; FELT LIKE HAVING AN ALLERGIC REACTION/FELT LIKE HIT BY TRUCK; This spontaneous report received from a patient concerned a 47 year old female. The patient's height, and weight were not reported. The patient's past medical history included pneumonia. The patient was not pregnant at the time of reporting. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 041A21A, expiry: UNKNOWN) dose was not reported, 1 total, administered on left arm on 09-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 09-APR-2021, the patient had a slight headache. On 10-APR-2021, the patient got off at midnight and felt body aches and upon waking up she could not move. On the same day, she felt like hit by a truck and experienced dizziness, right hand numbness, fever of 102-103 Fahrenheit and weakness. The patient took Bayer aspirin (acetylsalicylic acid) and Tylenol (paracetamol). The patient's headaches were excruciating and came and went and some she had all day. The patient also felt like having an allergic reaction. On 12-APR-2021, the patient had left chest pain and right side of her up shoulder back pain upon taking a breath. On 15-APR-2021, the patient had nausea and visited emergency room and had blood test, chest X-ray and electrocardiogram and everything was normal. The patient was treated with unspecified anti-inflammatory medications, Toradol (ketorolac tromethamine) as intravenous, and they advised to visit a heart doctor. On 17-APR-2021, the patient was faint. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from left chest pain, fever 102-103 F, faint, right shoulder back pain, and right hand numbness, had not recovered from slight headache, weakness, nausea, and dizziness, and the outcome of body aches, could not move and felt like having an allergic reaction/felt like hit by truck was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: :20210436128 -covid-19 vaccine ad26.cov2.s -faint, bodyaches, left chest pain, dizziness, right hand numbness, could not move, right</p>

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1264448 4/27/2021 ME

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shoulder back pain. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
20210436128 -covid-19 vaccine ad26.cov2.s -weakness, fever 102- 103 F, nausea, slight headache, allergic reaction. This event(s) is labeled per Agency and is therefore considered potentially related.

INCREASED HEART RATE; SEVERE CHEST PAIN;
This spontaneous report received from a patient via a company representative concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) frequency 1 total, dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, about 7 hours after receiving the Johnson & Johnson vaccine shot, patient's heart rate increased rapidly (coded as increased heart rate) and he had severe chest pain, resulting in hospitalization(date unspecified). Patient's discharge papers showed that doctors ran tests but couldn't identify a cause other than the vaccine. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the increased heart rate and severe chest pain was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0.20210444419-covid-19 vaccine ad26.cov2.s-increased heart rate,chest pain. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). Workflow Notes: V0: completed. Case promoted.

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1263828	4/27/2021	NM	54	M	4/8/2021	4/10/2021	I was admitted to the ER on 4/12/21 with dizziness, lightheadedness, vertigo, some auditory issues, shortness of breath, swelling/puffiness of legs and feet, unusual coldness in extremities, and some minor pain in chest. CT-Scan revealed DVT in left leg and PEs in both lungs. Was given two shots of heparin over a 24-hour period and then Xarelto 15mg (oral) the following day.

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1264426	4/27/2021	AZ	78	F	4/1/2021		BAD CHEST PAINS, PAIN IN CENTER OF CHEST; FEELING OF HEART NOT BEATING RIGHT; BLOOD PRESSURE OF 212; CELLULITIS IN HER WRIST; This spontaneous report received from a patient concerned a 78 year old female patient. The patient's height was 166 inches and weight was 138 pounds. The patient's concurrent conditions included white coat hypertension, asthma, severe allergy to codeine, abstain from alcohol, and non-smoker. The patient was not pregnant. The patient received vaccination with covid-19 vaccine ad26.cov2. s (suspension for injection, intramuscular, batch number: 1805020, and expiry: UNKNOWN) dose was not reported, administered on 02-APR-2021 09:00 in left arm as prophylactic vaccination. Concomitant medications included estradiol. The patient reported that about 15-20 minutes post-vaccination on 02-APR-2021 as she was waiting in waiting area of vaccination clinic, she started to get bad chest pain which was in the center of her chest. She experienced heavy pressure in her chest. No arm pain or sensation was reported other than her chest. The patient further explained that she could feel that her heart 'wasn't beating right' and reported as 'heart feeling wonky'. The patient felt the top of her heart beating faster than the bottom. The vaccination paramedic took her blood pressure which was 212 (patient did not have any other information on her blood pressure). The paramedics called ambulance and after a 15 minute drive patient arrived at emergency room at 9.30. The patient had an echocardiogram or 'an ultrasound' of her heart and was told that it was not functioning properly that her ventricle was functioning at 40% of normal. The patient was put on nitroglycerin and heparin drip. Blood test was also done which showed troponin levels at 113 or 116, 'somewhere in there'. The patient was told that 'some type of cardiac event had occurred'. The patient's tests were reviewed same night and patient spent the night in emergency room because there were no beds. On 03-APR-2021, the patient was transferred to a hospital where she was put on nitroglycerin and heparin drip. The patient was moved again to another hospital on night of 04-APR-2021. The patient had angiogram and CT of vein and arteries. No clot was found by that time. The patient was discharged on 06-APR-2021. The patient saw a cardiologist on 15-APR-2021 who told patient that 'he thought she had

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some kind of clot that dissolved in the hospital'. Since patient has been home, she experienced pain and discomfort in arm and wrist with cellulitis in her wrist. The patient was taking cephalexin 500 mg three times a day for 10 days. The patient said it was due to angiogram she had because the angiogram team had hard time with her angiogram and had to go in twice. The patient had been taking percocet 5 mg tablet as needed for pain. The patient attempted to report these events online and left a message for someone to call her back but email did not work as she was unable to send. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of bad chest pains, pain in center of chest, feeling of heart not beating right and blood pressure of 212, and cellulitis in her wrist was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0: This 78-year-old white (non-Hispanic/Latino) female patient was hospitalized for chest pain, palpitations, and blood pressure of 212 within the hour of receiving COVID-19 VACCINE AD26.COVID.S for the prevention of symptomatic SARS-CoV-2 virus infection. Concurrent illness included white coat hypertension, asthma, severe allergy to codeine; denies smoking and have abstained from alcohol. The patient complained of "bad chest pain" described as heavy pressure on the chest and that she could feel her "heart was not beating right/heart feeling wonky/top of her heart beating faster than the bottom". Blood pressure was 212 when it was checked, the patient was transported to the emergency room where echocardiogram showed that her ventricle was functioning at 40% of normal; Troponin was 113 (or 116). The patient was started on nitroglycerin and heparin drip. CT Angiogram of veins and arteries done 2 days after the vaccination showed no clot; by the attending cardiologist thought that some kind of clot might have been dissolved. Due to difficulty of doing the angiogram, the patient had cellulitis in her wrist with pain and discomfort in arm and wrist; the patient was taking cephalexin and percocet for the cellulitis and pain. No other details reported. The short latency and the advanced age confounded the event. The information available precludes a complete and meaningful assessment. However, considering the temporal relationship and recently evolving theories in the

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							literature about COVID infections and vaccinations, potential vaccine contribution cannot be excluded. Additional information was requested.
1264347	4/27/2021	CA	35	M	4/8/2021	4/12/2021	4 days after vaccination, patient presented with dyspnea and chest pain, was found to have bilateral pulmonary emboli. Was admitted the following day after re-presenting with worsening symptoms and hypoxemic respiratory failure. He was hospitalized one day and then discharged.
1264218	4/27/2021	VA	64	M	4/27/2021	4/27/2021	PATIENT WAS GIVEN THE JANSSEN COVID VACCINE. ABOUT 5-10 MINS LATER, PATIENT REPORTED HAVING SOME DIZZINESS WITH SOME CHEST PAIN. BENADRYL WAS PROMPTLY GIVEN @1202PM. THEN AT 1209PM, PATIENT BP WAS TAKING, IT WAS HIGH AT 160s/90s. PATIENT STATED THAT HE DOES HAVE HBP IN WHICH HE DOES TAKE MEDICINE FOR. HE ALSO STATED THAT, AT THAT PRESSURE, IT WAS NORMAL FOR HIM. PATIENT WAS MONITORED TILL AROUND 1245PM, HE STATED THAT HE WAS FEELING BETTER AND HIS WIFE HAS TAKEN HIM HOME. A FOLLOW UP PHONE CALL WAS CALLED AROUND 105PM. AT THAT TIME PATIENT WAS A HOME AND SAID THAT HIS SYMPTOMS HAS SUBSIDE BUT JUST FEELS SLEEPNESS FROM THE BENADRYL.
1264165	4/27/2021	MI	53	F	4/22/2021	4/22/2021	Patient developed nausea/vomited during 15 minute observation period, chest pain worsened and patient was taken by EMS to nearby hospital for evaluation due to recent history of chest pain prior to vaccine and 2 months prior. Diagnosed with MI when she arrived at the outside hospital.

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1264109	4/27/2021	NJ	22	M	4/17/2021	4/18/2021	Patient reports receiving second dose of COVID vaccine on Saturday (Pfizer) and that night experienced fever and chills. When patient awoke in the morning he reports neck stiffness and left sided chest pain. The neck stiffness has since mostly resolved although chest pain has been getting worse. Patient reports it is localized, sharp, non radiating, constant, 6/10 in severity and exertional. pt admitted at Hospital ++ marked troponin leak and cardiac cath which revealed non obstructive CAD, elevated LVEDP (30) and transferred to another facility . Pt started on milrinone drip and had a endomyocardial biopsy on 4/22/21 : no lymphocytic myocarditis pt discharged 4/23 with outpatient fu and metoprolol succinate and spironolactone for 3 months if tolerated to minimize myocardial injury from resultant inflammation + cats at home
1264036	4/27/2021	WA	57	F	4/8/2021	4/22/2021	immediately following vaccine patient developed chills and headache. Headache has continue to this date. 4/22/21 developed chest pain went to the emergency room and was diagnosed with a bilateral pulmonary embolism.
1263942	4/27/2021	MN	16	M	4/22/2021	4/24/2021	COVID-19 in Nov 2020. At the time had sore throat, runny nose, and body aches for about 3 days. No chest pain at the time. Patient developed episodic chest pain starting Saturday 4/24 (2 days after vaccination). First episode 4/24 and then again 4/25 PM. Found to have elevated troponins, cardiac imaging normal (EKG, ECHO, chest CT). Depending on trend of troponin may receive IVIG, although currently not indicated given improvement in troponins.
1263846	4/27/2021	PA	23	F	4/20/2021	4/20/2021	Teammate with increased pain at injection site following 2nd Moderna vaccine on 4/20/2021. On 4/21/2021 she experienced fever, chills and no energy. Early the next morning (4/22/2021) she experienced SOB and chest pain and went to ER. She was admitted to hospital on 4/22/2021 and discharged 4/23/2021.

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1264528	4/27/2021	OR	67	F	3/2/2021	3/19/2021	My mom was very ill with fever like symptoms following her first vaccination on January 26th. The symptoms were even worse after her second vaccination March 2nd and included muscle cramping in her legs. Once she was recovered she only had a persistent cough which she attributed to allergies as the pollen count had been high. In the early morning hours of March 19th she was having difficulty breathing and chest pains. She was rushed to the emergency room where she subsequently died of cardio pulmonary embolism which the coroner indicated began within three weeks of her death.

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1261199	4/27/2021	SC	69	F	4/1/2021		FOGGY FEELING IN HEAD; BURNING IN THE HEART MUSCLE; EVERY BONE WAS HURT; HEADACHE; CHILLS; FEVER; SWOLLEN HEART MUSCLE; CHEST PAIN; URINE COLORING YELLOW ORANGE; BODY ACHE; VOICE WAS HOARSE; This spontaneous report received from a patient concerned a 69 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202A21A expiry: UNKNOWN) dose was not reported, administered on 06-APR-2021 15:00 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced voice was hoarse. On APR-2021, the subject experienced body ache. On 07-APR-2021, the subject experienced swollen heart muscle. On 07-APR-2021, the subject experienced chest pain. On 07-APR-2021, the subject experienced urine coloring yellow orange. On 07-APR-2021, the subject experienced fever. On 07-APR-2021, the subject experienced chills. On 08-APR-2021, the subject experienced foggy feeling in head. On 08-APR-2021, the subject experienced burning in the heart muscle. On 08-APR-2021, the subject experienced every bone was hurt. On 08-APR-2021, the subject experienced headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain, foggy feeling in head, voice was hoarse, fever, chills, and headache on 11-APR-2021, burning in the heart muscle, and every bone was hurt on 09-APR-2021, urine coloring yellow orange on 10-APR-2021, and body ache on APR-2021, and was recovering from swollen heart muscle. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure since case was assessed as non serious.

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1261354	4/27/2021			U		4/1/2021	AMNESIA; CHEST PAIN; SPEECH DISABILITY; ARM PAIN; HEADACHE; This spontaneous report received from a patient via a company representative concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on APR-2021 for prophylactic vaccination. No concomitant medications were reported. The batch number was not reported and has been requested. On APR-2021, the subject experienced amnesia. On APR-2021, the subject experienced chest pain. On APR-2021, the subject experienced speech disability. On APR-2021, the subject experienced arm pain. On APR-2021, the subject experienced headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the arm pain, amnesia, chest pain, speech disability and headache was not reported. This report was non-serious.

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1261340	4/27/2021	NC	56	F	4/15/2021		EXTREMELY HIGH BLOOD PRESSURE; INCREASED HEART RATE; SHORTNESS OF BREATH; INCREASED GAS AND INTESTINAL PROBLEM; CHEST PAIN; SHAKINESS; CAN'T DISTINGUISH HOT FROM COLD; UNCONTROLLED MUSCLE PAIN; This spontaneous report received from a patient concerned a 56 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included auto-immune disease, thyroiditis, high blood pressure, non alcohol, non smoker, latex allergy, sulfa allergy, and erythromycin allergy, and other pre-existing medical conditions included the patient did not have any drug abuse/illicit drug use. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808978, and expiry: UNKNOWN) dose was not reported, administered on 30-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 15-APR-2021, the subject experienced extremely high blood pressure. On 15-APR-2021, the subject experienced increased heart rate. On 15-APR-2021, the subject experienced shortness of breath. On 15-APR-2021, the subject experienced increased gas and intestinal problem. On 15-APR-2021, the subject experienced chest pain. On 15-APR-2021, the subject experienced shakiness. On 15-APR-2021, the subject experienced can't distinguish hot from cold. On 15-APR-2021, the subject experienced uncontrolled muscle pain. Laboratory data included: Lab test (NR: not provided) UNKNOWN. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from extremely high blood pressure, increased heart rate, chest pain, and increased gas and intestinal problem, had not recovered from shakiness, and can't distinguish hot from cold, and the outcome of uncontrolled muscle pain and shortness of breath was not reported. This report was non-serious.; Sender's Comments: V0 Medical assessment comment not required as per standard operating procedure as the case assessed as non-serious.

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1261287	4/27/2021	CA		F		4/1/2021	<p>CHEST PAIN; HIGH BLOOD PRESSURE; HEART BURN; YELLOW SKIN; DIZZINESS; LOSS OF APPETITE; TIREDNESS; FEELING WEAK; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included hypertension. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808979, and expiry: UNKNOWN) dose was not reported, administered on 29-MAR-2021 for prophylactic vaccination. Concomitant medications included losartan potassium for hypertension. On APR-2021, the subject experienced yellow skin. On APR-2021, the subject experienced dizziness. On APR-2021, the subject experienced loss of appetite. On APR-2021, the subject experienced tiredness. On APR-2021, the subject experienced feeling weak. On 18-APR-2021, the subject experienced chest pain. On 18-APR-2021, the subject experienced high blood pressure. On 18-APR-2021, the subject experienced heart burn. Laboratory data included: Blood pressure (NR: not provided) 180 not reported. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the heart burn, high blood pressure, yellow skin, dizziness, loss of appetite, tiredness, feeling weak and chest pain was not reported. This report was non-serious.</p>

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1261269	4/27/2021	TX	22	F	4/1/2021		FELT LIGHTEADED; TINGLING IN HER FACE AND EXTREMITIES; UNABLE TO WALK; CALCIUM LEVELS WERE HIGH; ANXIETY; HYPERVENTILATED DURING SLEEP; BLOOD PRESSURE (BP) WAS OFF; HAND CONTRACTED; CHEST PAIN; CHEST TIGHTNESS; NUMBNESS IN EXTREMITIES AND FACE; SHORTNESS OF BREATH; FATIGUE; PAIN IN EXTREMITY; WEAKNESS; CHILLS; FEVER; MUSCLE ACHES; DECREASED ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING; This spontaneous report received from a consumer concerned a 22 year old female. The patient's weight, height, and medical history were not reported. The patient was not pregnant at the time of report. The patient had no known drug allergy. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 201A21A, expiry: 23-JUN-2021) dose was not reported, administered on 09-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced decreased ability to perform activities of daily living. On 10-APR-2021, the subject experienced pain in extremity. On 10-APR-2021, the subject experienced weakness. On 10-APR-2021, the subject experienced chills. On 10-APR-2021, the subject experienced fever. On 10-APR-2021, the subject experienced muscle aches. On 11-APR-2021, the subject experienced numbness in extremities and face. On 11-APR-2021, the subject experienced shortness of breath. On 11-APR-2021, the subject experienced fatigue. On 12-APR-2021, the subject experienced chest pain. On 12-APR-2021, the subject experienced chest tightness. On 14-APR-2021, the subject experienced hand contracted. On 14-APR-2021, the subject experienced blood pressure (bp) was off. Laboratory data included: Blood pressure (NR: not provided) BP was off, and Chest X-ray (NR: not provided) CLEAR. On 15-APR-2021, the subject experienced hyperventilated during sleep. On 16-APR-2021, the subject experienced calcium levels were high. On 16-APR-2021, the subject experienced anxiety. On 16-APR-2021, the subject experienced tingling in her face and extremities. On 16-APR-2021, the subject experienced unable to walk. Laboratory data included: Calcium increased (NR: not provided) Very High. On 18-APR-2021, the subject experienced felt lightheaded.

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Laboratory data included: MRI (NR: not provided) No clots in her chest or legs. Treatment medications (dates unspecified) included: warfarin. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from hand contracted, and chills on APR-2021, and fever on 11-APR-2021, was recovering from shortness of breath, chest pain, chest tightness, hyperventilated during sleep, and calcium levels were high, had not recovered from numbness in extremities and face, fatigue, pain in extremity, weakness, anxiety, muscle aches and unable to walk, and the outcome of decreased ability to perform activities of daily living, blood pressure was off, tingling in her face and extremities and felt lightheaded was not reported. This report was non-serious.

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1261265	4/27/2021	NV	69	F	4/1/2021		<p>ARTHRITIS; PAIN IN HIP; COUGHING BLOOD; BLEEDING NOSE; CHEST PAIN; DIARRHEA; LOST APPETITE; WORSENERED PERSPIRATION; LOST 100LBS; This spontaneous report received from a patient concerned a 69 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included penicillin. The patient was previously treated with sulfur for drug used for unknown indication, codeine for drug used for unknown indication, and morphine for drug used for unknown indication. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805018 expiry: UNKNOWN) dose was not reported, administered on 06-APR-2021 08:00 for prophylactic vaccination. Concomitant medications included warfarin sodium for drug used for unknown indication. On APR-2021, the subject experienced lost appetite. On APR-2021, the subject experienced worsened perspiration. On APR-2021, the subject experienced lost 100lbs. On 07-APR-2021, the subject experienced diarrhea. On 08-APR-2021, the subject experienced chest pain. On 09-APR-2021, the subject experienced coughing blood. On 09-APR-2021, the subject experienced bleeding nose. On 10-APR-2021, the subject experienced pain in hip. On 11-APR-2021, the subject experienced arthritis. Laboratory data (dates unspecified) included: COVID-19 virus test negative (NR: not provided) negative (units unspecified). Treatment medications (dates unspecified) included: ketorolac, and prednisone. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from diarrhea on 08-APR-2021, chest pain on 09-APR-2021, coughing blood, and bleeding nose on 10-APR-2021, and pain in hip on 11-APR-2021, had not recovered from lost appetite, and worsened perspiration, and the outcome of arthritis and lost 100lbs was not reported. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure as case assessed as non-serious</p>

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1261252	4/27/2021	NY		M		4/1/2021	<p>FEELING HOT; LEGS ACHY; MUSCLE PAIN; FEELING FATIGUE/ EXTREMELY TIRED; LOWER BACK PAIN; DRY COUGH; LOSS FEELING IN EXTREMITIES/ LOOSE FEELING IN FINGER TIPS AND TOES/LOST FEELING IN PENIS; INSOMNIA/COULD NOT SLEEP; HALLUCINATION; CHEST PAIN ALMOST LIKE AN ULCER FEELING LOWER CHEST NEXT TO THE HEART; SHORTNESS OF BREATH; FEVER; SWEATS; CHILLS; FELT POUNDING HEADACHES; FEELING COLD; FELT DEHYDRATED; URINE DISCOLORATION;</p> <p>This spontaneous report received from a patient concerned a 23 year old male. The patient's height, and weight were not reported. The patient's past medical history included covid infection, lyme disease, and surgery of venous varicose, and other pre-existing medical conditions included the patient had no known drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202A21A, and batch number: 202A21A expiry: UNKNOWN) dose was not reported, administered on 09-APR-2021 13:15 in left arm for prophylactic vaccination. No concomitant medications were reported. On 09-APR-2021 around 7 pm, the patient started feeling fatigue, lower back pain, muscles pain and his legs were so achy. Around 10 pm, he went to his girlfriend house and tried to lay down felt pounding headaches for 10 to 15 minutes and he was physically hot to touch. Then, He started to have chills and sweats. He was cold although he was wrapped in 2 blankets. He had severe chest pain almost like an ulcer feeling (lower chest next to the heart), shortness of breath and dry cough. He started to lose feeling in his fingertips and toes. He also lost feeling in his penis which he felt it when he couldn't go to the bathroom. He couldn't sleep and he started hallucinating. The Chest pain and the loss feeling in the extremities got better by 10-Apr-2021. On 12-APR-2021 he was feeling hot, sweating and fatigue, He felt better at night. Headaches, shortness breath, sweating and the occasional dry cough was still not resolved. he stated that he usually doesn't sweat that much. He didn't take any medications to treat the side effects but only Vitamin C and Vitamin D. He was thinking to going to emergency room but he slept and woke up better. He also felt dehydrated, the urine was discolored, and he thought it is because of all the</p>

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sweating. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from hallucination, chest pain almost like an ulcer feeling lower chest next to the heart, insomnia/could not sleep, and muscle pain, lower back pain, and feeling fatigue/ extremely tired on 11-APR-2021, and loss feeling in extremities/ loose feeling in finger tips and toes/lost feeling in penis, chills, and fever on 10-APR-2021, was recovering from feeling hot, had not recovered from felt pounding headaches, shortness of breath, sweats, and dry cough, and the outcome of felt dehydrated, urine discoloration, legs achy and feeling cold was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0:20210431878-JANSSEN COVID-19 VACCINE Ad26.CO2.S-Hallucination. This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.

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1261381	4/27/2021	LA	56	F	4/15/2021		BLOOD WITH NUMBER 2'S; COMPLICATIONS OF CHEST PAIN; This spontaneous report received from a consumer concerned a 56 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown, expiry: unknown) start therapy date were not reported, 1 total administered on right arm for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. It was reported that, on 15-APR-2021 (last thursday) the patient had complications of chest pain. On 17-APR-2021 (saturday), she went to emergency room. The team of doctors stated that nothing was wrong with her. The reporter was unable to provide specific information regarding the lot number, date of vaccine received or the location but informed that he can obtain the information and provide it. The reporter was contacted again on 22-APR-2021, where details (age, date of birth) of the patient was provided but was unable to recall the specific date of vaccination. Providing further information it was reported that on 22-APR-2021, the patient had blood with number 2's, but did not had chest pain anymore. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from complications of chest pain on 22-APR-2021, and had not recovered from blood with number 2's. This report was serious (Other Medically Important Condition).; Sender's Comments: V0 20210444704-COVID-19 VACCINE AD26.CO2.S-Blood in stool. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

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1261218	4/27/2021	PA	19	F	4/1/2021		<p>SHORTNESS OF BREATH; CHEST HEAVINESS; DIAPHORETIC; PALPITATIONS; SWELLING IN FACE; SWELLING IN NECK; DIZZINESS; FLUSHED; CHEST PAIN; PAIN; SEVERE HEADACHE; This spontaneous report received from a parent concerned a 19-year-old white and not Hispanic or Latino female. The patient's height, and weight were not reported. The patient's past medical history included migraines, and tachycardia, and concurrent conditions included fibromyalgia, dystonia, neuropathy, chronic pain syndrome, postural tachycardia syndrome, and autoimmune disorder. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042A21A, and expiry: UNKNOWN) dose was not reported, 1 total administered on 07-APR-2021 at left arm for prophylactic vaccination. No concomitant medications were reported On 07-APR-2021, 10-15 minutes after vaccination the patient became diaphoretic, with palpitations, experienced swelling in face and neck, shortness of breath, dizziness, and chest heaviness. Pharmacist administered her Epinephrine, and the patient was hospitalized. Patient received Solumedrol and Benadryl at hospital, and was sent home on Benadryl for 24 hours. Patient has continued to have a severe headaches and felt dizzy, flushed, diaphoretic, and short of breath. Patient visited her PCP (primary care physician). She got clearance to return at work. Patient also visited ED (emergency department) to check for possible blood clots and where cardiac workup was also performed. Patient continued to complain of shortness of breath and chest pain particularly on exertion and ambulation, and dizzy during these activities. Treatment medications (dates unspecified) included: diphenhydramine hydrochloride, epinephrine, and methylprednisolone sodium succinate non-company. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from shortness of breath, and chest pain, and the outcome of diaphoretic, palpitations, swelling in face, swelling in neck, dizziness, chest heaviness, severe headache, flushed and pain was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: 20210429351- covid-19 vaccine ad26.cov2.s-shortness of breath, chest heaviness. This event(s) is considered</p>

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related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are no other factors more likely to be associated with the event(s) than the drug.

PAINFUL KNOT ON HAND; This spontaneous report received from a patient concerned a 62 year old female. The patient's height, and weight were not reported. The patient's past medical history included covid-19 infection, and concurrent conditions included intermittent chest pain. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802070, and expiry: UNKNOWN) dose was not reported, administered on 14-MAR-2021 for prevention of covid-19. No concomitant medications were reported. On 27-MAR-2021, the subject experienced painful knot on hand. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from painful knot on hand. This report was non-serious.; Sender's Comments: V0 Medical assessment comment not required as per standard operating procedure as the case assessed as non-serious.

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1261186	4/27/2021	NY	61	F	4/7/2021		<p>CHEST PAIN; RIGHT ARM PAIN; HEADACHE; This spontaneous report received from a patient concerned a 61 year old female. The patient's weight was 150 pounds, and height was 59 inches. No past medical history or concurrent conditions were reported. The patient was not pregnant at the time of report. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 24-MAR-2021 at right arm for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 07-APR-2021, the patient experienced chest pain, right arm pain, headache and was hospitalized (date unspecified). She was en route to MRI and had to hang up. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from right arm pain, chest pain, and headache. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: 20210427406-covid-19 vaccine ad26.cov2.s-Chest pain. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). 20210427406-covid-19 vaccine ad26.cov2.s-Right arm pain, headache. This event(s) is labeled per Agency and is therefore considered potentially related.</p>

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1261129	4/27/2021			M			CHEST PAIN; STRUGGLED TO SLEEP; BEDRIDDEN; NECK PAIN; BODY PAIN; PAIN ALONG SPINE; SLIGHT ARM PAIN; WEAK; HYPERSENSITIVE ENERGY; HEADACHE; MALARIA LIKE FEVER/MILD FEVER; FATIGUE; This spontaneous report received from a patient concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, once a total administered, start therapy date not reported for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, the subject experienced chest pain, struggled to sleep, bedridden, neck pain, body pain, pain along spine, slight arm pain, headache, malaria like fever/mild fever, hypersensitive energy, fatigue, and weak. Treatment medications (dates unspecified) included: cannabidiol, and ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from bedridden, and weak, and the outcome of headache, chest pain, slight arm pain, struggled to sleep, neck pain, body pain, pain along spine, hypersensitive energy, malaria like fever/mild fever and fatigue was not reported. This report was non-serious.
1260995	4/27/2021	WI	23	M	4/10/2021	4/19/2021	Food triggered attacks with symptoms of: stomach pain, headache, nerve pain, chest pain
1260984	4/27/2021	NH	31	F	4/24/2021	4/24/2021	About 8 hours after dosage I experienced Heart palpitations, tachycardia, GI pain, nausea, severe flu symptoms such as fever, shivering, joint pain and muscle tenderness. Dizzy and lightheaded. This lasted about 18 hours. All symptoms started to subside but GI pain and increased heart rate/chest pain remains

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1262490	4/27/2021	FL	76	F	3/18/2021	3/28/2021	03/28/2021 to 03/30/2021- Admitted Ip via E/R , Dx: Pneumonia, Cardiomegaly, Small pericardial effusion, Esophageal stenosis (s/p dilation), Small hiatal hernia. F/U with PCP for Hopital F/u on 04/01/2021. Visit ER on 04/03/2021- 04/05/21 04/14/21-ReAdmitted IP via E/R. - Dx: Dx: Chest pain, Pericarditis w/ mod-large Pericardial effusion (s/p pericardiocentesis), Hypokalemia, Pleural Effusion (s/p thoracentesis)
1262198	4/27/2021	AZ	39	M	4/16/2021	4/26/2021	headache, chest pain, fever/chills
1261245	4/27/2021			M		4/13/2021	HIGH TROPONINS; CHEST PAINS; PRODUCT WAS NOT PROPERLY STORED FROM RECEIPT TO ADMINISTRATION(PRODUCT STORAGE ERROR); This spontaneous report received from a patient via a company representative concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown, Expiry Date: UNKNOWN) dose was not reported, 1 total, administered on APR-2021 for prophylactic vaccination. The batch number was not reported. We are unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On 13-APR-2021, the patient went to emergency room for pains in the chest on same day the patient was admitted overnight in hospital due to high level of troponins. The patient might got catheterized. It was also stated that product was not properly stored from receipt to administration (product storage error). The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pains, high troponins and product was not properly stored from receipt to administration (product storage error) was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0 20210431465-Covid-19 vaccine ad26.cov2.s-Chest pain and high troponin .This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.

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1262116	4/27/2021	CO	68	F	4/22/2021	4/23/2021	Pt developed chest pain early am day following vaccine administration, presented to ED on 4/25 and was diagnosed with pulmonary emboli. She had recent muscle strain and chest/back pain that she attributed to lifting heavy objects the week prior to the vaccine (4/15), and had been mostly staying in bed or on the couch with minimal movement/activity 4/15-4/22 due to those symptoms.
1262194	4/27/2021	IA	16	M	4/22/2021	4/24/2021	Patient received vaccination on 4/22 and started developing chest pain on 4/24. patient presented to the Emergency Department on 4/25 and was evaluated and found to have a troponin of 1500 and was diagnosed with myocarditis. The source is unknown at this point but may be related to the vaccine.

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1262159	4/27/2021	CA	32	F	4/27/2021	4/27/2021	<p>Client received her first Pfizer dose of 0.3mL in left deltoid on 04/27/21 at 09:32am with lot number EW0179 expiring on 08/31/2021. Client who is 32-year-old female with no race or ethnicity was disclosed, was brought to EMT station by ancillary staff after complaining of tingling in her toes. Client remained alert and tracking with her eyes and appeared in no apparent distress. Client had a chief complaint of tingling in her toes bilaterally at 10:01am on 04/27/2021. Client stated that she completed her 15-minute observation and was walking to her car, when she noticed tingling in her toes bilaterally and returned to the site/EMT station. toes that was painless and localized. Client's airway, breathing and circulation were intact. Client's initial set of vitals was blood pressure 132/84, pulse 80, alert and oriented to person, place, event and time, respiration 16, eyes equal and reactive to light and lung sounds clear bilaterally. EMT was unable to obtain an SPO2 due to client's acrylic fingernails. Client noted that she had spoken to her doctor recently and her doctor stated to her that she had "poor circulation," but did not specify any diagnosis. Client also stated that she tested positive for Covid in early January and has a history of seasonal allergies. No other pertinent medical history was noted or disclosed. Assessment revealed no swelling, pain, hives, shortness of breath, chest pain, discoloration, or other signs of anaphylaxis. Client consented to staying an additional 30 minutes for observation and vitals were monitored every 15 minutes due to the stability of the client and no signs or symptoms of allergic reaction. Vital signs at 1001 were blood pressure of 132/84, pulse of 80 and respiratory rate of 16 breaths per minute. Vital signs at 1016 were blood pressure of 128/80, pulse of 76 and respiratory rate of 16 breaths per minute. Client was provided with fact sheet and areas of interest were highlighted for convince. After approximately 15 minutes, client stated that her numbness had "gone away" and laughed stating "it's probably because I'm not walking." At the completion of her additional 30-minute observation, client remained stable and was instructed to follow up with her primary care doctor at the soonest possibility. Vital signs at 1031 were blood pressure of 128/80, pulse of 76 and respiratory rate of 16 breaths per minute. Client was also instructed to seek medical care or dial 911 if a severe reaction occurred in the future. Situation did not warrant</p>

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1261217	4/27/2021 CO	60 M	<p>EMS and client declined service being offered. No interventions or medications were administered or indicated. Client acknowledged what she was told and exited Border View YMCA at 1032 in positive disposition by self.</p> <p>4/1/2021 PULMONARY EMBOLISM; CHEST PAIN; This spontaneous report received from a patient via a company representative via the local news, concerned a 60 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported) at an unspecified dose on 06-MAR-2021 for prophylactic vaccination. The anatomical vaccination site was not reported. The batch number was not reported. The company is unable to perform follow-up to request batch/lot number. No concomitant medications were reported. On 01-APR-2021, 26 days after vaccination, the patient went to hospital due to chest pain. On 08-APR-2021, 33 days after vaccination, the patient was diagnosed with pulmonary embolism, and was hospitalized. The patient reported he suffered a blood clot after receiving the vaccine and was diagnosed with a pulmonary emboli. On 11-APR-2021, the patient was discharged. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of pulmonary embolism and chest pain was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0: A 60-year-old man experienced chest pain 26 days after vaccine and was hospitalized with pulmonary emboli 33 days after vaccine. Medical history and concomitant medications were not reported. The latency of greater than 3 weeks makes this unlikely related to vaccine. There is insufficient information to make a meaningful medical assessment. Additional information has been requested, including contacting the news station that reported the event.</p>
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1261491	4/27/2021	OH		M	3/20/2021	2/21/2021	<p>shortness of breath; chest pain; low humming in the left ear; abdominal fullness; headache; horizontal pain across back below the shoulder blades; pain in the left arm; This spontaneous case was reported by a patient and describes the occurrence of DYSPNOEA (shortness of breath), CHEST PAIN (chest pain), TINNITUS (low humming in the left ear), GASTROINTESTINAL DISORDER (abdominal fullness) and HEADACHE (headache) in a 68-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 077M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event. On 20-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 21-Feb-2021, the patient experienced BACK PAIN (horizontal pain across back below the shoulder blades) and PAIN IN EXTREMITY (pain in the left arm). On an unknown date, the patient experienced DYSPNOEA (shortness of breath) (seriousness criterion medically significant), CHEST PAIN (chest pain) (seriousness criterion medically significant), TINNITUS (low humming in the left ear) (seriousness criterion medically significant), GASTROINTESTINAL DISORDER (abdominal fullness) (seriousness criterion medically significant) and HEADACHE (headache) (seriousness criterion medically significant). On 24-Feb-2021, BACK PAIN (horizontal pain across back below the shoulder blades) had resolved. At the time of the report, DYSPNOEA (shortness of breath) and PAIN IN EXTREMITY (pain in the left arm) had resolved and CHEST PAIN (chest pain), TINNITUS (low humming in the left ear), GASTROINTESTINAL DISORDER (abdominal fullness) and HEADACHE (headache) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No treatment is provided. No Concomitant list is provided. This case was linked to MOD-2021-080428, MOD-2021-080027 (E2B Linked Report). Reporter did not allow further contact; Sender's Comments: MOD-2021-080428:case for second dose MOD-2021-080027:case for wife</p>

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1262140	4/27/2021	OH	39	M	3/28/2021	4/1/2021	Hard chest pain and shortness of breath 4 days after after vaccine and still currently have symptoms.
1262131	4/27/2021	MT	44	F	3/4/2021	3/4/2021	Bilateral hands and wrist region edematous, reddened and warm to touch. Pt relates history of connective tissue disease which triggers unexpected inflammatory responses. Ice to affected area, vital signs monitored, Pepcid 40 mg PO and Benadryl 25 mg PO per personal choice. Observed for 50 minutes. O2 sats 95 - 98% for duration. BP at onset 190/110, 164/110 P: 62 - 68, Resp 20 throughout. Swelling almost completely resolved at 50 min interval. Discharged to home per husband. Advised to consult provider for further recommendations or proceed to ED if worsening, SOB, chest pain or irregular, rapid HR. Phone F/U next day. BP: 120/98 which she relates is within her normal range. No further swelling to hands. Sxs resolved. Provider advised client to refrain from 2nd dose.
1262095	4/27/2021	TN	69	F		4/1/2021	INCREASED CHEST PAIN; This spontaneous report received from a patient concerned a 69 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included congestive heart disease, penicillin allergy, and sulfas allergy. The patient experienced drug allergy when treated with oxycodone hydrochloride. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805025 expiry: 25-MAY-2021) dose was not reported, administered on 20-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced increased chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from increased chest pain. This report was non-serious.; Sender's Comments: V0:As per standard protocol, MAC comment is not required for non-serious cases

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1261734	4/27/2021	MI	74	F	1/27/2021	1/28/2021	chest pain; feeling occasional pain and tightness to my heart; feeling occasional pain and tightness to my heart; She also had tenderness in muscle where site of vaccine was; headache; Left arm pain; This is a spontaneous report from a contactable consumer reporting for herself. A 74-years-old female patient received bnt162b2 (BNT162B2), dose 2 intramuscular, administered in Arm Left on 27Jan2021 (Batch/Lot Number: EL3248) as single dose for covid-19 immunisation (Age at vaccination 74 years) . Medical history included atrial fibrillation from 2019 (AFib was diagnosed a couple of months before Dec2019) , chronic obstructive pulmonary disease from Dec2019 , medical device implantation (Watchman device inserted), anaemia , oesophagogastroduodenoscopy , oesophageal stenosis, obesity. Concomitant medication(s) included clopidogrel bisulfate (PLAVIX) from Jul2019 to an unspecified stop date; metoprolol (METOPROLOL) taken for heart rate irregular from Nov2019 to an unspecified stop date. The patient previously took bnt162b2 for covid-19 immunisation on 06Jan2021. The patient also took aspirin (E.C.) and experienced haemorrhage. The patient experienced feeling occasional pain and tightness to my heart on 30Jan2021 with outcome of not recovered , chest pain on an unspecified date with outcome of not recovered , she also had tenderness in muscle where site of vaccine was on 28Jan2021 with outcome of recovering , headache on 28Jan2021 with outcome of recovering , left arm pain on 28Jan2021 with outcome of recovered. No follow-up attempts are possible. No further information is expected.

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1262094	4/27/2021	MD		F		4/1/2021	TOE CRAMP; FINGER CIRCULATION ISSUE; DIZZINESS; TINNITUS; HEAD VIBRATING; TEETH VIBRATING/CHATTERING; LEG PAIN; FATIGUE; MUSCLE ACHE; SORENESS AT INJECTION SITE; FEVER, HOT FLUSHES THROUGHOUT CHEST; NAUSEA; CARDIAC FLUTTER; CHEST PAIN; MIGRAINE; This spontaneous report received from a patient concerned a 42 year old female. The patient's height, and weight were not reported. The patient's past medical history included tonsillectomy, car accident, broken 2nd vertebrae, right femur-metal rod, smoker, radiculopathy 5/6, radiculopathy L5, bulging disc L4/L5, and mild degenerative disc disease L5/S1 and concurrent conditions included allergy to latanoprost eye drops, macrobid, bactrium, prednsisone, penicillin, elmiron, crestor, welchol, bentyl, librax, mercaptopur (6mp), lyrica, topimax, nuvigil, cymbalta, budesonide, humira, depakote IV, neurontin and mirena and very sensitive to medication, high blood pressure when in pain, migraines (neck pain, hormones, weather), fibromyalgia, interstitial cystitis, crohns- ileitis, gastritis, acid reflux, spinal stenosis, haemorrhoids, gastric polyp, high triglyceride's, low red blood cell count anemia (d and iron-sometimes), possible mild obstructive sleep apnea, restless leg, cats and dogs allergy, cockroach allergy and dust allergy, and the patient received vaccines: engerix-b, havrix, hep a & hep b. The patient was previously treated with botulinum toxin type for migraine, ethinylestradiol/norgestimate for birth control. The patients diet for IC included no maltodextrin, no sorbitol/sucralose/Splenda/equal, low sodium. The patient's family history included sleep apnea in brother from 1982-2016, muscular dystrophy in maternal grandmother who was deceased at 70 and the maternal grandmother also had cataracts, stroke, and diabetes and she took Diethylstilbestrol (DES), the patients mother had interstitial cystitis since 1955, hepatitis C, high cholesterol, sleep apnea, restless leg, died of lung cancer, the patients aunt had fibromyalgia, cataracts, and migraines, her cousin had severe Crohn's, patients paternal grandmother had leukemia and died at 45 years due to suicide, paternal grandfather had breast cancer and died at age of 50 years due to heart disease (heart attack), and her cousin mothers side had history of Crohn's and diverticulitis. The patient received covid-19

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vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 041A21A) dose was not reported, administered on 03-APR-2021 at 01:15 in right arm for prophylactic vaccination. Concomitant medications included cetirizine hydrochloride and guaifenesin for allergies; lisinopril for blood pressure due to back pain; hyoscyamine, infliximab, loperamide hydrochloride and ondansetron for crohns; oxybutynin, amitriptyline and milnacipran hydrochloride for interstitial cystitis and fibromyalgia; omeprazole and sucralfate for gastritis; butalbital/caffeine/paracetamol, curcuma longa rhizome, fish oil and riboflavin for migraine, ascorbic acid, calcium, folic acid, magnesium, and zinc for vitamins supplements. On 03-APR-2021, within 10 mins of vaccination at 01:30 the patient experienced toe cramp. On an unspecified date in APR-2021, the patient experienced finger circulation issue, dizziness, tinnitus, head vibrating, teeth vibrating/chattering, fatigue, muscle ache, soreness at injection site, fever, hot flushes throughout chest, nausea, cardiac flutter, chest pain, migraine, and leg pain and visited emergency room on 10-APR-2021. Laboratory data (dates unspecified) included: Body temperature (NR: not provided) 99 F, Chest X-ray (NR: not provided) unknown, and Troponin (NR: not provided) unknown. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the toe cramp, fatigue, finger circulation issue, fever, hot flushes throughout chest, soreness at injection site, muscle ache, tinnitus, teeth vibrating/chattering, migraine, cardiac flutter, leg pain, chest pain, head vibrating, nausea and dizziness was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0:-JANSSEN COVID-19 VACCINE Ad26.CO2.S- Cardiac flutter. This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.

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1261513	4/27/2021		53	F	3/15/2021	3/15/2021	Was scheduled for 2nd dose 10Apr2021, caller felt body was not in best shape to receive dose, so declined vaccine; Seizure like activity; Jaw pain; Chest pain; Shortness of breath; Soreness to arm at site of injection; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of SEIZURE LIKE PHENOMENA (Seizure like activity) in a 53-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Seizure like phenomena since an unknown date. Concurrent medical conditions included Brain neoplasm malignant. Concomitant products included LACOSAMIDE (VIMPAT) and PREDNISONE for an unknown indication. On 15-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 15-Mar-2021, the patient experienced DYSPNOEA (Shortness of breath) and VACCINATION SITE PAIN (Soreness to arm at site of injection). On 18-Mar-2021, the patient experienced PAIN IN JAW (Jaw pain) and CHEST PAIN (Chest pain). On 02-Apr-2021, the patient experienced SEIZURE LIKE PHENOMENA (Seizure like activity) (seriousness criterion medically significant). On an unknown date, the patient experienced INTENTIONAL PRODUCT USE ISSUE (Was scheduled for 2nd dose 10Apr2021, caller felt body was not in best shape to receive dose, so declined vaccine). At the time of the report, SEIZURE LIKE PHENOMENA (Seizure like activity), PAIN IN JAW (Jaw pain), CHEST PAIN (Chest pain), DYSPNOEA (Shortness of breath), VACCINATION SITE PAIN (Soreness to arm at site of injection) and INTENTIONAL PRODUCT USE ISSUE (Was scheduled for 2nd dose 10Apr2021, caller felt body was not in best shape to receive dose, so declined vaccine) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood test: elevated dimer (High) elevated dimer. On an unknown date, Computerised tomogram: unknown (Inconclusive) unknown. On an unknown date, Magnetic resonance imaging: unknown (Inconclusive) unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment includes Vimpat, Prednisone. Company

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Comment Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1261825	4/27/2021	CO	19	F	4/8/2021	4/1/2021	Experienced life-threatening blood clots in both lungs (bilateral pulmonary embolism); chills; flu-like symptoms; difficulty breathing; chest pain; nerve pain in neck; severe rib pain; spitting up blood constantly; severe aches and pains all over my body; This is a spontaneous report from a contactable consumer. A 19-year-old non-pregnant female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Left on 08Apr2021 15:45 (Batch/Lot Number: ER8737) (at age of 19-year-old) as single dose for COVID-19 immunisation. Medical history included Polycystic Ovarian Syndrome, and eczema. Concomitant medications included ethinylestradiol, ferrous fumarate, norethisterone acetate (BLISOVI FE 1/20) and hydroxyzine, both taken for an unspecified indication, start and stop date were not reported. There was no other vaccine in four weeks. The patient previously took propylene glycol, scopolamine and experienced drug allergy. The patient previously took the first dose of BNT162B2, administered in Arm Left on 16Mar2021 12:00 PM (at age of 19-year-old) (Lot number: EN6207) for COVID-19 immunisation. It was reported on 09Apr2021 12:00, the patient experienced chills and flu-like symptoms that developed into difficulty breathing/chest pain. Nerve pain in neck, severe rib pain, and spitting up blood constantly. The patient started spitting up blood about two days after the vaccine. The patient experienced severe pain and difficulty breathing on 12Apr2021. The patient received help from urgent care on 14Apr2021. On 14Apr2021, the patient was directed to receive a CT scan which revealed severe blood clotting in lungs. Rushed to ER where the patient was then admitted to the hospital overnight for observation and to receive blood thinners and pain medication. In the week since leaving the hospital the patient has experienced severe aches and pains all over her body and have continued to spit up blood. The events were reported resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event).The patient was hospitalized for the events for 2 days. Events treatment included: O2, Blood Thinners, Oxycodone, and Morphine. No COVID prior vaccination.

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COVID tested post vaccination on 14Apr2021, Nasal Swab, COVID-19 RNA - SARS Cov-2 test result was Negative . The outcome of events were recovering.

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1261746	4/27/2021	MN	45	M	4/8/2021	4/8/2021	<p>Symptoms consistent with myocarditis; EKG showed very subtle diffuse ST elevations; chest pain; dyspnea; Troponin trended to 19; This is a spontaneous report from a contactable physician. A 45-year-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration on 08Apr2021 (Batch/Lot number and Expiration date were not reported) as a single dose for COVID-19 immunization. Relevant medical history included chronic back pain, degenerative disc disease, and Clostridium difficile (C. Diff) colitis; the patient had no risk factors for cardiac disease other than obesity; all from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient previously took cyclobenzaprine and pregabalin (LYRICA) and experienced allergies. It was unknown if the patient had other vaccine in four weeks. The patient had no COVID-19 prior vaccination. On 08Apr2021, 8 hours after the 2nd Pfizer vaccine was received, the patient developed chest pain with dyspnea. It was also reported that on 08Apr2021, troponin trended to 19; electrocardiogram (EKG) showed very subtle diffuse ST elevations; and the symptoms were consistent with myocarditis. All the adverse events (AE) resulted in a doctor or other healthcare professional office/clinic visit; an emergency room/department or urgent care; and hospitalization on an unspecified date for 3 days. The patient underwent lab tests and procedures, which included other/Xpert Xpress SARS-CoV-at assay: negative on 10Apr2021 (post vaccination). Therapeutic measures were taken as a result of all the events, which included colchicine and ibuprofen. The patient was recovering from all the events. Information on the batch/lot number has been requested.; Sender's Comments: Information provided was so limited to prevent a meaningful medical assessment. Other than a temporal association, there was no evidence or argument suggesting a causal relationship for BNT162B2 in the reported events, serious due to hospitalization. Otherwise, this patient did not show risk factors for cardiac disease, except for obesity. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any</p>

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safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1261537	4/27/2021	NJ		M	3/22/2021	4/17/2021	Neurosis; Chest pain; kidney disease-Trouble urinating; Caller missed second vaccine appointment; Anxiety; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of NEUROSIS (Neurosis), CHEST PAIN (Chest pain) and DYSURIA (kidney disease-Trouble urinating) in a 54-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 026A219) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Mental disorder and Cancer. On 22-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-Apr-2021, the patient experienced NEUROSIS (Neurosis) (seriousness criterion hospitalization), CHEST PAIN (Chest pain) (seriousness criterion hospitalization), DYSURIA (kidney disease-Trouble urinating) (seriousness criterion hospitalization) and ANXIETY (Anxiety). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (Caller missed second vaccine appointment). The patient was hospitalized on 06-Apr-2021 due to CHEST PAIN, DYSURIA and NEUROSIS. At the time of the report, NEUROSIS (Neurosis), CHEST PAIN (Chest pain), DYSURIA (kidney disease-Trouble urinating), ANXIETY (Anxiety) and PRODUCT DOSE OMISSION ISSUE (Caller missed second vaccine appointment) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment for the events was not provided. Company Comment: This report refers to a case of Product dose omission issue for mRNA-1273, lot # 026A219 with associated Adverse Events of Neurosis, Chest pain, Dysuria, and Anxiety. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: This report refers to a case of Product dose omission issue for mRNA-1273, lot # 026A219 with associated Adverse Events of Neurosis, Chest pain, Dysuria, and Anxiety. Based on the current available information and temporal association between the use of the product and

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the start date of the events, a causal relationship cannot be excluded.

severe diarrhea; tachycardia; chest pain; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of DIARRHOEA (severe diarrhea), TACHYCARDIA (tachycardia) and CHEST PAIN (chest pain) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 046B21A) for COVID-19 vaccination. No Medical History information was reported. On 17-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced DIARRHOEA (severe diarrhea) (seriousness criterion hospitalization), TACHYCARDIA (tachycardia) (seriousness criterion hospitalization prolonged) and CHEST PAIN (chest pain) (seriousness criterion hospitalization). The patient was hospitalized on 28-Mar-2021 due to DIARRHOEA. At the time of the report, DIARRHOEA (severe diarrhea) was resolving, TACHYCARDIA (tachycardia) had not resolved and CHEST PAIN (chest pain) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, SARS-CoV-2 antibody test: positive (Positive) Had no symptoms from Covid 19. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were provided to the patient. Treatment information was not provided. Limited information regarding the events has been provided at this time and a causal relationship cannot be excluded. Onset date for events was provided as 28-Apr-2021, which is after the report was submitted. As vaccine was administered on 17-apr-2021 it is likely the onset date of events was 18-apr-2021 rather than the 28th, but this will need to be clarified on FU; Sender's Comments: Limited information regarding the events has been provided at this time and a causal relationship cannot be excluded. Onset date for events was provided as 28-Apr-2021, which is after the report was submitted. As vaccine was administered on 17-apr-2021 it is likely the onset date of events was 18-apr-2021 rather than the 28th, but this will need to be clarified on FU.

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1258228	4/26/2021	NY	26	M	4/15/2021	4/17/2021	Severe chest pain - went to ER. EKG irregular and high levels of troponin found. Doctors believe vasospasms is what is occurring. Currently taking verapamil daily for the spasms and nitroglycerin for the pain as needed
1258231	4/26/2021	CA	68	M	2/18/2021	3/10/2021	Chest pains which were eventually diagnosed as a result of Pericardial effusion. Sternotomy was performed to remove fluid.
1258234	4/26/2021	MO	59	F	3/18/2021	4/10/2021	Presented to primary care physician, with c/oe back pain which started on 4/10/21. Then presented to ER for increased pain for inferior neck pain. Treated with Medrol dosepak with tramadol, Went to Health Clinic for xrays which were reported as negative. Right hand numbness and third thru fifth fingers on left hand are numb. Generalized altered sensation throughout her entire body. Admitted to hospital on 4/16/21 and evaluated by hospitalist, neurology (Guillain-Bare- new diagnosis) nephrology (SIADH), cardiology (chest pain- negative workup) neurosurgery (Thoracic lesion at T6-T7). Discharged to rehab on 4/24/21 for approximately 10 days- pain management/mobility.
1258641	4/26/2021	TX	83	M	3/12/2021	3/15/2021	Pt. experienced chest pain starting Monday morning (03/15/21). Went to the emergency room and found out he was having a heart attack. He underwent a heart cath procedure and while having the heart cath he had a stroke (around 9pm). Pt is currently in recovery.
1258458	4/26/2021	MD	64	F	3/31/2021	4/22/2021	2021-04-23 Patient presents to the ED with right-sided mid-back pain and shortness of breath starting 2021-04-22 evening. Pain is sharp and worsens with coughing and deep inspiration; she feels that she is taking shallow breaths. On ED presentation, no shortness of breath, chest pain, dizziness, fevers, dysuria, or abdominal pain. She does have reproducible pain on her right mid-back area. There is some mild diffuse tenderness in her abdomen, but reports that she always has a tender abdomen due to Crohn's disease. No peritoneal signs. No recent travel. Patient was found to have pulmonary embolism. Hematology/Oncology specialist was consulted and recommended initiation of argatroban for treatment of pulmonary embolism. Patient was admitted to inpatient.

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1258763	4/26/2021	OH	50	F	4/17/2021	4/23/2021	On April 23,2021 patient was at her home and started complaining of shortness of breath and chest pain. She called 911 and they responded to her residence at 0500 a.m. While being assessed, patient collapsed. She was asystolic. CPR was started but to no avail. She was transported to the coroner's office where an autopsy was performed. She had bilateral pulmonary thromboemboli. There were not deep vein thromboses found in her legs.
1258192	4/26/2021	LA	63	M	3/17/2021	4/13/2021	Acute pericarditis, severe chest pain, colchicine 0.6 mg tablet 2 times per day for 10 days, aspirin 81 mg
1257412	4/26/2021	CA	47	M	4/7/2021	4/10/2021	Pleurisy of my lungs, or known as Pleuritis. I was treated but undiagnosed in the ER. I experienced sudden sharp chest pain and shortness of breath. I thought it was a cardiac event. The ER did not figure out what it was. My doctor was able to diagnose it a day or so later. Almost 3 full weeks now and I still have symptoms, mostly pain in my chest.
1258746	4/26/2021	GA	55	M	4/2/2021	4/2/2021	After I had the COVID-19 shot I had severe chest pains and shortness of breath.
1258266	4/26/2021	DC	23	F	4/16/2021	4/24/2021	Dyspnea and pleuritic chest pain onset 4/22-23, prompting presentation to ED. Found in ED on 4/24 to have central R pulmonary embolus extending into interlobar, segmental, subsegmental branches of RUL & RLL, mild R heart enlargement without evidence to suggest RH strain, and mild pneumomediastinum most notable at the thoracic inlet. Tolerating RA. Started on AC with heparin drip, transitioned to xarelto at discharge.

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1258182	4/26/2021	NC	39	F	4/23/2021	4/23/2021	At approximately 8:30 AM patient received 2nd dose of Pfizer vaccine in the right arm at the Public Health Center's drive through vaccine clinic. She was accompanied by her husband who was driving her vehicle. At 8:34 AM she notified staff in observation parking area that she felt dizzy, chest pain, and reported wheezing. Two RN's responded at 8:34 AM to observation parking area with emergency kit. Upon arrival, patient verbalized again that she felt dizzy, chest pain and tightness now, no audible wheezing heard, patient's skin was pale, and her respiratory rate was high. Advised patient to take slow deep breaths and to try to relax and remain calm. No improvement. At 8:36 AM called 911 for the patient to be evaluated. While one RN was on the phone with 911 operator, patient reports to the second RN throat pain/ tingling, difficulty swallowing, a feeling of a "lump in her throat", continued chest pain and tightness, and states that she feels she cannot breathe in or out well. Per standing order Epinephrine 0.3 mg administered in the right thigh IM. Both RN's remained on scene. No improvement, and patient continued to state it was getting harder to breathe, and that her throat was tingling and she could hardly swallow. At 8:44 AM 0.3 mg Epinephrine administered in the left thigh IM per standing order. At 8:50 AM EMS arrived. Patient had improvement. Vital signs stable upon arrival per EMS. Breathing difficulty improved upon EMS arrival. No further difficulty swallowing reported. Chest pain reported to be improved as well. 8:55 AM EMS transported patient to local hospital. Attempted to contact the patient on 04-26-2021 to determine outcome of event. Phone went to voicemail. Voice message left.
1258085	4/26/2021	VA	22	M	4/23/2021	4/25/2021	patient admitted for chest pain and code MI. elevated troponin with normal coronary, 0.5-1 mm ST elevation in inferior leads and V5 when troponin was positive at 0.5. MD stated patient is diagnosed with myocarditis.
1257818	4/26/2021	MI	26	F	4/23/2021	4/23/2021	Left arm numbness and pain post injection, post 2nd Pfizer injection. Felt very tired and fatigue. No chest pain or SOB or cough or rash or edema. Was given Loratadine 10 mg x 1 by another health-care provider at the clinic. Felt Fine Saturday April 24/2021. On Sunday April 25/2021, really tired and fatigue still. Did report a fever of 102 F on Sunday evening.

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1257726	4/26/2021	NC	37	M	4/19/2021	4/20/2021	left-sided enlarged axillary lymph nodes, had a subjective fever which was not measured, chills, body aches, fatigue, left arm soreness, headaches, and some sharp chest pain x1 episode, started 20APR2021 warranting ED visit, mostly resolved other than fatigue and dyspnea on exertion by clinic visit 21APR2021
1257441	4/26/2021	MI	44	F	4/17/2021	4/20/2021	Sharp pain in chest area, near heart. Usually a couple times a day. I thought it might be heart burn, but it seems to be everyday, various times, no matter what I eat. It also feels different than heart burn. Kinda like a pulsating feeling. This morning it woke me up out of my sleep and scared me.
1257366	4/26/2021	IL	23	M	4/24/2021	4/24/2021	Chest pain, pinching, squeezing pain towards left side of upper chest - persistent
1257403	4/26/2021	CA	58	M	4/24/2021	4/24/2021	Patient received the [1st] COVID vaccine Pfizer lot #EW0171 and expiration date 04/24/21 at 4:00pm . Client walked up to EMT and reported that his arm was itchy. RN responded. Client escorted to observation area. Client walking with steady gait and placed in semi-fowler's positions. Client reports intermittent itchiness at the injection site. He denies pain or swelling, itchiness in any other body part, swelling, shortness of breath, chest pain, dizziness, palpitations, weakness, or other symptoms at this time. Client is alert and oriented to person, place, date and event. Right arm appears with in normal limits without swelling, redness or hives. Client denies medical history, allergies or taking medications at this time. VS at 11:08am HR 58, BP 126/82, SPO2 99%RA, RR 18. Client offered diphenhydramine. Client denied and stated that the itchiness is no longer present and resolved at 11:21am. RN provided client with education on side effects of vaccine and signs and symptoms that indicate mild to severe allergic reaction. RN informed client of ER precautions. Client advised to follow up with PCP regarding incident. Client verbalized understanding. VS at 11:20am HR 60, BP 120/78, SPO2 100%RA, RR 18. Client observed for additional 30 minutes. Client verbalized that he felt well and did not have any other complaints. Client walked out of site with steady gait.

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1258838	4/26/2021	NY	54	F	4/23/2021	4/23/2021	After receiving dose #2 of Moderna vaccine, patient had proceeded to waiting area for 15 minute observation. After approximately 5 minutes her brother-in-law approached staff asking for a nurse to check on patient. Patient walked on her own to triage area and laid on a cot. She c/o chest pain and heaviness, feeling faint, headache all over her head, shoulder tightness, dry mouth, and was visibly shaking. Vital signs were taken every 5 minutes while awaiting EMS. BP range: systolic 172-190, diastolic 80-94; Pulse 96-100; Respirations 24 per minute. EMS arrive and immediately did an EKG with was within normal limits. Patient was transported to hospital. Upon arrival at hospital patient c/o right sided headache, reported weakness on left side and slurred speech. CT was done and the decision was made to transport her to another healthcare facility. She was give TPA enroute. Patient was admitted. Healthcare facility contacted patient on 4/26/21 and patient reports that she was still in hospital but was expecting to be discharged that day. She stated that she was started on Plavix and aspirin and will be following up with her neurologist as she has had TIAs in the past. Patient reported feeling back to normal.
1257948	4/26/2021	MD	41	F	1/25/2021	2/17/2021	Patient woke up with jaw pain and left arm pain. When this didn't subside, she went to the ER and was found to have an NSTEMI. cath showed no abnormalities echo showed inferior/infeobasal hypkinesis differential: takotsubo cariomypopathy, viral myocarditis, vaccine reaction Patient wore a heart monitor for a week which showed no abnormalities. Since this time, she has had occasional chest pains, squeezing sensations and pressure. A return visit to the ER because of continued chest pains showed a normal EKG and negative troponin. She is scheduled for a cardiac MRI tomorrow on 4/27/21. She is currently taking 10mg Amlodipine, 25mg metoprolol, a statin and a baby aspirin. The amlodipine seems to have done the most with respect to helping with her symptoms. She does not smoke. 1 glass of wine per week. She is not overweight. She has low cholesterol and low BP prior to this. Only other medical condition prior to this was occasional migraines (2 per year).

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1257634	4/26/2021	VA	62	M	4/24/2021	4/24/2021	I have anxiety, rapid heart beat especially when waking up unable to sleep, chest pain, higher blood pressure, a little dizziness and weakness.
1260787	4/26/2021	CO	24	M	2/26/2021	3/1/2021	Severe Myocarditis, radiating chest pain, difficulty breathing, dizziness
1258851	4/26/2021	VA	35	F	4/1/2021	4/25/2021	Caller's husband called the call center on the morning of 4/26 to ask about symptoms that his wife (the patient), who was 24 days post vaccination with Johnson & Johnson COVID-19 vaccine, had experienced the evening of 4/25. He reported that she had developed a severe headache and vomited. She c/o leg and chest pain as well and he reports that she has a history of blood clots but no h/o migraine headaches. At the time of the call his wife was feeling fine. I advised that they discuss with PCP. Having none I advised that she discuss with Urgent Care. I called him back about 6 hours later. They had decided that since since she continued asymptomatic they were not going to seek clinical evaluation. They believe that the symptoms were musculo-skeletal after "spending the whole weekend laying a patio".
1257788	4/26/2021	IN	27	M	4/24/2021	4/24/2021	12 hours after vaccination, had a fever, chills, increased heart rate (roughly 50 bpm higher than normal), headache, pain in chest. This lasted roughly 12 hours through the night and into the morning

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1260963	4/26/2021	MN	88	M	2/16/2021	3/14/2021	88 y.o. male with medical history of hypertension, dyslipidemia, sinus bradycardia, COPD ,OSA on CPAP night and AFib on Xarelto. Patient presented to the emergency room with a complaint of chest pain and worsening shortness of breath.Initial vitals in the ED showed temperature 36.1° heart rate 83 respiratory rate 20 blood pressure 150/89 SpO2 96%. CBC within normal, PT 18.8 APTT 39 D-dimer 1111, CMP showed bicarb 32 creatinine 1.39 E GFR 45 and lipase 146. Initial troponin is 53 with indeterminate to our delta, will follow-up on 6 hour delta. ProBNP 1663 with no baseline available. Patient tested negative for COVID-19. VBG showed pH 7.33 and pCO2 of 61 no baseline pCO2 available. Chest x-ray as per report no acute abnormality, personal impression increase interstitial reticular opacities suspicion of fluid overload/pulmonary edema. CT PE as per report filling defect left descending pulmonary artery consistent with acute pulmonary embolus. Patient admitted to the ICU for further monitoring and evaluation. Patient started on heparin drip, rivaroxaban factor Xa antibody sent, as per patient he was compliant with Xarelto. Vascular medicine consult done recommended to bridge with warfarin versus start Lovenox. Discussed with the patient, patient prefers warfarin. Patient was started on warfarin INR 2-3. Resumed CPAP for OSA. Venous Doppler lower extremities negative for acute DVT. TTE showed Normal left ventricular chamber size. Estimated LV ejection fraction range 55-60%. No regional wall motion abnormalities. Mildly enlarged right ventricular chamber size and mildly reduced RV systolic function. Estimated RV systolic pressure 46 mm Hg. Moderately enlarged inferior vena cava size with reduced inspiratory collapse (<50%). No hemodynamically significant valvular heart disease. Patient was started on Lasix IV; converted to oral upon discharge. Patient discharged on Lovenox and warfarin. Patient medical condition improved with medical treatment
1260777	4/26/2021	TN	20	F	4/8/2021	4/8/2021	severe fatigue, headache, chills, body aches. low grade fever, hot flashes, sweating, chest pains, shortness of breath, sore throat, stomach pains, congestion
1260748	4/26/2021	NJ	39	F	4/6/2021	4/25/2021	chest pain

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1260626	4/26/2021		34	F	4/15/2021	4/16/2021	I am pregnant, due on May 20 and had the 2nd shot April 15. On the night of April 15, I experienced a slight fever of 100.5, chills, fatigue and dizziness all managed with Tylenol. On April 16 during the day I felt tired with a sore arm. Around 7 pm on April 16th I started to experience severe chest pain, it felt like heartburn/GERD but it was very very painful (8/10) and wasn't going away with tums or pepcid after about 3 hours. My doctor advised me to go to L&D at the hospital. They checked the baby who was fine and did an ecg also fine. They gave me lidocaine and milk of magnesia although by this time, around 7 hours after it started, it began to get better on its own anyway.
1260537	4/26/2021	MD	63	M	4/24/2021	4/26/2021	Patient (per family member) received 1st dose of Pfizer COVID vaccine on 4/24/2021. On 4/26/2021 at 6 AM patient presented to hospital with chest pain for 2 hours. EKG showed inferior ST segment elevation myocardial infarction (a "heart attack") and the patient was brought emergently for cardiac catheterization. Catheterization showed an occluded right coronary artery, and angioplasty/stenting was performed. Following brief restoration of blood flow to the heart, the artery re-occluded and the patient arrested. After 90 minutes of CPR, the patient expired.

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1260530	4/26/2021	OH	49	F	4/6/2021	4/6/2021	<p>The adverse reactions of light headedness, throat irritation, heaviness in my chest and difficulty inhaling began about 20 min after my injection, It lasted 5 minutes. About 30 min afterwards the 2nd wave of reaction came on, with the same symptoms but was even harder to inhale and lasted twice as long. I took a combination of benadryl, motrin and pepcid which alleviated the worst of the symptoms after about an hour. To this day, I still cannot take a deep breath in. About 72 hours after the vaccine I began to have diarrhea (and still have it 20 days later), lethargy, nausea and shortness of breath. The next day I had a little more energy, but still had continued shortness of breath. My vision had become less clear and my thought process a bit fuzzy. This is still happening today. Seven days after the vaccine, I suddenly became extremely light headed just simply walking. To the extent that I needed to sit or lay down before I began to pass out. After the light headedness came on heavily, I also noticed a very heavy weight on my upper chest and found it quite difficult to inhale. These moments would come and go throughout the day. Regardless of whether I was just sitting and relaxing or walking around. These symptoms would last anywhere from a couple minutes to a couple of hours. I found it very hard to catch my breath and could feel my heart flushing often. Additionally I would wake in the middle of the night feeling that I needed to gasp for air. I sought medical assistance from a clinic, an ER and even my allergist and I am scheduled to see my family physician later this week. I am not an anxious person, but have experienced many episodes in the last 20 days that have truly made me feel that I was going to die (no exaggeration!) due to the inability to breathe or that I may have been having a heart attack. I began to have chest pain that would travel from the center of my chest to my left shoulder. The pain also would move to my right lung area. During this I also had heaviness in my chest and felt I could not breathe in or out easily. I am still very light headed and have difficulty walking very far without taking a break because I feel I cannot catch my breath. I still have all of the same symptoms that I experienced 20 minutes after my vaccine. These symptoms have varied in intensity. I have often commented to my family that I feel the symptoms of the chest heaviness and heart flushing seem to come in waves. I am a health conscious</p>

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1260345	4/26/2021	MD	27	F	4/3/2021	4/5/2021	person and have never had poor health in my life. The events in the last few weeks have definitely taught me how terrible life must be for those who chronically suffer from heart or lung issues. I am still currently battling these symptoms, however, the last few days seem the symptoms have often been less severe.
1260345	4/26/2021	MD	27	F	4/3/2021	4/5/2021	Two events of chest pain and discomfort. One event on April 5th that lasted that full day and another event on April 13th that lasted until about April 21st. I had a CT Scan, EKG, and X-ray and nothing was identified. I began taking aspirin daily beginning on the 14th until the 21st. I am currently not experiencing any chest pain or discomfort.
1258867	4/26/2021		72	F	3/15/2021	4/3/2021	This 72 year old female received the Covid shot on 03/15/2021 and went to the ED on 4/3/2021 and was admitted on 4/3/2021 with abdominal pain, nausea, chest pain, NSTEMI and died on 04/24/2021. Please refer to the other details submitted within this report and contact the person who submitted this report via email for additional follow up details and investigation.
1260338	4/26/2021	VA	55	F	4/12/2021	4/15/2021	Severe spasms of lower back muscles stomach muscles shooting pain down the legs to the feet, chest pain. Very elevated blood pressure. Was brought to the hospital by ambulance EKG done Blood pressure Cat scan Blood work Chest X-ray Follow up needed with primary care Dr Follow up with cardiologists needed Follow up with spine and pain doctor More blood work needed
1259123	4/26/2021	TX	52	M	2/25/2021	3/13/2021	At approximately 10AM CDT on 13 March 2021, I started having upper left-side chest pain. The pain increased as the day progressed. By 4PM CDT, the pain was bad enough that co-workers insisted I go to the hospital for evaluation. At approximately 4:30PM CDT, a co-worker drove me to the hospital. I was admitted at 5:16 PM CDT on 13 March 2021 to Medical Center, to treat multiple, bi-lateral pulmonary embolism. While still in the emergency room, I was injected with a blood thinner. I was released from the hospital on 15 March 2021, with a prescription for APIXABAN (Eliquis), which I am required to take for 6-months. I was directed to see my primary care physician within 3-weeks of being discharged.

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1259137	4/26/2021	AZ	20	F	4/15/2021	4/18/2021	Had Chest pains (thought lungs) went to urgent care, urgent care sent to Medical Center. Had Pulse of 168 thought drugs but too screen was all need. Told them had Covid shot 3 days before, said anxiety ended up admitting to hospital with tachycardia. Elevated D dimmer and WBC. They said I had anxiety, heart rate didn't go down after anxiety drugs x2. Ran lots of tests and sent home the rolling day with no answers and a pulse still around 100. Release from hospital at 5 pm last vitals were taken at 12pm with pulse of 96.
1259409	4/26/2021	AZ	52	F	4/17/2021	4/18/2021	4/17 Vaccination @ 530PM 4/18 woke up with stiff neck. Unsure if chest pain started on 4/18 or 4/19. Stiff neck felt like 'being choked'. 2 sharp pains in between breasts. Little pains on left breast, worked up to neck and ear. 4/19 ER. 4/20 ER ultra sound 4/21 cardiologist cb to tell me I had a pulmonary embolism. The Dr. said I needed to go to larger clinic. 4/22 Larger Clinic. They ran some scans with contrast of neck because of pain. CT. Taking blood clot medication. 4/26/2021 Extremely dizzy; going to have a CT scan today **dizziness is so bad right now. *4/29 appt with pulmonologist
1259560	4/26/2021	NV	51	M	4/8/2021	4/26/2021	ultrasound the left lower extremity shows extensive occlusive lower extremity DVT involving multiple veins. Labs otherwise unremarkable, patient appears well, denies chest pain or shortness of breath. He had the J+J vaccine less than 3 weeks ago.

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1259694	4/26/2021	WA	69	F	2/16/2021	3/1/2021	<p>Patient is a 69-year-old woman with newly diagnosed pericarditis in March 2021, hypertension, hyperlipidemia, and hypothyroidism, who presented to the Emergency Department (ED) with progressively worsening chest pain, dyspnea, and fatigue. Patient was in her usual state of health until 3/1/2021, when she developed sudden-onset pain "across the entire chest". She shares that her symptoms "came out of the blue", as "suddenly one day, everything just hurt". She saw her primary care physician, who initially felt her symptoms were due to acid reflux. As such, the patient started "eating antacids and omeprazole like candy". However, her chest pain persisted, prompting her to follow up with her primary care physician on 3/16/2021. At that time, ECG reportedly showed normal sinus rhythm and no acute changes. CT of the chest, abdomen, and pelvis with contrast showed abnormal enhancement and thickening of the pericardium with trace pericardial fluid, consistent with pericarditis. The patient was therefore started on colchicine and an ibuprofen taper. On 4/5/2021, Patient sent a myVM portal message to her primary care physician and cardiologist, expressing her belief that her chest pain has remained unchanged over the past month. She continues to experience a constant burning sensation throughout her chest, aggravated by deep inspiration and alleviated by lying flat on her back. She shares that walking up the stairs at home leaves her "breathless". Associated symptoms include subjective fevers, chills, and night sweats. Given these symptoms, Patient underwent a chest x-ray, which showed findings consistent with an enlarging pericardial effusion. Patient was then advised to present to the ED for further workup as an inpatient. At time of hospital admission, patient endorses persistent chest pain during inspiration. Prior to 3/1/2021, she has never experienced these symptoms and reports no history of pericarditis. The most strenuous physical activity she has undertaken in the last month include working in the garden and caring light boxes down the stairs. She is most concerned about the fluid around her heart. Patient reports no nausea, vomiting, palpitations, constipation, diarrhea, or abdominal pain. Of note, the patient developed pericarditis 10 days after her second COVID-19 vaccine.</p> <p>Hospital Course # Sub-acute pericarditis with enlarging pericardial effusion Pericarditis initially</p>

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						<p>diagnosed in March 2021, thought to be potentially from her COVID-19 vaccine given time course as no other clear etiology apparent. Pt was hemodynamically stable with an elevated jugular venous pressure at time of admission, with CXR consistent with an enlarging pericardial effusion. Echo 04/05 with small circumferential pericardial effusion but no tamponade physiology. Cardiac MRI on 4/7 with enlargement of moderate-sized pericardial effusion but otherwise negative exam, with no evidence of myocarditis or infiltrative myocardial process. ANA screen negative, rheumatoid factor and anti-CCP not elevated Blood cultures x 2 with no growth - CRP continued to remain > 160 with ibupofen and colchicine. Prednisone 20 mg PO daily was added on 4/7, with subsequent improvement in patient's symptoms. - Discharged on regimen of prednisone 20 mg PO daily and colchicine 0.3 mg PO daily (reduced from 0.6 mg daily that she was taking prior to admission). She will also continue using ibuprofen 800 mg BID. - Follow-up with Dr (cardiology) next week to follow-up on hospitalization and decide upon tapering plan for her medications</p>	
1259762	4/26/2021	OR	18	M	4/16/2021	4/18/2021	<p>Patient states Saturday 4/17/21 he noticed "normal Pfizer symptoms" of fever, chills, "shakes," muscle pains, especially in joints including shoulder and back, they got better after several hours, except that about midnight Saturday he still had the back pain, in the upper back, noticed severe chest pain in front and back, it hurt "with every heart beat," "like a heart attack," sometimes would have "attacks," sometimes better, sometimes worse, and it hurt in chest to breath, took Nyquil about 3am, was able to go to sleep, Sunday-Monday it was "pretty bad," but came in "attacks," sometimes it felt worse than others. Monday chest still hurt, went to urgent care, had EKG and scan, went home and did some school, that evening chest pain was severe "I froze," went to ER, was diagnosed with pericarditis. given an IV and Toradol. Was discharged home from ER with OTC Ibuprofen 200mg, to take 8 times a day. Patient states it is getting better, still continues to have some pain, taking ibuprofen daily at this point.</p>
1259775	4/26/2021	WI	56	M	4/17/2021	4/17/2021	<p>Chest pain in less than 10 hours of shot administered</p>

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1260292	4/26/2021		50	F	3/23/2021	4/2/2021	on April 2 nd i had to go to family walk in clinic over chest pains and contractions. The clinic ran vitals with EKG letting me know a ambulance had to be called cause i was having a heart attack. I was not aloud to leave . In the ambulance i was giving Asprin ,Nitros and a blood clot remover with high blood pressure meds. Takin to hospital.
1256604	4/25/2021	MA	26	M	4/22/2021	4/25/2021	26 yo male received second dose of Pfizer Covid -19 vaccine on Thursday, today developed chest pain. Patient has ST elevation in inferior leads, evidence of myocarditis on bedside echo with decreased ejection fraction. Patient also has elevated troponin of 6.03

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1255011	4/25/2021	TX	30	F	4/7/2021	4/8/2021	fever 104 Fahrenheit; Severe swelling of right armpit lymph node accompanied by severe pain; Severe swelling of right armpit lymph node accompanied by severe pain; Severe swelling in right breast; Severe headache; Pain in chest when breathing; Pain in chest when breathing; This is a spontaneous report received from a contactable consumer (reported for herself). A 30-year-old female patient (not pregnant) received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), dose 2 via an unspecified route of administration, administered in Arm Right on 07Apr2021 12:00 (Lot Number: EW0162) (Age at vaccination: 30 Years) as single dose for covid-19 immunisation. Medical history included Intracranial hypertension, sulfonamide allergy. The patient's concomitant medications were not reported. The patient previous received the first dose of bnt162b2 (lot number: EN6204) in Arm right on 17Mar2021 10:00 (Age at vaccination: 30 Years) for covid-19 immunisation. Facility where the most recent COVID-19 vaccine was administered was Hospital. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No any other medications the patient received within 2 weeks of vaccination. On 08Apr2021 03:00, the patient experienced Severe swelling of right armpit lymph node accompanied by severe pain, Severe swelling in right breast, Severe headache and fever 104 Fahrenheit, Pain in chest when breathing. No treatment received for the adverse events. Prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient hadn't been tested for COVID-19. The outcome of the events was not recovered. No follow-up attempts are possible; Information about lot/batch number cannot be obtained.

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1255218	4/25/2021			F	3/24/2021	3/28/2021	BP 190/110; fainted; shortness of breath; severe pain to upper back; severe pain to upper back and shoulder; chest pain; Pain to sternum; This is a spontaneous report from a contactable consumer (patient) via Medical information team. A 57-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on 24Mar2021 (Batch/Lot number was not reported) as SINGLE DOSE for COVID-19 immunization. Medical history included hypertension from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient had pain began on 28Mar2021. This is severe pain to upper back and shoulder and chest pain causing shortness of breath and the patient fainted went to the emergency department and was ruled out stroke. 2 weeks later, the patient was still taking Ibuprofen for pain. The patient had pain to sternum on 28Mar2021. The patient has a history of hypertension and had BP 190/110 resolved only after taking Ibuprofen 800mg 3 times a day, otherwise the pain prolongs. The patient underwent laboratory tests and procedures which includes CT, blood work, EKG, Chest X-ray of chest of lung; all negative on unspecified date. The patient was reported to be hospitalized due to the events. The events were treated with Ibuprofen. The outcome of the events was unknown. Information about the lot/batch number has been requested.

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1255171	4/25/2021	TX	68	F	4/7/2021	4/7/2021	chest pain; palpitations; experiencing consistent PVC's which is abnormal because I do not have any Cardiac history; have a D-Dimer lab result of 758ng/ml as well as other abnormal labs; have a D-Dimer lab result of 758ng/ml as well as other abnormal labs; irregular heart rate and am going to have to more cardiac work up; extreme shortness of breath with minimal exertion; weakness; dizziness; very tired; muscle aches; This is a spontaneous report from a contactable consumer (patient). A 68-year-old female patient (not pregnant) received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot Number: EP7533), second dose via an unspecified route of administration, administered in Arm Left on 07Apr2021 14:15 (at 68 years old, not pregnant), single dose for covid-19 immunisation. Medical history included hypothyroidism, arthritis, all from an unknown date. The patient had her first dose of bnt162b2 for Covid-19 Immunization on Mar2021. The patient was taking unspecified concomitant medicines. The patient experienced within 5 minutes after receiving her second injection, she began having chest pain and palpitations. The paramedics ran a 4 lead EKG and she was experiencing consistent PVC's which is abnormal because she does not have any Cardiac history. She went to the emergency room and was noted to have a D-Dimer lab result of 758ng/ml as well as other abnormal labs. Still continue having PVC's and irregular heart rate and was going to have to more cardiac work up. Also have experienced other symptoms associated with actual COVID such as extreme shortness of breath with minimal exertion, weakness, dizziness, very tired. And muscle aches 2 days as of Friday 09Apr2021. All the events also reported as started 07Apr2021 14:15. The outcome of the events was not recovered. Treatment for the events was observation and medication. Patient was hospitalized due to the events for 1 day. No COVID prior vaccination. No COVID tested post vaccination. No Known allergies.

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1255151	4/25/2021	SC	72	M	2/12/2021	3/29/2021	Sudden onset of pneumonia and Afib; Sudden onset of pneumonia and Afib; fever; chills; cough; chest pain on breathing; This is a spontaneous report from a contactable consumer (patient). A 72-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number: EL9265) via an unspecified route of administration, administered into the left arm on 12Feb2021 (at the age of 72-years-old) as single dose for COVID-19 immunisation. The patient's medical history was not reported. Concomitant medications included rosuvastatin (ROSUVASTATIN) and timolol (TIMOLOL). Historical vaccine includes first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number: EL3246) administered into the left arm on 22Jan2021 08:00 (at the age of 72-years-old) for COVID-19 immunisation. On 29Mar2021 01:00, patient had sudden onset of pneumonia and afib (atrial fibrillation), fever, chills, cough and chest pain on breathing. The patient was brought to the emergency room and was then hospitalized for 4 days due to the events reported. It was also reported that the patient was treated with antibiotics and heart medications. The patient underwent lab tests and procedures which included SARS-CoV-2 test: negative on 29Mar2021 and negative on 02Apr2021. Outcome of events was unknown. Follow up attempts needed. Further information is expected.

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1255134	4/25/2021	NJ	48	M	3/21/2021	3/23/2021	Chest pain; Palpitations; Shortness of breath; Cant Sleep; This is a spontaneous report from a contactable consumer reporting for himself. A 48-years-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration, administered in Arm Left on 21Mar2021 17:00 (Batch/Lot Number: ER8727) as single dose for covid-19 immunisation (Age at vaccination 48 years) . Medical history included anxiety,Post traumatic stress disorder , hypertension , blood cholesterol increased. On 24Feb2021 the patient received the first dose of BNT162B2 vaccine. Concomitant medication included clonazepam (CLONAZEPAM) taken for anxiety, start and stop date were not reported. The patient previously took penicillin b. The patient experienced chest pain , palpitations , shortness of breath , cant sleep all on 23Mar2021 with outcome of not recovered. Course of events. This past Sunday would be 3 weeks post receiving his vaccine. Since he got the vaccine, about 3 days later he experienced chest pain, palpitations, Shortness of breath. He checked his own Blood pressure and its not high and his pulse is normal also. He's not a doctor and he doesn't know if its anxiety, but he also cant sleep, he's been getting like 4 hours of sleep every night since this started. No follow-up attempts are needed. No further information is expected. Lot information already received.

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1255361	4/25/2021	CA	61	F	3/12/2021	3/13/2021	felt like she was going to faint; Chest pain; rapid heartbeat; high blood pressure; dizziness; Headache; nausea; could not sleep for 6 days; Heart Racing; Body shaking; This is a spontaneous report from a contactable consumer (patient) reported that a 61-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: en6208), via an unspecified route of administration, administered in arm right on 12Mar2021 09:30 (at the age of 61-years-old) as a single dose for covid-19 immunisation. The patient was not pregnant at the time of vaccination. The patient medical history included asthma, blood pressure and cholesterol; all from an unknown date. The patient had known allergies. No covid prior vaccination. No other vaccines in four weeks. Concomitant medications included fluticasone propionate, salmeterol xinafoate (ADVAIR); chlorphenamine maleate, phenylpropanolamine hydrochloride (NASAMEX); simvastatine; ibuprofen; losartan; and furosemide (FUROSE); all were taken for an unspecified indication, start and stop date were not reported. On 13Mar2021 10:00, the patient experienced chest pain, rapid heartbeat, high blood pressure, dizziness, felt like she was going to faint and couldn't walk so dizzy. Her heart raced/heart racing for 5 days, headache, nausea and could not sleep for 6 days and body shaking. The events resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. The patient received treatment for the events. Double the dose of losartan for blood pressure. Not tested covid post vaccination. The outcome of the events was recovered.

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1254967	4/25/2021	FL		F	3/20/2021	3/26/2021	Chest pains with terrible congestions; Worst sore throat; Terrible coughing; Stuffy and runny nose; Stuffy and runny nose; Chest pains with terrible congestions; This is a spontaneous report from a contactable consumer (patient). A female patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), first dose via an unspecified route of administration on 20Mar2021, single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. On 26Mar2021, she tested negative for covid-19. Still on 26Mar2021, 4 hours later, she had the worst sore throat, terrible coughing, stuffy and runny nose, and chest pains with terrible congestions. She took Benadryl to treat the symptoms. Her doctor prescribed her with Azithromycin to treat the symptoms. After taking the medication, she felt better. She is scheduled to receive the 2nd dose on 10Apr2021. On 26Mar2021, she had a Covid test results in the negative. However, four hours later she experienced a sore throat, a stuffy nose and a terrible cough. Caller took Benadryl and Azithromycin. The outcome of the events was recovering. She got tested for Covid again and are still waiting for the results to come back Information on the lot/batch number has been requested.

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1254727	4/25/2021	NY	32	M	4/6/2021	4/6/2021	fear of death/doom; I went into a full Anaphylaxis shock; This is a spontaneous report from a contactable consumer (patient). A 32-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection; Lot Number: EW0150) via an unspecified route of administration, administered in Arm Left, at the age of 32-year-old, on 06Apr2021 09:45, as SINGLE DOSE for covid-19 immunisation. Medical history included allergy to shrimp. The patient was not diagnosed with COVID nor was he tested post vaccine. The patient's concomitant medications were not reported. On 06Apr2021 at 10:00 am, 15 mins after the vaccine, a large hive appeared on his forehead and then 1.5 hours later the patient went into a full Anaphylaxis shock with difficulty breathing, throat closing up, fear of death/doom, tingling sensation in whole body, heart pounding rapidly, chest pain, dizziness. The patient went to the emergency room/ urgent care and was hospitalized for 1 day. Therapeutic measures taken in response to the events included administration of Steroids, antihistamines, and pain killers. Outcome was recovering at the time of the report.

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1254608	4/25/2021	PA	54	F	2/26/2021	3/1/2021	severe chest pain like severe heart burn attack/the doctors do not think it is heart burn/radiating pain into the right arm and lymph nodes; blood pressure was through the roof; severe pain; cardiac issues; GI issues/GI malfunction of the pancreas and gallbladder; GI issues/GI malfunction of the pancreas and gallbladder; can not eat, work, or engage in daily activities/She is unable to eat and is very weak; can not eat, work, or engage in daily activities/She is unable to eat and is very weak; can not eat, work, or engage in daily activities; nausea; This is a spontaneous report from a contactable consumer (patient). A 54-year-old female patient received the 1st dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 16Mar2021 09:45 (Batch/Lot Number: Unknown reported as either EN6205 or EM6205) as SINGLE DOSE for COVID-19 immunization; azithromycin (ZITHROMAX), via an unspecified route of administration from 26Feb2021 until 02Mar2021, at unspecified dose and frequency for dental care; and corticosteroid (CORTICOSTEROID), via an unspecified route of administration from an unspecified date with last dose shot on 23Mar2021 at unknown dose, once or twice a year for a couple of years for knee pain and joint pain . Medical history included dental procedure on an unknown date. Concomitant medications were not reported. On 25Mar2021 (9 days later), she developed severe chest pain like severe heart burn attack radiating pain into the right arm and lymph nodes, blood pressure was through the roof and was in severe pain. She was unable to eat, was very weak and also cannot work or engage in daily activities noted in Mar2021. The patient required emergency room and physician office visit due the events (including cardiac issue and GI issues/malfunction of the pancreas and gallbladder). She was hospitalized on 03Apr2021 and was just released on 04Apr2021. During hospitalization, doctors have ruled out cardiac issue and GI issues/malfunction of the pancreas and gallbladder and they cannot find out the cause. The patient received famotidine (PEPCID), omeprazole (PRILOSEC), pantoprazole (PROTONIX), acetaminophen (TYLENOL) as treatment. While in the hospital they gave her dicycloverine (BENTYL) which she thought was for nausea noted in 2021. She stated a week after she got the vaccine she got a corticosteroid shot

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which she was wondering if it can impact one's immune system and cause an adverse reaction with the vaccine. She also stated that a month prior to vaccine she took an azithromycin. She also was wondering with the combination of all these three things being close together if it may have caused a disruption in her body organic system. The action taken in response with the adverse event for azithromycin was post therapy while unknown for corticosteroid shot. The patient did not recover from chest pain while outcome of the remaining events were unknown. Information on the lot/batch number has been requested.; Sender's Comments: Linked Report(s) : PFIZER INC-2021376222 Pfizer

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1254398	4/25/2021	FL	71	M	2/15/2021		<p>He thinks the vaccine may have affected the Mefalamine or something.; Caller stated he was not eating much but did eat a banana, yogurt, and apple sauce.; States that something in the vaccine aggravated his Crohn's or Ulcerative Colitis.; lost weight; This is a spontaneous report from a contactable consumer (patient herself). A 71-years-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: solution for injection, Lot number and Expiry date was not reported) via an unspecified route of administration on 15Mar2021 18:30 at single dose for covid-19 immunisation. Medical history included ongoing crohn's disease, colitis ulcerative. Concomitant medication included mesalamine taken for crohn's disease, colitis ulcerative from 15Feb2021.The patient underwent lab test blood cholesterol was abnormal. The patient experienced he thinks the vaccine may have affected the mefalamine or something (drug interaction), caller stated he was not eating much but did eat a banana, yogurt, and apple sauce, states that something in the vaccine aggravated his crohn's or ulcerative colitis, lost weight on an unspecified date. On Sunday 21Mar2021, he had a bout with vomiting, stomach pain, chest pain, back pain, skeleton pain on the right side. Caller stated he felt constipated and needed to go to the bathroom. When he finally went to the bathroom it was not solid or compacted, it was more stringy and long. Caller stated it was hard to swallow water and the pill he takes for Crohn's or Ulcerative Colitis, which is Mefalamine. Caller stated he was not eating much but did eat a banana, yogurt, and apple sauce. He thinks the vaccine may have affected the Mefalamine or something. He stated he felt lousy. He said he still feels weak. Caller stated he does not know his current weight but he has probably lost weight because of not being able to eat much and the vomiting. Caller stated he started vomiting at 7:00PM on Sunday 21Mar2021 until 7:00-10:00AM Monday morning. Caller stated the first time he vomited was at 7:00PM and it was solid. It looked like the banana, apple sauce and yogurt he had ate, brown in color. The second time he vomited it was a green liquid, like bile from the stomach. States that something in the vaccine aggravated his Crohn's or Ulcerative Colitis. The outcome of the event was unknown. Information on the lot/batch number has been requested.</p>

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1254422	4/25/2021	PA	36	F	1/17/2021	1/1/2021	having discoloration on her toes; she was having numbness and tingling; she was having numbness and tingling; her extremities, from the knee down and both her hands and feet were cold,ice cold; Tachycardia; palpitation/palpitation complications without doing anything straight away; Pulse keeps raising, elevating to 148-157/Pulse went to 209; shortness of breath and basically blasting of air; Difficulty breathing; Dizziness; Weakness; Syncope episodes; Costochondritis; chest pain; The initial case was missing the following minimum criteria: suspect product was not reported or specified. Upon receipt of follow-up information on 06Apr2021, this case now contains all required information to be considered valid. This is a spontaneous report from a contactable nurse (patient). A 36-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 17Jan2021 (Batch/Lot Number: EL3246) (at the age of 36-year-old) as single dose for COVID-19 immunisation. Medical history included migraine from an unknown date and unknown if ongoing. Concomitant medication included topiramate (TOPAMAX) at 250 mg, daily (2 DF 100mg and 1 DF 50mg at bedtime) taken for migraine, start and stop date were not reported. The patient previously received fist dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 27Dec2020 (Lot Number: EK5730) for COVID-19 immunization. The patient reported that since the second vaccination experienced tachycardia, palpitation, shortness of breath and basically blasting of air, difficulty breathing, dizziness and weakness, all on 18Jan2021. She reported pulse keeps raising, elevating to 148-157, she had palpitation complications without doing anything straight away. Elevated pulse and tachycardia, that all started and that was very concerning, pulse went to 209 and that was when she got transported to the emergency room. The patient reported also syncope episodes, costochondritis and chest pain on Jan2021. On 26Mar2021 the patient experienced having discoloration on her toes, numbness and tingling and that her extremities, from the knee down and both her hands and feet were cold, ice cold. The patient was transported to the hospital by ambulance three times due to the events (hospitalizations on 22Jan2021, 30Jan2021 and 25Mar2021). The patient underwent lab tests and

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procedures which included Troponin, D dimer, electrocardiogram (EKG), Chest X ray, Full blood count (CBC), exercise electrocardiogram (TMT) all resulted: normal, nuclear stress test: unknown results and pulse 148-157, 209, all on unspecified date. The patient outcome of the events was unknown.; Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the tachycardia and other reported events due to temporal relationship. However, the reported events may possibly represent intercurrent medical conditions in this patient. There is limited information provided in this report. Additional information is needed to better assess the case, including complete medical history, diagnostics, counteractive treatment measures and concomitant medications. This case will be reassessed once additional information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1254608	4/25/2021	PA	54	F	2/26/2021	3/1/2021	severe chest pain like severe heart burn attack/the doctors do not think it is heart burn/radiating pain into the right arm and lymph nodes; blood pressure was through the roof; severe pain; cardiac issues; GI issues/GI malfunction of the pancreas and gallbladder; GI issues/GI malfunction of the pancreas and gallbladder; can not eat, work, or engage in daily activities/She is unable to eat and is very weak; can not eat, work, or engage in daily activities/She is unable to eat and is very weak; can not eat, work, or engage in daily activities; nausea; This is a spontaneous report from a contactable consumer (patient). A 54-year-old female patient received the 1st dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 16Mar2021 09:45 (Batch/Lot Number: Unknown reported as either EN6205 or EM6205) as SINGLE DOSE for COVID-19 immunization; azithromycin (ZITHROMAX), via an unspecified route of administration from 26Feb2021 until 02Mar2021, at unspecified dose and frequency for dental care; and corticosteroid (CORTICOSTEROID), via an unspecified route of administration from an unspecified date with last dose shot on 23Mar2021 at unknown dose, once or twice a year for a couple of years for knee pain and joint pain . Medical history included dental procedure on an unknown date. Concomitant medications were not reported. On 25Mar2021 (9 days later), she developed severe chest pain like severe heart burn attack radiating pain into the right arm and lymph nodes, blood pressure was through the roof and was in severe pain. She was unable to eat, was very weak and also cannot work or engage in daily activities noted in Mar2021. The patient required emergency room and physician office visit due the events (including cardiac issue and GI issues/malfunction of the pancreas and gallbladder). She was hospitalized on 03Apr2021 and was just released on 04Apr2021. During hospitalization, doctors have ruled out cardiac issue and GI issues/malfunction of the pancreas and gallbladder and they cannot find out the cause. The patient received famotidine (PEPCID), omeprazole (PRILOSEC), pantoprazole (PROTONIX), acetaminophen (TYLENOL) as treatment. While in the hospital they gave her dicycloverine (BENTYL) which she thought was for nausea noted in 2021. She stated a week after she got the vaccine she got a corticosteroid shot

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which she was wondering if it can impact one's immune system and cause an adverse reaction with the vaccine. She also stated that a month prior to vaccine she took an azithromycin. She also was wondering with the combination of all these three things being close together if it may have caused a disruption in her body organic system. The action taken in response with the adverse event for azithromycin was post therapy while unknown for corticosteroid shot. The patient did not recover from chest pain while outcome of the remaining events were unknown. Information on the lot/batch number has been requested.; Sender's Comments: Linked Report(s) : PFIZER INC-2021376222 Pfizer

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1254608	4/25/2021	PA	54	F	2/26/2021	3/1/2021	severe chest pain like severe heart burn attack/the doctors do not think it is heart burn/radiating pain into the right arm and lymph nodes; blood pressure was through the roof; severe pain; cardiac issues; GI issues/GI malfunction of the pancreas and gallbladder; GI issues/GI malfunction of the pancreas and gallbladder; can not eat, work, or engage in daily activities/She is unable to eat and is very weak; can not eat, work, or engage in daily activities/She is unable to eat and is very weak; can not eat, work, or engage in daily activities; nausea; This is a spontaneous report from a contactable consumer (patient). A 54-year-old female patient received the 1st dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 16Mar2021 09:45 (Batch/Lot Number: Unknown reported as either EN6205 or EM6205) as SINGLE DOSE for COVID-19 immunization; azithromycin (ZITHROMAX), via an unspecified route of administration from 26Feb2021 until 02Mar2021, at unspecified dose and frequency for dental care; and corticosteroid (CORTICOSTEROID), via an unspecified route of administration from an unspecified date with last dose shot on 23Mar2021 at unknown dose, once or twice a year for a couple of years for knee pain and joint pain . Medical history included dental procedure on an unknown date. Concomitant medications were not reported. On 25Mar2021 (9 days later), she developed severe chest pain like severe heart burn attack radiating pain into the right arm and lymph nodes, blood pressure was through the roof and was in severe pain. She was unable to eat, was very weak and also cannot work or engage in daily activities noted in Mar2021. The patient required emergency room and physician office visit due the events (including cardiac issue and GI issues/malfunction of the pancreas and gallbladder). She was hospitalized on 03Apr2021 and was just released on 04Apr2021. During hospitalization, doctors have ruled out cardiac issue and GI issues/malfunction of the pancreas and gallbladder and they cannot find out the cause. The patient received famotidine (PEPCID), omeprazole (PRILOSEC), pantoprazole (PROTONIX), acetaminophen (TYLENOL) as treatment. While in the hospital they gave her dicycloverine (BENTYL) which she thought was for nausea noted in 2021. She stated a week after she got the vaccine she got a corticosteroid shot

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1255698	4/25/2021	MI	48	M	3/22/2021	4/15/2021	<p>which she was wondering if it can impact one's immune system and cause an adverse reaction with the vaccine. She also stated that a month prior to vaccine she took an azithromycin. She also was wondering with the combination of all these three things being close together if it may have caused a disruption in her body organic system. The action taken in response with the adverse event for azithromycin was post therapy while unknown for corticosteroid shot. The patient did not recover from chest pain while outcome of the remaining events were unknown. Information on the lot/batch number has been requested.; Sender's Comments: Linked Report(s) : PFIZER INC-2021376222 Pfizer</p> <p>NSTEMI; Pulmonary Embolism; left upper arm thrombosis; This is a spontaneous report from a non-contactable other healthcare professional (patient). A 48-year-old male patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE), on 22Mar2021 (at the age of 48-years-old) at single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. No other vaccine received in four weeks. On 15Apr21, the patient presented to hospital with complaints of dyspnea, chest pain and arm swelling. The patient was found to have left upper arm thrombosis, pulmonary embolism, and NSTEMI. The adverse events started on 15Apr2021 and resulted in emergency room/department or urgent care visit, hospitalization on 15Apr2021 and life-threatening illness (immediate risk of death from the events). An unspecified treatment was received in response to the events. The outcome of the events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.</p>

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1255619	4/25/2021	NJ	58	F	2/8/2021	2/26/2021	Prinzmetal Angina; Chest pain; This is a spontaneous report from a contactable other health professional (patient). A 58-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), dose 2 via an unspecified route of administration, administered in Arm Left on 08Feb2021 08:00 (Lot Number: EM9810) at the age of 58-year-old as single dose for covid-19 immunisation. Medical history included ongoing High BP that was under control with medication from 2016, ongoing low Thyroid from 2017, Low Potassium 3.1 on 06Feb2021. The patient's concomitant medication was none. The patient previously received the first dose of BNT162B2 on 18Jan2021 11:45 am (lot number: EL3247) with Anatomical Site of injection: Left at the age of 58 years old for covid-19 immunisation and experienced Chest Pain on 22Jan2021 15:00 which required visit to Physician Office, Chest Pain 06Feb2021 (Several days) which required visit to Emergency Room. Vaccination facility type was hospital. No Prior Vaccinations. The patient experienced chest pain on 26Feb2021. The event required visit to Emergency Room. Event Outcome reported as "Prinzmetal Angina". Relevant Tests includes: Covid-19 on 23Dec2020 with Result: (-); Covid-19 on 18Jan2021 with Result: (-); Covid-19 on 21Jan2021 with Result: (-); X- Ray Chest on 06Feb2021 with Result: (-); EKG on 06Feb2021 with Result: (-); Low Potassium on 06Feb2021 with Result: 3.1. The outcome of the events was unknown.

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1254582	4/25/2021	AZ	67	F	2/14/2021	2/14/2021	chest pains; This is a spontaneous report from a contactable consumer (the patient). A 67-year-old female patient received the second dose of (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number EL9263), via an unspecified route of administration in the left arm on 14Feb2021 11:00 (at the age of 67-years-old) as a single dose for COVID-19 immunization. Medical history included high blood pressure. Concomitant medication included piroxicam (PAXIL). The patient was not pregnant at the time of vaccination. The patient had not had COVID-19 prior to vaccination. The patient had no known allergies. The patient previously received the first dose of (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number not provided), via an unspecified route of administration in the left arm on 24Jan2021 11:00 (at the age of 67-years-old) as a single dose for COVID-19 immunization. On 14Feb2021 22:00, after the second vaccine, the patient began having chest pains, which she had never experienced before. The pain has lasted, and she was now being checked by a cardiologist. Treatment was received for the event. The patient had a chest X-ray and EKG on an unspecified date. The outcome of the event was not recovered. It was also reported that since the vaccination, the patient had not been tested for COVID-19. Information about lot number has been requested.
1256733	4/25/2021	KY	20	M	4/21/2021	4/22/2021	4/22/21 - body aches 4/23/21 - intermittent chest tightness 4/24/21 - "super tight" chest pain, sought treatment in Emergency Room
1257176	4/25/2021	VA	40	M	4/8/2021	4/12/2021	Early in the morning 3 days after receiving the vaccine, patient awoke with chest pain that carried down his left arm. He drove himself to the emergency room at 7am because he just wasn't feeling right. After two EKG's, the Dr. at Hospital located in the area decided to air lift patient to another Hospital for an assumed fatal heart attack. Upon arrival, he was given a heart catheter and no blockages were found. They determined the had myocarditis, inflammation of his heart. However, he had not been sick or battling any illness.

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1257136	4/25/2021	NY	42	F	4/9/2021	4/10/2021	Vomiting, Fever, Diarrhea, Nausea, Vertigo, Convulsions, Extreme Fatigue, Disorientation, Extreme Blurred Vision, Problems With Night vision, Extreme Chest Pain, Short of Breath, Extra Sleeping, Decreased Productivity, Confusion, Getting Lost Abnormally, Decreased to NO appetite

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1255284	4/25/2021	MA	42	F	4/10/2021	4/11/2021	Anaphylactic reaction to vaccine; Felt like an elephant was sitting on my chest; Could not take a deep breath; dizzy lightheaded; Had tingling in my feet; headache; chest pains; This is a spontaneous report from a contactable consumer (patient). A 42-years-old non pregnant female patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration, administered in Arm Left on 10Apr2021 10:00 (at the age of 42-year-old) (Batch/Lot Number: Ew0158) as SINGLE DOSE for covid-19 immunisation. Medical history included Asthma, anaphylactic reactions to shellfish, PCN, codeine. Known allergies included: PCN, codeine, nuts, shellfish, potatoes, green beans, apples, tomatoes. Concomitant medication(s) included loratadine (CLARITIN [LORATADINE]) taken for an unspecified indication, start and stop date were not reported; polycarbophil calcium (FIBER) taken for an unspecified indication, start and stop date were not reported; vitamin b complex (B COMPLEX [VITAMIN B COMPLEX]) taken for an unspecified indication, start and stop date were not reported; magnesium (MAGNESIUM) taken for an unspecified indication, start and stop date were not reported; iron (IRON) taken for an unspecified indication, start and stop date were not reported. The patient took Clartin, fiber, b complex, magnesium, iron, probot in two weeks. The patient previously took first dose of bnt162b2 in left arm on 20Mar2021 at 14:15 (lot number=Er2613) for covid-19 immunisation. No other vaccine in four weeks. No covid prior vaccination. No covid tested post vaccination. On 11Apr2021 02:00 AM, the patient experienced Anaphylactic reaction to vaccine. Felt like an elephant was sitting on her chest. Could not take a deep breath. She was also dizzy lightheaded. Had tingling in her feet, headache and chest pains. Most of her symptoms went away after she was given a high dose of Benadryl and prednisone. She also has asthma and a history of delayed anaphylactic reactions. It will be a 4-5 days before her lungs completely recover from this. AE Resulted in Emergency room/department or urgent care. Outcome of the events was recovering.

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1256852	4/25/2021	NV	25	M	3/29/2021	3/31/2021	Received second dose of the Moderna COVID-19 vaccine on 3/29/2021. On 3/31/2021, I was awoken at approximately 0230 am with severe chest pain. I went to the emergency room later that day and medical staff stated a blood test showed my heart was under stress. My systolic blood pressure also dropped into the low 80's. I was admitted to the hospital and stayed for two nights as multiple tests were conducted. I was discharged from the hospital on 4/2/2021 with the diagnosis of myocarditis and pericarditis. It was determined the only cause of this condition for me could be the COVID vaccine.

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1255706	4/25/2021	NV	58	M	4/6/2021	4/7/2021	Felt like all my nerve endings were being electrified while on Fire; I could not keep down food for 10 days. Then, could not keep down liquids for 3 days then went to the E/R; High Clotting Factor; dehydration; chest pains/Had pains in my heart also; Heart was not beating correctly; body cramps all over; High temperature along with sudden chills; High temperature along with sudden chills; frequent sweats; Extreme pain; This is a spontaneous report from a contactable consumer (Patient, self-reported). A 58-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, Lot number and expiration dates were not reported), via an unspecified route of administration in left arm on 06Apr2021 at 07:00 PM, at single dose for COVID-19 immunisation. The patient had medical history of fibromyalgi, anxiety and allergy to all anti-depressants. The concomitant medication included clonidine once a day for anxiety. It reported that, on 07Apr2021 at 8:00 AM, patient experienced extreme pain felt like all nerve endings were being electrified while on fire such extreme pain ever since the vaccine. After 10 days he could not take it anymore. Patient could not keep down food for 10 days. Then, could not keep down liquids for 3 days then went to the E/R. Had a high clotting factor along with dehydration and chest pains. Heart was not beating correctly, and they were worried his blood would clot, heart attack, aneurism and death. He had pains in heart also, body cramps all over. High temperature along with sudden chills and frequent sweat. Contact the ICU ward at for all the details on the problem vaccine caused. The all adverse event resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization, life threatening illness (immediate risk of death from the event), disability or permanent damage. Patient hospitalized for the 2 days and treated with the morphine for pain, 5 bags of Saline and blood Thinner. Vaccination facility: Pharmacy or Drug Store. Patient did not take any other vaccine in four weeks. There was no COVID prior vaccination and COVID tested post vaccination (Nasal Swab, result negative) on 16Apr2021. Information about lot/batch number has been requested.

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1256761	4/25/2021	NC	43	F	4/7/2021	4/25/2021	Janssen COVID-19 vaccine EUA Patient presented to hospital after crushing chest pain and syncopal event. Found to be hypotensive and hypoxic and echocardiogram revealed RV dilation and dysfunction with clot visualized in R atrium of heart. Patient received IV alteplase followed by start of IV heparin infusion. Currently intubated in ICU, on 3 vasopressors for shock.
1256906	4/25/2021	NM	37	F	4/9/2021	4/9/2021	4/9 vaccination. Twelve hours later, I had fast pulse over 130 BPM. Woke me up at night. My resting is at the low 60's; normal. chest pain. I was so tired. Tried to go back to sleep. Kept having episode. I woke up husband and said we need to go to the ER. Ran tests. Referred to cardiologist. They gave me Tylenol and baby aspirin. *Went to ER 4/10 and 4/12 4/16 appt with cardiologist; 24 hour HR monitor. Waiting on results 4/26 Echocardiogram scheduled **Dr. (cardiologist)
1256709	4/25/2021	WY	34	F	4/10/2021	4/17/2021	patient admitted 4/23 for a multitude of symptoms and signs suggestive of a multisystem autoimmune inflammatory disorder of unclear etiology. Her past medical history is relevant for mild intermittent asthma, history of recurrent idiopathic urticaria, history of migraine headaches, hypothyroidism on supplemental levothyroxine, history of bipolar affective disorder on antipsychotropic medications (lamotrigine) and ADHD on stimulant medication (Focalin). Notably, the patient received a Johnson and Johnson COVID19 vaccine on 4/10. She reports current symptom onset on 4/17. Symptoms include pleuritic type chest pain, myalgias, arthralgias, diffuse interstitial edema, urticaria and objectively evidence of diffuse inflammation manifested by rising leukocytosis 16,000, CRP 9.3 from 5.7 just days ago, ESR 71 from 34 just several days ago, and new acute hepatitis. Pt admitted to the hospital and hospitalist states "Unclear etiology definitively but the clinical features all developed approximately 1 week after administration of the Janssen/Johnson & Johnson COVID-19 adenovirus vaccine which raises suspicion for this vaccine setting off the disease process" and "Strongly recommend consideration for reporting of possible adverse reaction to the Johnson Johnson vaccine".

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1256617	4/25/2021	VA	39	M	4/11/2021	4/13/2021	I went to the emergency room at Hospital on April 14, 2021, after experiencing chest pain and shortness of breath. After an abnormal EKG, blood tests showed a high troponin level. An ultrasound determined my heart ejection fraction had declined to 35-40 percent. An angiogram was performed that showed no blockages or tears in my heart. I was diagnosed with Myocarditis and admitted to the hospital. Over the next 36 hours my troponin level rose to more than 11 before starting to decline. I have prescribed a number of medications for treatment. On April 22 I had a cardiac MRI which confirmed the Myocarditis diagnosis. My heart function has improved to 55 percent and an EKG showed normal rhythm. I have more tests and follow ups scheduled in the coming weeks.
1256458	4/25/2021	IN	49	F	3/27/2021	3/28/2021	Early the next morning around 6 am started feeling unwell with chills, headache took Tylenol but did not help symptoms increased. Took migraine meds. March 28-30th severe chills and headaches, chest pain on left side with tight chest increase cough along with increased joint pain. April 1st appointment with Dr. for my Xolair injection, discussed symptoms seemed to be resolving some and lung function test normal. Took xolair. April 2-5 th increased tight chest headaches, low body temp, arm and leg numbness, right side, later very sore. April 7 -15th right side leg pain comes and goes increase hip pain, chest tightness, extremely tired, lack of concentration with continues headaches. On April 15th went to ED after Dr contacted me to go there after information had been released about other cases of reactions similar.
1256384	4/25/2021	CA	21	F	3/8/2021	3/14/2021	chest tightness the last 6 weeks which started on 3/14/21 after receiving J&J COVID Vaccine (she received on 3/8., chest pain, tightness in character, noted to be intermittent, positional, occurring mostly at night, associated with some shortness of breath, episodes would last for about one hour in duration, then resolve spontaneously resolve. No associated fevers or chills.

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1256305	4/25/2021	WA	27	M	4/21/2021	4/24/2021	Pericarditis or myopericarditis on post-vaccine day 3. Had myalgias and subjective fever on post-vaccine day 0 and 1, blurry vision post-vaccine day 1, episode of emesis on post-vaccine day 2, then developed acute onset pressure-like chest pain on post-vaccine day 3.
1256179	4/25/2021		16	M	4/21/2021	4/23/2021	Myopericarditis 48 hours after 2nd dose of Pfizer vaccine with chest pain, shortness of breath, and nausea.
1256117	4/25/2021	UT	41	M	4/9/2021	4/9/2021	Bloody nose Left leg / foot pain Entire left side of body not correct Chest pain Shortness of breath Blurred vision Can't sleep
1255988	4/25/2021	MD	30	M	4/3/2021	4/22/2021	Body aches, joint pain, sore throat, fever, vomiting diarrhea, chest pain, starting several days before admission. Possible acute myopericarditis
1256814	4/25/2021	GA	60	M	3/25/2021	4/9/2021	2 weeks after 1st dose of covid vaccine, some fatigue and sob. The next morning, sudden onset of sob, chest pain. To Emergency department, cath lab, stent. Home within 36 hrs.
1252572	4/24/2021	NY	36	F		3/10/2021	This spontaneous report received from a consumer concerned a 36 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included Crohn's disease., and other pre-existing medical conditions included the patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: UNKNOWN, expiry: UNKNOWN) dose was not reported, administered on 09-MAR-2021 in the right arm for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 10-MAR-2021, the subject experienced chest pain. On 10-MAR-2021, the subject experienced elevated heart rate. On 10-MAR-2021, the subject experienced occasional shortness of breath. On 10-MAR-2021, the subject experienced soreness throughout legs and arms. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from chest pain, soreness throughout legs and arms, and elevated heart rate, and the outcome of occasional shortness of breath. was not reported. This report was non-serious.

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1252304	4/24/2021	TX		F		3/6/2021	ARM PAIN; SHORTNESS OF BREATH; DIARRHEA; CHEST PAIN; FATIGUE; STOMACH PAIN; JOINT PAIN; FEVER; HEADACHE; MUSCLE PAIN; NAUSEA; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802072, and batch number: 1802072 expiry: UNKNOWN) dose was not reported, administered on 06-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 06-MAR-2021, the subject experienced stomach pain. On 06-MAR-2021, the subject experienced joint pain. On 06-MAR-2021, the subject experienced fever. On 06-MAR-2021, the subject experienced headache. On 06-MAR-2021, the subject experienced muscle pain. On 06-MAR-2021, the subject experienced nausea. On 07-MAR-2021, the subject experienced shortness of breath. On 07-MAR-2021, the subject experienced diarrhea. On 07-MAR-2021, the subject experienced chest pain. On 07-MAR-2021, the subject experienced fatigue. On 09-MAR-2021, the subject experienced arm pain. Laboratory data (dates unspecified) included: COVID-19 rapid POC test (NR: not provided) negative. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from fever, stomach pain, headache, muscle pain, nausea, chest pain, fatigue, shortness of breath, arm pain, and joint pain, and the outcome of diarrhea was not reported. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure as case assessed as non-serious.

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1252247	4/24/2021	OH	61	F		3/11/2021	CHEST PAIN IN THE MIDDLE OF CHEST; FELT TERRIBLE; ACHES ALL OVER; EXTREMELY TIRED; TERRIBLE HEADACHE; This spontaneous report received from a patient concerned a 61 year old female. The patient's weight was not reported and height was 63 inches. The patient's pre-existing medical conditions included the patient was not pregnant at the time of reporting and had no known drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802068, and batch number: 1802068 expiry: UNKNOWN) dose was not reported, administered on 10-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 11-MAR-2021, the subject experienced felt terrible. On 11-MAR-2021, the subject experienced aches all over. On 11-MAR-2021, the subject experienced extremely tired. On 11-MAR-2021, the subject experienced terrible headache. On 12-MAR-2021, the subject experienced chest pain in the middle of chest. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from terrible headache on 12-MAR-2021, was recovering from extremely tired, and felt terrible, had not recovered from chest pain in the middle of chest, and the outcome of aches all over was not reported. This report was non-serious.
1252127	4/24/2021	TX	23	M	4/17/2021	4/19/2021	2nd vaccine administered 4/17 and on 4/19/21 he started to have chest pain not relieved by Tylenol and presented to ER with high Troponin.

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1250011	4/24/2021	CA		F			felt really sick/ had not been that sick before in her life; Chest pain; Rash; moaning in her sleep; This is a spontaneous report from a contactable consumer (patient's coworker). A female patient of an unspecified age received bnt162b2 (BNT162B2), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunization. The patient medical history was not reported. The patient's concomitant medications were not reported. It was reported that the patient felt really sick and had not been that sick before in her life. She had chest pain, a rash on her legs, and her husband said that she was moaning in her sleep. The patient did not have a cough. Outcome of the events was unknown. Information on the lot/batch number has been requested.
1250757	4/24/2021	OH	66	M		3/9/2021	MODERATE CHEST PAIN; MODERATE UPPER ARM PAIN; FELT LIKE PULLED MUSCLE; This spontaneous report received from a patient concerned a 66 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802068, and batch number: 1802068 expiry: 25-MAY-2021) dose was not reported, once a total administered on 09-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 09-MAR-2021, the subject experienced moderate upper arm pain. On 09-MAR-2021, the subject experienced moderate chest pain. On 09-MAR-2021, the subject experienced felt like pulled muscle. Treatment medications (dates unspecified) included: menthol. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from moderate upper arm pain, moderate chest pain, and felt like pulled muscle. This report was non-serious.

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1249661	4/24/2021	TX	91	F	2/27/2021	3/28/2021	extreme pain in her chest and abdomen on the R side of her body (around the heart); had very high blood pressure; The vaccine worsened her constipation problems; legs, feet, and ankles are swollen and sore; legs, feet, and ankles are swollen and sore; legs, feet, and ankles are swollen and sore; Dehydration; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of BLOOD PRESSURE INCREASED (had very high blood pressure) and CHEST PAIN (extreme pain in her chest and abdomen on the R side of her body (around the heart)) in a 91-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 031A21A and 030M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Hypertension. Concurrent medical conditions included Constipation. On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 28-Mar-2021, the patient experienced BLOOD PRESSURE INCREASED (had very high blood pressure) (seriousness criterion hospitalization prolonged) and DEHYDRATION (Dehydration). On 29-Mar-2021, the patient experienced CHEST PAIN (extreme pain in her chest and abdomen on the R side of her body (around the heart)) (seriousness criterion hospitalization). On 20-Apr-2021, the patient experienced JOINT SWELLING (legs, feet, and ankles are swollen and sore), PERIPHERAL SWELLING (legs, feet, and ankles are swollen and sore), PAIN IN EXTREMITY (legs, feet, and ankles are swollen and sore) and ARTHRALGIA (legs, feet, and ankles are swollen and sore). On an unknown date, the patient experienced CONSTIPATION (The vaccine worsened her constipation problems). The patient was hospitalized on 29-Mar-2021 due to BLOOD PRESSURE INCREASED and CHEST PAIN. At the time of the report, BLOOD PRESSURE INCREASED (had very high blood pressure), CHEST PAIN (extreme pain in her chest and abdomen on the R side of her body (around the heart)) and DEHYDRATION (Dehydration) had resolved and JOINT SWELLING (legs,

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feet, and ankles are swollen and sore), PERIPHERAL SWELLING (legs, feet, and ankles are swollen and sore), PAIN IN EXTREMITY (legs, feet, and ankles are swollen and sore), CONSTIPATION (The vaccine worsened her constipation problems) and ARTHRALGIA (legs, feet, and ankles are swollen and sore) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 29-Mar-2021, Blood pressure measurement: 217/157 (High) 217/157. Concomitant medications include Vault to treat constipation. Treatment included amlodipine tablets. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1252704	4/24/2021	CA	16	M	4/24/2021	4/24/2021	<p>Patient started to feel dizzy for about one minute. His father states that patient was sitting up on a chair and he started to fall backward, so his father caught him and lowered him to the ground. He did not hit his head. He was not responsive for approximately 10 seconds, per the father. Clinical monitors arrived and patient was alert and oriented to name, place, date/time. He was slightly pale and clammy but he denied any dizziness, chest pain, palpitations, shortness of breath, headache, changes in his vision/hearing, or nausea. He was laying on his back on the ground with his legs elevated on a chair and he started to feel better, and his blood pressure and oxygen saturation were stable with mild bradycardia per the vital signs obtained by one RN. He said he was feeling better and he was smiling and joking with staff. He slowly started to sit up and sipped bottled water. Stated that he had not eaten since 11am, and he agreed to a snack. I left to get him a snack, and RN said that he started to "zone out" and he lost consciousness again for approximately 20 seconds. When I came back, he was sitting up, conscious, and had spit up saliva and water onto his shirt. His breathing was steady. He again stated that he was feeling better very quickly, again in good spirits, but his father and I agreed that it would be best to call 911 to transport him to the ER just to be safe. He did not hit his head. He denied dizziness, chest pain, palpitations, shortness of breath, nausea, changes in vision, and headache. He was alert and oriented to name, place, and time. EMS was requested and they arrived, took his vitals, and he was transported to the Emergency Dept for futher care. He and his father were confident that he would recover quickly as he had a history of syncopal episodes related to vaccines in the past.</p>

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1249988	4/24/2021	OR	58	M	1/9/2021	2/9/2021	Intense tingling on palms and bottom; chills; weakness; stomach pain; chest pain; low grade fever; needed bed rest; This is a spontaneous report from a contactable consumer (Patient). A 58-years-old male patient received first dose of BNT162B2 (BNT162B2), Via an unspecified route of administration, administered in Arm Right on 09Jan2021 08:30 (Batch/Lot Number: EK9231) as single, dose 2 via an unspecified route of administration, administered in Arm Right on 30Jan2021 (Batch/Lot Number: EL9262) as single for covid-19 immunisation. The patient Medical history included glaucoma, asthma, hypersensitivity from an unknown date and unknown if ongoing. The patient's concomitant medications included simvastatin (SIMVASTATIN); atropine (ATROPINE); dorzolamide (DORZOLAMIDE); escitalopram oxalate (LATA) taken for an unspecified indication, start and stop date were not reported. The patient experienced intense tingling on palms and bottom (paraesthesia), chills (chills), weakness (asthenia), stomach pain (abdominal pain upper), chest pain (chest pain), low grade fever (pyrexia), needed bed rest (bed rest) on 09Feb2021. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 11Feb2021. Therapeutic measures were taken as a result of intense tingling on palms and bottom (paraesthesia), chills (chills), weakness (asthenia), stomach pain (abdominal pain upper), chest pain (chest pain), low grade fever (pyrexia), needed bed rest (bed rest). The outcome of events was recovering.

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1253596	4/24/2021	FL	43	M		3/19/2021	COUGH; DIFFICULTY SLEEPING/STRUGGLING TO SLEEP; LOSS OF ENERGY/ESPECIALLY NO ENERGY; SHIVERING; FATIGUE/FEELS VERY TIRED; COLD SYMPTOMS; HEART RATE INCREASED/FAST HEART BEAT; VERTIGO; BRAIN FOG; CHEST PAIN; This spontaneous report received from a patient concerned a 43 year old male. The patient's height, and weight were not reported. The patient's past medical history included pneumonia, and concurrent conditions included covid-19, and other pre-existing medical conditions included the patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805029, expiry: UNKNOWN) dose was not reported, administered on 19-MAR-2021 (vaccinated at left deltoid) for prophylactic vaccination. No concomitant medications were reported. On 19-MAR-2021, the subject experienced cold symptoms. On 19-MAR-2021, the subject experienced heart rate increased/fast heart beat. On 19-MAR-2021, the subject experienced vertigo. On 19-MAR-2021, the subject experienced brain fog. On 19-MAR-2021, the subject experienced chest pain. On 19-MAR-2021, the subject experienced difficulty sleeping/struggling to sleep. On 19-MAR-2021, the subject experienced loss of energy/especially no energy. On 19-MAR-2021, the subject experienced shivering. On 19-MAR-2021, the subject experienced fatigue/feels very tired. On 20-MAR-2021, the subject experienced cough. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from cold symptoms, and shivering on 20-MAR-2021, and was recovering from heart rate increased/fast heart beat, fatigue/feels very tired, vertigo, brain fog, chest pain, loss of energy/especially no energy, cough, and difficulty sleeping/struggling to sleep. This report was non-serious.
1252019	4/24/2021	WA	21	M	4/20/2021	4/21/2021	First night - fever, headache, pain, chills, sweats, etc. Midnight of day 2, chest pain, shortness of breath, sweats. Went to hospital at 8:15am. Was diagnosed with pericarditis.

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1252824	4/24/2021	NJ		M		3/14/2021	<p>LOTS OF NASAL CONGESTION; COUGHING WITH PHLEGM; SHORTNESS OF BREATH; PAIN IN CHEST CAVITY; BODY ACHE; DIARRHEA; SORE ARM; SWELLING AT INJECTION LOCATION; FEVER; HEADACHE; NAUSEA; This spontaneous report received from a patient concerned a 26 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included asthma. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805031, and expiry: UNKNOWN) dose was not reported, administered on 13-MAR-2021 12:00 for prophylactic vaccination. No concomitant medications were reported. On 14-MAR-2021, the subject experienced body ache. On 14-MAR-2021, the subject experienced diarrhea. On 14-MAR-2021, the subject experienced sore arm. On 14-MAR-2021, the subject experienced swelling at injection location. On 14-MAR-2021, the subject experienced fever. On 14-MAR-2021, the subject experienced headache. On 14-MAR-2021, the subject experienced nausea. On 16-MAR-2021, the subject experienced pain in chest cavity. On 16-MAR-2021, the subject experienced lots of nasal congestion. On 16-MAR-2021, the subject experienced coughing with phlegm. On 16-MAR-2021, the subject experienced shortness of breath. Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from fever, body ache, headache, swelling at injection location, diarrhea, pain in chest cavity, shortness of breath, sore arm, and nausea, and the outcome of lots of nasal congestion and coughing with phlegm was not reported. This report was non-serious.</p>

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1253003	4/24/2021	CA		M		3/1/2021	This spontaneous report received from a patient concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805020, and expiry: UNKNOWN) dose was not reported, administered on 11-MAR-2021 13:04 on left arm for prophylactic vaccination. No concomitant medications were reported. On MAR-2021, the subject experienced itching. On MAR-2021, the subject experienced red. On 12-MAR-2021, the subject experienced pain in chest. On 12-MAR-2021, the subject experienced trouble in breathing. On 12-MAR-2021, the subject experienced body shacking. On 12-MAR-2021, the subject experienced body aching. On 12-MAR-2021, the subject experienced could not really eat. On 12-MAR-2021, the subject experienced chills. On 12-MAR-2021, the subject experienced hot spots, rash on lower back, hip, front thighs, side of ankles, belly and white bumps. Treatment medications included: paracetamol. On 13-MAR-2021, the subject experienced minor pain in joint. Additional treatment medications (dates unspecified) included: hydrocortisone, and diphenhydramine hydrochloride. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from pain in chest, trouble in breathing, body shacking, body aching, could not really eat, and chills on 14-MAR-2021, was recovering from hot spots, rash on lower back, hip, front thighs, side of ankles, belly and white bumps, and itching, and the outcome of minor pain in joint and red was not reported. This report was non-serious.

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1253045	4/24/2021	OH		F		3/16/2021	SHORTNESS OF BREATH; CHEST PAIN; FEVER; HEADACHE; TIRED; This spontaneous report received from a vaccine facility via a company representative concerned an adult female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported,) dose was not reported, administered on 15-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 16-MAR-2021, the subject experienced shortness of breath. On 16-MAR-2021, the subject experienced chest pain. On 16-MAR-2021, the subject experienced fever. On 16-MAR-2021, the subject experienced headache. On 16-MAR-2021, the subject experienced tired. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pain, fever, headache, tired and shortness of breath was not reported. This report was non-serious.
1253121	4/24/2021	UT		F		3/15/2021	FEVER; INCREASED HEART RATE; CHEST PRESSURE AND CHEST PAIN; This spontaneous report received from a patient concerned a 34 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included latex allergy, and inflammation of the sternum. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1805025, expiry: UNKNOWN) dose was not reported, administered on 15-MAR-2021 for prophylactic vaccination. Concomitant medications included ibuprofen for inflammation of the sternum, and propranolol for inflammation of the sternum. On 15-MAR-2021, the subject experienced increased heart rate. On 15-MAR-2021, the subject experienced chest pressure and chest pain. On 16-MAR-2021, the subject experienced fever. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from increased heart rate, and fever on 16-MAR-2021, and had not recovered from chest pressure and chest pain. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required as per standard procedure as the case assessed as non-serious

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1253129	4/24/2021	MA		F		3/1/2021	FLUCTUATING BLOOD SUGAR; BLOOD SUGAR IS LOWER; CHILLS; TROUBLE BREATHING; BACK PAIN; PUKING; CHEST PAIN; NO APETITE; EXTREMELY TIRED; FELT LIKE CRAP; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included type 1 diabetes. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number: 1805031) dose was not reported, administered on 11-MAR-2021 on Left Arm for prophylactic vaccination. No concomitant medications were reported. On MAR-2021, the subject experienced no appetite. On MAR-2021, the subject experienced felt like crap. On MAR-2021, the subject experienced extremely tired. On 11-MAR-2021, the subject experienced puking. On 11-MAR-2021, the subject experienced chest pain. On 11-MAR-2021, the subject experienced trouble breathing. On 11-MAR-2021, the subject experienced back pain. On 11-MAR-2021, the subject experienced chills. On 16-MAR-2021, the subject experienced fluctuating blood sugar. On 16-MAR-2021, the subject experienced blood sugar is lower. Laboratory data included: Blood sugar abnormal (NR: not provided) FLUCTUATING AND LOWER. Treatment medications (dates unspecified) included: codeine, and paracetamol. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from puking, chest pain, extremely tired, no appetite, fluctuating blood sugar, back pain, and blood sugar is lower, and the outcome of trouble breathing, chills and felt like crap was not reported. This report was non-serious.
1253234	4/24/2021	MI	20	F	4/20/2021	4/21/2021	Patient received the Moderna shot on Tuesday (4/20/21), then had nausea and chest pain on Wednesday evening. Chest pain came and went with help of Motrin. Friday morning at 6 am, she had extreme chest pain that prompted an ER visit. They diagnosed her with pericarditis.

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1253378	4/24/2021	NC		F	3/9/2021	3/13/2021	<p>VERY SLEEPY/SLEEPING WHILE DRIVING,DOZED OFF AT WORK; MUSCLE CRAMP/PAIN IN HER RIGHT SIDE,ON HER RIGHT CALF; BACK(SEVERE SHARP PAIN)/BURNING SENSATION; FATIGUE(WAS NOT ABLE TO GET OUT OF BED); CHEST PAIN ON THE LEFT SIDE; FATIGUE (VERY SLEEPY); This spontaneous report received from a patient concerned a 57 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included high blood pressure, cholesterol, and smoker, and other pre-existing medical conditions included patient had no drug allergy. The patient received Covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802070, expiry: UNKNOWN) dose was not reported, administered on 09-MAR-2021 at is right arm for prophylactic vaccination. No concomitant medications were reported. On 01-JAN-2021, Laboratory data included: COVID-19 PCR test (NR: not provided) NEGATIVE. On 13-MAR-2021, the subject experienced fatigue (very sleepy). On 18-MAR-2021, the subject experienced chest pain on the left side. On an unspecified date, the subject experienced very sleepy/sleeping while driving, dozed off at work, muscle cramp/pain in her right side, on her right calf, back (severe sharp pain)/burning sensation, and fatigue (was not able to get out of bed). Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain on the left side on 18-MAR-2021, and had not recovered from fatigue (very sleepy), fatigue(was not able to get out of bed), very sleepy/sleeping while driving, dozed off at work, muscle cramp/pain in her right side, on her right calf, and back(severe sharp pain)/burning sensation. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required as per standard procedure as the case assessed as non-serious.</p>

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1253995	4/24/2021	CA	45	F	4/1/2021		<p>WHEN TAKEN DEEP BREATH LEFT PAIN INSIDE OF THE LEFT BREAST (CENTER OF CHEST); CHEST PAIN, SORENESS OF CHEST; LOWER BACK PAIN; SORE ARM; MILD HEADACHE; FATIGUE; MILD ABDOMINAL DISCOMFORMT (SIDE STITCH) ON LEFT SIDE TO RIGHT; This spontaneous report received from a patient concerned a 45 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number: 205A21A expiry: UNKNOWN) dose was not reported, administered on 09-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, Laboratory data included: Blood test (NR: not provided) platelets were normal. On APR-2021, treatment medications included: naproxen sodium. On 09-APR-2021, the subject experienced sore arm. On 09-APR-2021, the subject experienced mild headache. On 09-APR-2021, the subject experienced fatigue. On 10-APR-2021, the subject experienced lower back pain. On 17-APR-2021, the subject experienced chest pain, soreness of chest. On 17-APR-2021, the subject experienced when taken deep breath left pain inside of the left breast (center of chest). On APR-2021, the subject experienced mild abdominal discomformt (side stitch) on left side to right. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from lower back pain on 10-APR-2021, when taken deep breath left pain inside of the left breast (center of chest) on 17-APR-2021, and sore arm, and mild headache on APR-2021, and had not recovered from chest pain, soreness of chest, fatigue, and mild abdominal discomformt (side stitch) on left side to right. This report was non-serious.</p>

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1254004	4/24/2021	MI	21	M	3/30/2021		DIFFICULTY BREATHING/HARD TIME BREATHING; COUGHING; CHEST PAIN; WHEEZING; This spontaneous report received from a parent concerned a 21 year old male. The patient's weight was 180 pounds, and height was 70 inches. The patient's past medical history included untreated pneumonia during childhood, and concurrent conditions included lungs not in great shape, no alcohol use, and no smoking, and other pre-existing medical conditions included the patient had not known any drug allergy. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1802072, expiry: UNKNOWN) dose was not reported, administered on 20-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 2021, the subject experienced wheezing. On 30-MAR-2021, the subject experienced difficulty breathing/hard time breathing. On 30-MAR-2021, the subject experienced coughing. On 30-MAR-2021, the subject experienced chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from difficulty breathing/hard time breathing, wheezing, coughing, and chest pain. This report was non-serious.

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1254022	4/24/2021	TX	80	F	3/3/2021	3/1/2021	difficulty breathing; soreness after 1st dose left arm; Clot in Lung; chest pain; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PULMONARY THROMBOSIS (Clot in Lung) in an 80-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 027A21A and 046A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Heart disorder. On 03-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 29-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. In March 2021, the patient experienced PULMONARY THROMBOSIS (Clot in Lung) (seriousness criterion medically significant) and CHEST PAIN (chest pain). On 29-Mar-2021, the patient experienced VACCINATION SITE PAIN (soreness after 1st dose left arm). On an unknown date, the patient experienced DYSPNOEA (difficulty breathing). On 30-Mar-2021, VACCINATION SITE PAIN (soreness after 1st dose left arm) had resolved. At the time of the report, PULMONARY THROMBOSIS (Clot in Lung), CHEST PAIN (chest pain) and DYSPNOEA (difficulty breathing) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 08-Mar-2021, Echocardiogram: normal (normal) Normal. On an unknown date, Computerised tomogram: abnormal (abnormal) Blood clot in Lung. On an unknown date, Pulmonary function test: normal (normal) came back perfect. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. On 08-Mar-2021 patient had an echocardiogram (results are not provided). Concomitant medications are not reported. No Treatment for events is provided. Based on the current available information which includes a strong temporal association between the use of mRNA-1273 vaccine and onset of the reported events, causal relationship cannot be excluded. Vaccination site pain is consistent with the known safety profile of the vaccine This case was linked to MOD-2021-084017 (Patient Link).; Sender's Comments: Based on the current available information which includes a strong temporal association between the use of mRNA-

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1254026	4/24/2021		57	F	4/18/2021	4/18/2021	<p>1273 vaccine and onset of the reported events, causal relationship cannot be excluded. Vaccination site pain is consistent with the known safety profile of the vaccine</p> <p>Tongue swelling; Face swelling; Chest pains left side of chest; This spontaneous case was reported by an other health care professional (subsequently medically confirmed) and describes the occurrence of SWOLLEN TONGUE (Tongue swelling) and SWELLING FACE (Face swelling) in a 57-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 042B21-2A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 18-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-Apr-2021, the patient experienced SWOLLEN TONGUE (Tongue swelling) (seriousness criterion hospitalization), SWELLING FACE (Face swelling) (seriousness criterion hospitalization) and CHEST PAIN (Chest pains left side of chest). At the time of the report, SWOLLEN TONGUE (Tongue swelling), SWELLING FACE (Face swelling) and CHEST PAIN (Chest pains left side of chest) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant product use was not provided. Treatment included Benadryl IM and Steroid IV. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.</p>

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1254066	4/24/2021	OH	33	M	2/5/2021	2/5/2021	Long lasting chest pain, became quite severe at the one week mark; This is a spontaneous report from a contactable consumer (patient). A 33-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/Lot number: Not reported), via an intramuscular route of administration in right arm on 05Feb2021 at 09:30 as single dose for COVID-19 immunization. Patient previously had historical vaccine BNT162B2 as first dose for COVID-19 immunization. Patient medical history included covid-19 positive. The patient previously took Bactrim. There were no other vaccine same date details. Patient did not receive any other vaccines within 2-4 weeks. The patient took concomitant medications (there were other medications in two weeks). On 05Feb2021, patient experienced long lasting chest pain, became quite severe at the one week mark so that he went to the ER to get checked out. All his tests so far have been normal (CT scan of chest, blood work, EKG), but the pain is. On an unspecified date, patient underwent lab tests and procedures which included blood test, CT scan of chest and EKG all were normal. There was no covid prior vaccination and the patient was not tested with covid post vaccination. Patient received treatment for event. Outcome of the event was not recovered. Information on the Batch/Lot number has been requested.

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1254076	4/24/2021	MN	76	F	1/30/2021	1/31/2021	Chest pain/stabbing pain on her chest wall at the right side; This is a spontaneous report from a contactable consumer. A 76-years-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection; Lot Number: EL9269; Expiration Date: unknown), via an unspecified route of administration, administered in arm Left on 30Jan2021 at 11:00 (at the age of 76-year-old) as SINGLE DOSE for covid-19 immunization. Medical history included Lupus from 1976 to an unknown date. There were no concomitant medications. Prior Vaccinations (within 4 weeks) reported as none. History of all previous immunization and additional vaccines administered on same date with the Pfizer vaccine reported as none. Consumer reported that she had a side effect that she had never seen listed. She had no pain or redness at the vaccine site; but about 18:00 on Sunday night she had stabbing pain on her chest wall at the right side with no other symptoms. She took an aspirin and laid down because she couldn't move with the pain. The next morning she took another aspirin and laid in bed that day. It was bad for three days. The last time she noticed that the pain was on Monday. She was thinking that she had dodged a bullet because she was not having any pain at the site. Patient stated that she had friends, (name provided) and (name provided), in their 80s, who had pain from the elbow to shoulder, she spoke with them the day after they received their shots and they got there shot at the same time and place as the patient. Patient was scheduled to receive the second dose of the vaccine on 20Feb2021. She wanted to know that the chest pain a side effect and mentioned that she was concerned about getting the next dose. On 31Jan2021, the patient experienced Chest pain/stabbing pain on her chest wall at the right side. Therapeutic measures were taken as a result of chest pain and included treatment with aspirin. Patient did not required a visit to physician or Emergency room. Relevant test reported as none. The outcome of the event was recovered on 08Feb2021. No follow-up attempts are possible. No further information is expected.

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1253247	4/24/2021	MI		F	3/17/2021	3/17/2021	CHEST PAIN; HIPS AND SHOULDERS HURTS; MUSCLE ACHES; This spontaneous report received from a patient concerned a 43 year old female. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included the patient had no known drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1805025, expiry: UNKNOWN) dose was not reported, administered on 17-MAR-2021 09:30 a.m. vaccinated at right deltoid for prophylactic vaccination. No concomitant medications were reported. On 17-MAR-2021 21:30 p.m., the subject experienced chest pain. On 17-MAR-2021 21:30 p.m., the subject experienced hips and shoulders hurts. On 17-MAR-2021 21:30 p.m., the subject experienced muscle aches. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from muscle aches, chest pain, and hips and shoulders hurts. This report was non-serious.
1251998	4/24/2021	NY	71	F	3/28/2021	4/19/2021	Pt received her 2nd pfizer covid 19 vaccine on march 28th. hospitalized 3 weeks later with chest pain and possible new breast lesion and non specific lung nodules and elevated d dimer. -cardiac cause ruled out - seen by cardiology -Pt with tender pea sized nodule to 9 o clock position of left breast which reproduces her pain. ordered breast u/s of the area asap as out pt CT scan chest showing Non specific Multiple bilateral lung micro nodules, none measuring larger than 4 mm.
1251263	4/24/2021	DC	20	M	4/13/2021	4/17/2021	Patient had the common/expected fatigue/myalgia/low grade fever following the 2nd COVID vaccine. Then, once this resolved, he developed chest pain and shortness of breath. He was admitted to the hospital and found to have pericarditis with elevated troponin and mild/nonspecific EKG changes. He had echocardiogram, CT angio coronary, and cardiac MRI as part of evaluation. He was treated supportively with NSAIDs and discharged with only mild residual pain.
1251457	4/24/2021		16	F	4/24/2021	4/24/2021	Angioedema, PT reports history of recurrent angoedema approximately twice a week. She is being worked up. Pt came with Benadryl. Denied SOB, wheezing, hives, chest pain, n/v.

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1251643	4/24/2021	TN	21	M	4/9/2021	4/12/2021	Patient presents to ER with chest pain, worse with deep inspiration, lying flat or leaning forward. Pain is better when sitting up straight. Vomiting x 1 episode. First Moderna shot on 4/9/21. Chest pain started on 4/11/21. On 4/14/21, pain was worse, so came to ER. Patient admitted to hospital, cardiology consult, pulmonology consult. Patient is treated with colchicine 0.6mg twice daily, NSAID and metoprolol 25mg twice daily. Follow up with cards in 2 weeks. Much improved on day 2.
1249914	4/24/2021	IL	64	F	2/6/2021	2/6/2021	chest pressure; chest pain; This is a spontaneous report from a contactable consumer (Patient). A 64-year-old non-pregnant female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/lot number: EL9261, Expiration date: unknown) via an unspecified route of administration on 06Feb2021 03:45 PM at right arm as single dose for COVID-19 Immunization. Patient medical history included osteoporosis - take Prolia injections twice a year. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since vaccination, patient had not tested for COVID-19. Concomitant medication included Calcium with D, vitamin C and D. On 06Feb2021 03:45 PM, Patient reported that while in the store waiting the 15 minutes, I got mild chest pressure. Did not think anything of it but then it persisted, and I also got mild chest pain it was continued with periods of a little more on and off mild/moderate chest discomfort on left side and lasted for 8 hours. The patient thought it was symptom so did not call. Had planned to if it didn't go away. The patient call to a doctor for guidance. The patient did not receive any treatment for the event. The patient questioned that should it considered an adverse reaction and concerned whether he should get second dose and asked for advise on the same. The outcome of events was recovered on an unspecified date.

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1250768	4/24/2021	IL		M		3/10/2021	FAST HEART BEAT; FEVER; NAUSEA; CHILLS; HEADACHE; RIGHT SIDED CHEST PAIN; FLUSHED FACE; This spontaneous report received from a patient concerned a male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805025, and batch number: 1805025 expiry: UNKNOWN) dose was not reported, administered on 10-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 10-MAR-2021, the subject experienced flushed face. On 11-MAR-2021, Laboratory data included: Body temperature (NR: not provided) 99 deg, and Heart rate increased (NR: not provided) 100 bpm. On 11-MAR-2021 01:30:00, the subject experienced right sided chest pain. On 11-MAR-2021 01:30:00, the subject experienced chills. On 11-MAR-2021 01:30:00, the subject experienced headache. On 11-MAR-2021 02:00:00, the subject experienced nausea. On 11-MAR-2021 05:00:00, the subject experienced fever. On 11-MAR-2021 05:30:00, the subject experienced fast heart beat. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from flushed face on 10-MAR-2021, chills on 11-MAR-2021 02:00:00, nausea on 11-MAR-2021, and fever on 11-MAR-2021 05:30:00, had not recovered from headache, and the outcome of right sided chest pain and fast heart beat was not reported. This report was non-serious.
1247390	4/23/2021	WA	24	M	4/17/2021	4/17/2021	11am - sore arm 7pm - chills/fever & chest pain 8pm - increased chest pain 4/18 1pm - increased chest pain, fatigue, chills 11pm - unbearable chest pain 4/19 7am - leave for Emergency Room. Go from ER to Hospital. Diagnosed with Myocarditis.

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1246357	4/23/2021	NJ	68	F	3/17/2021	4/19/2021	presented to clinic with complaints of R calf cramping for 15 days which had become acutely worse over the last week, especially bad when patient was walking. She has never experienced pain like this before. The R leg is also swollen from the calf down. She reports that sometimes the leg looks purple-ish and she endorses some tingling in the foot. Over the past couple weeks, she has also noted new dyspnea when walking. She denies fevers, chills, chest pain, palpitations, or cough. Of note, the patient had COVID-19 in November and since then has had some upper back pain which she currently has but it feels the same as usually does for her
1246385	4/23/2021		54	M	4/7/2021	4/22/2021	Patient presented to ED on 4/22/2021 with non-productive cough, mild shortness of breath x 10 days. Acute onset chest pain x 1 day. Chronic bilateral leg swelling, but worsening leg pain. Hx of DVT and PE, not on anti-coagulation.
1246864	4/23/2021	MD	74	F	3/9/2021	3/9/2021	NO INITIAL REACTION FROM SHOT - FELT GOOD - NORMAL ACTIVITIES DURING THE DAY. HOWEVER, THAT NIGHT IN BED, SURPRISELY EXTREME CHEST PAINS/TIGHTNESS IN RIB CAGE .. NOT "CRUSHING" SO DID NOT GO THE EMERGENCY ROOM .. BUT DEFINITE TIGHTNESS NEVER FELT BEFORE .. HOWEVER, I WAS CONFIDENT THAT IT WAS JUST A VACCINE REACTION SO I USED RELAXATION TECHNIQUES AND FELL ASLEEP .. NEXT DAY, PAIN NOT AS SEVERE AND WAS GONE BY AFTERNOON. DID NOT REPORT AT THE TIME B/C DID NOT KNOW WHERE TO REPORT. WHEN THE NEWS REPORTS WERE ISSUED ABOUT THE 6 PEOPLE, I PHONED MY DOCTOR ON APRIL 13 AND REPORTED MY REACTION.. THEN, THE NEXT DAY, ON APRIL 14, I GOT A TEXT MESSAGE TO REPORT. AND HERE IS MY REPORT.
1246874	4/23/2021	MA	49	F	4/21/2021	4/22/2021	Acute Coronary Syndrome secondary to spontaneous coronary artery dissection This is the second patient in 1 week that presented to the hospital with chest pain and elevated troponin within 24 hrs of Pfizer vaccine

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1246998	4/23/2021	OR	70	F	3/5/2021	3/8/2021	March 5th I received Johnson and Johnson vaccine March 8th developed fatigue and chest pains March 12th I developed blisters on one half of my torso, March 15 my PA diagnosed me with shingles Today, about 6 weeks later the rash is almost gone but I still am being treated for chronic nerve pain
1247153	4/23/2021	FL	58	M	4/6/2021	4/12/2021	Patient presented with pleuritic chest pain on 4/12/21 and was diagnosed with multiple pulmonary embolisms. He was treated with heparin drip and discharged on Eliquis.

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1245438	4/23/2021	MO	85	F	2/9/2021	3/14/2021	<p>Pulmonary embolism; Nausea; Vomiting; Chest pain/right upper quadratic thoracic pain; Feeling unwell; This spontaneous case was reported by a patient family member or friend and describes the occurrence of PULMONARY EMBOLISM (Pulmonary embolism) in an 85-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 012A21A and 016M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No reported medical history). On 09-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 14-Mar-2021, the patient experienced MALAISE (Feeling unwell). On 15-Mar-2021, the patient experienced CHEST PAIN (Chest pain/right upper quadratic thoracic pain). On 15-Apr-2021, the patient experienced PULMONARY EMBOLISM (Pulmonary embolism) (seriousness criterion hospitalization), NAUSEA (Nausea) and VOMITING (Vomiting). The patient was hospitalized on 15-Apr-2021 due to PULMONARY EMBOLISM. At the time of the report, PULMONARY EMBOLISM (Pulmonary embolism), CHEST PAIN (Chest pain/right upper quadratic thoracic pain), MALAISE (Feeling unwell), NAUSEA (Nausea) and VOMITING (Vomiting) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 17-Mar-2021, SARS-CoV-2 test: negative (Negative) Negative. On 17 Mar 2021 the patient had an x-ray and EKG performed because she was not feeling well and had chest pain- no results provided. On 15 Apr 2021 the patient went to emergency room and was hospitalized for multiple pulmonary embolisms with parts being infarcted. No treatment information was provided. No relevant concomitant medications were reported. Company Comment - Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be</p>

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1247245	4/23/2021	NJ	49	F	3/31/2021	4/2/2021	<p>excluded.</p> <p>PATIENT RECEIVED VACCINE AT HIGH SCHOOL ON 3/31/2021. UNKNOWN VACCINE LOT NUMBER. PATIENT HAS HAD FATIGUE AND ARM PAIN SINCE TWO DAYS LATER. VACCINE WAS INJECTED INTO LEFT ARM. PATIENT WITH RIGHT SIDED PAIN. PATIENT SEEN IN OFFICE 4/20/2021. NO NEURO DEFICITS NOTED, ABDOMINAL PAIN, SOB, LEG SWELLING, PETECHIAE NOTED. CBC DONE 4/20/2021, NO ELEVATED PLT COUNT. ON F/U CALL 4/23/2021 PATIENT REPORTS INCREASING PAIN IN RIGHT ARM AND NEW CHEST PAIN. PATIENT INSTRUCTED TO REPORT TO EMERGENCY DEPARTMENT FOR EVALUATION.</p>

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1245369	4/23/2021	MA		F	3/3/2021	3/3/2021	36 days have passed since the 1st dose; hives all over her body; itchy; heart was heavy; chest was heavy; heart was heavy; felt tired / so tired; high blood pressure over 200 mm hg; had chest pain; very low fever (99°F); pain; This spontaneous case was reported by a health care professional (subsequently medically confirmed) and describes the occurrence of HYPERTENSION (high blood pressure over 200 mm hg), CHEST DISCOMFORT (heart was heavy), CARDIAC DISCOMFORT (heart was heavy) and CHEST DISCOMFORT (chest was heavy) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (no adverse event history reported) since an unknown date. On 03-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Mar-2021, the patient experienced PAIN (pain). On 04-Mar-2021, the patient experienced CHEST PAIN (had chest pain) and PYREXIA (very low fever (99°F)). On 05-Mar-2021, the patient experienced FATIGUE (felt tired / so tired), HYPERTENSION (high blood pressure over 200 mm hg) (seriousness criterion medically significant) and CARDIAC DISCOMFORT (heart was heavy) (seriousness criterion medically significant). On 10-Mar-2021, the patient experienced CHEST DISCOMFORT (heart was heavy) (seriousness criterion medically significant) and CHEST DISCOMFORT (chest was heavy) (seriousness criterion medically significant). On 11-Apr-2021, the patient experienced URTICARIA (hives all over her body) and PRURITUS (itchy). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (36 days have passed since the 1st dose). At the time of the report, CHEST PAIN (had chest pain), PYREXIA (very low fever (99°F)), FATIGUE (felt tired / so tired), HYPERTENSION (high blood pressure over 200 mm hg), CHEST DISCOMFORT (heart was heavy), URTICARIA (hives all over her body), PRURITUS (itchy), PRODUCT DOSE OMISSION ISSUE (36 days have passed since the 1st dose), CARDIAC DISCOMFORT (heart was heavy), CHEST DISCOMFORT (chest was heavy) and PAIN (pain) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was

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1247201	4/23/2021	NJ	44	F	4/1/2021	4/16/2021	<p>unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments.; Reporter's Comments: Based on the current available information which includes a strong temporal association between the use of mRNA-1273 vaccine and onset of the reported events, causal relationship cannot be excluded. The event of product omission is assessed as not applicable; Sender's Comments: This is a case of a 65-year-old female who missed due date for second week as it was 6 weeks since first dose in addition to the events (product dose omission). Based on the available information which includes a strong temporal association between the use of mRNA-1273 vaccine and onset of the other reported events, causal relationship cannot be excluded. The event of product dose omission is assessed as not applicable</p> <p>Employee reported on 4/16 that after receiving the J&J vaccine she was having uterine contractions and pelvic pain. She went to her primary which put her on baby aspirin. Employee then called out for chest pain on 4/20. She went to the ER on 4/19/21 . ER stated she did not have a blood clot and it was muscle related. She was put on medication. She was put out of work for 3 days. Upon her return on 4/23 she returned to work and stated she was advised by her primary to get an MRI.</p>

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1245432	4/23/2021	IL	27	M	4/11/2021	4/11/2021	Heart attack; Fever; Chills; Severe headache; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a 27-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event. On 11-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 11-Apr-2021, the patient experienced PYREXIA (Fever), CHILLS (Chills) and HEADACHE (Severe headache). On 14-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criterion medically significant). At the time of the report, MYOCARDIAL INFARCTION (Heart attack) outcome was unknown and PYREXIA (Fever), CHILLS (Chills) and HEADACHE (Severe headache) was resolving. Concomitant product use was not provided by the reporter. The patient forced himself to his place of employment for work on Tuesday 13Apr2021 and left work around 2PM. By that afternoon he felt terrible. He went to bed and woke up around 4am Wednesday 14Apr2021 with severe chest pain where he was rushed to the emergency room. Then they confirmed the patient had a heart-attack with no other offending agent besides the vaccine. It was not confirmed if the patient is on any other medication regularly. Treatment medications included Tylenol and Motrin alternating for fever, chills and headache. Action taken with mRNA-1273 in response to the events was not applicable.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.

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1245407	4/23/2021	WA	32	M	2/1/2021		<p>a blood clot right below his lung on the left side; his chest was hurting; he couldn't breath; Second shot three weeks later; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of THROMBOSIS (a blood clot right below his lung on the left side) in a 32-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). In February 2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced THROMBOSIS (a blood clot right below his lung on the left side) (seriousness criterion medically significant), CHEST PAIN (his chest was hurting), DYSPNOEA (he couldn't breath) and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Second shot three weeks later). At the time of the report, THROMBOSIS (a blood clot right below his lung on the left side), CHEST PAIN (his chest was hurting) and DYSPNOEA (he couldn't breath) outcome was unknown and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Second shot three weeks later) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered THROMBOSIS (a blood clot right below his lung on the left side), CHEST PAIN (his chest was hurting) and DYSPNOEA (he couldn't breath) to be related. No further causality assessment was provided for INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Second shot three weeks later). Patient was taken to the ER (Emergency Room). Treatment Xarelto was started. Patient has Cardiologist appointment on 28-APR-2021. Company comment:Limited information regarding the blood clot, chest pain and difficulty breathing has been provided at this time and a causal relationship cannot be excluded. Inappropriate schedule of vaccine administered is unrelated to the vaccine and is not reported as specifically resulting in adverse events. This case was</p>

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1247473	4/23/2021	FL	21	F	4/9/2021	4/17/2021	linked to MOD21-076660 (E2B Linked Report).; Sender's Comments: Limited information regarding the blood clot, chest pain and difficulty breathing has been provided at this time and a causal relationship cannot be excluded. Inappropriate schedule of vaccine administered is unrelated to the vaccine and is not reported as specifically resulting in adverse events. MOD21-076660: 4/17 Chest pain when she takes deep breath that spreads to her left arm 4/20-Follow up call second attempt - Voicemail not set up yet; unable to leave a message.

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1245370	4/23/2021	FL	54	F	3/30/2021	3/30/2021	<p>very tired and sleep 18 hours; passed away; severe flu-like symptoms; chest pain; Soreness at injection site; This spontaneous case was reported by a patient family member or friend and describes the occurrence of DEATH (passed away) in a 54-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 020B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Dermatomyositis, Polymyositis, Osteoarthritis, Degenerative bone disease, Osteoporosis, Muscular dystrophy, Rheumatoid arthritis, Immune disorder (NOS) and Raynaud's phenomenon. Concomitant products included MONTELUKAST SODIUM (SINGULAIR) for Asthma, PILOCARPINE for Dry mouth, IRBESARTAN for Hypertension, DILTIAZEM HYDROCHLORIDE (CARDIZEM CD) for Hypertension and Chest pain, SUMATRIPTAN (IMITREX [SUMATRIPTAN]) for Migraine, TIZANIDINE for Muscle spasms, PROCHLORPERAZINE EDISYLATE (COMPAZINE [PROCHLORPERAZINE EDISYLATE]) and ONDANSETRON (ZOFTRAN [ONDANSETRON]) for Nausea, GABAPENTIN (NEURONTIN) for Nerve pain, OXYCODONE for Pain, LEFLUNOMIDE and UPADACITINIB (RINVOQ) for Rheumatoid arthritis, ZOLPIDEM TARTRATE (AMBIEN CR), ACETYLSALICYLIC ACID (BAYER ASPIRIN), LANSOPRAZOLE (PREVACID), DIAZEPAM (VALIUM), CANNABIDIOL (CBD OIL) and IRON (IRON COMPLEX [IRON]) for an unknown indication. On 30-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 30-Mar-2021, the patient experienced VACCINATION SITE PAIN (Soreness at injection site). On 31-Mar-2021, the patient experienced INFLUENZA LIKE ILLNESS (severe flu-like symptoms) and CHEST PAIN (chest pain). On an unknown date, the patient experienced FATIGUE (very tired and sleep 18 hours). On 02-Apr-2021, INFLUENZA LIKE ILLNESS (severe flu-like symptoms), CHEST PAIN (chest pain), FATIGUE (very tired and sleep 18 hours) and VACCINATION SITE PAIN (Soreness at injection site) outcome was unknown. The patient died on 02-Apr-2021. The cause of death was not reported. It is unknown if an autopsy was performed. On 02-APR-2021 at 1: 30 AM mother</p>

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1247902	4/23/2021	TN	59	F	4/5/2021	4/13/2021	<p>found her daughter lying on the floor unresponsive. Paramedics and police came to the house. Paramedics tried to revive her and she was pronounced dead at the scene. This is a 54 year-old, female patient who received mRNA-1273 Vaccine) (batch no. 020B21A) and died 3 days after receiving first dose of vaccine and experiencing Influenza like symptoms. Medical hx of several auto immune disorders were provided. Conmeds include Hypertensive and Chest pain meds. The fatal outcome may be related to the patient's pre-existing comorbidities Very limited information has been reported at this time. No further information is expected.; Sender's Comments: This is a 54 year-old, female patient who received mRNA-1273 Vaccine) (batch no. 020B21A) and died 3 days after receiving first dose of vaccine and experiencing Influenza like symptoms. Medical hx of several auto immune disorders were provided. Conmeds include Hypertensive and Chest pain meds. The fatal outcome may be related to the patient's pre-existing comorbidities Very limited information has been reported at this time. No further information is expected.; Reported Cause(s) of Death: Unknown cause of death</p> <p>Heart racing that wouldn't stop and a nerve feeling and felt hyper. Pulse was 127/78 pulse 86 Small on and off small roaming headaches Chest pains near heart on and off Afternoon felt like I had high blood pressure but was normal 99.8 temp for a few hours in evening, then normal Felt asmatic like allergies on and off for a few days Exhaustion next day with some chest congestion 2 days after on awakening, dizzy. Went away in a bit. Felt exhausted and achy for days.</p>
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1245325	4/23/2021	NJ	59	F	4/7/2021	4/18/2021	I got the JNJ vaccine on Wed 4/7/21 (a wk before FDA paused that covid vaccine). Initial response was Extreme Fatigue, but starting 11:45 pm on 4/18/21, I suffered headache, chest pain, short of breath. I could not sleep at all till 4/19/21 PM after asking my kids to pray for me. In case it's just heartburn, I took TUMS at 8:15 pm on 4/19/21 . Headache, short of breath comes and goes, but the chest pain persists, and I develop a hot flash. I never took birth control pills, but my OB/GYN prescribed daily Estrogen (to prevent osteoporosis) and every 3 month, Progesterone for 10 days (to prevent breast cancer). Estrogen & Progesterone happen to be the birth control pills' composition. On 4/17/21, I finished my 10 days Progesterone regime. I discontinued the Estrogen supplement on 4/19/21 or 4/20/21, now (4/23/21 1:20 am) no more chest pain, but still feel fatigue, feverish with a hazy/foggy head (not really a headache). I have a suggestion for JNJ, FDA, CDC on JNJ vaccine warning label. If indeed those 6 women are all on birth control pills which are composed of synthetic estrogen and progesterone, then the warning label should also warn people who take these hormone supplements, instead of just an age range.
1245315	4/23/2021	UT	45	F	3/6/2021	3/7/2021	Vertigo, body aches, headache first 2-3 days. Then a few days later major fatigue set in, chest pain, mouth breaking out in canker sores randomly, broke out in hives, rashes on my legs and arms, skin hurts to touch, dizzy, loss of balance, difficulty sleeping, night sweats, blurred vision, double vision this is probably the worst of all the symptoms, I lost my taste for 5 weeks. I have taken anti-viral homeopathic drops because it really felt like I was getting the chickenpox or something...like a nerve pain burning. I have documentation how perfectly healthy I was before this and now I am not.
1245310	4/23/2021	SC	19	M	4/22/2021	4/22/2021	Heart and chest pain, started about 8-9 hours after injection. Going to sleep, so I cannot continue to monitor until morning.

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1245272	4/23/2021		19	F	3/16/2021	4/14/2021	Patient transferred from medical group practice for b/l PE. Patient reports chest pain and SOB x 4 days ago. Patient has also been having hemoptysis for the past couple days as well. Physical exam is remarkable for tachycardic heart rate and rhythm is regular. Patient given heparin bolus and infusion and admitted to hospital for acute large main vessel pulmonary embolism. 2D echocardiogram showing no signs of right heart strain. Patient was transitioned to oral Eliquis and given a 1 month supply on discharge. Patient told to stop birth control and avoid NSAIDS. Patient instructed to F/U with PCP and hematology.
1245250	4/23/2021	VA	22	F	3/24/2021	3/24/2021	About five to ten minutes after I received my first shot, I started to feel like my throat was closing a little. I knew it wasn't an allergic reaction because I could still speak, but I also became very dizzy and sweaty. I stood up to go see the nurse and she took my blood pressure and it was slightly higher than normal and my heart rate was extremely elevated. I sat down on a stretcher and felt incredibly light headed and gained a metallic taste in my mouth. I also felt very nauseous and started experiencing chest pains. It felt like a panic attack but more severe and more sudden. My throat felt very tight but I could still talk, and my cheeks felt like they were on fire. My face was bright red. They gave me some water and monitored me some more and encouraged me to go to the hospital, but my symptoms subsided after about 35 minutes. After that I just felt tired and didn't have any more symptoms.

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1245179	4/23/2021	PA		F		4/9/2021	<p>MALaise; MILD DEHYDRATION; CHEST PAIN; CHILLS; GENERALIZED WEAKNESS; HEADACHE; This spontaneous report received from a physician concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A, expiry: UNKNOWN) dose was not reported, administered on 07-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 09-APR-2021, the patient experienced chest pain. On 09-APR-2021, the patient experienced chills. On 09-APR-2021, the patient experienced generalized weakness. On 09-APR-2021, the patient experienced headache. On 19-APR-2021, the patient experienced mild dehydration. On 19-APR-2021, the patient experienced malaise. Laboratory data included: CT scan (NR: not provided) UNKNOWN, and EKG (NR: not provided) UNKNOWN. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the headache, generalized weakness, chills, chest pain, malaise and mild dehydration was not reported. This report was non-serious.</p>

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1245397	4/23/2021	NY		F	3/29/2021	4/2/2021	Soreness around her heart/chest wall pain; Soreness in left shoulder and around heart; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MUSCULOSKELETAL CHEST PAIN (Soreness around her heart/chest wall pain) in a 66-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 019B21A) for Covid-19 Vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event. Concomitant products included AMLODIPINE BESYLATE, HYDROCHLOROTHIAZIDE, ACETAMINOPHEN, ALLOPURINOL, SIMVASTATIN, KETOCONAZOLE, FOLIC ACID, ALPRAZOLAM, PIOGLITAZONE HYDROCHLORIDE (ACTOS), MAGNESIUM OXIDE, TRIMETHOPRIM, MACROGOL 3350 (MIRALAX), FLUTICASON PROPRIONATE, SALMETEROL XINAFOATE (FLUTICASON PROPRIONATE AND SALMETEROL) and DEXLANSOPRAZOLE (DEXILANT). On 29-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) at an unspecified dose. On 02-Apr-2021, the patient experienced MUSCULOSKELETAL CHEST PAIN (Soreness around her heart/chest wall pain) (seriousness criterion medically significant) and PAIN IN EXTREMITY (Soreness in left shoulder and around heart). On 13-Apr-2021, MUSCULOSKELETAL CHEST PAIN (Soreness around her heart/chest wall pain) and PAIN IN EXTREMITY (Soreness in left shoulder and around heart) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 13-Apr-2021, Blood test: 13-apr-2021 Inconclusive. On 13-Apr-2021, Chest X-ray: 13-apr-2021 Inconclusive. On 13-Apr-2021, Electrocardiogram: Inconclusive. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Other Medication: oyster calcium tablet, Re senna Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested; Sender's Comments: Based on the

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1248527	4/23/2021	CA	51	F	4/20/2021	4/21/2021	<p>current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.</p> <p>woke in the middle of the night with body aches, fever, chills- which was expected but also chest pain- it persisted so did a video visit and they sent me to Urgent care- there did work up but cont with tachycardia and pain so admitted for further work up- took ambulance transport to hospital; spent the night on telemetry and got ECHO- LFT's are elevated and D dimer elevated; after home still with occasional chest pain - follow up needed with PCP</p>

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1249273	4/23/2021			M		4/8/2021	<p>BILATERAL BLOOD CLOTS IN LEFT AND RIGHT LOWER LUNGS; This spontaneous report received from a patient via a company representative concerned a 46 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown, expiry: unknown) dose was not reported, 1 total administered on 05-APR-2021 for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On 08-APR-2021, the patient experienced mild chest pain and dyspnea. On 14-APR-2021, the patient visited to emergency room and diagnosed with bilateral blood clots in left and right lower lungs. The patient had no prior medical history of blood clot and pulmonary issues. On 14-MAR-2021, treatment medications included: rivaroxaban. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of bilateral blood clots in left and right lower lungs was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: This is a 46 male patient, unspecified ethnicity who was noted, at the emergency room (ER), to have bilateral blood clots in left and right lower lungs 9 days after receiving the covid-19 vaccine ad26.cov2.s. Weight and height were not reported. Medical history, smoking history and concomitant medications were not reported. Six (6) days prior to the visit to the emergency room, the patient experienced mild chest pains and dyspnea. Patient was sent home from the ER with Rivaroxaban. Based on the available information and considering the temporal causality, this is assessed as indeterminate per WHO causality classification of adverse reaction following immunization.</p>

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1249268	4/23/2021	CA		M		3/19/2021	<p>SHORTNESS OF BREATH WHILE WALKING; FEELING LIKE HE WAS GOING TO DIE; HIGH BLOOD PRESSURE; SEVERE CHEST PAIN/ON AND OFF CHEST PAIN; SEVERE BACK PAIN; DIFFICULTY SLEEPING; TIREDNESS; NUMBNESS IN LEFT ARM; WEAKNESS; CRAZY JOINT PAIN IN LEFT ARM; This spontaneous report received from a patient concerned a 41 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included diabetes, no alcohol use, and smoker (smokes cigarettes twice a day), and other pre-existing medical conditions included patient had no known allergies. patient had no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805031, expiry: UNKNOWN) dose was not reported, administered on 19-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 19-MAR-2021, the subject experienced crazy joint pain in left arm. On 21-MAR-2021, the subject experienced weakness. On 23-MAR-2021, the subject experienced numbness in left arm. On 28-MAR-2021, the subject experienced tiredness. On APR-2021, Laboratory data included: Blood pressure (NR: not provided) up, Blood test (NR: not provided) negative, CBC (NR: not provided) negative, ECG (NR: not provided) unknown, Imaging procedure (NR: not provided) negative, Troponin (NR: not provided) negative, and X-ray NOS (NR: not provided) unknown. On 04-APR-2021, the subject experienced shortness of breath while walking. On 04-APR-2021, the subject experienced feeling like he was going to die. On 04-APR-2021, the subject experienced high blood pressure. On 04-APR-2021, the subject experienced severe chest pain/on and off chest pain. On 04-APR-2021, the subject experienced severe back pain. On 04-APR-2021, the subject experienced difficulty sleeping. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from numbness in left arm on 26-MAR-2021, and difficulty sleeping on 06-APR-2021, was recovering from shortness of breath while walking, and severe back pain, had not recovered from weakness, tiredness, severe chest pain/on and off chest pain, and crazy joint pain in left arm, and the outcome of high blood pressure and feeling like he was going to die was not reported. This report was non-serious.; Sender's</p>

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1249254	4/23/2021	CA	32	M	3/28/2021	4/13/2021	<p>Comments: V0: Medical Assessment comment was not required as per standard procedure as the case assessed as non-serious.</p> <p>BODY PAIN; SORE AT INJECTION SITE; HEADACHE; CHEST PAIN; This spontaneous report received from a patient concerned a 32 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805020, and batch number: 1805020 expiry: UNKNOWN) dose was not reported, administered on 28-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 13-APR-2021, the subject experienced chest pain. Laboratory data included: Blood test (NR: not provided) unknown, ECG (NR: not provided) UNKNOWN, and X-ray (NR: not provided) UNKNOWN. On an unspecified date, the subject experienced body pain, sore at injection site, and headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain, body pain, and sore at injection site, and had not recovered from headache. This report was non-serious.; Sender's Comments: V0 Medical assessment comment not required as per standard procedure as the case was assessed as non-serious.</p>

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1249226	4/23/2021	MI		F		4/10/2021	CHEST PAIN; STOMACH PAIN; VOMITING; DIZZY; SWEATING; CHILLS; FEVER; This spontaneous report received from a parent concerned a 31 year old female. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included no known drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 206A21A, and batch number: 206A21A expiry: UNKNOWN) dose was not reported, administered on 10-APR-2021 13:30 for prophylactic vaccination. No concomitant medications were reported. On 10-APR-2021, the subject experienced chest pain. On 10-APR-2021, the subject experienced stomach pain. On 10-APR-2021, the subject experienced vomiting. On 10-APR-2021, the subject experienced dizzy. On 10-APR-2021, the subject experienced sweating. On 10-APR-2021, the subject experienced chills. On 10-APR-2021, the subject experienced fever. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chills, and fever on 11-APR-2021, had not recovered from stomach pain, and dizzy, and the outcome of vomiting, chest pain and sweating was not reported. This report was non-serious.; Sender's Comments: v0-Medical assessment comment not required as case is assessed as per standard operating procedures.

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1249222	4/23/2021			U		4/1/2021	<p>CHEST PAIN WHEN LYING; SHORTNESS OF BREATH; ARM PAIN; NOT DOING WELL; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 12-APR-2021 for prophylactic vaccination. The batch number was not reported. The Company was unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On APR-2021, the subject experienced chest pain when lying. On APR-2021, the subject experienced shortness of breath. On APR-2021, the subject experienced arm pain. On APR-2021, the subject experienced not doing well. Laboratory data included: Pain scale (NR: not provided) 4 and a half. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pain when lying, arm pain, shortness of breath and not doing well was not reported. This report was non-serious.; Sender's Comments: V0: Medical assessment comment not required as per standard procedure as the case was assessed as non-serious</p>

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1249162	4/23/2021	TN	55	M	4/8/2021		ELEVATED HEART RATE; CHEST PAIN; FELT FAINT; BODY ACHES; STOMACH UPSET; DIARRHEA; FELT JITTERY; HEADACHE; NAUSEA; SORE ARM AT INJECTION SITE; This spontaneous report received from a patient concerned a 55 year old white male. The patient's height, and weight were not reported. The patient's past medical history included both knees replacement, both hips replacement, and heart attack, and concurrent conditions included heart problems, circulation problems, and cigarette smoker. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202A21A and expiry: UNKNOWN) dose was not reported, 1 total administered on 08-APR-2021 at 10:15 to left arm for prophylactic vaccination. Concomitant medications included warfarin (5mg) for blood thinner, atorvastatin (80mg), baclofen (10mg), furosemide (40mg, 1 to 2 daily), glyceryl trinitrate, losartan (25mg), midodrine (5mg), oxycodone hydrochloride/paracetamol, potassium, and promethazine (25mg). On 08-APR-2021, the patient had heart rate issue after 45 minutes of vaccine administration, while driving to home and went to sleep for 2 hours. The patient felt faint, body aches, stomach upset, diarrhea, headache, nausea, sore arm at injection site and felt jittery. He told vaccination provider that he was on a blood thinner (warfarin 5mg), and had heart and circulation problems. He also took lorazepam (1mg) as treatment for jitters, which was not helpful for it. His heart rate had been fluctuating down to low 70's and up to 100's since he received the vaccine. On 09-APR-2021, he called his nurse about heart rate and nurse advised him to visit to emergency room (ER) if he experience chest pains. On 10-Apr-2021 at 09:00, the patient visited emergency room due to worsening of the elevated heart rate, and chest pain. The patient felt like he had another heart attack. The patient was admitted to the cardiac floor and medicine was provided to stabilize the heart rate. The patient was hospitalized for 2 days and discharged on 11-APR-2021 with the improvement of heart rate on prescribed medicines and advised if heart rate passed 90 to 100 to went back or felt flutter. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from felt faint, body aches, stomach upset, diarrhea, nausea, and sore arm at injection site on 10-APR-2021, was recovering from

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						elevated heart rate, had not recovered from headache, and felt jittery, and the outcome of chest pain was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: 20210420626-covid-19 vaccine ad26.cov2.s-Elevated heart rate, Chest pain. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY, UNDERLYING DISEASE	
1249109	4/23/2021	NV	36	M	4/3/2021	4/17/2021	Pulmonary embolism. Chest pain, shortness of breath, rapid heart rate.
1249043	4/23/2021	WA	27	M	4/8/2021	4/8/2021	Chest pain began ~8 hours after receiving vaccine. Pain increased over next week, present in waves with no noticeable cause. Aggravated by deep breaths. Diagnosed as likely pericarditis, supported by symptoms and EKG with elevated STs. Began treatment of 800mg Ibuprofen daily. Currently 15 days after vaccine, still showing symptoms after 3 days of treatment.

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1248976	4/23/2021	DE	69	F	3/6/2021		CONSTANTLY CLEARED THE THROAT; FELT KIND OF SWOLLEN THROAT; A LOT OF COUGHING; NUMBNESS IN LEFT ARM; TINGLING IN LEFT FINGERS; SHARP HEADACHE; TWINGE OF PAIN IN LEFT SIDE OF TONGUE; LIGHT HEADEDNESS; BURNING SENSATION AT ADMINISTRATION SITE/ TENDERNESS AT INJECTION SITE; LEFT-SIDED NUMBNESS THAT SPREAD FROM HER JAW, FACE TO TOP OF HEAD; LEFT SIDED FACIAL NUMBNESS LASTED FOR AT LEAST 5 HOURS DESCRIBED IT AS WAS SIMILAR TO DENTAL ANESTHESIA, BUT MORE EXTENSIVE; ALLERGIC REACTION; This spontaneous report received from a patient concerned a 69 year old female. The patient's height, and weight were not reported. The patient's past medical history included covid infection, and concurrent conditions included seasonal allergy, vision damaged, and sensitivity to alcohol, and other pre-existing medical conditions included azithromycin allergy (headache, rash, hives, swollen lips, tongue and throat , breathing problems, chest pains, raises blood pressure), sulfadiazine allergy (headache, rash, hives, swollen lips, tongue and throat), omnicef allergy (headache, rash, hives, upset stomach), cefdinir, clonidine allergy (headache, rash, hives, upset stomach), cipro allergy (headache, rash, hives, upset stomach), aspirin allergy (upset stomach), cortisone allergy (feels like shards of glass), lisinopril allergy (cough), amlodipine allergy (swelling of legs &feet), hydrochlorothiazide allergy (headache, upset stomach). The patient experienced drug allergy when treated with amlodipine, acetylsalicylic acid, azithromycin, cefdinir, ciprofloxacin, clonidine, cortisone, hydrochlorothiazide, lisinopril, cefotaxime sodium, and sulfadiazine. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported and batch number: 1805031 expiry: UNKNOWN) dose was not reported, administered on 06-MAR-2021 14:05 to left arm for prophylactic vaccination. No concomitant medications were reported. On 15-MAR-2020, Laboratory data included: COVID-19 antibody test (NR: not provided) Positive (units unspecified). On 06-MAR-2021, the subject experienced left-sided numbness that spread from her jaw, face to top of head. On 06-MAR-2021, the subject experienced left sided facial numbness lasted for at least 5 hours described it as was similar to

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dental anesthesia, but more extensive. On 06-MAR-2021, the subject experienced allergic reaction. On 06-MAR-2021 14:25, the subject experienced light headedness. On 06-MAR-2021 14:25, the subject experienced burning sensation at administration site/ tenderness at injection site. On 06-MAR-2021 15:05, the subject experienced twinge of pain in left side of tongue. On 06-MAR-2021 15:15, the subject experienced sharp headache. On 06-MAR-2021 16:00, the subject experienced constantly cleared the throat. On 06-MAR-2021 16:00, the subject experienced felt kind of swollen throat. On 06-MAR-2021 16:00, the subject experienced and had a lot of coughing. On 06-MAR-2021 16:00, the subject experienced numbness in left arm. On 06-MAR-2021 16:00, the subject experienced tingling in left fingers. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from constantly cleared the throat on MAR-2021, and had a lot of coughing, numbness in left arm, burning sensation at administration site/ tenderness at injection site, and sharp headache on 06-MAR-2021, had not recovered from light headedness, left sided facial numbness lasted for at least 5 hours described it as was similar to dental anesthesia, but more extensive, left-sided numbness that spread from her jaw, face to top of head, tingling in left fingers, and twinge of pain in left side of tongue, and the outcome of felt kind of swollen throat and allergic reaction was not reported. This report was non-serious.

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1247692	4/23/2021	MA	43	F	2/9/2021	2/9/2021	<p>Date of office visit: 4/22/2021 2:15 PM Intake done by: LPN Reason for today's visit: New Patient 30 minutes HR: 80, regular rate & rhythm BP: 136/78 (prehypertension) weight: 195 lbs 88.6 kg temperature: 98.5 F height: 5 ft 6 inch (measured) body mass index: 31.5 Obesity Classification: Class I, Simple obesity Progress Note xxxxx 4/22/2021 Patient is a 43-year-old female referred to me for management of hemorrhage into her pituitary gland. February 9, 2021 11 AM she received Moderna vaccine. by 7 PM she had a severe headache, leg numbness, severe arthralgias in her knees, global paresthesias, pressure behind her eyes, she describes her head is very heavy and pressurized was very painful. Symptoms lasted for three days and gradually remitted. To a lesser degree the headache persisted longer but resolved March 10, 2021 received Moderna vaccine. On same day she developed headache, chest pain, back pain, leg numbness. She states that when she walked it exacerbated chest pain and headache and she had to walk very gently on her toes. She tried Tylenol, ibuprofen without effect. The symptoms persisted. She started taking two aspirin a day. March 14 she worked third shift as usual (despite symptoms) March 15, the symptoms were bad enough that she felt she had to go to the emergency room. March 15, 2021 18:56 CT Head or Brain C-: 7 mm rounded hyperdensity within the pituitary gland which may represent a hyperdense pituitary mass lesion. Associated hemorrhage is not excluded. March 15, 2021 22:34 MRI Brain C-/C+: There is 0.6 x 0.6 x 0.7 cm round structure in the anterior pituitary gland with high T1 signal, dark T2 signal, susceptibility artifact and no enhancement. This likely represents a hemorrhage within the microadenoma. Advise neurosurgical consult and follow-up MRI in 6 months.</p> <p>3/17/2021 I was consulted (while she was in hospital, chart review only. Patient not seen at that time) I wrote... PITUITARY ACTH Patient had ACTH stimulation test yesterday. Assuming she has received no steroid Rx during this admission prior to the ACTH stimulation test (as I have been told), then these results confirm that her adrenal gland has the ability to respond to ACTH and thus there is no reason to believe the underlying pituitary abnormality had resulted in chronic ACTH deficiency from the pituitary lesion that resulted in hemorrhage.</p>

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3/16/2021 4:32 PM .Cort 30 min Stim Cortisol 30
Minutes Post ACTH 19.3 mcg/dL Cortisol 60
Min 27.6 mcg/dL As the pituitary
hemorrhage was an acute event, it is possible the
pituitary currently does not have the ability to make
adequate amounts of ACTH, despite the normal ACTH
stim test, but the situation is too acute to cause the
adrenal to atrophy (as a result of chronic ACTH
deficiency) and she still could have secondary adrenal
insufficiency. When there is a chronic ACTH deficiency of
sufficient duration, the adrenal gland will eventually
atrophy and the patient will then develop primary adrenal
insufficiency as well and then the ACTH stim test will
become abnormal. As we do not know if her pituitary can
make ACTH appropriately, I think it would be prudent to
treat the patient with PREDNISONONE 2.5 mg qAM for now
even though we do not know for certain whether her
pituitary can make ACTH. After discharge, she should be
evaluated by endocrine to assess for ACTH deficiency.
She should be advised to seek medical attention if she
develops symptoms of adrenal insufficiency like nausea,
emesis, abd pain, orthostatic symptoms. PITUITARY
TSH 3/15/2021 11:47 PM T3 Total 83
(normal: 60-181) nGm/dL T4, Total 7.3
(normal: 4.5-13.3) mcg/dL TSH, 3rd gen
2.160 (normal: 0.358-3.740) mIU/ml I think, based
on above admission TFTs, she should also be treated
with LEVOTHYROXINE 100 mcg qAM even though we
do not know for certain if she has central hypothyroidism.
This too should be reassessed in the future. PITUITARY
LH/FSH If she acutely or recently developed secondary
amenorrhea and FSH is not c/w menopause, then that
would suggest the lesion or hemorrhage has causes
hypogonadotrophic hypogonadism. This situation would
increase the probability she has central adrenal
insufficiency and central hypothyroidism. If menses
remains normal henceforth, the it is more likely her ability
to make TSH and ACTH are normal.
Patient was discharged on
levothyroxine 100 µg in the morning and prednisone 2.5
mg daily. She's also on iron pills. Past medical history:
Iron deficiency anemia. Treatment was an IUD, after
which she's gained a lot of weight. Medicines: IUD,
Levothyroxine 100 mcg QAM, prednisone 2.5 mg QAM,
ferrous sulfate 325 mg daily Allergies: none No cigarette

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use, alcohol abuse or drug use Family social history: patient has three children. High school educated. Healthcare worker. REVIEW OF SYSTEMS: overall health is good. She feels well. No headache. No nausea. No nocturia Physical exam: Extraocular muscles intact. VF full Lungs are clear. Cardiac exam regular. Impression: hemorrhage into pituitary gland Temporarily, symptoms correlate with covid vaccination in a women who previously was (reportedly) dx with covid infection. Maybe the pituitary hemorrhage was the result of the coronavirus vaccination or the aspirin she was taking. At this point she's feeling well. It's been about one month since the event. I'd like to wait another month and then proceed with testing of a pituitary gland to try to figure out if she really needs to remain on levothyroxine and prednisone and reimage the pituitary. On the day of the testing she will take neither medicine in the morning. Will then measure LH, FSH, estradiol, TSH free T4 and cortisol and renal panel. Patient will then receive ACTH 0.25 mg IM and have cortisol measured at 30 minutes and 60 minutes. I will follow-up with her by phone. She scheduled to see Dr. April 26. I would like to do another MRI but I would prefer to wait another month as she is clinically doing well and I want to allow the pituitary more time to "heal"/stabilize. No follow-up is scheduled with me, if Dr. does not order an MRI and I will after I received next blood test. M.D. 4/22/2021 3:40 PM Electronically signed by: M.D. on 4/23/2021 2:47 PM

1248797 4/23/2021 CA

16 M

4/23/2021

4/23/2021

Patient is a 16 year old male alert and oriented x4 accompanied by his mother who complained of weakness immediately upon administration of vaccine. The patient and patients mother stated that this same type of event has occurred in the past with previous vaccinations. Patient was seated on a cot a vital signs stable. Patient stated the he immediately felt better and no longer had any complaints. No chest pain, shortness of breath, weakness, dizziness, signs of stroke or allergic reaction. The offer was made to call paramedics for further evaluation and transport but patient and mother politely refused. Patient and mother were advised of all risks and consequences and advised to seek medical treatment if any symptoms return. Patient left with his mother via private vehicle.

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1247493	4/23/2021	CA	32	M	4/8/2021	4/16/2021	Covid-19 vaccine JJ: 32 y.o. male w/ no PMH presenting 2 weeks after receiving his Johnson & Johnson COVID vaccine after having severe L calf pain found to have thrombocytopenia. From H&P on 4/21, Patient reports that he had both fevers and aches after his vaccine (4/8/2021). Several days later developed low back pain radiating into his left leg which he initially attributed to sciatica. However, several days later, he went for a 6 mile hike, and felt that his left leg was hurting more. He went to PCP, where he received a blood test and was found to have a platelet count in the low 60s. This was initially thought to be a lab error, but he noticed that his left leg was swollen, somewhat red, and appeared that his blood vessels were swollen. This swelling resolves when he is lying down, and is worsened when he is standing. He received an US to r/o DVT, which was negative. However, after his repeat platelet count demonstrated thrombocytopenia, he was sent to the ED. He denies any recent leg trauma, though he has broken his leg before nearly 15 years ago. He denies weakness or issues going to the bathroom. Denies chest pain or shortness of breath. Denies chills, fevers, but did wake up last 2 nights drenched in sweat. He also reports a petechial rash on his legs. As of 4/22, medical team suspects Vaccine-induced thrombocytopenic purpura (VITT). VITT requires 1) thrombocytopenia, 2) documented clot, 3) positive PF4 Ab, and 4) recent AstraZeneca or J&J vaccine. He meets criteria 1, 3, and 4. He has clinical signs of DVT but does not have a documented clot. Patient has L calf tenderness and prominent pooling of blood and vein engorgement of the L leg when he stands up. Possible that he had a DVT or multiple that cleared and now he has post-thrombotic syndrome. This is consistent with the pooling of blood with gravity and relief of symptoms with elevation. As he has had 2 negative US for DVT, unlikely that he has an unresolved DVT. abdominal and head CT are neg for thrombosis.

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1248313	4/23/2021		18	M	4/23/2021	4/23/2021	At approximately 1342 HRS, patient and father presented to observation RN stated, "My arms feel heavy." Patient denied shortness of breath, chest pain, itching, or difficulty swallowing. Respirations even and unlabored. Oral mucosa inspected, appeared pink and moist. Patient smiling during assessment. Pulse Ox 99% on room air. Pulse 95 BPM, even in rate and rhythm. Patient was observed for 10 minutes. Released from observation tent. Ambulated from area accompanied by father without assistance. Gait appeared steady.
1248105	4/23/2021	NC	23	M	4/17/2021	4/17/2021	Patient noticed some SOB and chest tightness the evening after receiving the Pfizer COVID vaccine. A few days later his symptoms worsened to chest pain. He went to the ED and was further transferred to the hospital where he was found to have myocarditis. He is being treated with colchicine and lisinopril.
1248075	4/23/2021	CA	56	M	4/18/2021	4/19/2021	The day after receiving his 2nd dose of the pfizer vaccine, he developed hemoptysis and R sided chest pain. He came to the ER on 4/21/21 and was found to have extensive bilateral pulmonary embolism with hemorrhage to likely the RML/RLL. He remained hemodynamically stable and did not require supplemental oxygen. He was started on heparin gtt with stable hemoglobin.

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1248045	4/23/2021	IL	39	F	4/10/2021	4/11/2021	J&J COVID Vaccine EUA J&J Vaccine 4/10/2021 4/13/21: Believes she is having a reaction to her Johnson and Johnson COVID-19 vaccination. This vaccination was given on 04/10/2021. Patient is 39-year-old female with a past medical history significant for ulcerative colitis that has been in remission since the patient was 21 years of age, epileptic seizures on Vimpat and clonazepam. Patient comes in as a transfer with a chief complaint of possible reaction to Johnson and Johnson COVID-19 vaccine. Patient presents with multiple complaints. The patient states that upon receiving the vaccine on 04/10/2021 she suddenly developed presyncopal episodes where she felt like she was about to pass out but that subsided later on. 12 hours following the shot she had intense headache which was frontal and then later on travel to the back of her head and traveled down her spine. Patient described the headache to be the worse headache of her life, stated that it was worse than going through labor. Patient stated that she received morphine which helped her with the headache. Patient also complained of chest pain which was left-sided with no radiation, constant. No history of previous myocardial infarctions. Her troponins that were conducted were negative. Patient also complained of experiencing blood in her stool. She stated that when she wiped herself on the morning of 04/13/2021 she experience blood on the toilet paper and blood in the bowel. However, her stool occult blood that was conducted was negative. Patient is being followed by Neurology, she contacted her neurologist and they recommended to come to the ED with concerns of thromboembolism. Patient's D-dimer was negative. Patient denied any recent travel anywhere or coming into contact with anyone sick. She denied developing any fevers cough shortness of breath abdominal pain nausea vomiting or any urinary concerns. 4/15/21: Patient is a 39-year-old female with a past medical history significant for ulcerative colitis that has been in remission since the patient was 21 years of age, epileptic seizures on Vimpat and clonazepam. Patient comes in as a transfer with a chief complaint of possible reaction to Johnson and Johnson COVID-19 vaccine. Headache: MRI brain and MRI venogram was ordered. MRI brain did show concerning signed for idiopathic intracranial hypertension. Neurology was consulted. Patient had high volume LP. Patient

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responded well post LP. Patient will be discharged on topiramate with a taper instructions per neurology. Patient will make appointment with Ophthalmology. Patient will follow up with Neurology as well. Chest pain concerning for ACS: Negative troponin. EKG normal sinus rhythm. Concern for vaccine reaction: Patient has J&J vaccine. No clots were noted. Patient's symptoms are most likely are secondary to idiopathic intracranial hypertension and history of migraines. 4/16/2021: 39-year-old female presents emergency room with chief complaint of headache. Onset this morning. Headache is generalized. Headache is constant. Headache is worth with position change. Such as moving head side to side or with changing from lying to sitting and sitting to standing. Headache improves with lying supine. To has tried pushing fluids, taking over-the-counter medication, and also increasing her caffeine intake to offset the headache. She denies any of these helping with her symptoms. Patient's pain is right an 8 out of 10. The patient denies anything additional alleviating and or aggravating factors to chief complaint. Today when the patient's headache started. She contacted her neurologist. She was told to come to the emergency department for a blood patch. The patient added that her neurologist felt that she needs a blood patch not only because of the recent lumbar puncture but because there was at minimum 25 mL of spinal fluid removed at the time of her lumbar puncture. This lumbar puncture occurred under fluoroscopy. However, they had difficulty getting the pressure gauge on thus, more than 25 mL was removed.. Pain Pain Scale: 8 /10. Timing: constant. gradual. Character: mild. 4/19/21: patient reports intense headaches she attributes to the spinal tap. Ketorolac, DHE, ondansetron given.

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1247978	4/23/2021	OH	27	M	4/21/2021	4/22/2021	Myocarditis. Pt received 2nd Dose Moderna on 4/21/21 morning. He reported developing fever of 102 F on 4/22/21. He reported developing chest pain early morning on 4/23/21. Denied other symptoms. Pt went to urgent care due to chest pain and SOB. Pt sent to ED from urgent care due to abnormal EKG. EKG showed ST elevation. Troponin I elevated 13.0 . C-reactive protein elevated 8.22. Left heart cath done, normal. CT PE done to rule out PE. Pt diagnosed with myocarditis and severe inflammation. "Elevated Inflammatory markers possibly related to COVID vaccine.~~
1247922	4/23/2021	PA	72	M	4/9/2021	4/17/2021	72-year-old male history multiple medical problems including coronary artery disease with stents Barrett's esophagus asthma enlarged prostate hypertension presents from the infusion center secondary to being found to have hypotension after receiving his immunoglobulin infusion today for COVID. Patient states he has been feeling ill for the past few days due to COVID he has been eating and drinking much. Patient states that he felt no different during his infusion or after but the blood pressure being low specially felt lightheaded when he stood up he was sent down to the ER for further evaluation. Patient denies any chest pain associated with this no palpitations he is awake alert and not diaphoretic in no significant distress on my evaluation. Patient denies any recent blood in stools. Note is the patient did receive the COVID vaccine Johnson and Johnson approximately 10 days ago. He was diagnosed with COVID infection 4 days after that.

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1248271	4/23/2021	MD	43	M	3/26/2021	3/26/2021	Initial reaction after the injection: Sore left shoulder, stiffness that continued for 2 days 04/12/2021 The patient went to the ER for left chest pain 04/15/2021 Chest CT obtained with pleuritic chest pain diagnosis CTA report: several pulmonary emboli in the left lower lung with lingular infiltrates; 04/15/2021 - 04/16/2021 admission to Hospital ER for pulmonary embolism and infarction 04/15/2021 admitted to hospital for observation for pulmonary emboli with hemoptysis He was started on Eliquis which he has tolerated. There was hemoptysis during this time and after admission. He experienced an increase in left-sided pleuritic pain followed by improvement after being on the Eliquis for several days. He continues to have discomfort with deep inspiration however asymptomatic with regular breathing and has been able to return to many of his routine activities. Started Eliquis 10mg twice daily x7 days, followed by 5 mg twice daily
1247817	4/23/2021		52	F	3/10/2021	3/18/2021	52 yo female received J&J COVID-19 vaccination on 3/10. On 3/18, she presented to the ED with chief complaint of SOB and anemia. CT confirms bilateral submassive PE seen in segmental and subsegmental lobes. Symptomatic with tachypnea, pleuritic CP, tachycardia. Patient has history of PE 3 years ago as well, and was on warfarin for 6 months. Only family history of clots is elderly grandmother with DVT's. No sudden death in family. Age-appropriate cancer screening up to date. Patient is wheelchair bound and was dehydrated 2/2 gastroenteritis which made her high risk for VTE. Less likely due to hypercoagulable disorder. At discharge, she is hemodynamically stable...Tachypnea and pleuritic chest pain resolved. Myeloproliferative neoplasm panel negative. She was started on apixaban (will finish loading doses 3/26, and continue 5mg BID indefinitely). Will be referred to hematology as outpatient for PE + anemia.

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1245178	4/23/2021			F			CHEST PAIN; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. The company is unable to perform follow up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, the subject experienced chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of chest pain was not reported. This report was non-serious.
1248863	4/23/2021	FL	53	F	4/1/2021	4/8/2021	PATIENT STATED SHE FELT BACK PAIN, LEG PAIN, AND CHEST PAIN IMMEDIATELY AFTER GETTING THE VACCINE, PATIENT WAS OBSERVED FOR 15 MINUTES AND FELT WELL ENOUGH TO GO HOME; HOWEVER, PATIENT CALLED PHARMACY TODAY 4/23/21 FOR THE FIRST TIME SINCE 4/8/21 STATING HER CHEST PAIN AND LEG PAIN HAVE INCREASED SINCE GETTING THE VACCINE. PATIENT WAS COUGHING ALOT WHILE TALKING ON THE PHONE AND CRYING DUE TO THE CONCERN OF JENSSEN VACCINES IN THE NEWS. I ADVISED THE PATIENT THAT SHE SHOULD GO TO THE EMERGENCY ROOM FOR FOLLOW UP DUE TO CONCERNS OF HER EXPERIENCING CHEST PAIN AND LEG PAIN IN ORDER TO ELIMATE THE POSSIBILITY OF ANY CLOTS.

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1249406	4/23/2021			F			CHEST PAIN; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, the subject experienced chest pain. Treatment medications (dates unspecified) included: glyceryl trinitrate. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of chest pain was not reported. This report was non-serious.
1249282	4/23/2021	AL		M		4/1/2021	CHEST PAIN; MUSCLE CRAMPS; MUSCLE WEAKNESS; LEG PAIN; SHARP PAINS IN HEAD/HEADACHES; This spontaneous report received from a consumer concerned a male of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included alcoholic, and smoker, and other pre-existing medical conditions included the patient was healthy. The patient had no known allergies. The patient had no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1042A21A expiry: UNKNOWN) dose was not reported, administered on 06-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced chest pain. On APR-2021, the subject experienced muscle cramps. On APR-2021, the subject experienced muscle weakness. On APR-2021, the subject experienced leg pain. On APR-2021, the subject experienced sharp pains in head/headaches. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from sharp pains in head/headaches, muscle weakness, muscle cramps, chest pain, and leg pain. This report was non-serious.; Sender's Comments: V0:Medical assessment comment not required as per standard operating procedures.

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1249287	4/23/2021	CA	37	F		4/10/2021	LEFT BREAST OR CHEST PAIN/BURNING; BACK PAIN; BILATERAL LEG PAIN; This spontaneous report received from a patient concerned a 37 year old female. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included the patient have no known drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A, expiry: UNKNOWN) dose was not reported, administered on 08-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 10-APR-2021, the subject experienced left breast or chest pain/burning. On 10-APR-2021, the subject experienced back pain. On 10-APR-2021, the subject experienced bilateral leg pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from bilateral leg pain, left breast or chest pain/burning, and back pain. This report was non-serious.; Sender's Comments: V0:As per standard protocol, MAC comment is not required for non-serious cases.

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1249416	4/23/2021	IL	52	F	3/23/2021		RIGHT MIDDLE FINGER TURNED PURPLE; FINGERS SWELLING; INSOMNIA; RINGING IN THE EARS; CHEST PAIN; SHORTNESS OF BREATH; FATIGUE; BODY ACHE; METALLIC TASTE IN MOUTH; FINGERS TURNED COLD AND TINGLY; This spontaneous report received from a patient concerned a 52 year old female. The patient's height, and weight were not reported. The patient's past medical history included covid-19, "over Christmas" and had since recovered. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805031, and expiry: 26-MAY-2021) dose was not reported, administered on 23-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 01-DEC-2020, Laboratory data included: COVID-19 virus test positive (NR: not provided) Positive. On 23-MAR-2021, the subject experienced metallic taste in mouth. On 23-MAR-2021, the subject experienced fingers turned cold and tingly. On 24-MAR-2021, the subject experienced body ache. On 24-MAR-2021, the subject experienced fatigue. On 25-MAR-2021, the subject experienced insomnia. On 25-MAR-2021, the subject experienced ringing in the ears. On 25-MAR-2021, the subject experienced chest pain. On 25-MAR-2021, the subject experienced shortness of breath. On 08-APR-2021, the subject experienced right middle finger turned purple. On 08-APR-2021, the subject experienced fingers swelling. Treatment medications (dates unspecified) included: doxycycline, and azithromycin. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from right middle finger turned purple, chest pain, metallic taste in mouth, and fingers swelling, had not recovered from insomnia, ringing in the ears, and shortness of breath, and the outcome of fingers turned cold and tingly, body ache and fatigue was not reported. This report was non-serious.

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1249430	4/23/2021	NC		M		4/17/2021	BACK PAIN IN SHOULDER BLADES/SEVERE KNEE PAIN; SEVERE FOOT PAIN; CHEST PAIN; This spontaneous report received from a patient concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. Per procedure, no follow up will be requested for this case. No concomitant medications were reported. On 17-APR-2021, the subject experienced chest pain. On an unspecified date, the subject experienced back pain in shoulder blades/severe knee pain, and severe foot pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the back pain in shoulder blades/severe knee pain, severe foot pain and chest pain was not reported. This report was non-serious.

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1249448	4/23/2021	CA	77	M		4/19/2021	SLIGHT HEADACHE; CHEST PAIN DUE TO DIFFICULTY IN BREATHING; DIFFICULTY BREATHING; SLOW TO MOVE/LACK ENERGY; SORE ON LEFT SHOULDER FELT LIKE HE WAS PUNCHED IN THE SHOULDER; This spontaneous report received from a patient concerned a 77 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included headache. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported and batch number: 042A21A expiry: UNKNOWN) dose was not reported, administered on 05-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 19-APR-2021, the subject experienced chest pain due to difficulty in breathing. On 19-APR-2021, the subject experienced difficulty breathing. On 19-APR-2021, the subject experienced slow to move/lack energy. On 19-APR-2021, the subject experienced sore on left shoulder felt like he was punched in the shoulder. Laboratory data included: Normal pulse rate (NR: not provided) normal at around 60. On an unspecified date, the subject experienced slight headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from chest pain due to difficulty in breathing, difficulty breathing, sore on left shoulder felt like he was punched in the shoulder, and slow to move/lack energy, and had not recovered from slight headache. This report was non-serious.
1248317	4/23/2021	TX	44	F	3/13/2021	3/14/2021	The day after her first Moderna COVID-19 shot (3/14/2021) she developed groin pain that lasted for about 2 days before going away, but then on 3/16/2021 she developed Chest Pain in her mid-chest and associated shortness of breath which did not go away, so she went to the emergency room on 3/17/2021 and was diagnosed with a Pulmonary Embolism. (I assume the groin pain was cause by a blood clot in her upper leg that moved up into her lungs.)

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1249500	4/23/2021	TX	45	M		4/17/2021	<p>CHEST PAIN; CHEST PAIN RADIATING TO STOMACH ON AND OFF; PAIN LIKE SENSITIVE TO TOUCH ON LOWER BACK OF LEGS BELOW KNEE (RIGHT LEG IS MORE SENSITIVE TO THE TOUCH THAN LEFT); This spontaneous report received from a patient concerned a 45 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included non-alcohol user, and non-smoker, and other pre-existing medical conditions included the patient did not known allergies and no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: UNKNOWN) dose was not reported, administered on 13-APR-2021 for prophylactic vaccination. The batch number was not reported, per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On 17-APR-2021, the subject experienced pain like sensitive to touch on lower back of legs below knee (right leg is more sensitive to the touch than left). On 20-APR-2021, the subject experienced chest pain. On 20-APR-2021, the subject experienced chest pain radiating to stomach on and off. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from pain like sensitive to touch on lower back of legs below knee (right leg is more sensitive to the touch than left), and chest pain, and the outcome of chest pain radiating to stomach on and off was not reported. This report was non-serious.</p>

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1249622	4/23/2021	MN		M	3/23/2021	4/10/2021	Negative COVID test; nausea; passed out; chest pain; shortness of breath; Tested positive for COVID; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of SYNCOPE (passed out) in a 77-year-old male patient who received mRNA-1273 for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Heart disease, unspecified and Atherosclerosis (blockage of artery was noted.). Concurrent medical conditions included Drug therapy (patient was on heart medications) and Drug therapy (patient was on antibiotic). Concomitant products included ATORVASTATIN CALCIUM (STATIN [ATORVASTATIN CALCIUM]), CLOPIDOGREL BISULFATE (PLAVIX) and MULTIVITAMIN [VITAMINS NOS] for an unknown indication. On 23-Mar-2021, the patient received first dose of mRNA-1273 (unknown route) 1 dosage form. On 10-Apr-2021, the patient experienced SYNCOPE (passed out) (seriousness criterion medically significant), CHEST PAIN (chest pain), DYSPNOEA (shortness of breath), SARS-COV-2 TEST POSITIVE (Tested positive for COVID) and NAUSEA (nausea). On an unknown date, the patient experienced SARS-COV-2 TEST NEGATIVE (Negative COVID test). At the time of the report, SYNCOPE (passed out), CHEST PAIN (chest pain), DYSPNOEA (shortness of breath), SARS-COV-2 TEST POSITIVE (Tested positive for COVID), SARS-COV-2 TEST NEGATIVE (Negative COVID test) and NAUSEA (nausea) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 10-Apr-2021, SARS-CoV-2 test: positive Positive. On 14-Apr-2021, SARS-CoV-2 test: negative Negative. The action taken with mRNA-1273 (Unknown Route) was unknown. This case concerns a 77-year-old male with a serious unexpected event of syncope, and nonserious unexpected chest pain, dyspnea, and expected nausea. SARS-CoV-2 test positive. Treatment with Regeneron antibodies. Event onset 19 days after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: This case concerns a 77-year-old male with

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1241574	4/22/2021	KY	31	F	4/20/2021	4/21/2021	<p>a serious unexpected event of syncope, and nonserious unexpected chest pain, dyspnea, and expected nausea. SARS-CoV-2 test positive. Treatment with Regeneron antibodies. Event onset 19 days after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.</p> <p>A 31 yr/o female who presents with palpitations and left upper back pain. Patient reports she has been told she has a high resting heart rate on prior healthcare encounters, especially when she has been seen here in our facility for asthma exacerbations. She states because of this she has worn a Holter monitor with no evidence of arrhythmia. Over the past year or so she has had a few episodes of heart palpitations described as a flip-flopping or fluttering or irregularity of her heartbeat. She had a few hours worth of palpitations after receiving her first Covid vaccination a few weeks ago. She received second Covid vaccination yesterday and has had off-and-on palpitations both last night and throughout the day today. Beginning this morning she developed a sharp constant pleuritic discomfort in the left upper back near the shoulder blade, which is worse with deep breath. No fever, cough or dyspnea. No anterior chest pain whatsoever. No leg swelling. No history of DVT or PE.</p>
1242124	4/22/2021	PA	54	F	3/11/2021	3/19/2021	<p>Sudden chest pain with exercise - exercise daily and never had this before. Pain increased in intensity with exercise for over a week. Stopped exercise when pain appeared. Pain subsided within 30 - 45 minutes after stopping.</p>

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1242022	4/22/2021	OR	56	M	4/13/2021	4/13/2021	Patient care coordinator on PCP team learned of patient death, as documented: TC to pt family for a welfare ck d/t co-worker mentioned saw in social media pt had passed? PCC-spoke with pt daughter states father passed on 4/18/2021 in the PM unknown exact time of death at home. PCC gave family condolences for their loss. Patient reports father got covid-19 vaccine on 4/13/2021 and he started having severe HA's on this day. Sx increased for the next few days, he had dry cough,sore throat,chest pain,SOB. States father declined for family to called an ambulance while sx were increasing. States ambulance was called on Sunday 4/18/2021 to take body to the morgue. States they are awaiting for autopsy results,and death certificate. States father's body will be taken to his family. On what date did they pass away? 4/18/2021 unknown time, at home Do you know what the cause was? Family is not sure of cause of death
1241920	4/22/2021		23	M	3/4/2021	3/6/2021	NSTEMI likely caused by Myocarditis starting with intermittent chest pain on 3/6/21 that was treated with aspirin and carvedilol QD.
1241814	4/22/2021	PA	22	F	4/9/2021	4/9/2021	Pain in one side of body, fever for 12 days, shortness of breath, elevated heart rate, dizziness, nausea, chest pain, head aches, back pain. Doctor has diagnosed as delayed immune response to the vaccine.
1241757	4/22/2021	HI	31	M	1/26/2021	2/9/2021	Pulmonary embolism, right lower lobe, 9 Feb 2021, presenting with right chest pain. No other provoking factors identified. Will be treated with six months of rivaroxaban.

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1240905	4/22/2021	NC		F			<p>LEG CRAMPS; CHEST PAIN; RUNNY NOSE; FOLATE DEFICIENCY; VITAMIN D DEFICIENCY; RASH; FEELING UNWELL; LACK OF ENERGY; CHILLS; HEADACHE; BEING WIPED OUT; This spontaneous report received from a patient concerned a 79 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included orthopedic problems, asthma, attention deficit hyperactivity disorder, allergic to house dust, allergic to dog hair, alcohol use, and non-smoker, and other pre-existing medical conditions included the patient did not have any drug abuse/illicit drug use and also not pregnant at the time of vaccination. The patient received Pfizer vaccine on January 14, 2021 and February 4, 2021. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A, and batch number: 043A21A expiry: UNKNOWN) dose was not reported, administered on 08-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 2021, the subject experienced leg cramps. On 2021, the subject experienced chest pain. On 2021, the subject experienced runny nose. On 2021, the subject experienced folate deficiency. On 2021, the subject experienced vitamin d deficiency. On 2021, the subject experienced rash. On 2021, the subject experienced feeling unwell. On 2021, the subject experienced lack of energy. On 2021, the subject experienced chills. On 2021, the subject experienced headache. On 2021, the subject experienced being wiped out. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from headache, chills, leg cramps, rash, runny nose, feeling unwell, lack of energy, folate deficiency, vitamin d deficiency, and being wiped out, and the outcome of chest pain was not reported. This report was non-serious.</p>

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1240945	4/22/2021	LA		M		4/10/2021	<p>CHEST PAIN/BURNING; FACE REDDENING; BLURRED VISION; SORE LEGS; HEADACHES; TROUBLE BREATHING AFTER DOING MANUAL LABOR/SHORTNESS OF BREATH; This spontaneous report received from a patient via a company representative concerned a 62 year old male. The patient's height, and weight were not reported. The patient's past medical history included atrial fibrillation, and concurrent conditions included high blood pressure, and borderline diabetes, and other pre-existing medical conditions included patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Expiry: UNKNOWN) dose was not reported, administered on 09-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 10-APR-2021, the subject experienced trouble breathing after doing manual labor/shortness of breath. On 10-APR-2021, the subject experienced face reddening. On 10-APR-2021, the subject experienced blurred vision. On 10-APR-2021, the subject experienced sore legs. On 10-APR-2021, the subject experienced headaches. On 12-APR-2021, the subject experienced chest pain/burning. Laboratory data included: EKG (NR: not provided) came out fine. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain/burning on 13-APR-2021, and face reddening on 12-APR-2021, and was recovering from trouble breathing after doing manual labor/shortness of breath, headaches, sore legs, and blurred vision. This report was non-serious. This case is a duplicate. Additional information was received from patient on 15-APR-2021. It was determined that it was a duplicate of this case. All relevant information regarding this case will be submitted under Manufacturer Case Number. Sender's Comments: V0:Medical Assessment comment not required as per standard procedure as the case assessed as non-serious.</p>

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1241119	4/22/2021	WI		F		4/10/2021	CHEST PRESSURE; CHEST PAIN; This spontaneous report received from a health care professional concerned a 35 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 043A21A, and expiry: UNKNOWN) dose was not reported, administered on 09-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 10-APR-2021, the subject experienced chest pressure. On 10-APR-2021, the subject experienced chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pressure and chest pain was not reported. This report was non-serious.

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1241139	4/22/2021	CA		F	4/9/2021		SWELLING AT INJECTION SITE; BAD COLD; CHILLS; HIGH FEVER; FATIGUE; BODY ACHES; SWELLING AT BACK OF NECK; COUGHING; WHEEZING; SNEEZING; CHEST PAINS; MASSIVE MIGRAINE; CLAMMY; SWEATY; RUNNY NOSE; LOSS OF APPETITE; NAUSEA; BLURRED VISION; SLURRED SPEECH; HIGH BLOOD PRESSURE; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808982, and batch number: 1808982 expiry: UNKNOWN) dose was not reported, administered on 09-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 09-APR-2021, the subject experienced blurred vision. On 09-APR-2021, the subject experienced slurred speech. On 09-APR-2021, the subject experienced high blood pressure. On 09-APR-2021, the subject experienced loss of appetite. On 09-APR-2021, the subject experienced nausea. On 11-APR-2021, the subject experienced body aches. On 11-APR-2021, the subject experienced swelling at back of neck. On 11-APR-2021, the subject experienced coughing. On 11-APR-2021, the subject experienced wheezing. On 11-APR-2021, the subject experienced sneezing. On 11-APR-2021, the subject experienced chest pains. On 11-APR-2021, the subject experienced massive migraine. On 11-APR-2021, the subject experienced clammy. On 11-APR-2021, the subject experienced sweaty. On 11-APR-2021, the subject experienced runny nose. On 11-APR-2021, the subject experienced chills. On 11-APR-2021, the subject experienced high fever. On 11-APR-2021, the subject experienced fatigue. On 12-APR-2021, the subject experienced bad cold. On an unspecified date, the subject experienced swelling at injection site. Treatment medications (dates unspecified) included: ondansetron, paracetamol, dextromethorphan hydrobromide/guaifenesin/paracetamol/pseudoephedrine hydrochloride, acetylsalicylic acid/caffeine/paracetamol/salicylamide, and diphenhydramine hydrochloride. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from massive migraine, had not recovered from nausea, bad cold, coughing, wheezing,

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1241696	4/22/2021	FL	56	F	4/22/2021	4/22/2021	sneezing, chills, body aches, chest pains, swelling at back of neck, clammy, sweaty, slurred speech, high blood pressure, high fever, runny nose, fatigue, and loss of appetite, and the outcome of blurred vision and swelling at injection site was not reported. This report was non-serious. 55 y/o female, with no past medical history, who presents with Right arm tingling post vaccination. Patient states that this is her first dose in the two-dose series. Patient denies previous vaccination reactions. Patient received her vaccination to the Right arm. Patient states that she also feels anxious and nervous. Patient denies sore throat, difficulty swallowing, chest pain or difficulty breathing. NP and Paramedics at patient side. Patient provided with a bottle of water and legs were elevated. Within 3 minutes patient stated that tingling resolved. Patient noted to be hypertensive (172/104) with all other vital signs normal. Patient denies medical history of hypertension. Patient moved to the partitioned off area and placed on cot. Patient vitals monitored every 5 mins for 1 hour. Patient became normotensive and stated that symptoms had resolved. Patient discharged home in stable condition.

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1241379	4/22/2021	MN	43	F	2/27/2021	2/27/2021	left neck spasm; felt uneasy; slight pain under sternum; fatigue; pain in her left knee; trembling in her upper body; face became a bright red; heat in her body; weakness in arms and hands; bed bound; pain in her lower back over kidney area; her body would be drenched in sweat mostly around heart and sternum area, she could splash; injection site started having pain; her injection site started having pain, it swelled up; Had skin eruptions like a boil on her right uper buttock; the boil was thought to be cellulitis and she was given a topical antibiotic; vomiting; racing heart; facial numbness and tingling; nausea; hard time breathing; shortness of breath; hives were on her upper back and under hips; she was covered in hives from, they covered her chest in a "Vshape; cough; burning sensation in her mouth; mouth was dry, tongue was thick and full, no salivation; Disoriented; began to feel very very thirsty; drinking 1 liter of water; felt pins and needles down her arms; numbness like pins and needles on injection site and neck; and while laying in bed, she felt like she was driving a race card; could not sleep; was going to pass out; high blood pressure; "She had a spot appear on her right leg and a ultrasound of her leg was performed to verify if a blood clot had developed (clot was not diagnosed)"; twitches in her abdomen, where her abdomen would cramp up; fallen down a short flight of stairs; felt like she could not move her limbs (elbow to fingers, knees to toes),limbs felt like they were frozen and paralyzed; dizzy; vertigo; migraine, lightheadedness, ringing ears, cloudy vision and headache; felt like as if someone was sitting on her chest; had a crawling sensation; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PRESYNCOPE (was going to pass out), CELLULITIS (Had skin eruptions like a boil on her right uper buttock; the boil was thought to be cellulitis and she was given a topical antibiotic), PERIPHERAL PARALYSIS (felt like she could not move her limbs (elbow to fingers, knees to toes),limbs felt like they were frozen and paralyzed) and DYSPNOEA (hard time breathing; shortness of breath) in a 43-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 025A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Bradycardia and Hives (Patient recalls

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20 years ago; she had hives.) in 2001. Concurrent medical conditions included Migraine. Concomitant products included RIZATRIPTAN for Migraine. On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Feb-2021, the patient experienced PERIPHERAL PARALYSIS (felt like she could not move her limbs (elbow to fingers, knees to toes),limbs felt like they were frozen and paralyzed) (seriousness criterion disability), DIZZINESS (dizzy), VERTIGO (vertigo), MIGRAINE (migraine, lightheadedness, ringing ears, cloudy vision and headache) and CHEST DISCOMFORT (felt like as if someone was sitting on her chest; had a crawling sensation). On 01-Mar-2021, the patient experienced ABDOMINAL PAIN (twitches in her abdomen, where her abdomen would cramp up) and FALL (fallen down a short flight of stairs). On 02-Mar-2021, the patient experienced PRESYNCOPE (was going to pass out) (seriousness criterion medically significant), RASH MACULAR ("She had a spot appear on her right leg and a ultrasound of her leg was performed to verify if a blood clot had developed (clot was not diagnosed)'), HYPERTENSION (high blood pressure), INSOMNIA (could not sleep), PARAESTHESIA (felt pins and needles down her arms; numbness like pins and needles on injection site and neck) and RESTLESSNESS (and while laying in bed, she felt like she was driving a race card). On 03-Mar-2021, the patient experienced DISORIENTATION (Disoriented) and THIRST (began to feel very very thirsty; drinking 1 liter of water). On 04-Mar-2021, the patient experienced ORAL DISCOMFORT (burning sensation in her mouth; mouth was dry, tongue was thick and full, no salivation). On 05-Mar-2021, the patient experienced DYSPNOEA (hard time breathing; shortness of breath) (seriousness criterion medically significant), URTICARIA (hives were on her upper back and under hips; she was covered in hives from, they covered her chest in a "Vshape), COUGH (cough), HYPOAESTHESIA (facial numbness and tingling) and NAUSEA (nausea). On 07-Mar-2021, the patient experienced PALPITATIONS (racing heart). On 10-Mar-2021, the patient experienced VOMITING (vomiting). On 11-Mar-2021, the patient experienced CELLULITIS (Had skin eruptions like a boil on her right upper buttock; the

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boil was thought to be cellulitis and she was given a topical antibiotic) (seriousness criterion medically significant). On 12-Mar-2021, the patient experienced HYPERHIDROSIS (her body would be drenched in sweat mostly around heart and sternum area, she could splash), VACCINATION SITE PAIN (injection site started having pain) and VACCINATION SITE SWELLING (her injection site started having pain, it swelled up). On 13-Mar-2021, the patient experienced BACK PAIN (pain in her lower back over kidney area) and BEDRIDDEN (bed bound). On 15-Mar-2021, the patient experienced MUSCULAR WEAKNESS (weakness in arms and hands). On 17-Mar-2021, the patient experienced PYREXIA (heat in her body). On 21-Mar-2021, the patient experienced ERYTHEMA (face became a bright red) and TREMOR (trembling in her upper body). On 30-Mar-2021, the patient experienced FATIGUE (fatigue) and ARTHRALGIA (pain in her left knee). On 01-Apr-2021, the patient experienced CHEST PAIN (slight pain under sternum). On 02-Apr-2021, the patient experienced MUSCLE SPASMS (left neck spasm) and MALAISE (felt uneasy). At the time of the report, PRESYNCOPE (was going to pass out), CELLULITIS (Had skin eruptions like a boil on her right upper buttock; the boil was thought to be cellulitis and she was given a topical antibiotic), PERIPHERAL PARALYSIS (felt like she could not move her limbs (elbow to fingers, knees to toes), limbs felt like they were frozen and paralyzed), DYSPNOEA (hard time breathing; shortness of breath), RASH MACULAR ("She had a spot appear on her right leg and a ultrasound of her leg was performed to verify if a blood clot had developed (clot was not diagnosed)'), DIZZINESS (dizzy), VERTIGO (vertigo), MIGRAINE (migraine, lightheadedness, ringing ears, cloudy vision and headache), CHEST DISCOMFORT (felt like as if someone was sitting on her chest; had a crawling sensation), ABDOMINAL PAIN (twitches in her abdomen, where her abdomen would cramp up), FALL (fallen down a short flight of stairs), HYPERTENSION (high blood pressure), DISORIENTATION (Disoriented), ORAL DISCOMFORT (burning sensation in her mouth; mouth was dry, tongue was thick and full, no salivation), URTICARIA (hives were on her upper back and under hips; she was covered in hives from, they covered her chest in a "Vshape), COUGH (cough), HYPERHIDROSIS

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(her body would be drenched in sweat mostly around heart and sternum area, she could splash), BACK PAIN (pain in her lower back over kidney area), MUSCULAR WEAKNESS (weakness in arms and hands), ERYTHEMA (face became a bright red), MUSCLE SPASMS (left neck spasm), INSOMNIA (could not sleep), BEDRIDDEN (bed bound), PARAESTHESIA (felt pins and needles down her arms; numbness like pins and needles on injection site and neck), RESTLESSNESS (and while laying in bed, she felt like she was driving a race car), THIRST (began to feel very very thirsty; drinking 1 liter of water), PALPITATIONS (racing heart), TREMOR (trembling in her upper body), CHEST PAIN (slight pain under sternum), MALAISE (felt uneasy), VACCINATION SITE PAIN (injection site started having pain), VACCINATION SITE SWELLING (her injection site started having pain, it swelled up), FATIGUE (fatigue), VOMITING (vomiting), PYREXIA (heat in her body), ARTHRALGIA (pain in her left knee) and NAUSEA (nausea) outcome was unknown and HYPOAESTHESIA (facial numbness and tingling) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 02-Mar-2021, Blood pressure measurement: increased (High) increased. On 02-Mar-2021, Electrocardiogram: unknown (Inconclusive) unknown. On 02-Mar-2021, Heart rate: increased (High) increased. On 02-Mar-2021, Ultrasound Doppler: unknown (Inconclusive) result unknown. On 06-Mar-2021, Blood pressure measurement: increased (High) increased. On 06-Mar-2021, Electrocardiogram: normal (normal) Tests came back fine. On 06-Mar-2021, Heart rate: 110 (High) increased. On 06-Mar-2021, Oxygen saturation: 90 (Low) decreased. On 06-Mar-2021, Ultrasound scan: normal (normal) The tests came back fine. On 07-Mar-2021, SARS-CoV-2 test: negative (Negative) negative. On 18-Mar-2021, Blood pressure measurement: normal (normal) normal. On 18-Mar-2021, Electrocardiogram: unknown (Inconclusive) unknown. On 18-Mar-2021, Heart rate: 85 (High) Pulse was a bit higher than her normal.. On 01-Apr-2021, Fibrin D dimer: unknown (Inconclusive) result unknown. On 01-Apr-2021, Ultrasound Doppler: unknown (Inconclusive) result unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.

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Per report, the patient had a skin eruption which was thought to be cellulitis at the clinic. Treatment included intravenous infusion with epinephrine, naltrexone, diphenhydramine, rizatriptan, naproxen sodium, TEA, a nerve supplement, and topical antibiotics. She was discharged home with EpiPen, prednisone, and famotidine. On 01 April 2021, the patient felt like she had a blood clot and received an EKG, D-dimer test, and ultrasound of the heart and lower limbs. On 07 April 2021, the patient reported feeling energetic. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1240429	4/22/2021		29	F	7/1/2018	3/28/2021	shortness of breath/ chest pain/ burning throat and SOB/ diagnosed as allergic reaction or possible asthma flare; shortness of breath/ chest pain/ burning throat and SOB/ diagnosed as allergic reaction or possible asthma flare; overwhelming fatigue; This is a spontaneous report from a contactable consumer, based on information received by Pfizer(manufacturer control number: US-AMGEN-USASP2021052927), license party for etanercept (ENBREL). This non-serious spontaneous report (USASP2021052927) was reported on 06/APR/2021 by a consumer and involves a 29 year old female patient who experienced had shortness of breath/ chest pain/ burning throat and SOB/ diagnosed as allergic reaction or possible asthma flare [PT: hypersensitivity] while receiving Enbrel with Single Dose Prefilled Syringe and Aimovig with Single Dose Prefilled Autoinjector. No historical medical condition was reported. The patient's current medical condition included psoriatic arthritis, migraine, and asthma. No concomitant medications were provided. The patient's co-suspect medication included Covid-19 Vaccine. The patient began Aimovig with Single Dose Prefilled Autoinjector on an unknown date in JUL/2018. The patient started taking Enbrel with Single Dose Prefilled Syringe on an unknown date in 2020. On 15/MAR/2021, the patient received her first Pfizer COVID-19 vaccination. On 25/MAR/2021, the patient took her latest Enbrel injection. On 27/MAR/2021, the patient took her latest Aimovig injection. On 28/MAR/2021, Sunday, the patient started experiencing shortness of breath (SOB) and chest pain which lead her to see her physician the following Monday. On 29/MAR/2021, the patient performed electrocardiogram (ECG) at the physician's office which was normal. On 29/MAR/2021, on Monday night, the patient went to the emergency room with a burning throat and SOB and the patient was diagnosed with an allergic reaction or possible asthma flare, and she was prescribed a prednisone taper which she did not take and baclofen. The patient had been taking the baclofen and using her Xopenex (levosalbutamol hydrochloride) rescue inhaler as needed for SOB. The patient also reported that the SOB and chest pain was getting better but still had issues. On an unknown date in 2021, the patient also reported that she had been experiencing overwhelming fatigue and was scheduled to receive her second Pfizer COVID-19

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1242148	4/22/2021	VA	26	F	4/8/2021	4/8/2021	<p>vaccination on 09/APR/2021. The outcome of the events hypersensitivity was reported as unknown. Action taken with Enbrel and Single Dose Prefilled Syringe was reported as unknown for the events hypersensitivity. Action taken with Aimovig with Single Dose Prefilled Autoinjector was reported as unknown for the events hypersensitivity. The causal relationship between the events hypersensitivity, and Enbrel with Single Dose Prefilled Syringe was not provided by the consumer. The causal relationship between the events hypersensitivity and Aimovig with Single Dose Prefilled Autoinjector was not provided by the consumer. Follow up is not required.</p> <p>4/8-4/9: arm pain, chills, chattering teeth, fever, sweating, dehydration, insomnia 4/9: fatigue, brain fog/confusion 4/8-4/22: random muscle pains mostly in legs, ankles, feet 4/17: insomnia, sweating, neck pain, nausea, dizziness, fainting, muscle pains, dehydration, anxiety/elevated heart rate -> went to ER at 4am on 4/18, tests found no abnormalities 4/17-4/22: neck pain and upper back, fatigue, muscle pains, anxiety/elevated heart rate (intermittent chest pain/sensitivity), insomnia, general discomfort overall and thus depression from not feeling normal for so long</p>

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1241375	4/22/2021	FL	70	F	3/25/2021	3/26/2021	Diagnosed with shingles; the rash is on my torso and in the back; I couldn't sleep at night; The pain was excruciating; Discomfort pains in center of chest; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Discomfort pains in center of chest), CHEST PAIN (The pain was excruciating) and HERPES ZOSTER (Diagnosed with shingles) in a 70-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 027A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (medical history was not reported.). Concomitant products included LEVOTHYROXINE SODIUM (SYNTHROID) and HYDROCHLOROTHIAZIDE, LOSARTAN POTASSIUM (HYZAAR) for an unknown indication. On 25-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 26-Mar-2021, the patient experienced CHEST PAIN (Discomfort pains in center of chest) (seriousness criterion medically significant). On 27-Mar-2021, the patient experienced CHEST PAIN (The pain was excruciating) (seriousness criterion medically significant) and INSOMNIA (I couldn't sleep at night). On 28-Mar-2021, the patient experienced HERPES ZOSTER (Diagnosed with shingles) (seriousness criterion medically significant) and RASH (the rash is on my torso and in the back). At the time of the report, CHEST PAIN (Discomfort pains in center of chest), CHEST PAIN (The pain was excruciating), HERPES ZOSTER (Diagnosed with shingles), INSOMNIA (I couldn't sleep at night) and RASH (the rash is on my torso and in the back) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment for the event included Famciclovir for 7 days initially and Acyclovir ointment for the Shingles rash and Celebrex for the pain. This case concerns a 70-year-old female with a serious unexpected event of chest pain and herpes zoster, and nonserious unexpected insomnia and rash. Event onset 2 days after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.;

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							Sender's Comments: This case concerns a 70-year-old female with a serious unexpected event of chest pain and herpes zoster, and nonserious unexpected insomnia and rash. Event onset 2 days after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.
1244530	4/22/2021	PA	38	M	4/10/2021	4/10/2021	Chest pain, weakness, high blood pressure, lung infection
1240595	4/22/2021			U		4/10/2021	SHORTNESS OF BREATH; SLIGHT CHEST PAIN; LETHARGY; FATIGUE; FEVER; CHILLS; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported) dose was not reported, administered on 10-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 10-APR-2021, the subject experienced chills. On 10-APR-2021, the subject experienced fever. On 11-APR-2021, the subject experienced lethargy. On 11-APR-2021, the subject experienced fatigue. On 12-APR-2021, the subject experienced shortness of breath. On 12-APR-2021, the subject experienced slight chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the fever, chills, fatigue, lethargy, shortness of breath and slight chest pain was not reported. This report was non-serious.; Sender's Comments: V0:Medical assessment comment not required as per standard procedure as case assessed as non serious.

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1240587	4/22/2021	CA	24	F	4/1/2021		CHEST PAIN; DIFFICULTY BREATHING; BODY PAIN WHEN DO AN ACTIVITY; FEELING SLEEPY; LITTLE DIZZY; ACHINESS; WHEEZING; TIGHTNESS; This spontaneous report received from a patient concerned a 24 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included gluten allergy, and sulfa allergy, and other pre-existing medical conditions included the patient had no medication allergy. The patient was previously treated with iron pills and birth control pills. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042a21a, and batch number: 042A21A expiry: UNKNOWN) dose was not reported, administered on 06-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced chest pain. On APR-2021, the subject experienced difficulty breathing. On APR-2021, the subject experienced body pain when do an activity. On APR-2021, the subject experienced feeling sleepy. On APR-2021, the subject experienced little dizzy. On APR-2021, the subject experienced achiness. On APR-2021, the subject experienced wheezing. On APR-2021, the subject experienced tightness. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pain, difficulty breathing, body pain when do an activity, feeling sleepy, little dizzy, achiness, wheezing and tightness was not reported. This report was non-serious.

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1240506	4/22/2021	CA	68	M	3/19/2021		SEVERE INSOMNIA; ELEVATED HEART RATE; CHEST PAIN; STOMACH ACHE; WEAKNESS; WHOLE BODY SHAKING; SWEATING; SEVERE PSYCHIATRIC REACTION; SUICIDAL IDEATION; HEAD TURNED INTO A CLOUD; EXCRUCIATING PAIN IN THE PALM PART OF LEFT HAND NEAR THUMB; FRONTAL LOBE HEADACHE, TO THE LEFT AND RIGHT OF FRONT LOBE; This spontaneous report received from a patient concerned a 68 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included alcohol user, and nonsmoker. The patient had no known allergies or drug abuse. The patient's genetic test showed he came from all around the world. The patient received Covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, and batch number: 1805020 expiry: UNKNOWN) dose was not reported, 1 total dose administered on 19-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 19-MAR-2021, 1.5 hours later, the patient experienced "severe brain symptoms". He has developed several incidences of severe insomnia (no sleeping pills have help), for which has been awake for 24 hours at a time. He experienced head turned into a cloud, frontal lobe headache, excruciating pain in the palm part of his left hand near his thumb in which he had previously injured. On 20-MAR-2021, he developed severe psychiatric reaction to brain, he could not have control over his body, and he was afraid of the Psychological Evaluation Team. His health care professional (HCP) deployed a team to arrest his for- psych evaluation. On Mar-2021; event head turned into a cloud was resolved. On 09-APR-2021, he developed most severe symptoms of entire body shaking, nervous feeling of shaking, weakness, sweating profusely, unsure if he has a fever or not. On an unspecified date, he also developed stomach aches, elevated heart rate, chest pain and weakness. There were days where his heart rate was high around 160 bpm for 3-4 days in a row (normal 80-100 bpm). His chest pain was still ongoing. Laboratory data (dates unspecified) included: Heart rate increased (NR: 80 - 100) 160 BPM. The action taken with Covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from head turned into a cloud, had not recovered from frontal lobe headache, to the left and right of front lobe, excruciating pain in the palm part of left

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						hand near thumb, suicidal ideation, severe psychiatric reaction, severe insomnia, whole body shaking, weakness, sweating, and chest pain, and the outcome of elevated heart rate and stomachache was not reported. This report was serious (Other Medically Important Condition, and Life Threatening).; Sender's Comments: V0: 20210420137 - COVID-19 VACCINE AD26.COV2.S - SUICIDAL IDEATION. This event is considered Unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.
1240733	4/22/2021	FL			F	4/13/2021 CHEST PAIN; HEADACHE; This spontaneous report received from a patient via a company representative concerned an adult female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported) dose was not reported, administered on 20-MAR-2021 for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On 13-APR-2021, the subject experienced chest pain. On 13-APR-2021, the subject experienced headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from headache, and chest pain. This report was non-serious.
1244282	4/22/2021	CA	35	M		4/17/2021 4/19/2021 chest pain, myocarditis
1243371	4/22/2021	OR	79	M		4/21/2021 4/21/2021 Patient came for vaccination in the morning, then went out to breakfast. During breakfast, the patient slumped forward in his seat and was unresponsive for about a minute. There was no incontinence or seizure activity. On regaining consciousness, patient seemed to quickly get back to his usual level of mentation. He was diaphoretic and nauseous. He denies any preceding lightheadedness, nausea, visual changes, chest pain or palpitations. He presented to the emergency room, also had nosebleed and UTI. Was admitted for observation overnight and discharged the next day.

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1243562	4/22/2021	IL	35	M	4/9/2021	4/14/2021	On 4/14/21 I started having chest pain and pressure. I was seen in Urgent Care that day and an EKG, Chest xray, and lab work was preformed. Everything was normal and I was sent home to monitor. I continued having chest pain 4/14-4/17. On 4/17 I was having chest pain and then started having numbness in the left side of my face. I proceeded to have left sided weakness, difficulty speaking, slurred speech, and loss of motor skills. I was taken to the ER. They did a CT scan, blood work, and an ekg. All were normal. I was admitted to the hospital and they did MRI or the head, MRA of the neck, MRI of the neck and spine, Echocardiogram, Stress test, and further blood work. Everything came back normal. I saw Neurology inpatient and was discharged to follow up outpatient. I still have coordination difficulty and I do not have all of my motor skills back yet.
1243643	4/22/2021	FL	50	M	4/11/2021	4/18/2021	We have information concerning a member that received the Moderna Vaccine (first dose) on Sunday April 11, 2021; Patient denied any side effect immediately following vaccination. However on Sunday April 18, 2021 , patient had complains of shortness of breath, chest pain. At which time presented to the Hospital and was admitted on Sunday April 18, 2021 with a diagnosis of Pulmonary Embolism. Patient remains hospitalized as receiving treatment of blood thinner, and embolectomy procedure.
1243834	4/22/2021	NJ	75	F	3/25/2021	4/18/2021	Initial reaction to vaccine in following days were weakness in legs with high fever. On 4/18/2021, she experienced pain in chest, shortness of breath and high blood pressure. Called 911 and ambulance arrived to transport her to Medical Center. She was diagnosed with congestive heart failure. No other symptoms or ailments that could have led to this event. Doctor couldn't find any blockages or any other indicators. Upon discussion with doctor we decided to report as a potential adverse event since no other factors present leading to congestive heart failure. She was treated with lasix and released on 4/21/2021.

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1244212	4/22/2021	AZ	27	F	4/21/2021	4/22/2021	Pt. is a 27-year-old female who presents to the emergency department for evaluation of palpitations. Patient states that she got the 1st dose of her COVID-19 vaccine (Moderna) yesterday. Shortly after her vaccination, she began to experience palpitations. She associates her symptoms with intermittent lightheadedness. Lightheadedness worsens with movement. She also states that she is getting over a recent bout of gastroenteritis and has not been eating and drinking much at home. Given her persistent palpitations, she went to a local urgent care where she was found to be tachycardic in the 160s. She is concerned that she may be having a reaction to the vaccine. Denies fever, chills, nausea, vomiting, diarrhea, chest pain, shortness of breath, headache, neck pain, sore throat, abdominal pain, dysuria, hematuria, polyuria, dizziness or weakness. The patient has no other symptom complaints at this time. Timeline: 1049 Initiated care, patient seen and evaluated at bedside by me. Discussed treatment and evaluation options with patient who verbalized understanding. 1318 Diagnostic labs were notable for mild hypokalemia to 3.3. Diagnostic imaging revealed ?suggestion of fluid-filled structure in the region of the right adnexa? concerning for hydrosalpinx versus nondistended small-bowel. Will obtain pelvic ultrasound as recommended by radiology. 1530 Pelvic ultrasound grossly unremarkable. Re-evaluated the patient and her heart rate continued to fluctuate between the 120s to 150s. Will place consult for hospitalist for admission for unexplained tachycardia. 1600 Discussed patient's case with hospitalist, who accepts patient for observation on telemetry.
1243110	4/22/2021	VA	43	F	4/9/2021	4/10/2021	fatigue, chills, body aches, brain fog, difficulty concentrating, chest pains, earlier menstruation, pain at injection site into arm, back and chest. Sought treatment due to chest pains.
1241726	4/22/2021	NY	70	F	2/9/2021	2/13/2021	Chest Pain, Heart Palpitations Waking from Sleep, Shortness Breath, tight jaw, Indigestion, Nausea, Short of Breath.

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1243636	4/22/2021	IL	38	F	4/5/2021	4/6/2021	Around 1am Tuesday, April 6th (the day after the vaccination), developed acute onset fever (Tm 102), chills, extreme muscle aches, profound malaise/fatigue, nausea/vomiting, and diarrhea. Those symptoms lasted about 24 hours and, by midday Wednesday, she was back to her baseline of intermittent dry cough, shortness of breath, and no smell or taste. It wasn't until Sunday, two days ago, that she developed sharp, pinpoint right superior parietal scalp pain that, after a few doses of OTC Aleve, did somewhat improve. Other than two 220 mg OTC Aleve tabs twice daily, she has not been taking anything else for her symptoms other than prescribed asthma/allergy meds. She states that her shortness of breath has been helped from the use of albuterol as needed. Unfortunately, the Aleve has not helped with her chest pain, which she describes as a "constant ache." Initially, patient had some pleurisy, but that has apparently cleared up. No history of CVT, PE, and she does not smoke or take oral contraceptives.
1242195	4/22/2021	SC	63	M	4/10/2021	4/12/2021	Took my last shot of Pfizer on 4/10/2021 at 10:00 AM and on 4/12/2021 started having shortness of breath, tiredness, and chest pains this continue on until 4/15/2021 while I was at work at 6:15 PM my wife had to be called to come pick me and take me to the hospital where they did a Cat scan and discovered that I had Blood Clots In both Lungs and had to remove them at that time in order to save my life

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1241380	4/22/2021	OH	50	F	4/7/2021	4/7/2021	shortness of breath; chest pain; headache; This spontaneous case was reported by a consumer and describes the occurrence of DYSPNOEA (shortness of breath) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 032B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). Concomitant products included BUPROPION HYDROBROMIDE (APLENZIN), LAMOTRIGINE, ALPRAZOLAM (XANAX), OLMESARTAN MEDOXOMIL (BENICAR), LURASIDONE HYDROCHLORIDE (LATUDA), BENZATROPINE MESILATE (COGENTIN), ESTRADIOL, VITAMIN D2 and OMEPRAZOLE (PROTONIX [OMEPRAZOLE]) for an unknown indication. On 07-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 07-Apr-2021, the patient experienced DYSPNOEA (shortness of breath) (seriousness criterion medically significant), CHEST PAIN (chest pain) and HEADACHE (headache). At the time of the report, DYSPNOEA (shortness of breath), CHEST PAIN (chest pain) and HEADACHE (headache) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment for events include rescue inhaler, nebulizer, ibuprofen 800 mg. The events of Chest pain and Headache are NON-serious and NOT Medically Significant. Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.
1244323	4/22/2021	CA	17	M	4/22/2021	4/22/2021	pt with chronic idiopathic urticaria noted onset urticaria, flushing and itching 18 min after first covid no angioedema no stridor no globus no wheezing no shortness of breath no chest pain no palpitation . vital sign stable exam remarkable urticaria and flushing,o/w wnl pt given oral benadryl 50mg with resolution of sx

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1245126	4/22/2021	LA		F		4/9/2021	ABDOMINAL PAIN; CHEST PAIN; LEG PAIN; HEADACHE; This spontaneous report received from a patient via a company representative concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included the patient had no known drug allergy. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 09-APR-2021, the subject experienced abdominal pain. On 09-APR-2021, the subject experienced chest pain. On 09-APR-2021, the subject experienced leg pain. On 09-APR-2021, the subject experienced headache. Laboratory data (dates unspecified) included: Chest X-ray (NR: not provided) Clear. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from leg pain, abdominal pain, headache, and chest pain. This report was non-serious.
1245040	4/22/2021	MI	33	F	4/12/2021	4/20/2021	Chest pain, dizziness, light headedness, severe exhaustion/fatigue, headache

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1245078	4/22/2021	TX		F		3/29/2021	SWEATING; CHEST PAIN; SEVERE STOMACH PAIN; LEG PAIN; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included high blood pressure. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 041A21A, and expiry: UNKNOWN) dose was not reported, administered on 29-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 29-MAR-2021, the subject experienced chest pain. On 29-MAR-2021, the subject experienced severe stomach pain. On 29-MAR-2021, the subject experienced leg pain. On an unspecified date, the subject experienced sweating. Treatment medications (dates unspecified) included: pantoprazole sodium sesquihydrate. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from severe stomach pain, and the outcome of chest pain, leg pain and sweating was not reported. This report was non-serious.; Sender's Comments: V0 Medical Assessment comment not required as per standard procedure as the case assessed as non-serious
1244281	4/22/2021	CA	21	M	4/19/2021	4/19/2021	Patient developed fever after vaccine and chest pain for 2 days. Findings concerning for acute pericarditis

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1242735	4/22/2021	NE	28	M	4/10/2021	4/20/2021	ED NOTE is as follows...from 4/21/21 @ 21:47 a 28 y.o. male who to the emergency room with reports of a headache for the last 48 hours. He reports this as being one of the worst headaches he has ever had. He was seen at urgent care and given Toradol, Zofran and Benadryl and still rates his pain an 8 out of 10. He does feel pressure behind his eyes. And reports vomiting in the parking lot at urgent care. He denies abdominal pain back pain, neck pain, shortness of breath, chest pain, numbness or tingling or any other worsening concerns. Reports that he did receive a recent Johnson & Johnson vaccination. Patient states he does vape. He occasionally drinks alcohol he denies any illicit drugs. Patient denies any head trauma. Diagnosis management comments: This is a 28-year-old male arrives to the emergency room with reported migraine headache for the last 48 hours. He did report that he was go to urgent care in which he received a migraine cocktail of Zofran, Benadryl and Toradol. Patient reported that his headache was not resolved so urgent care sent him on for further evaluation. Patient upon arrival had a negative neurological exam however he did report that he had pressure behind his eyes. Was unable to see any papilledema on fundoscopic exam. Check patient's pressures bilaterally and they were 21 and 18. Patient did report to me that this was the worst headache of his life. I did administer IV fluids here as well as Tylenol and morphine. Patient did report some improvement. Patient did report in his past medical history had a recent Johnson & Johnson vaccination. A CBC and CMP was obtained. Did have thrombocytopenia with a count of 66. Since my exam was PERRL with normal extraocular movements. He had no eye redness or eye pain. Of low concerns for any iritis or uveitis. Patient's patient CT of his head did show a abnormal CT that had a dense appearing superior sagittal sinus that was representing a venous thrombosis. Radiologist did recommend a MRI MRV. An MRI and MRV was ordered. Patient MRI MRV did show findings are consistent with a venous thrombosis involving the right jugular right transverse sinus and superior sagittal sinus there is also a patchy edematous change within the subcortical white matter areas bilaterally and symmetrically. There was no CVA. With patient's reported migraine headache. Reported blurred

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							vision, low platelets, recent vaccination I do believe patient has vaccine induced thrombotic thrombocytopenia. With this finding I did converse with my overseeing physician Calls were made out to neurology and then a call out did prefer to have patient started on IVIG at 1 g/kg daily for 2 days and blood thinner Xarelto 15 mg p.o. twice daily. These orders were initiated. Internal med services was consulted and with conversations of family, internal med services out possible transfer that an interventionalists could be available if patient needed it. Report was given at 2100 upon my end of shift.
1242450	4/22/2021	IL	67	F	3/15/2021	4/20/2021	4/20/21 ER HPI: 67 y.o. female who presents with complaint of shortness of breath since yesterday night when she went to bed and describes it as heaviness associated with lower chest pain both back and front. Patient says shortness of breath is worse with lying down and with activity. Patient also complained of cough that is nonproductive. No fever or chills, no nausea vomiting and no abdominal pain. Patient has been off her Coumadin is since for 04/09/2021 for back injection for back pain. Patient said the the shortness of breath is similar to the last time she had blood clot.
1242480	4/22/2021	TX	31	F	4/11/2021	4/11/2021	Severe headache, fever, chest pain, back pain, rash
1243822	4/22/2021	NJ	75	F	3/25/2021	4/18/2021	Initial reaction to vaccine in following days were weakness in legs with high fever. On 4/18/2021, she experienced pain in chest, shortness of breath and high blood pressure. Called 911 and ambulance arrived to transport her to Medical Center. She was diagnosed with congestive heart failure. No other symptoms or ailments that could have led to this event. Doctor couldn't find any blockages or any other indicators. Upon discussion with doctor we decided to report as a potential adverse event since no other factors present leading to congestive heart failure. She was treated with lasix and released on 4/21/2021.
1242435	4/22/2021		18	M	4/14/2021	4/16/2021	Patient presented with severe chest pain and after EKG, echocardiogram and MRI was diagnosed with acute myopericarditis. Testing for any other cause for myopericarditis was completely normal. From the time course it appears that it is related to his vaccination

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1242643	4/22/2021	IL	61	F	4/6/2021	4/21/2021	24 hours after vaccine - fever, chills, and aches. Currently (4/21/21) having chest pains. Doctor appointment this afternoon. He suggested I fill out the adverse reaction page.
1242378	4/22/2021	NC	24	M	4/16/2021	4/22/2021	chest pain, elevated troponin, suspected myocarditis
1242520	4/22/2021	KS	35	F	3/10/2021	4/17/2021	35 y/o with asthma (on alvesco and singulair), GERD, morbid obesity (BMI 45) and RA (on prednisone and MTX, SZA.) Vaccinated for COVID 2.12. and 3.10 Recent lab 3/17- normal, including negative CRP. Code continued for 50 minutes, no shock advised. PEA, gave Epi X 4. Normal BS. Considered narcan. Over the weekend- 4/17 Chest pain that started with eating. Labile blood pressure. EKG showed NSR rate 64. Treated with ASA 325, clear liquid diet and rest. Treated with toradol and Zofran. Improved. At f/u on Monday, discussed chronic knee pain was overall better. Normal for her exam. BP 136/79. Felt dizzy and then passed out, hitting her head, became pulseless an apneic and was coded for over an hour.
1242299	4/22/2021	NY	32	F	4/20/2021	4/21/2021	Patient was admitted to the hospital due to chest pain and shortness of breath. Was found with right pulmonary arterial emboli on CT chest angiogram. Started therapeutic dose of Lovenox, and now switched to apixaban. Symptoms improved, still hospitalized today. No DVT was found in lower extremities. Echocardiogram showed no RV strain with normal LV function and size. EF 65%.
1242758	4/22/2021	WI	35	M	4/5/2021	4/21/2021	Pt received first and only dose of Janssen J&J COVID vaccine on 4/5/2021. 2 weeks later, patient would have been considered to reach full immunity. On 4/21/2021, pt went to the ED with symptoms of COVID and tested positive via SARS-CoV-2 PCR. Pt was not ill enough to be admitted. "Symptoms include nonproductive cough, pleuritic chest pain, shortness of breath, arthralgias, myalgias, fever, vomiting, diarrhea.~~

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1242887	4/22/2021	NY	55	F	3/13/2021	3/1/2021	2 DAYS AFTER VACCINE - FLU-LIKE S/S THAT RESOLVED SPONTANEOUSLY. IN THE FOLLOWING 2 WEEKS SHE DEVELOPED INTERMITTENT PETECHIAE AND LARGE, PAINLESS ATRAUMATIC BRUISES THROUGHOUT HER BODY. PT ALSO C/O FATIGUE, FEELING COLD AND MILD SOB, BUT SHE ATTRIBUTED THIS TO NORMAL CIRCUMSTANCES. DENIES TRAUMA, HA, DIZZINESS, CHEST PAIN, BLURRY VISION, OR BLEEDING AND HAS NO HX OF EASY BRUISING OR CLOTTING DISORDERS IN HER PMH OR FMH.
1244714	4/22/2021	OH	33	F	4/10/2021	4/10/2021	by 4:45 pm I felt off. By 6:30 pm I felt like I couldn't move very well. It affected all the bones I have ever broken or sprained before. Had cold chills, my temperature was 95.1. I felt like my blood pressure was high. I had a bad headache and took advil. April 11th I still felt off and had a headache. Around 4:30 pm I had rectal bleeding. Wednesday April 14th I had very bad leg pain in my right leg. Friday April 16th I went to urgent care for Leg pain and slight chest pain. They sent me to the ER. I had a chest Xray and ekg done and both came back normal. I was able to have a vascular ultrasound Monday April 19th in right leg and it showed no blood clots. I still have leg pain April 22nd.
1242936	4/22/2021	NJ	51	M	4/7/2021	4/7/2021	Patient presented on 4/21 with 2 weeks of generalized fatigue, abdominal pain, and weight loss with multiple lab derangements concerning for acute liver failure. Patient on 4/22 is tachycardic and change in mental status. Acute liver failure likely due alcoholic hepatitis. Cholestatic etiologies will be considered. Acetaminophen toxicity treated with acetylcysteine. Started on methylprednisolone 32 mg daily. RUQ: biliary sludge within gallbladder. No sonographic evidence of acute cholecystitis. Acute respiratory failure secondary to COVID pneumonia. Chest pain and elevated troponins. Alcohol withdrawal on treatment protocol. Sepsis and Community acquired pneumonia. Thrombocytopenia and elevated INR. Macrocytic anemia and AKI.
1242672	4/22/2021		27	M	4/17/2021	4/20/2021	Myopericarditis, chest pain, elevated troponin

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1236801	4/21/2021	FL	78	M	4/7/2021	4/9/2021	the next day, dizzy , 2 days later sore throat pain, chest pain short lived (not like when he has had heart attacks in past) , fever 99.2, coughing. Advised may want to talk to PMD about breathing treatments, if chest pain seek medical attention. Placed follow up call on 4/16/2021 at 11:17: Pt reported that he is feeling much better today. Pt reported that the ADEs he had occurred within couple of days of rcvding his 1st Moderna vaccine, by the 3rd day all the symptoms had cleared up, and on day 4 he reported still had some running nose (which he contribute to his allergies). Pt reported for his symptoms he did not try anything to help alleviate his symptoms, he stated he is already taking Tylenol daily.
1237015	4/21/2021	IL	46	M	4/14/2021	4/19/2021	Started with dizziness then anaphylaxis like symptoms and lymph node symptoms of tingling lockjaw hard to swallow very difficult to breathe a little bit of chest pains, called EMS and paramedics to took blood oxygen levels, blood pressure which were all normal by then the symptoms had started to subside
1236791	4/21/2021	NC	31	M	4/8/2021	4/9/2021	Client awoke with chest pain and visited local ER for suspect M.I. Transferred to Hospital for angioplasty, related to thrombosis in R) coronary artery. Treated for 3 days and released to home with 3 months of follow-up cardiac rehab. Scheduled to return back to work as an auto mechanic on 4/26/2021.
1236958	4/21/2021	TN	53	M	1/19/2021	3/1/2021	At 3 months post second COVID-19 vaccine (Moderna), developed onset of intermittent left sided chest pain, syncopal episodes, intermittent vertigo, intermittent SOB, and lethargy. All symptoms can be exertional or non-exertional. Have underwent inpatient hospitalization for the above and undergone multiple testing. Have had a CT of the chest, CXR, echocardiogram, cardiac stress testing (chemical), EKGs, multiple labs, and heart catheterization. All testing has been essentially normal including ruling out inflammatory process.

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1237026	4/21/2021	NY	36	M	4/6/2021	4/7/2021	Patient received the moderna covid vaccine on 4/6/21. Developed general malaise and fever 4/7/21 around 1pm. Then developed acute sharp, pinching retrosternal, non-radiating chest pain at 9pm on 4/7/21. Chest pain was intermittent and nocturnal. no relief with nitroglycerin. He was admitted to the hospital 4/9/21 and started on colchicine 0.6 mg PO BID and indomethacin 50 mg PO TID with improvement. Troponins trended down with significant symptomatic relief following anti-inflammatories. At follow up visit 3 days after discharge (4/15/21) , patient reported continued improvement, reporting sternal chest pain 1 out of 10 . Also reported dyspnea that has improved since discharge from hospital but still worse than baseline.
1237048	4/21/2021		24	M	3/26/2021	3/26/2021	Pt. reports left arm pain/heaviness after receiving 2nd dose of vaccine. Pt. was given 2nd dose in the right arm. Pt. described the feeling in his left arm as aches and mild heaviness. He reports pain in his left arm after the first dose that went away after a few hours. He denied chest pain and chest tightness, swelling, itching, and syncope. Pt. appeared stable after vaccine. He improved after further observation. Pt. given directions to go to ER if symptoms worsen.
1237091	4/21/2021	IN	56	M	4/1/2021	4/13/2021	Patient started having leg cramping on 4/13/2021, presented to the emergency department on 4/18/2021 with increasing shortness of breath and chest pain.
1237178	4/21/2021	FL	57	F	4/19/2021	4/19/2021	On 4/20/21, at 2:40PM Called clinic & reported numbness of lips and tongue that began on 4/19/21 after second Moderna vaccine. Also reported pain at "5" on 0-10 scale on entire left side of her body. Fever that reached 102 degrees the night of 4/19/21 but reduced to 100 degrees with use of Tylenol and Ibuprofen. States was also having headache at "6" on 0-10 scale. Denied any chest pain or shortness of breath. Reported blood pressure of 102/88 at time of phone call. Patient was directed to go to ER for immediate assessment but she refused. Followed up on 4/21/21 at 11:10AM. She stated headache and fever have resolved. Still has slight numbness of bottom lip and tip of tongue. Appointment with provider scheduled for 4/21/21.

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1237482	4/21/2021	MI	23	F	4/7/2021	4/21/2021	My daughter is exactly 2 weeks out from administration. She called me today, stating her heart was intermittently racing. Felt like she has a fever, but none registered on the thermometer. Body aches, malaise present. No chest pain, shortness of breath, headache, or vertigo. She does have diarrhea x1 today. I am calling her often, to find out any other sx. I will take her for a covid test when I get off of work, if she still feels poorly.
1237338	4/21/2021	IN	40	M	4/2/2021	4/14/2021	Pain in chest and back began on Wednesday 4/14. What started out feeling like an uncomfortable pulled muscle in my back/chest area on Wednesday escalated rapidly to very sharp stabbing pains in my chest and back by Thursday afternoon 4/15. After discussing my symptoms with the office of my PCP Thursday afternoon, I was told to go to the Emergency Room for evaluation. I checked into the ER at approx 6pm that Thursday evening on 4/15. While there I underwent a blood test, EKG and a chest Xray. Upon evaluating the results of each test the Dr on assignment stated that there were no problems with major organs but could not diagnose. Small red marks began developing on the right side of my chest that same day and progressively expanded in quantity across the right side of my chest and back. A follow-up visit with my PCP was completed on Tuesday 4/20 and the diagnosis of Shingles was confirmed. Pain has not subsided and has only gotten worse as of 4/21. Prescription treatments began the evening of 4/20.
1236711	4/21/2021	NC	19	M	4/8/2021	4/8/2021	Developed Fever and chills during the night 4/8/2021. Felt fatigued with intermittent chills on 4/9/2021 and then fever and chills again that night. Felt fine Saturday 4/10 and then Sunday 4/11 developed low grade chest pain lasting 2 hours and resolved with Advil. Awakened at 5am on Monday 4/12 with severe diffuse chest pain requiring hospitalization and treated for myopericarditis.
1235664	4/21/2021	NC	22	M	4/17/2021	4/20/2021	Patient presented with severe chest pain x 2 1/2 hours, found to have EKG changes consistent with strain, dramatically elevated troponin to 13.2, ultimately peaked at 15. No pericardial fluid, diagnosed with myocarditis, treated in healthcare facility.

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1237059	4/21/2021	IL	56	F	4/9/2021	4/9/2021	1:17 pm-Patient c/o throat tightness, difficulty swallowing. Denied chest pain, denied shortness of breath. 1:23-C/O dizziness, and lightheadedness. B/P 132/72, HR 86, RR 18, pulse ox 98% on room air. No changes in voice. Treatment: 25 mg Benadryl given at 1:18pm. 1:43pm- No increase in symptoms. No decrease in symptoms. 1:51pm: 2nd dose (25 mg) Benadryl given. 1:59- B/P 128/69, HR 88, RR 18, pulse ox 98% on room air. Patient refused EMS transport. Patient called boyfriend and plan made to meet him at Urgent Care.

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1235811	4/21/2021	DC	52	F	3/12/2021	4/4/2021	COVID pneumonia; Hematological; bleeding; having hemoxysis; slight troponin increase; GI bleed; headaches; COVID-19 test was positive; COVID-19 test was positive; nauseous; abdominal discomfort; body aches; This is a spontaneous report from a contactable physician. A 52-year-old female patient received her first dose of BNT162B2(PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration at the age 52-year-old on 12Mar2021 at single dose for COVID-19 immunisation. Medical history included hemodialysis for many years, adherent to medical care, multiple DVTs and Pes (On anticoagulants), morbid obesity, Patient was on dialysis for renal failure and had lupus anticoagulant (positive), Afib, allergic to shellfish. Family history included renal failure and had lupus anticoagulant. Concomitant medications included warfarin sodium (COUMADIN); metoprolol; amitriptyline; calcitriol; ergocalciferol (VIT D); calcium; calcium acetate (PHOSLO); amiodarone; albuterol. The patient previously allergic to Cipro, clindamycin, doxycyclin, Lyrica, tetracycline. The patient previously was non-responder to hepatitis B vaccine. The patient previously received first dose of BNT162B2(PFIZER-BIONTECH COVID-19 VACCINE) on 17Feb2021 for COVID-19 immunisation. The patient hasn't been treated with immunomodulating or immunosuppressing medications or received any other vaccines around the time of COVID-19 vaccination. The patient wasn't smoker/ former smoker. There was no any other vaccinations within four weeks prior to the first administration date of the suspect vaccine. A nephrologist who reported patient in her hemodialysis unit who were vaccinated with BNT162b2 but were recently diagnosed with COVID-19. More detail is below on each patient. The patient COVID results were sent to the local health department for genetic sequencing (pending) and SARS titers were drawn (pending). Unfortunately, the HD unit does not have B/L information (although the B/L # was put on the patient's COVID vaccine cards, a record was not kept in the HD unit). Day she came in for dialysis she was already short of breath she said she'd had body aches for 5 days, got short of breath on 05Apr2021. The day before, started getting cough, nauseous, chills, abdominal discomfort on 04Apr2021. The patient was sent to the ER from dialysis

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and was admitted for SOB on 05Apr2021 and passed away on 09Apr2021 due to a GI bleed. Patient is over 500lbs so was unable to fit into hospital imaging equipment for CT scans or weight measurements. COVID-19 test was positive on 05Apr2021; the patient experienced COVID pneumonia on 05Apr2021. The patient admitted on 05Apr2021 to regular floor. The patient was moved to an Intensive Care Unit on 06Apr2021. The patient experienced short of breath on 05Apr2021 and required much more O2 than normal. Sometimes required BP support while on Dialysis and BP was 113/61 in ER. Pressure dropped to 100/70 and required mitrodine after fluid was removed. The patient needed 4 liters supplemental O2 vs. only needing 2 liters at home. The patient experienced tachypnea and hypoxemia and no Respiratory failure. Respiration was 22. After 5 litres of O2 improved. Pulse 93 in ER. Cardiovascular: There was no heart failure, cardiogenic shock, Acute myocardial infarction, arrhythmia and myocarditis. The patient Had chest pain which resolved when O2 was administered. Gastrointestinal/Hepatic: There was no Vomiting, Diarrhea. The patient experienced nausea but no vomiting or diarrhea and complained of abdominal pain. There was no Jaundice and acute liver failure. Neurological: There was no altered consciousness, altered consciousness, encephalopathy, meningitis and cerebrovascular accident. The patient had headaches a couple days before admitting to ER. Hematological: There was no Thrombocytopenia, Disseminated intravascular coagulation. INR was 3 due to large dose of coumadin, and platelets were 180 and white count 6.8. Slight troponin increased at 0.37 at admittance, BNP 39. The patient started coughing up blood, having hemoxysis and bleeding on unspecified date. Laboratory test or diagnostic studies was reported that test for SARS-CoV-2 by PCR, or other commercial or public health assay. Xray showed vascular congestion with superimposed infiltrate which could represent pneumonia. Blood count was 11 and 36.7% at ER. Clinical chemistry: Sodium was 133; BUN was 68; Creatinine was 10. Evidence of hypoxemia: Pulse oO2 was 90 in ER. CT scans: unknown results. Urinalysis: On dialysis so does not make urine. The patient had received Remdesivir, from 06Apr2021, Hydroxychloroquine/chloroquine, Azithromycin from

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06Apr2021 and Corticosteroids from 06Apr2021 for COVID-19. The outcome of event "GI bleed" was fatal, the event "chest pain" and "body aches" was recovered and other events was unknown. The patient died on 09Apr2021. An autopsy was not performed. Information on the lot/batch number has been requested.; Sender's Comments: Based on temporal association, a contributory role of the suspect drug cannot be excluded for the events vaccination failure, COVID-19, COVID-19 pneumonia, and sepsis. However, the patient's multiple medical comorbidities including renal failure requiring dialysis, lupus, and morbid obesity along with the risk of COVID-19 infection in light of the current pandemic are the more likely explanations for the development of these infections. The events gastrointestinal hemorrhage, hemorrhage, hemolysis and troponin increased are attributed to intercurrent medical conditions, and are considered unrelated to the suspect drug. The patient is currently on warfarin which may increase the risk for bleeds. This case will be reassessed upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.; Reported Cause(s) of Death: GI bleed

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1235523	4/21/2021	NY	51	M	3/26/2021	3/26/2021	chest pain; left arm went numb; GERD; light headed/dizzy; increased in smell; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (chest pain) in a 51-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 003B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history provided). On 26-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 26-Mar-2021, the patient experienced DIZZINESS (light headed/dizzy) and PAROSMIA (increased in smell). On 10-Apr-2021, the patient experienced CHEST PAIN (chest pain) (seriousness criterion hospitalization prolonged), HYPOAESTHESIA (left arm went numb) and GASTROOESOPHAGEAL REFLUX DISEASE (GERD). On 28-Mar-2021, PAROSMIA (increased in smell) had resolved. On 12-Apr-2021, CHEST PAIN (chest pain), DIZZINESS (light headed/dizzy), HYPOAESTHESIA (left arm went numb) and GASTROOESOPHAGEAL REFLUX DISEASE (GERD) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Cardiac stress test: normal (normal) normal. On an unknown date, Electrocardiogram: normal (normal) normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. They did a EKG and chemical test, everything normal. More tests were run and everything came back normal. Patient spent two nights in the hospital. Concomitant product use was not provided by the reporter. Treatment information was not provided. Company comment:Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1235544	4/21/2021	MT	57	M	4/2/2021	4/2/2021	Acute pulmonary embolism/two blood clots in lung; Chest pain; Pain over left arm; pain all over joints; Nausea; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PULMONARY EMBOLISM (Acute pulmonary embolism/two blood clots in lung) in a 57-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 038A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history was provided). On 02-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Apr-2021, the patient experienced PAIN IN EXTREMITY (Pain over left arm), ARTHRALGIA (pain all over joints) and NAUSEA (Nausea). On 12-Apr-2021, the patient experienced CHEST PAIN (Chest pain). On 13-Apr-2021, the patient experienced PULMONARY EMBOLISM (Acute pulmonary embolism/two blood clots in lung) (seriousness criterion medically significant). At the time of the report, PULMONARY EMBOLISM (Acute pulmonary embolism/two blood clots in lung), CHEST PAIN (Chest pain), PAIN IN EXTREMITY (Pain over left arm), ARTHRALGIA (pain all over joints) and NAUSEA (Nausea) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 13-Apr-2021, Computerised tomogram: abnormal (abnormal) diagnosed acute pulmonary embolism.. Two blood clots in lung. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were reported. Description: The patient experienced pain over left arm, pain all over joints, nausea after vaccine administration. On 12 Apr2 021, the patient experienced chest pain and went to Emergency. Room where blood test and D-dimer was done. The treatment information included apixaban. Company Comment: Based on the current available information and the temporal association between the product use and the start date of the events a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and the temporal association between the product use and the start date of the events a causal relationship cannot be excluded.

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1238704	4/21/2021		45	M	4/8/2021	4/8/2021	8 hours after 2nd pfizer covid vaccination. Fever 101.3 , chest pain with diaphoresis, trended troponins to a nadir of 19.0. EKG changes with ST changes in 3 non-contiguous leads. Initially treated for an NSTEMI with heparin. Transitioned to colchicine and ibuprofen for myocarditis.
1237486	4/21/2021	IL	42	M	4/9/2021	4/12/2021	This is a 42-year-old male patient with past medical history of hypertension presented to the emergency department today with complaints of nausea, vomiting, diarrhea over the last 5 days. Patient also noted having a nonproductive cough. Denies any fever, chills, chest pain, shortness of breath. Patient notes he got his 2nd CoVID vaccination on the 9th. Imaging done in the emergency department showed Left midlung infiltrates and probably also in the middle lobe. Patient's labs sodium 136, potassium 4.2, BUN 21, creatinine 2.87, glucose 154. Patient was started on IV antibiotics in the emergency department.

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1235650	4/21/2021	CO	62	F	3/3/2021		<p>took 3 steps and just blacked out and passed out; coughing; black eye; didn't remember losing her consciousness; When she sneezes or cough her chest hurts; can't turn over while sleeping at night; she has not gotten back to normal; This spontaneous case was reported by a consumer and describes the occurrence of LOSS OF CONSCIOUSNESS (took 3 steps and just blacked out and passed out) in a 62-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 019B21A and 011A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No reported medical history.). On 03-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 01-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced LOSS OF CONSCIOUSNESS (took 3 steps and just blacked out and passed out) (seriousness criterion medically significant), COUGH (coughing), EYE CONTUSION (black eye), MEMORY IMPAIRMENT (didn't remember losing her consciousness), CHEST PAIN (When she sneezes or cough her chest hurts), MOVEMENT DISORDER (can't turn over while sleeping at night) and FEELING ABNORMAL (she has not gotten back to normal). At the time of the report, LOSS OF CONSCIOUSNESS (took 3 steps and just blacked out and passed out), COUGH (coughing), EYE CONTUSION (black eye), MEMORY IMPAIRMENT (didn't remember losing her consciousness), CHEST PAIN (When she sneezes or cough her chest hurts), MOVEMENT DISORDER (can't turn over while sleeping at night) and FEELING ABNORMAL (she has not gotten back to normal) had not resolved. Not Provided Treatment information was provided as tylenol. No concomitant information was provided. Patient mentioned she is a vegan no meat, dairy, does not take pills. Woke up next morning, she had a black eye, her reading glasses were broken, didn't remember losing her consciousness. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. This</p>

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case was linked to MOD-2021-076632 (Patient Link). Reporter did not allow further contact; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.

he was a "full-blown diabetic" in an emergency situation/he wasn't diabetic until he got the shot; his sugar was "400 something"; chest pain; abdominal pain; felt awful; if he closed his eyes he would just go to sleep; This is a spontaneous report from a contactable consumer (patient's parent). A 51-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date not reported) via an unspecified route of administration on an unspecified date as a single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The reporter was calling in behalf of her son. The patient had the first dose of Pfizer's COVID-19 vaccine on Saturday about 2 weeks ago, does not know exact date. The next Monday, on an unspecified date, he was a "full-blown diabetic" in an emergency situation and his sugar was "400 something". The patient also experienced chest pain, abdominal pain, felt awful, and if he closed his eyes he would just go to sleep on an unspecified date. Back in Dec (year not reported), his blood sugar was 88 in a general check-up, but he was not a diabetic as far as they knew. The reporter stated that he wasn't diabetic until he got the shot. They think it was caused by the COVID shot, he was told in the emergency room not to take the 2nd shot. The outcome of the events was unknown. Information about lot/batch number has been requested.

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1235716	4/21/2021	CA	41	F	3/26/2021	3/26/2021	Heart was racing/ pounding heart; chest pain; chest pressure; shortness of breath; heart palpitations and fluttering; Two EKGs have shown shortened PR interval of 110; This is a spontaneous report from a contactable consumer (patient). A 41-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection; lot number not reported) via an unspecified route of administration, administered in Arm Left, at the age of 41-year-old, on 26Mar2021 11:45 as SINGLE DOSE for covid-19 immunisation. Medical history included Pituitary adenoma, seasonal and penicillin allergy. The patient is not pregnant at the time of vaccination. The patient was not diagnosed nor tested for COVID prior vaccination. Concomitant medication included fluticasone propionate (FLONASE). The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection; lot number not reported), via an unspecified route of administration, administered in Arm Left on Mar2021 as SINGLE DOSE for covid-19 immunisation; and Amoxicillin and Clindamycin and experience allergies. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 26Mar2021 at 12:15pm, her heart was racing about 30 minutes following vaccination. The patient felt pounding heart throughout the night as well as chest pain and pressure. Over the next several days in 2021, the patient felt heart palpitations and fluttering, intermittent chest pain, and shortness of breath. Two EKGs in 2021 have shown shortened PR interval of 110. No other testing has been done. The patient is currently wearing a Ziopatch. The patient did not receive treatments and required physician office visit in response to the events. Outcome was recovering at the time of the report. Information on the lot/batch number has been requested.

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1235760	4/21/2021	GA	49	F	4/1/2021	4/4/2021	<p>my right leg was still bothering me, It feels a little bloated, so I am walking slower than usual; my right leg was still bothering me, It feels a little bloated, so I am walking slower than usual; I was afraid I was having a heart attack; Initial hyperactivity; tiredness; chest pains; urge to vomit; body aches all over; This is a spontaneous report received from a contactable consumer (patient herself). A 49-year-old non-pregnant female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, Lot number was unknown), via an unspecified route of administration in left arm on 01Apr2021 at 16:00 (at the age of 49-year-old) as a single dose for COVID-19 immunization. The patient's medical history included issues with anemia in the past and known allergies: Tree nuts was all that I am aware of (allergies to medications, food, or other products: Tree nuts was all that I am aware of). Concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive other vaccine within four weeks of vaccination. The patient did not receive other medications within two weeks of vaccination. Since the vaccination, the patient has not been tested for COVID-19. No COVID prior vaccination. The patient was not tested for COVID post vaccination. It was reported that the, initial hyperactivity on 04Apr2021 (patient think it was the anticipation of the shot), followed by tiredness that evening on 04Apr2021, Friday, Saturday, and Sunday. With the exception of having lunch with a friend on Saturday and stopping by to check on her mom, patient stayed home all weekend because she was feeling very tired. Late Sunday night after going to bed she awoke with chest pains and the urge to vomit on 04Apr2021. Patient was up and down vomiting for several hours and began to experience body aches all over on 04Apr2021. At one point she was afraid she was having a heart attack on 04Apr2021. On Monday morning and throughout the day she was still experiencing body aches and stayed home from the office. Patient slept propped up on the living room sofa Monday night because lying down made her body aches worse. Today, Tuesday 06Apr2021, her right leg was still</p>

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1236696	4/21/2021		61	F	4/2/2021	4/2/2021	bothering her, it feels a little bloated, so she was walking slower than usual. Otherwise she feel normal. The events were considered as serious (life threatening, hospitalization) by the consumer. No treatment medications were received for the adverse events. The outcome of the events was recovering. Information on the lot/batch number has been requested.
1236000	4/21/2021	TX	62	F		4/9/2021	Patient developed numbness of left side of face within 1-2 hours after the covid vaccine administration which lasted for 24 hours, resolved completely the next day without any medications. She also had extreme weakness of extremities, couldn't get out of bed. Denies chest pain, SOB, palpitation, fever, headache, hives/rash. Has history of allergic reaction to flu vaccine in 2007. She developed dyspnea, SOB, dysphagia after flu vaccine. She was not evaluated at ED at that time.
							LEFT CHEST PAIN; FELT VERY TIRED; This spontaneous report received from a patient concerned a 62 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included asthma. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 201A21A, and expiry: UNKNOWN) dose was not reported, administered on 08-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 09-APR-2021, the subject experienced felt very tired. On 09-APR-2021 02:00, the subject experienced left chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from left chest pain, and felt very tired. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required per standard procedure as the case is assessed as non-serious.

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1236023	4/21/2021			U			<p>SHORTNESS OF BREATH; APPETITE LOST; LOSS OF TASTE; CHEST PAIN; CHILLS; HEADACHE; TIREDNESS; This spontaneous report received from a patient of unspecified age and sex. The patient's height, and weight were not reported. The patient's concurrent conditions included hepatitis c. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 23-MAR-2021 for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, the subject experienced shortness of breath, appetite lost, loss of taste, chest pain, chills, headache, and tiredness. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from chills, headache, chest pain, shortness of breath, tiredness, appetite lost, and loss of taste. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment was not required as per standard procedure as the case assessed as non-serious.</p>

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1236117	4/21/2021	FL	47	F	3/7/2021	3/27/2021	Immediately had flu symptoms the same night as vaccine that went away within 2 days. HOWEVER, twenty-one (21) days later, both eyes were extremely painful to move. Then I lost vision in right eye with extreme blurriness & partial blind spots resulting in a diagnosis of Optic Neuritis by Ophthalmologist and Neurologist. Confirmed optic Neuritis on MRI scan. Twenty-four (24) days later, numbness in legs, feet and right arm started. Hard to walk up and down stairs. Twenty-six (26) days later, extreme pain in in muscles and skin along with tingles all over and numbness. Weakness and Chest pain. Flu like symptoms without fever ie: aches, pains, skin pain, confusion. Dizziness, feeling of being extremely anxious and out of sorts in space. Had to complete round of Steroids and numbness and tingles got better, but did not dissolve. After completion of IV steroids, thirty-four (34) days later all symptoms returned full force and worsening. Checked into ER 4/10 and admitted into hospital. Have not been able to complete normal routine or work level since March 27th due to neurological disturbance and symptoms. Two (2) Eye exams, 3/30/21 confirming swollen optic nerves. MRI 3/31/21 Blood work 4/2/21 CoVid Test 4/9/21 Negative Hospital: April 10-12th. MRI Extensive Blood work Spinal Tap Neuro-Opt exam Outcome pending and further treatment pending results.

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1236242	4/21/2021	CA	49	F	4/12/2021		CHEST PAIN; SEVERE WATERY DIARRHEA; LIGHT HEADED; SWEATING; CHILLS; FEVER; HEADACHE; NAUSEA; DIZZY; HOT AT THE INJECTION SITE; VOMITING; This spontaneous report received from a patient concerned a 49 year old female. The patient's height, and weight were not reported. The patient's past medical history included hysterectomy, and concurrent conditions included asthma, and other pre-existing medical conditions included patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 201A21A, and expiry: 23/JUN/2021) .5 ml, administered on 12-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 12-APR-2021, the subject experienced hot at the injection site. On 12-APR-2021, the subject experienced vomiting. On 12-APR-2021, the subject experienced dizzy. On 12-APR-2021, the subject experienced headache. On 12-APR-2021, the subject experienced nausea. On 14-APR-2021, the subject experienced chest pain. On 14-APR-2021, the subject experienced severe watery diarrhea. On 14-APR-2021, the subject experienced light headed. On 14-APR-2021, the subject experienced sweating. On 14-APR-2021, the subject experienced chills. On 14-APR-2021, the subject experienced fever. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from hot at the injection site, and vomiting on 13-APR-2021, and had not recovered from headache, nausea, dizzy, severe watery diarrhea, light headed, sweating, chest pain, chills, and fever. This report was non-serious.

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1236296	4/21/2021	VA	58	F		4/7/2021	DIZZINESS; DIARRHEA; LOSS OF APPETITE; VOMITING; HEADACHE; NAUSEA; CHEST PAIN; DRY MOUTH; STOMACH PAIN; This spontaneous report received from a patient concerned a 58 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included diabetes, and other pre-existing medical conditions included the patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A expiry: 21-JUN-2021) dose was not reported, administered on 02-APR-2021 for prophylactic vaccination. Concomitant medications included metformin for diabetes. On 07-APR-2021, the subject experienced chest pain. On 07-APR-2021, the subject experienced dry mouth. On 07-APR-2021, the subject experienced nausea. On 07-APR-2021, the subject experienced stomach pain. On 07-APR-2021, the subject experienced headache. On 12-APR-2021, the subject experienced dizziness. On 12-APR-2021, the subject experienced diarrhea. On 12-APR-2021, the subject experienced loss of appetite. On 12-APR-2021, the subject experienced vomiting. Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from dizziness, and dry mouth, and had not recovered from nausea, headache, vomiting, diarrhea, stomach pain, chest pain, and loss of appetite. This report was non-serious.
1236693	4/21/2021	FL	57	M	4/16/2021	4/17/2021	Pfizer vaccine , 2 doses. Second dose on Friday 4/16. On Saturday had a strong chest pain, spend all day Sunday with upper back pain and chest pain. Monday pain got stronger, Tuesday on and off chest and upper back pain. Went to the hospital and he had suffered a heart attack. No primo medical conditions of anything cardiovascular related. Only medical hx he has is kidney stones. He is currently at the hospital pending catheterization.

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1235742	4/21/2021	TN	63	M	3/30/2021	4/2/2021	severe chest pain and left shoulder down to hand and neck; severe chest pain and left shoulder down to hand and neck; internal swelling; Feeling discomfort; unable to perform daily activities; This is a spontaneous report from a contactable consumer (patient). A 63-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER8727), via an unspecified route of administration, administered in arm right on 30Mar2021 13:00 (at the age of 63-years-old) as a single dose for covid-19 immunization. The vaccine was administered. The patient medical history included diabetic and blood pressure. The patient had no known allergies. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6198), administered in arm left on 09Mar2021 11:30 PM (at the age of 63-years-old) for covid-19 immunization and had left shoulder joint pain for about 10 days. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. It was reported that after the second dose, on the second day (reported on 02Apr2021 at 06:00 AM) had to go to emergency hospital due to severe chest pain and left shoulder down to hand and neck. Developed internal swelling 10 times more than normal. Feeling discomfort and unable to perform daily activities. The events resulted in Emergency room/department or urgent care, Hospitalization for 1 day. No treatment was received for the events. The outcome of the events was not recovered. Since the vaccination, the patient has not been tested for COVID-19.
1238522	4/21/2021	MA	42	M	4/16/2021	4/17/2021	Patient developed chest pain after injection no clear fever and pain persisted until arrival at hospital ED Work up included elevated CPK CKMB and TNT blood work EKG revealed early repolarization pattern He underwent cardiac catheterization revealing normal angiography and Left ventriculogram and Normal Echocardiogram.

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1239205	4/21/2021	WA	38	M	4/15/2021	4/17/2021	10:00PM Saturday, 4/17/21 Sudden chest pain. Tried to sleep it off, pain lingered all day Sunday 4/18/21. 8:00PM went to local ER with same chest pain, had not gotten better. ER took blood draw, my troponin was 4.6 and doctors thought it was an error since I am 38 years old and otherwise health with no history of chest pain or family history of heart trouble. Second blood draw showed troponin at 5.0 getting worse. They called an ambulance and took me to the hospital nearby. Third blood draw showed 6.0 and I spiked at 10.0 overnight. I had several EKGs, a CT scan, and an angiogram. None of these showed any obstructions or blockages in the heart or blood vessels that could have caused the heart trauma. I had an echocardiogram which showed that my heart is only pumping at 50% which is low for a healthy young person who is a runner. I was diagnosed with myocarditis and with having had a Non-ST Segment Elevation Heart Attack. Again, I have no family history of this, I am otherwise healthy, I do not use drugs and I did not have any trauma to my chest, such as a car accident, that could have caused this. The only explanation is that it was related to the COVID shot, which I had roughly 48 hours before my sudden chest pain
1239133	4/21/2021	NY	37	F	4/7/2021	4/16/2021	I received the vaccine on the 7th and in the night a migraine started along with fever on and off and on the 16th I went to the Emergency room with a migraine and chest pains and after running some tests I have pulmonary embolisms

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1239131	4/21/2021	AR	24	M	4/1/2021	4/17/2021	DIAGNOSTIC STUDIES: 1. Chest x-ray that was normal. 2. CT angiography of the chest showing no abnormalities. 3. Echocardiogram showing no significant abnormalities. HOSPITAL COURSE: A 24-year-old male, primary care patient, received a second dose of the Pfizer COVID-19 vaccination 3 days prior to admission. Following this, he had a fever, chills, body aches, and then developed severe chest pain. The pain was worse lying flat, better when sitting up and leaning forward and worse with a deep breath. He had gone to an urgent Care and was recommended going to the emergency room. The patient's troponins were elevated and his EKG was fairly classic for pericarditis. He was felt to have probably viral myopericarditis and was admitted for observation. He was placed on aspirin and colchicine. He seems stable from Cardiology to be discharged on this regimen as well as symptomatic treatment. It was not known whether the COVID vaccine was implicated with this or not. DISCHARGE DISPOSITION: CONDITION: Stable and improved. MEDICATIONS: 1. Colchicine 0.6 mg b.i.d. 2. Aspirin 650 mg t.i.d. 3. Oxycodone/acetaminophen 5/325 mg every 4 hours p.r.n. for pain. 4. Zofran 4 mg sublingual q.8 hours p.r.n. for nausea. DIET: Regular. ACTIVITY: As tolerated. FOLLOWUP: With Cardiology on May 3rd. If worsened pain, shortness of breath, or high fever, return for evaluation sooner. In which case, steroids may be administered.
1239071	4/21/2021	CA	71	F	2/27/2021	3/6/2021	Patient developed severe left arm and chest pain within 1 week of receiving 2nd COVID vaccine dose. She presented to ER and was admitted given her prior cardiac history. Chest x-ray, echo, CT left shoulder and scapula were all negative for acute process during admission (3/6-8/21). Left arm soft tissue ultrasound on 3/12 was also normal. Pain improved with hydrocodone/acetaminophen as needed and over the course of 1 month after vaccine.
1239069	4/21/2021		46	M	4/18/2021	4/21/2021	3 days after the vaccine patient presented with headache, body ache and chest pain. Found to have elevated troponin, and abnormal EKG

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1238494	4/21/2021	FL	76	F	4/10/2021	4/20/2021	Patient presented EKG consistent with anterior ST elevation MI with chest pains. Due to the presentation I feel she should undergo urgent cardiac catheterization.
1238914	4/21/2021	CA	27	F	4/1/2021	4/5/2021	Within one week of the vaccine I felt like I had pressure on my chest and chest pain and I was having a problem breathing. I had a cough and I had shortness of breath. I was really tired. I had that feeling of tiredness for one week. The shortness of breath and tiredness lasted two weeks. I used my inhaler when I needed it and after three weeks it feels better and I no longer have any symptoms.
1237493	4/21/2021	IL	57	F	3/19/2021	3/21/2021	4/21/21 ER HPI: 57 y.o. female who presents with substernal chest discomfort onset 1 hr ago while walking to her doctor's office. Patient has been having intermittent chest pain with episodes lasting from 15-20 minutes at a time for last month or so. She states he has been increasingly short of breath for last couple of months. She does have a history of sick sinus syndrome with pacemaker and is extremely obese and diabetic. Pain is nonradiating and associated with difficulty breathing but no diaphoresis or nausea. Patient had a nuclear medicine perfusion scan performed on 04/14 2021 that was reported as abnormal with a small perfusion defect in the anterior myocardial wall suggesting ischemia. In process of being transferred to healthcare facility.
1238463	4/21/2021	MN	58	M	3/12/2021	3/26/2021	3/26 office appointment: New onset right and left sided chest pain with associated shortness of breath, fatigue and intermittent lightheadedness. Labs drawn. CT scan showed Scattered small occlusive and nonocclusive emboli within small distal pulmonary artery branches bilaterally. Started on apixaban. Has appointment with Hematology on 4/29
1238456	4/21/2021	NC	16	M	4/16/2021	4/16/2021	Presented with chest pain, found to have diffuse ST elevation, elevated troponin/CRP/pro-BNP and echo concerning for low normal left ventricular systolic function. Ultimately diagnosed with myopericarditis.
1238430	4/21/2021	TN	20	F	4/8/2021	4/13/2021	myalgias, sharp left sided chest pain, shortness of breath. Chest pain is worse with deep breathing. Patient is treated with normal saline fluids.

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1238387	4/21/2021	NH	70	M	3/6/2021	4/9/2021	pulmonary embolism with chest pain symptoms on 4/9, improved with anticoagulation. Patient also had laparoscopic paraesophageal hernia repair on 3/25 and so could also have been a provoked pulmonary embolism.

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1238341	4/21/2021	FL	64	F	4/7/2021	4/17/2021	<p>Patient claims "3 days" after vaccination she developed headache that worsened over the next two days to include dizziness, photophobia, scotomata. However, the state tracking system lists her date of vaccination 10 days prior to the symptom onset. Below is a more detailed description: This is a 64-year-old female nurse practitioner with coronary artery disease, uncontrolled (untreated) type 2 diabetes, obesity, and remote history of kidney donation who presented yesterday with a 5-day history of nausea and frontal headache with new recent dizziness /lightheadedness when standing. She describes her headache as starting out as temporal and periorbital and then persisting as a frontal discomfort radiating to the back and down the neck. Associated with this were complaints of blurry vision, photophobia and scotomata. She denies any focal weakness or numbness/tingling. There was no vomiting or reports of seizures. She denies no recent problems finding words or bouts of confusion. She denies a history of arrhythmia or palpitations. Patient received the first dose of the Moderna COVID-19 vaccination on 4/14/2021 into her right arm, 5 days prior to admission (But state records list 4/7/2021 as the date). She did not take any medication to pre-empt side effects such as NSAID, aspirin, H2 blocker, or Tylenol. Initially she developed a sore arm the night of the vaccination. Three days later the headache developed that did not respond to Tylenol PM although it helped her sleep. She noted taking more than the recommended dose and had mouth dryness. Patient denies any past history of COVID exposure and any illness c/w COVID where she was not tested. She has never had her antibody titer checked. She recently had a dental procedure for an exposed nerve and had a temporary filling placed. No antibiotics were given and denies having a dental abscess. She described that one of her sisters developed "blood clots from her heart due to atrial fib" after her Pfizer vaccination. She denies rashes or stigmata of endocarditis, no fevers, chills, or night sweats. She describes vaginal itching a few days ago and self treated with an anti-yeast cream (Monistat) that relieved symptoms and does not currently have dysuria, frequency or urgency. On admission, her UA was abnormal and culture is pending but she received one dose of Rocephin and is still without urinary symptoms. After admission CT scan and MRI of the</p>

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brain revealed focal areas of likely small subacute embolic infarcts. (See report) Since admission she had a reassuring ECHO and no further worsening. No evidence for A flutter or fib Review of Systems Constitutional: no fever, no chills, no sweats, mild General weakness Skin: no Jaundice, no rash, no lesions, no petechiae ENMT: no ear pain, no sore throat, moderate congestion, no hoarseness Respiratory: no shortness of breath, no cough, no orthopnea, no wheezing Cardiovascular: no chest pain, no palpitations, no edema Gastrointestinal: mild nausea, no vomiting, no diarrhea, no GI bleeding Genitourinary: no dysuria, no hematuria, no discharge, no pain Musculoskeletal: no back pain, no trauma; Some neck discomfort bilaterally R>L Neurologic: moderate headache, mild dizziness, no numbness, mild weakness Psychiatric: mild sleeping problems, no irritability, Describes herself as high strung type A Heme/Lymph: no bleeding tendency, no bruising tendency, no petechiae, no swollen nodes Allergy/Immunologic: moderate seasonal allergies, no food allergies, no recurrent infections, no impaired immunity Additional ROS info: Except as noted in the above Review of Systems and in the History of Present Illness all other systems have been reviewed and are negative or noncontributory Problem List/Past Medical History 1) Uncontrolled diabetes with a hemoglobin A1c greater than 11; She stopped metformin and has tried to control it with diet alone. She does not have a PCP 2) Coronary artery disease with 4 stent placements in 2017; noncompliant with aspirin 3) Hyperlipidemia on Crestor 4) History of kidney donation to her late husband. She reports a stable creatinine 5) Obesity with a BMI of 34.8 Physical Exam Vitals & Measurements T: 36.4 °C (Oral) TMIN: 36.4 °C (Oral) TMAX: 36.5 °C (Oral) HR: 86(Peripheral) RR: 18 BP: 115/72 SpO2: 92% WT: 92.4 kg General: alert, no acute distress Skin: warm, dry Head: no trauma, normocephalic Neck: Trachea midline, no adenopathy, no tenderness; No bruits Eye: normal conjunctiva, sclera clear Cardiovascular: regular rate and rhythm, normal peripheral perfusion. No carotid bruits Respiratory: Lungs CTA, respirations non labored Chest wall: no deformity Gastrointestinal: non distended, Extremities: no deformity, no trauma Neurological: oriented x 4, LOC appropriate for age, CN

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							<p>II-XII intact, motor strength equal & normal bilaterally upper extremity, sensation equal & normal bilaterally, speech normal Psychiatric: cooperative, affect appropriate for age, normal judgement, normal psychiatric thoughts Assessment/Plan This Visit Diagnosis 1. ASB (asymptomatic bacteriuria) R82.71 - No antibiotic treatment recommended - Do not act on pending urine culture 2. Embolic cerebral infarction I63.40 - Unclear source as echo was clear; no stigmata of endocarditis - No carotid study as of yet - She has multiple risk embolic stroke (DM, age, hyperlipidemia, smoking, obesity) - Unclear if COVID vaccine initiated this process (has a low threshold for a cerebral event) - There are no national reports regarding this type of side effect in an mRNA vaccine 3. Adverse effect of viral vaccines T50.B95A - Received COVID Moderna vaccine and symptoms developed 3 days later - Unclear if vaccine cause symptoms 4. Diabetes mellitus E11.9 - Poorly controlled with Hbg over 11 5. Body mass index (BMI) of 38.0 to 38.9 in adult Z68.38 - Current weight 92.4 kg 6. Tobacco use Z72.0 - Small amount 7. H/O unilateral nephrectomy Z90.5 - Creatinine is currently 6.0 Plan: * I will report the possible vaccine adverse event to the national system (VAERS) - This was shared with the patient and she can also file a report - Recommend that the sister also file a VAERS report * Await neurology opinion regarding carotid studies * No further antibiotics since she has no symptoms</p>
1237641	4/21/2021	CO	32	F	4/4/2021	4/5/2021	Headache Abdominal pain Irregular menstrual cycle: usually I never have one (IUD), and I had a period the day after the vaccination and it was heavy. Chest pain
1238979	4/21/2021	FL	64	M	4/8/2021	4/16/2021	Experienced chest pain. Went to ER. Was rushed in and determined to have Pericarditis - swelling and irritation around the heart.
1238123	4/21/2021	NH	71	F	3/26/2021	4/14/2021	4/14-Resident c/o not feeling well and declined scheduled dialysis. c/o bilateral shoulder pain and fatigue. AP- 44, BP- 80/45, c/o headache, no chest pain and no SOB. Sent to CMC ER- patient deceased on 4/14/2021.

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1237573	4/21/2021	KY	67	F	4/14/2021	4/19/2021	PATIENT AWOKE WITH CHEST PAIN. Pain was anterior chest, a soreness, steady, lasted 15 min, non-radiating, and she is unclear of alleviating or relieving factors. She states she has been unwell since a day after she had her second Moderna vaccine 4/14/21. She states that since then she has had persistent fever, TMax 101.8, fatigue, nausea, anorexia, has been unable to eat or drink.
1237501	4/21/2021	NY	30	M	4/21/2021	4/21/2021	Primary complaint: chest pain. Patient received 2nd COVID vaccine and had 2 cups of coffee on an empty stomach this morning. Pain in center of chest. Worsens during inspiration. Stays in one spot. Does not move or change. Patient does not work out and no family history of heart issues. Vital signs taken once. Patient refused a 2nd set of vitals. Patient advised to follow-up with primary care in regards to heart issues.
1237667	4/21/2021	TN	22	M	4/15/2021	4/17/2021	Developed fatigue, back pain, chest pain, nausea and vomiting the morning after the vaccination. On Saturday 4/17, I awoke feeling some better. Performed my daily routines uneventfully other than just not feeling 100 percent. By that evening the chest pain returned. On 4/18, I awoke with severe chest pains. I then presented to the ER where was presumed I was having a heart attack vs. acute pericarditis/myocarditis.
1237686	4/21/2021	NY	55	F	3/9/2021	3/15/2021	6 days after shot I got a debilitating headache (the worst headache of my life 10/10 pain). I went to the ER and they proceeded to do a CT scan and blood work. Nothing abnormal was found. The next day I went to Hospital ER due to the head pain, shortness of breath, chest pain and high blood pressure. They put me on steroids and pain meds and I was referred to a Cardiologist and neurologist. 4 days later I was in the ER again for head pain, my BP was 220/125 due to pain when entering the hospital. After about 2 weeks, I saw a neurologist. He prescribed various pain meds including anti-seizure meds and shots. The cardiologist feels that it is not a heart issue. I remain having daily headaches 6 weeks later but the intensity is lower (5/10). My BP is now back at a normal level. I am awaiting 2 more tests. MRV and spinal puncture test.

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1237803	4/21/2021	CA	31	F	4/8/2021	4/17/2021	Presented to ED 4/18 with severe L sided chest pain since 4/17. Arm weakness and numbness 4/18 that lasted a few hours but resolved. No vision changes. O2 sat was 100% on room air. Diagnosed with PE. No recent mobilization. Does not smoke or use illicit drugs. Was admitted to the hospital telemetry unit 4/18-4/20. Discharged on apixaban. I do not have any information on the vaccine Lot number received.
1237886	4/21/2021	VA	61	M	3/24/2021	3/26/2021	Angina-like chest pain and frontal headaches off and on for three weeks from date of 1st injection. I believed it to be vaccine side effects and continued normal daily exercise routine, which is quite rigorous in some instances. Exercise seemed to alleviate problem temporarily. I never considered angina or heart issues as a problem since I've had great exam stats, including low cholesterol, low triglycerids, normal EKG, not overweight, never smoke, exercise regularly, maintain healthy diet. Day of second dose, chest pain and headaches increased significantly. EKG performed by PCP and Emergency Room confirmed abnormal. Diagnosed with acute myocardial infarction, emergency angioplasty performed on right coronary artery. I felt this all to coincidental given timing and duration of side effect with 1st and 2nd shot. All EKGs in past, including one in August 2020, normal, and then abnormal six months later.
1237936	4/21/2021	CO	46	F	4/8/2021	4/13/2021	Blood clot in right arm , SOB, CHEST PAIN, arm pain,
1237941	4/21/2021	MD	63	M	3/16/2021	4/17/2021	Patient presented to the ER with chest pain, non radiating, heavy weight. Patient was found to have acute DVT.

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1238010	4/21/2021	CA	40	F	4/7/2021	4/7/2021	About six hours after the vaccine I had a headache. I woke up during the night with all over body aches that were very painful. I also had a headache and fever of 100-102 degrees. I was in bed for three days and I was still very fatigued for a whole week. My hands and legs were swelling off and on. I also had some shortness of breath, coughing and chest pain. I was dizzy and lightheaded. I have been very uncomfortable and unable to sleep. I still have tingling and pain in my feet. I get easily winded and I am still experiencing headaches. It has been almost three weeks. My feet and hands are still swelling and my hands are very red. I am seeing my doctor today for a breathing treatment. Everything seems to be slowly improving but the headaches are still coming and going. I have a weird feeling of bubbles all over.
1238082	4/21/2021	MS	74	F	4/6/2021	4/6/2021	On the night of my vaccine, 04-06-2021, I experienced chills all night long. I also had a terrible headaches, SOB, chest pain. I also experienced light headiness which lasted one week. I went to see a doctor on 04-13-2021, who performed x-rays of the chest, did lab work and did an EKG which the tests came back normal. To this day I still have light headiness, nausea and light-headiness.
1237505	4/21/2021	OH	59	F	4/7/2021	4/16/2021	Chest pain. Sent to ER via squad. Currently on vent in ICU.
1235387	4/20/2021	CA	54	F	4/6/2021	4/12/2021	On day 6 (4/12) I experience the following: Coughing, Aches all over, breathing issues and chest pain, hot flashes (NO fever), light headed, foggy head/concentration issues, fatigue, diarrhea, upset stomach/cramps, headache On day 11 (4/17) I experience EXTREME fatigue, headache and foggy head. Slept for over 12 consecutive hours. Aches persisted since day 1 (cleared up on day 12). Coughing and breathing issues and chest pain when coughing have persisted since day 3 and have not cleared up.
1234820	4/20/2021	WI	55	F	4/3/2021	4/4/2021	Severe HA day after dose 1 of Janssen covid vaccine. Felt good over following week. Developed shortness of breath, chest pain. Dizziness and near syncopal episodes daily for past week.

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1235106	4/20/2021	CA	45	F	3/6/2021	3/6/2021	<p>Started within a few minutes after vaccine was administered. Accelerated heart palpitations, elevated high blood pressure and nausea. Stabilized about 30 minutes after. Since then heart palpitations have been up and down (over a month). March 30 - Doctor appointment. Dr notes: Patient presents with PALPITATIONS x 2 weeks, the last 2 days have been really bad per patient. Patient states she started getting the palpitations post covid vaccine on 3/6/21. Moderna vaccine received. Patient received Moderna Vaccine 3 weeks ago 10 min after vaccine started with palpitations , nausea Cold feeling , BP was high HR was 115 about , waited x 40 min felt better , BP 135/ Patient did not have pain with injection 1 we 1 week later Went to store to buy food had Had palpitations For no reason, no chest pain short of breath dizziness + Mild cold sweat ,+ nausea, unable to drive , had to take mask off, husband drove her home, once She was home felt better . Lasted 10 min . Was good for 1 week , and today At home Started with palpitations At 6 Am Drank water , felt better no associate symptoms This time , lasted 15 min and had small Feelings of palpitations Lasting seconds during the day Never had palpitations before , patient worries about everything , whole family is home Patient thinks she worried about the vaccine once she got it No drugs , no weight loss , usually hydrating No caffeine No history heart disease Review of Systems Constitutional: Negative for chills, diaphoresis and fever. Cardiovascular: Positive for palpitations. Negative for chest pain and leg swelling. Respiratory: Negative for cough and shortness of breath. Gastrointestinal: Negative for diarrhea and nausea. Neurological: Negative for dizziness. Psychiatric/Behavioral: The patient is nervous/anxious. Physical Exam Constitutional: She is well-developed, well-nourished, and in no distress. No distress. Neck: No thyromegaly present. Cardiovascular: Regular rhythm. Tachycardia present. No murmur heard. ER Visit on Apr 2, 2021 CHIEF COMPLAINT: PALPITATIONS TRIAGE NURSE PRESENTING HISTORY Information provided by: PATIENT History of Present Illness: Palpitations off and on x two weeks. Denies chest pain. General Appearance-DistressLevel: MILD Industrial Related: NO Patient is a 45 year old female with off and on palpatations x 1 week. Patient denies fever, chills, chest pain, SHORTNESS OF</p>

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1235113 4/20/2021 KY

69 F

4/12/2021

4/12/2021

BREATH, headache, nausea, vomiting, diarrhea, abdominal pain, dysuria, hematuria, cough, rash or flank pain. Patient also feeling anxiety during this time. Initial VS: BP: 132/83 / Pulse: 132 / Temp: 97.6 °F (36.4 °C) / / SpO2: 100 % Physical Exam Vitals signs and nursing note reviewed. Constitutional: General: She is not in acute distress. Appearance: She is well-developed. She is not diaphoretic. HENT: Head: Normocephalic. Eyes: Conjunctiva/sclera: Conjunctivae normal. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Tachycardia present. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: No stridor. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Thought Content: Thought content normal. ASSESSMENT: Plan Anxiety and palpitations. Work up pos for UTI. Patient non toxic with no fever, leukocytotic or lactic acidosis. Patients hr improved with fluids and ativan. Patient pending thyroid panel. Patient discharged with rx for keflex and ativan. Patient agrees with plan and understands strict return precautions. Additional information for Item 19: CO2 22 mEq/L 21 - 31 mEq/L More details on Labs for Apr 2 does not fit in the form. Lab result from April 2

shortly after receive shot patient began to feel light headed. she stated her tongue started to tingle. Symptoms progressed to chest pain and throat itching. Pt was given 25mg of diphenhydramine at vaccination site. Pt started to improve. Pt declined emergency care. Followed up with pt next day and pt stated taking diphenhydramine every 6 hours but was feeling much better.

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1235128	4/20/2021	CO	45	M	3/16/2021	3/16/2021	I had mild pain radiating in my arm within 2 minutes of the vaccine. 1-2 hours later I developed unusual and intermittent pain on the volar surface of my wrist. 8 hours after the vaccine I developed chills, severe fatigue, myalgias, loss of appetite, and a fever up to 101. I was bedridden for 36 hours and then the symptoms gradually subsided by day 3. I then developed a sense of chest tightness intermittently for the next 4 days usually at night. I did not have chest pain, but had tachypnea at times with a respiratory rate up to 22/min. At day 7 this resolved.
1235377	4/20/2021	VA		F		4/9/2021	INJECTION SITE LUMP\KNOT; VOMITING; DIARRHEA; CHEST PAIN/SORENESS; FELT BAD; COLD; PAIN IN ARM; FLU-LIKE SYMPTOMS; BODYACHE; CHILLS; This spontaneous report received from a consumer concerned a 30 year old female. The patient's weight was 125 pounds, and height was not reported. The patient's concurrent conditions included supraventricular tachycardia. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 09-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 09-APR-2021, the subject experienced chills. On 10-APR-2021, the subject experienced flu-like symptoms. On 10-APR-2021, the subject experienced bodyache. On 10-APR-2021, the subject experienced felt bad. On 10-APR-2021, the subject experienced cold. On 10-APR-2021, the subject experienced pain in arm. On 11-APR-2021, the subject experienced vomiting. On 11-APR-2021, the subject experienced diarrhea. On 11-APR-2021, the subject experienced chest pain/soreness. Laboratory data included: Body temperature (NR: not provided) 80 F. On an unspecified date, the subject experienced injection site lump\knot. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from vomiting, and diarrhea, had not recovered from injection site lump\knot, and the outcome of chills, flu-like symptoms, bodyache, pain in arm, chest pain/soreness, cold and felt bad was not reported. This report was non-serious.

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1235397	4/20/2021	NV	22	M	4/13/2021	4/15/2021	Young healthy patient presented with chest pain starting 3 days after vaccine. Profoundly abnormal EKG and marked troponin elevation. Workup consistent with acute myocarditis of unclear etiology.
1235401	4/20/2021	CA	29	F	2/24/2021	2/26/2021	48 hours after the vaccine my mouth began itching after eating. It happened during breakfast and lunch this day, and then the next morning at breakfast, which is when I became worried. My throat began feeling tight, felt like it had mucus in it and I needed to clear it. My mouth was itching and my tongue felt tingly. Four days after the vaccine my tongue started to swell so I called my doctor. I saw him the Tuesday, 3/2 after the vaccine and he said my thyroid was swollen and felt I was having an allergic reaction to the vaccine. He did an allergy panel and lab work for my thyroid, all tests came back within normal limits. He referred me to an allergist and said to take benadryl every six hours. A few days later my bottom lip started to swell and my tongue ached. I was also having intermittent chest pains for about five weeks. Then my lymph nodes in my throat started throbbing. I saw the allergist on 4/6 and he advised to cancel the second dose. He did lab work to check for autoimmune disorders and inflammation but tests came back normal. He advised on 4/19 to take allegra two times a day for three weeks and we will follow up. Ongoing symptoms are mouth itching after eating, tingling in throat, and itching on throat and neck, and on and off swelling of my bottom lip. I have also experienced lightheadedness and ocular migraines.
1235403	4/20/2021	PR	46	M	3/31/2021	4/7/2021	Pain all over the body! Swelling in both feet ankles, fever, stomach pain, fatigue, chest pain and phlegm! Extreme tiredness, pain and swelling in the vaccinated arm, swollen of the shoulder of the vaccinated arm, severe headache
1235437	4/20/2021	WA	20	M	4/14/2021	4/18/2021	Pt presented with chest pain, diagnosed with myocarditis with troponin peak of 5. Normal ECHO and EKG.

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1235464	4/20/2021	CA	50	F	1/2/2021	1/18/2021	I was exposed to Covid 5 days after vaccine. I tested positive 10 days after vaccine. 12 days after has headache , aches, diarrhea. Got the Regeneron monoclonal antibody infusion s 1/18 and had throat swelling about 1 hour into the infusion and got benedryl. Improved so went home then about 5 hours after the infusion. I had chest pain and chest tightness so went to the ER with concern if re action to this infusion. Took benedryl and xopenex and that help. I went home ER after PE and MI ruled out Had fever a few days later so got augmentin. The headache and aches from Covid slowly resolved. No further chest pain.
1234584	4/20/2021	NY	74	F	3/22/2021	4/19/2021	She is a 74-year female with history of morbid obesity, OA on chronic opioids, T2DM, CKD 3, HTN, and hypothyroidism who presents with 10 days of worsening fatigue and trouble ambulating. She reports that she started feeling unwell about 10 days ago with a sore throat and pain radiated to her left ear. She had trouble swallowing due to the pain and was generally tired, thinking she had strep infection or ear infection. Her sore throat resolved as did her ear pain, however her fatigue worsened and had trouble walking due to weakness. Felt like she had trouble functioning at home, soshe presented to the ED. In the ED, she is hemodynamically stable, satting low 90s on room air. Labs are significant for mild hyponatremia 133 and bump in creatinine 1.84 (previously 1.44). Found to be Covid positive, and CXR with possible right lower lobe infiltrate. Currently, reports feeling tired with poor appetite and body aches though no shortness of breath, chest pain, nausea. She has been eating foods that taste good to her, not following diabetic diet and sugars have stayed appropriate. Denies any sick contacts or leaving the house. Of note had her Covid vaccine (J&J) 3/22 in her house, and does not know where she contracted Covid.
1232628	4/20/2021	KS	48	F	4/16/2021	4/16/2021	Hypertension and chest pain.
1232855	4/20/2021	IN	17	F	4/14/2021	4/15/2021	Chills, nausea, fatigue, right side chest pain, hard to breathe, excessive seizure like shaking.

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1232535	4/20/2021	WI	18	M	4/7/2021	4/11/2021	He was admitted to Cardiovascular Medicine on 4/11/21 with acute idiopathic myocarditis, the etiology was unclear but considered due to recent COVID vaccination vs viral infection. He presented with elevated troponin and initially elevated ESR and CRP. CTA of coronary arteries was on done on 4/12 and showed normal coronary arteries. TTE was done on 4/13 and showed a normal LVEF of 65% and normal LV size and wall thickness. His RV size was mildly enlarged and has mildly elevated right atrial pressure. There was no significant valvular disease. Cardiac MRI was done prior to discharge and he will follow up with cardiology for the final results. He was having some intermittent chest pain and SOB and was recommended to use OTC ibuprofen 600 mg BID per cardiology. Reports that his chest pain and shortness of breath is slowly resolving. His symptoms are mild and infrequent.
1232537	4/20/2021	WI	47	F	3/27/2021	3/28/2021	Headache, left sided chest pain, persistent vomiting after each meal
1232583	4/20/2021	CA	20	M	4/20/2021	4/20/2021	He is a 20 year old male in the observation area, presenting intermittent right chest pain longest duration 15 minutes, given ASA 81 mg then chest pain resolved then cp came back again after 5 minutes. Vital signs stable. No SOB or angioedema. No comorbidity. No history of cardiac problem. Planning to send patient to ED for further evaluation. Called attending Dr. per protocol and recommended patient to go to ED for further evaluation and stable to go by private car. Paramedics transport not indicated as of this time given vital signs stable. Pt sent to ED via private car. stable and no distress upon discharge.
1232659	4/20/2021	OK	53	M	4/20/2021	4/20/2021	PATIENT C/O CHEST PAIN AND TIGHTNESS AND HAD SHORTNESS OF BREATH/HOARSENESS/COUGH

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1232721	4/20/2021	RI	55	F	4/10/2021	4/18/2021	Location: left mid/upper chest. Status: no change. Denies aggravating factors. Denies relieving factors. Associated symptoms include upper ant. shoulder felt warm. Denies: numbness, tingling, pain with arm movement, tenderness, GI and resp sx. Pt reports that she had chest pain on Sunday that lasted less than a minute. Describes pain as being very sharp and she felt a warm sensation in L shoulder. Pt denies SOB. Pt feels fine today just wants to get this checked out and make sure everything is okay. Got covid vaccine (2nd shot) on 4/10. After the eps it felt like heart was racing a bit, not irregular, lasted < 1 min. Denies GI, Resp sx associated. Occurred in the middle of church, not exerting herself. Occurred once a few days before, very brief and not as strong. No hx of cardiac issues. No assoc. breast sx, axillary swelling. Referred to cardiology for abnormal EKG
1232742	4/20/2021	FL	59	F	4/7/2021	4/8/2021	After 24 hours receiving the first dose patient started feeling excruciating chest pain rotating from chest to back and she was hurting while breathing. She felt like her throat was closed and had breathing problem. She didn't go to ER but her body temp was 102 'F on Thursday, 101.2'F on Friday, 99.5'F on Saturday and 99'F on Sunday. She did talked with her PCP on Friday and Monday. She started feeling good after Monday but still feels that her throat is slightly closed
1232714	4/20/2021	OH	50	F	4/20/2021	4/20/2021	dose given at 1620. at 1628 a rash was noted on the pt's arms, abdomen and lower back. she denied, shortness of breath, chest pain, difficulty breathing, swelling or itching in throat/mouth area. Benadryl 25mg given po (liquid) and water at 1629, pt has an epinephrine pen with her due to other allergies, but pt refusing epinephrine at this time. after frequent monitoring, pt, the rash subsided, no shortness of breath, chest pain, swelling in mouth or throat were noted and pt was instructed to call her physician to alert them to her reaction. Instructed pt to call 911 and use Epinephrine if symptoms returned or got worse. Pt did call when she got home at 1755, and stated she felt "fine" that the rash was still not present, she had a headache at this time.

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1232838	4/20/2021	CA	36	F	4/9/2021	4/9/2021	Spoke to Pt who states increased headaches since getting J&J vaccine on 4/9. Pt states h/o headaches but HA normally respond to Motrin. Pt reports taking Motrin 2-4 times since being vaccinated. Pt c/o severe fatigue and nausea. Pt denies SOB, severe leg pain, nor chest pain. Strict ER precautions discussed. Pt scheduled for phone visit.
1232433	4/20/2021	TX	39	F	4/15/2021	4/18/2021	Severe chest pain, pressure, and muscle spasms.
1232860	4/20/2021	TN	35	M	4/19/2021	4/20/2021	Fever greater than 101 - 48 hours Body chills - 48 hours Body aches - 48 hours Severe headache - 48 hours Chest pain - 48 hours Redness/soreness at injection site - 48 hours
1232916	4/20/2021	MN	45	M	4/8/2021	4/12/2021	Nausea, Body Aches, Mid Sternal Chest Pain, Shortness of Breath
1232963	4/20/2021	NC	55	F	4/17/2021	4/17/2021	patient reports 10/10 radiating chest pain, radiating to left shoulder and back.
1234787	4/20/2021	MA	73	F	4/18/2021	4/18/2021	At 8:00 PM I began having chills and a headache. I checked my temperature and it was 100F. By 8:30 I went to bed and coughed a lot. I became nauseous and had dry heaves. My left arm was sore. I was extremely thirsty. I spent the night going to the bathroom and it became harder to do because I had excruciating pain in my lower back. I could barely walk. My Afib seemed to be acting up and I had strong chest pain and was out of breath. This kept me up all night. By morning, I tried to get up but was unable to do so. I finally fell asleep around 1:30 p.m. and woke up at 6:00 pm. To my relief, most of the symptoms had subsided and I could get up and walk around.
1232989	4/20/2021		18	M	4/20/2021	4/20/2021	Anxiety induced. vital signs obtained and monitored. Patient denies any chest pain, SOB, dizziness, nausea and vomiting. Skin color, temp., condition appeared normal. patient described his feelings as "wonky". Patients anxiety subsided after drinking water.

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1233041	4/20/2021	VA	31	F	4/8/2021	4/9/2021	The next morning I went to urgent care because I was experiencing really bad chest pains and body aches where an EKG and chest X-Ray were perform and I was released and advised if the symtoms got any worse to come back or got to the ER. For the next week the chest pain persist and got worse. I experienced severe chest pains, struggled with breathing at night, was extremely tired and felt worn out. I had sharp pains throughtout my body so I went to the ER where a EKG and D-Dimer test was peromed and was advised it was elevated and I left. I went to the ER later that day who checked the D-Dimer who advised it was normal and was I was released from there as well after monitoring. The next day I began having sharp pains in my stomach and diarreah which prompted me to now go to hospital where a CT scan, X-Ray and EKG was peromed there also which all results came back normal and advised I reach out to a Cardiovascular Specialist for the Chest pains and I have an appointment scheduled for 4/21/21 for further followup on that
1233074	4/20/2021	MN	23	F	4/17/2021	4/19/2021	Both my lips are swollen and I had to get rushed to the ER and I?m having chest pain
1232763	4/20/2021	CO	59	F	3/12/2021	3/17/2021	On 3/17/21 patient returned to clinic complaining of sudden onset of dizziness, weakness, shaking, some SOB and anxiety. Patient reports this started suddenly at noon. She reports associated lightheadedness and difficulty with focusing her vision. She reports "feeling like I am going to pass out and not wake up". Denies nausea, vomiting, head injury, fall, slurred speech, confusion, or chest pain. Last meal was previous night, has not eaten that day. She denies recent alcohol use, did admit to smoking marijuana prior to episode starting. She did have the Johnson&Johnson Covid vaccine on 3/12/21, only has had a sore left arm, denies other side effects. Patient was sent to the emergency department via ambulance for further evaluation. Work up at the emergency department showed bilateral pulmonary embolisms.
1231975	4/20/2021	KS	32	F	3/13/2021	3/13/2021	Headache SOB Chest Pain

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1231382	4/20/2021	MD	34	F	4/16/2021	4/18/2021	Other than the expected sore arm at injection site, I've been experiencing slight chest pain. It feels like something is sitting on my chest or stuck inside of my chest. This began early Sunday morning around 1:00am.
1231384	4/20/2021	IA	70	M	2/24/2021	3/13/2021	Sharp Chest Pain resulting in Death 2 hours later, 03/13/2021 @ 12:08
1231395	4/20/2021	WA	34	F	4/3/2021	4/4/2021	The day after my second shot, I felt like I was having a heart attack. My chest got tight around my heart and it came in waves. My heart/lungs in my chest in that area felt very heavy and in severe pain. It was hard to breath. I felt like someone was squishing me. I have a high tolerance for pain but this pain I thought I was dying. This started about 10:30 in the morning, my husband ran me to the hospital but had to pull over because I was screaming in pain and couldn't breath while I was in the middle of a ?wave? of pain. He called 911, they met us in the parking lot. They gave me 4 aspirin and then took me to hospital. By the time I got to the hospital, the aspirin had helped. This aspirin saved my life. I was then discharged with ?chest pain unspecified type?

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1231540	4/20/2021			F		3/1/2021	STABBING CHEST PAIN; FLU LIKE SYMPTOMS; This spontaneous report received from a patient concerned a 49 year old female. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included echocardiogram normal, cardiac stress test normal. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported) dose was not reported, administered on 20-MAR-2021 16:30 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On MAR-2021, the subject experienced stabbing chest pain. On MAR-2021, the subject experienced flu like symptoms. Laboratory data (dates unspecified) included: EKG (NR: not provided) Normal, Heart rate (NR: not provided) Normal, and Oxygen saturation (NR: not provided) Normal. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from flu like symptoms on MAR-2021, and had not recovered from stabbing chest pain. This report was non-serious.; Sender's Comments: V0: Medical assessment comment is not required as per standard procedure as case assessed as non-serious.

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1231542	4/20/2021	NC	21	M		4/6/2021	RIGHT SIDED CHEST PAIN, NOT EXCRUCIATING, BUT LASTING 90-120 MINUTES; TENSION IN CHEST; CHILLS; FEVER; This spontaneous report received from a patient concerned a 21 year old male. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808978, and expiry: UNKNOWN) dose was not reported, administered on 06-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 06-APR-2021, the subject experienced chills. On 06-APR-2021, the subject experienced fever. On 07-APR-2021, the subject experienced right sided chest pain, not excruciating, but lasting 90-120 minutes. On 07-APR-2021, the subject experienced tension in chest. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from right sided chest pain, not excruciating, but lasting 90-120 minutes, fever, tension in chest, and chills. This report was non-serious.; Sender's Comments: V0: Medical Assessment Comment not required as per standard procedure as case assessed as non-serious.
1231560	4/20/2021	NJ	17	F	4/15/2021	4/17/2021	On 4/17/21 (ie within 48 hours of receiving COVID 19 Pfizer Shot #2 (4/15/21), my daughter began experiencing chest pain in the PM (PM of 4/17). It was initially mild so we did a watch and wait overnight but when it did not go away by morning of 4/18/21 we went to Urgent Care . Upon presentation at urgent care, she had an irregular EKG, we were advised to immediately do to a Hospital ER , upon arrival she presented with same EKG findings from urgent care, BW was run and her troponin level was a 7, this hospital recommended (after consultation with their cardiologist) that based on her age and urgency of the heart condition, we should be transported to a pediatric hospital with cardiology expertise. She was transported by ambulance to another Hospital, Cardiology Unit. . After a scary 24 hour overnight stay at the hospital she was released on 4/19/21.

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1231613	4/20/2021			F			BRAIN ANEURYSM; CHEST PAIN; This spontaneous report received from consumer (company representative) and concerned a female patient of unspecified age received via social media. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose, start therapy date were not reported administered 1 total for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On an unspecified date, one day after vaccination, the patient started with chest pain and paralysis on her left side. She rushed to the hospital where numerous tests were performed. She had about 8 seizures in previous 2 days. She never had seizures before. Patient was continuously monitoring via EEG (electroencephalogram). Doctor found 3 millimeter brain aneurysm. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of brain aneurysm and chest pain was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0-20210421076- Covid-19 vaccine ad26.cov2.s- Brain aneurysm and chest pain. These event are considered unassessable. The event have a compatible/suggestive temporal relationship, are unlabeled, and have unknown scientific plausibility. There is no information on any other factors potentially associated with the event.
1232510	4/20/2021	NY	48	F	4/5/2021	4/17/2021	Chest tightness, heaviness evening of 4/17/21, along with light headed. Tingling in left arm (injection arm). EKG normal 4/19/21. Chest pain continues 4/20/21 , describes as a "zap" or static feeling upper left chest. No SOB.
1231962	4/20/2021	CO	61	F	3/20/2021	3/22/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: two days after vaccination patient presents to emergency department (ED) tachycardic (heart rate 180s) found to be in SVT and hypokalemic. Blood pressure normal and denies chest pain. Vagal maneuvers did not resolve SVT. Administered adenosine with resolution of SVT. Administered oral potassium replacment and discharged to home stable.

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1232498	4/20/2021	MN	64	F	4/17/2021	4/18/2021	Patient arrived to Emergency department of Medical Center 4/18/21 around 5:00 PM and reported that she had received a COVID vaccine dose #2 at outside clinic a day before this and today is experiencing significant side effects. She presents here with dizziness, headache, myalgias, and urinary incontinence. Around 1:00 PM today she had started to develop body aches, headache, myalgias in the hips, back and arms, chills and sweats. She had a urge to urinate but was unable to get up from reclining due to weakness in her legs and pain when moving. She states it took her an hour to get off the couch and then had difficulty walking due to severe dizziness, and she fell to the floor in her bedroom and fell back and hit the back of her head on the ground but denies any loss of consciousness. She has no visual changes, no nausea or vomiting, no chest pain, no shortness of breath, or hematuria or dysuria, also no numbness in the groin. She states it is painful to move.
1232001	4/20/2021	WI	23	M	4/15/2021	4/16/2021	Per patient, he developed chills, subjective fevers, body aches few hours after the vaccine on 04/15. Also developed chest discomfort that progressively got worse over the next 1-2 days which prompted him to visit the ED on 04/18. He was found to have troponin elevation with diffuse J-point elevation. He received aspirin and was started on heparin drip. Chest pain completely resolved by the next day. Coronary angiogram was negative. Cardiology attributed stroke elevation and chest pain to myocarditis secondary to vaccine. Echo was normal with no evidence of pericardial effusion.

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1232048	4/20/2021	IN	64	M	3/25/2021	3/25/2021	This is a pleasant 64yo male that presents to Hospital with acute SOB. He states that yesterday morning he received his covid-19 vaccine and then went home. Later in the afternoon he developed acute SOB, not made worse by exertion or lying down. He has chronic COPD and checks his pulse ox multiple times per day. He typically runs 85-92% and states that he was running around 87%. Due to his SOB he sought medical care and was found to be hypoxic with an O2 saturation of 78% in the ER. He had a CTA of the chest which showed a chronic left lobe PE and an acute PE to the left subsegmental branch of the inferior lingula artery, small bilateral pleural effusions and cardiomegaly. There was no evidence of right heart strain on the CT readout. His first two troponins are WNL. He admits to being sedentary at home over the last year since he lost his job. He was also found to be in a-fib with RVR and intermittent a-flutter, both of which are new per patient report. He has been started on Cardizem and Heparin drips. Currently, he is up ad lib and comfortable. He denies overt shortness of breath and is able to carry on a full conversation. He denies chest pain, abdominal pain, m/s pain, bowel/bladder issues, n/v/d or diaphoresis. He is alert and oriented. He has a PMH of copd, chroinc hypoxia, tobacco use, ble pitting edema, htn, and hld.
1232057	4/20/2021	NC	53	F	1/8/2021	1/8/2021	Pt reported facial itching after COVID-19 vaccination. Denied SOB, chest pain, throat swelling, rash and nausea. Reported itching at back o f throat.
1232268	4/20/2021	KY	52	F	4/20/2021	4/20/2021	syncope, multiple episodes of LOC, lethargic, nauseated, Complaints of chest pain right after her COVID shot. wheezing and mild headache
1232284	4/20/2021	TX	48	F	3/26/2021	4/7/2021	Abnormally sore arm for 2+ weeks post-vaccination (March 26). -- No treatment; resolved on its own Intense chest tightness starting during late night on April 6th; continued through April 8th; dissipated April 9th. -- No treatment sought, as no dizziness nor shortness of breath accompanied chest pain; resolved on its own Hemiplegic episode April 7th. -- No treatment sought, as episode was very brief and resolved quickly

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1232350	4/20/2021	NY	27	F	1/8/2021	1/11/2021	1/11/2021: I experienced a bit of an itch on my right foot. 1/12/2021: Then felt it again the next day. 1/13/2021-1/30/2021: This itch traveled out of my foot and I started to feel this tingling sensations on my right leg. The tingling would come and go. It moved to my left leg and then my arms. I also felt the tingling in my elbows, fingers, neck, boob area, abdomen. My lower back felt tight too. I was also experiencing chest pains, like pressure on my chest that would come on throughout the day. Sometimes 1 a day sometimes 3 times a day. Pressure would come on for about 30 seconds to 1 minute then subside. I also had an increased heart rate (tachycardia). I received the second dose of Pfizer on 1/30 and experienced the ?typical? symptoms the next day. On 1/31/2021 I had body aches, fatigue, low grade fever. The symptoms disappeared within 24 hours, and I did not feel any tingling on that day. On 2/1/2021 in the evening, I started experiencing severe tingling in both lower extremities. On 2/2/2021: I felt the tingling all over my body: legs, torso, forehead, back of head, vagina, tongue, back. I was experiencing severe chest pains. Heart rate was extremely high. On 2/3/2021: I went to the ER, and they sent me home with a referral to see a neurologist. Blood Pressure was extremely high (153/110). On 2/5/2021: I felt this horrible pin pricking sensation up and down my spine that went on for hours. Additionally, my right leg went numb and stayed numb until the next morning. On 2/6/2021: My right leg went numb again in the evening. It resolved in an hour. I also began experiencing some muscle twitching. It started in my right leg but I can feel it in various parts on my body (thighs, buttock, calves, arms, hand, and right underneath armpit on my back). I have burning mostly in my thighs, forearms (near elbows area), and upper shoulders. I have pin pricking sensations around my body. And I have muscle twitching in my arms, legs, back, and hand. Chest pains have resolved, blood pressure is back to normal, and my heart rate isn't so elevated anymore. I also have been experiencing some bad diarrhea the past two months (beginning on 2/19/21 until current)!

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1233140	4/20/2021	NY	52	F	3/13/2021	4/10/2021	Patient presented with 4 weeks of episodic jaw pain following the JJ vaccine. Presented acutely to our hospital w/ substernal chest pain, found to have STEMI on EKG. Taken to the cathlab, no evidence of obstructive coronary disease. After cath, patient went into progressive cardiogenic shock. Repeat Left heart cath showed no evidence of obstructive coronary disease but RHC indicative of cardiogenic shock. Cardiac MRI consistent w/ multifocal infarcts. Further ischemic workup negative. Autoimmune workup negative.
1231716	4/20/2021	MD	54	F	3/25/2021	3/29/2021	1-3 days headache 4-18 days painful joints, pain in chest, left side worse - rest, advil day 20 - Vitreous detachment resulting in floaters in left eye. Saw Dr to check for torn retina- none 17-present - painful left hip/glute, unable to walk/stand without pain - advil, hot/cold, saw chiropractor, exercises, additional treatment

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1234044	4/20/2021	OH	72	F	3/4/2021	3/24/2021	<p>Patient called c/o shortness of breath on exertion, slight cough, runny nose, weakness and fatigue. States O2 sitting 97 and P 79-80 and O2 walking <88 and P 100's. States had covid vaccine # 1 on 3/4/2021. Completed viral/travel screen which was negative. Patient is a 72 y.o. female with chronic diastolic heart failure, hypertension, hyperlipidemia, hypothyroidism, vitamin D deficiency, depression with anxiety, who presented with shortness of breath on exertion. CTA chest was performed, showing filling defects in secondary and tertiary pulmonary arterial branches in bilateral lower lobes as well as right upper lobe. Patient was admitted for management of acute bilateral pulmonary emboli. Patient was started on Lovenox 1 mg/kg twice daily; transitioned over to oral apixaban for discharge. TTE obtained, without evidence of right heart strain. Patient is a 72 y.o. female who presents to the office today stating "I do not feel so good". She mentions noting blurry vision over the past 1 week right eye only with decreased vision. Denies any eye pain. Thinks her vision is worse outside in the sun. In addition, today she states she was up moving around getting ready for today's appointment when all of a sudden she felt a brief slight low light shock pointing to left anterior chest wall. Denies any chest pain or pressure but reports noting her heart rate was elevated up to 150. She states her O2 sat at home was 97% on room air. She checked her blood pressure which was not abnormal but cannot recall the number. She was recently diagnosed with a PE for which she was hospitalized, see previous note. She is concerned as she feels perhaps her Covid vaccine initially received on 3/4/2021 could have caused her blood clot. Her second dose was received on 3/31/2021 and has since not been feeling well EKG in the office with new onset A. fib relation noted, rapid ventricular rate with a pulse of 152 bpm. 911 was called and patient transferred to the ER for further evaluation and recommendations. Patient currently on Eliquis for PE Patient, with a past medical history of essential hypertension, mixed hyperlipidemia and grade 1 diastolic dysfunction, as well as acute bilateral pulmonary emboli 3/2021 diagnosed a few days after her first dose of the Pfizer Covid vaccination, now anticoagulated on Eliquis who presented to KMC emergency room on 4/14/2021 from her primary care provider's office after being found in newly diagnosed</p>

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1233121	4/20/2021 MN	58 M	3/12/2021	3/22/2021	<p>atrial fibrillation with RVR, rate in the 150s. Of note, patient had received her second dose of the Pfizer Covid vaccine on 4/10/2021. She had scheduled this primary care provider appointment due to waxing and waning blurred vision of her right eye, with associated right-sided headache that had been ongoing over the last week. Patient reports that on the day of arrival she had not felt well, felt slightly weak and fatigued, but denied shortness of breath, chest pain or heart palpitations. Per ER notes, patient was instructed on vagal maneuvers while she was in the ambulance, and had converted to sinus rhythm by the time of her arrival to the emergency room. Per review of her telemetry on the day of discharge, patient did have one short episode of PAF on 4/15/2021, spontaneously converting to sinus rhythm, as well as intermittent PACs. Her home lisinopril was changed to Coreg, without further episodes of RVR and with good blood pressure control. In regards to her headache, patient underwent an MRI of the brain, which was negative for acute findings; she had no temporal tenderness, and ESR was within normal limits. She did improve symptomatically with administration of Tylenol and Zofran for her corresponding nausea/vomiting. On the day of discharge, patient was feeling much better, and stable for discharge. An appointment with doctor of ophthalmology was offered to patient for 4/16/2021, however due to transportation issues, this was rescheduled for 4/20/2021. She was instructed on changes in her medication, as well as encouraged to schedule an appointment with her established cardiologist. All questions and concerns were addressed.</p> <p>Received shot on 3/12. Starting having pain in chest on 3/22. Was diagnosed with blood clots in the lungs on 3/26 via blood test and CT scan.</p>
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1233697	4/20/2021	CO	56	M	4/10/2021	4/11/2021	Patient received Jassen vaccine 4/10/21. 4/11/21 began with symptoms of fever, headache, chills, nausea, vomiting, and diarrhea, loss of taste and smell. 4/15/21 he presented to ED with symptoms of fever, chest pain and pressure, shortness o breath, myalgias, headache, tachypnea, tachycardia, hypoxia. Was given IV Decadron, DuoNeb and alburol in ED. Inprovement seen, but patient continued with tachypnea and difficulty breathing. He was admitted to ED with a diagnosis of COVID 19 , asthma exacerbation and elevated Troponin at 31.52 (Ref Range 19) . During admission, glucose levels were labile, requiring adjustment to routine insulin regimen and Glucovance for hypoglycemia. An Echocardiogram was ordered due to elevated Troponin levels on admission. Echocardiogram 4/19/21 showed a density in the right atrium. Cardiology recommended a cardiac MRI. Patient was transferred to Hospital 4/19/21 for elevated care and evaluation, with diagnosis of
1233714	4/20/2021	OH	26	F	4/9/2021	4/10/2021	Intense headache after vaccination and the next day, left sided chest pain with popping sensation
1233779	4/20/2021		58	M	4/13/2021	4/13/2021	The patient is a 58-year-old male who presents as a transfer from Hospital for evaluation and of recurrent syncope and management of a left-sided mandibular fracture. The patient reports that his symptoms first started after his first dose of the moderna vaccine. He reports that he felt recurrent nausea and diaphoresis however had no syncopal episodes. Following his second dose of vaccine on 4/13 he reports 3 episodes of syncope. He describes the sensation of nausea and diaphoresis followed by loss of consciousness. After the first episode he passed out and he hit him his jaw and has pain in his left jaw since that time. He had 2 further episodes of syncope 2 of which were witnessed. No seizure activity was described by by witnesses and the episode lasted approximately 1-1/2 minutes. He denies any palpitations or chest pain or incontinence or tongue biting. He denies similar symptoms previously.
1233799	4/20/2021	IL	42	F	4/16/2021	4/16/2021	Burning chest sensation that flows to face , arms and hands. Pain in chest

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1233825	4/20/2021	MI	55	M	4/6/2021	4/19/2021	55 y/o male with PMHx of obesity, LLE cellulitis (hospitalized in 2018), and varicose veins seen in unit 4/19/21 due to LLE cellulitis not responding to bactrim DS. Patient reports remote history of bilateral cellulitis and hospitalized once for IV abx for 4 days in 2018. He denies DVT history. He was prescribed compression stockings, unsure of compression grade but he isn't wearing them due to the ongoing pain. He was seen by nursing on 4/2/21 reported leg erythema and swelling starting that day. He was given Rocephin and had Bactrim ordered. The leg swelling/erythema/pain improved minimally with Bactrim DS but still had symptoms so he was seen today. He reports posterior calf tenderness. he denies fevers, chills, sweats, dyspnea, chest pain, SOB, palpitation, abdominal pain, N/V/D/C at this time. exam shows LLE with anterior erythema, tenderness, warmth, and (+) homan sign. 1-2+ BLE edema. He was COVID 19 positive on 11/10/20 and again on 3/15/21. Received moderna on 3/9/21 and 4/6/21. Labs sent to local hospital show D-Dimer >1000 and CBC with thrombocytopenia to 111K per lab with 3+clumping.
1233906	4/20/2021	CO	84	F	3/6/2021	3/7/2021	Moderna COVID-19 Vaccine EUA: one day after vaccination patient presents to emergency department (ED) vomiting, tachycardic, and febrile with increased home oxygen use. Denies chest pain. Found to have positive blood cultures and diagnosed with NSTEMI, underwent heart catheterization and found to have severe ostial RCA stenosis, and admitted for medical management of CAD and antimicrobials. Patient discharged medically stable to home.
1233663	4/20/2021	WA	23	M	4/15/2021	4/18/2021	23 YEAR OLD admitted to hospital with chest pain and elevated troponin (5000). Had received second dose of Moderna vaccine 4 days prior. Myalgia and fever from vaccine were resolving when chest pain and dyspnea started. Normal angiogram, no coagulopathy, normal platelets, normal echo. Pain resolved.

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1234017	4/20/2021	CA	18	F	4/17/2021	4/17/2021	<p>Patient came in for her first dose of Moderna vaccine today. I was called by MA to see Patient as Patient was having symptom(s) 15 minutes after the vaccine was given. I saw Patient at 0935. Patient stated that she feels pressure in her anterior throat, that it was hard for her to swallow saliva, and that her tongue felt big. I performed physical examination: Cardiovascular: RRR S1 S2 Pulmonary: Lungs clear to auscultation Mouth/Throat: Posterior pharynx doesn't look swollen, tongue doesn't look swollen MA and myself continued to monitor Patient. I asked Patient to call her mother who Patient stated was waiting downstairs. I asked MA to obtain vitals: BP: 128/79 HR: 102 bpm I explained to Patient and mother that I think Patient should be given the Epi-pen in order to prevent any of the symptom(s) from worsening. Patient and mother agreed to have the Epi-pen administered. At 0950, Patient stated that her tongue doesn't feel big anymore, but that she still feels pressure in her anterior throat. Patient asked for water, she was given a water bottle by MA. After drinking water, Patient stated it was hard to swallow the water. At 0955, I administered the Epi-pen in Patient's right thigh. Patient felt okay with the administration of the Epi-pen. I asked MA to observe Patient for 15 minutes, Mom was in the room with the Patient as well. At 1015, I went in to see Patient, and per MA and Patient, Patient was feeling much better. Patient stated that her symptom(s) had resolved, she was not feeling pressure in her anterior throat any longer, she was able to drink water normally, and she didn't feel that her tongue felt big any longer. I performed repeat physical examination: Cardiovascular: RRR S1 S2 Pulmonary: Lungs clear to auscultation Mouth/Throat: Posterior pharynx didn't look swollen, tongue didn't look swollen I asked MA to obtain repeat vitals: BP: 116/73 HR 94 bpm I have advised Patient to talk to her PCP about whether she should get the second dose of Moderna, or perhaps get another vaccine such as Pfizer in place of the second dose of Moderna. I have let Patient know that I will CC her chart to her PCP and will try to get a Telemedicine visit with the doctor for Patient during the next week. I have let Patient know that I will e-prescribe Epi-pen for her. I have advised Patient and Mom that if symptom(s) worsen or if new symptom(s) start (such as chest pain, SOB, hives, throat/mouth/face/tongue swelling or any other</p>

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1233635	4/20/2021		19	F	4/20/2021	4/20/2021	concerning symptoms) to take Patient to the ED. Mom and Patient understood and agreed. Upon crew arrival found 19 YO female in emotional distress. Patient was CAOx4 and stated she was going to pass out. Patient skin was cool, pale and dry. Patient was assisted to wheelchair where vital signs were obtained and monitored. EMS noted patient vomited. Patient told EMS personnel she felt extremely anxious coming into the facility to get the vaccine. Patient denies any SOB, chest pain, and abdominal pain. HR:66 RR: 16 non-labored BP:77/50 . Crew obtained 4 BPs with last know being : 88/58. Patient refused further evaluation at hospital. released after 30mins of observation.
1234073	4/20/2021	CA	50	F	3/3/2021	3/3/2021	Within 5 minutes of receiving shot started to have wheeze, treated with prednisone burst, low dose, Albuterol HFA, and Symbicort. Better until prednisone finished, then more cough, although lung function was OK with FEV1 97%. Treated with larger dose of prednisone on 4/6/21 amoxicillin/clavulanate 875/125 and albuterol HFA and Symbicort 80/4.5 continued. On visit of 4/20/21, asthma had improved. Not short of breath, and cough was gone. After shot had chest pain, could be heart, seeing a cardiologist in a few days. Likely had some preexisting coronary artery disease, triggered by asthma attack but we are not sure right now.

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1234083	4/20/2021	CO	35	F	4/6/2021	4/10/2021	Four days after receiving my first dose, I developed hives covering my chest. These particular hives disappeared within a few hours, but following that first outbreak I continued to have hives every day for 10 days. The hives would occur at different times on all parts of my body, including my face and the palms of my hands and the bottoms of my feet. The hives were often itchy. There seemed to be a contact component, in that pressure on my skin would cause the hives to occur in a given spot, though contact may not have been the reason for all of the hives. At times, my entire torso would be covered, and when I woke up in the morning, my legs were often impacted. To treat the hives, I took Benadryl at night, which is often when the hives were worst, though I would still wake up with hives in the morning. It is difficult to say if the Benadryl was effective. On April 19th, I woke up with hives on my legs, but these disappeared after a few hours, per usual. I didn't develop any more hives throughout the day or evening, and as April 20th have not developed any more hives. Over the course of the 10 days, I considered whether external allergens may have been the cause of the hives, but numerous measures taken to alleviate the situation did not result in any change. (And the pollen on the trees outside eventually dissipated though the hives did not.) During this time, I also experienced some mild chest pain and coughing. I had a Covid-19 test on April 14th that returned a negative result on April 16th.
1234108	4/20/2021	GA	56	M	3/13/2021	4/19/2021	Went to the hospital with chest pain. They performed a catheter to check for blockages and instead found an extremely rare blood clot that ultimately caused a mild heart attack.
1234166	4/20/2021	OH	38	F	4/19/2021	4/19/2021	Chest pains, shortness of breath, vomiting, passing out twice with in the first few hours of the vaccine.

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1234172	4/20/2021	OR	73	F	2/3/2021	2/21/2021	On 2/21 the patient presented to the ED with a c/o chest pain. She was ultimately discovered to have a submassive pulmonary embolism. She was admitted 2/21-2/24. There was no known instigating factor for her PE, it is currently determined to be unprovoked. Malignancy evaluation has been negative. She was treated with heparin drip and is now on apixaban daily for an unknown period of time, potentially lifetime. Hematology consultation is pending.
1234217	4/20/2021	TN	71	F	3/31/2021	3/31/2021	THROBBING LEFT SIDED CHEST PAIN . FREQUENCY: ON AND OFF FOR 1 WEEK WHEN LAYING FLAT OR ON LEFT SIDE PATIENT WENT TO DOCTOR NEXT DAY AND HAD A CHECKUP.

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1234257	4/20/2021	CA	27	F	4/5/2021	4/16/2021	<p>a 27 y.o. female with a history of Covid infection December 26, 2020, positive covid test December 29, 2020. She had approximately 2 weeks of symptoms including generalized body ache and generalized weakness. Fatigue and some headache. Had some persistence of symptoms after that time. Had some benefit from ibuprofen. Was seen at emergency room on January 27, 2021 stating that she felt that all her symptoms of Covid had resolved except for some chest pain which awoke her on January 27. She presented to the emergency room. Had sinus tachycardia at 113 but otherwise unremarkable physical exam, laboratory studies with white blood count elevated 16,004-20, hemoglobin 13.7 g hematocrit 41.8%, MCV 87.1, RDW 12.7%, platelet count 329,000, segs 72.8%, lymphs 20.6%, monocytes 4%, eosinophils 1%, basophil 0.6%. BUN 10.1, creatinine 0.8, AST 24, ALT elevated 56, alkaline phosphatase 68, total protein 7.6, total bilirubin 0.3, albumin 3.6, globulin by subtraction 4.0, troponin less than 0.02, D-dimer quantitative 0.22, urine pregnancy test normal. Chest x-ray normal. Chest pain appears to be musculoskeletal and was reproduced by palpation of her chest wall. No evidence of deep venous thrombosis or pulmonary embolism. D-dimer was normal. Heart rate returned to normal after some intravenous fluids. Patient discharged on Zithromax 500 mg day 1 and then to 50 mg days 2 through 5. Also continued on ibuprofen. Received Johnson and Johnson vaccine April 5, 2021. Over the next week patient started having increasing soreness. Her joints hurt more than usual and her headache was worse. She had a sensation that her legs were "numb and tingly" starting at her buttocks and extending down her leg. Because of reported incidence of cerebral sinus thrombosis or cerebral vein thrombosis patient appropriately presented for screening in the emergency room and was sent for appropriate imaging. April 16, 2021 CT scan of head with and without contrast no acute intracranial hemorrhage, no mass-effect or midline shift. On contrast-enhanced images there appears to be a lobular nonocclusive filling defect in the far lateral right transverse sinus. Lobular occlusive filling defect is also likely present in the mid to central right transverse sinus. Short segment filling defect in the medial left transverse sinus. Remainder of sinuses and internal cerebral veins</p>

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are patent. Focal lobular filling defect within the confluence of the right and transverse sinus most likely related to arachnoid granulation. No edema hemorrhage of the cerebellum or cerebrum. No other significant findings. April 16, 2021 confirmatory MRI angiogram of head without contrast with no restricted diffusion to suggest acute or subacute infarct. Contrast void in the middle to central right transverse sinus consistent with occlusive thrombus. Nonocclusive thrombus in the far lateral right transverse thrombus. Narrowing of the medial left transverse sinus without complete occlusion. April 16, 2021 2345 hrs. initial hematology consultation. D-dimer and fibrinogen levels have been requested stat and are still pending. If fibrinogen level is low will replace with cryoprecipitate. If D-dimer is elevated barely confirms diagnosis of possible vaccine related thrombosis. The fact the patient is not thrombocytopenic at this time is encouraging, however despite the lack of thrombocytopenia she still has clearly documented symptomatic nonocclusive and occlusive thrombus in her cerebral sinus. From UPToDate.com Ad26.COVS.2.S (Janssen COVID-19 vaccine, also referred to as the Johnson & Johnson vaccine) ? On April 13, 2021, the US Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) recommended pausing administration of AD26.COVS.2.S to further investigate rare cases of cerebral venous sinus thrombosis and thrombocytopenia [33]. As of that date, six cases had been reported, all in females aged 18 to 48 years with onset 6 to 13 days after vaccination; during this period, 6.8 million doses were administered (with 1.5 million doses in females of that age range) [121-123]. Since some vaccine recipients have not been followed for longer than the time frame over which these symptoms develop, the incidence may change with additional follow-up. Initial symptoms included headache, backache, chills, and fatigue, and progressed to focal neurologic deficits. Intracerebral hemorrhage and thromboses at other sites were also seen in some patients. All of the five patients who were tested for the anti-PF4 HIT antibody tested positive. Another case, in a young male who was a vaccine recipient in one of the pre-emergency use authorization efficacy trials, had been previously reported. These cases appear similar to those reported following ChAdOx1 nCoV-19/AZD1222, another

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adenovirus-vector vaccine. Although rare, the observed number of events exceeded the expected rate among females <50 years old. Given the extreme rarity of these events, the FDA and CDC acknowledge that they recommended the pause out of an abundance of caution and to ensure awareness of these rare events.

?Evaluation and management of possible thrombotic complications ? Recipients should be aware of the possible association and seek immediate care for signs and symptoms suggestive of thrombocytopenia (eg, new petechiae or bruising) or thrombotic complications (including shortness of breath, chest pain, lower extremity edema, persistent severe abdominal pain, unabating severe headache, severe backache, new focal neurologic symptoms, and seizures) [117]. In such cases, some experts suggest evaluation with complete blood count and differential (including the platelet count), quantitative D-dimer, HIT testing, and imaging of any suspected site of thrombosis [113,114,125]. Onset 4 to 20 days after vaccination, platelet count <150,000/microL, elevated D-dimer, and a positive anti-PF4 antibody (HIT antibody) suggest the diagnosis. Treatment with a non-heparin/non-warfarin anticoagulant (eg, argatroban or direct oral anticoagulant) and intravenous immune globulin has been suggested. The CDC recommends not using heparin in individuals with thromboses following receipt of Ad26.COV2.S unless HIT testing is negative [126]. (See "Cerebral venous thrombosis: Etiology, clinical features, and diagnosis" and "Clinical presentation and diagnosis of heparin-induced thrombocytopenia", section on 'Terminology and HIT variants' and "Management of heparin-induced thrombocytopenia", section on 'Role of IVIG'.) As stated above all the 6 cases were "all in females aged 18 to 48 years with onset 6 to 13 days after vaccination" this would certainly fit the timeframe that we are seeing in this case. Recommendations from national guidelines would be to start treatment with dexamethasone immediately while awaiting intravenous gammaglobulin. To pursue intravenous gammaglobulin treatment at 1 g/kg over 1 to 2 days. It is recommended to avoid heparin and instead use direct factor X inhibitor such as Eliquis, which this patient is already been started on. There is unfortunately considerable risk that even though patient's symptoms appear mild at this time, that she may

deteriorate in the very near future and I would recommend treating her aggressively at this time with dexamethasone and intravenous gammaglobulin while we are awaiting further testing. Patient clearly has had unusual thrombosis, especially in a 27-year-old. With the fact that she had headache dating back to January, it is impossible to determine the acute versus chronic nature of her venous sinus thrombosis. Covid infection does cause increase in coagulation as well. However, given the small risk of tragic outcome with cerebral vein and sinus thrombosis in the setting of Covid vaccinations, we will proceed aggressively with treatment starting tonight with intravenous gammaglobulin and intravenous dexamethasone. Will require rapid fasting glucoses to evaluate possible hyperglycemia from high-dose dexamethasone. Will consider stopping dexamethasone at 48 hours. Current recommendation for gammaglobulin would be single 1 g/kg or 500 mg/kg over 2 days. No recommendations for treatment beyond this point. Current recommendations for gammaglobulin dosing would recommend using an adjusted dose for patients with greater than 125% of their ideal body weight. This patient at 122 kg on a 5 foot 2 inch frame does qualify for adjusted dose and her orders reflect that. I appreciate the opportunity see this patient this evening and consultation requested by Dr. We will follow patient in hospital. Hopefully she will have gradual improvement and avoid any serious or tragic complications of her cerebral sinus thrombosis. We will have pharmacy report possible adverse reaction to Johnson & Johnson vaccine to the FDA as required by law. April 17, 2021 follow up. No new events. Laboratory studies remained excellent. White blood count is further elevated, however, this may be secondary to high-dose dexamethasone with a white blood count of 16,060. Hemoglobin 14.0 g hematocrit 42.8%, MCV 86.8, RDW 12.9%. Platelet count is actually increased slightly at 374 as of 9:10 AM this morning. Differential shows left shift as expected with dexamethasone. Results from yesterday showed fibrinogen normal at 369 (180?415) pro time normal at 10.4 seconds with INR of 0.97, PTT 26.7. D-dimer 0.23 (0.19?0.50). With platelet count, fibrinogen and D-dimer normal I am inclined to believe that this is not an acute post vaccination HIT-like phenomena. If it were I would still expect to see some

degree of thrombocytopenia elevated D-dimer and perhaps low fibrinogen. The other explanations for her cerebral venous sinus thrombosis are either idiopathic spontaneous and merely coincidentally associated at the exact same time as her Covid infection or more likely, cerebral venous sinus thrombosis secondary to hypercoagulable state secondary to her Covid infection from December 2020. Unfortunately there is no way to accurately date the acuity of the venous thrombosis in her cerebral sinus. HIT Testing is still pending and most likely will not be available for 3-4 more days despite being ordered stat. Have called the laboratory and asked them to check with our outside reference lab what the expected return time is on this test. (LabCorp says "Tuesday April 20, 2021). Patient refused intravenous gammaglobulin infusion which has been ordered last night. Patient has been receiving dexamethasone which was a bridge until intravenous gammaglobulin could be administered. Current guidance from the expert hematology panel (EHP) on Covid vaccine induced thrombosis dated April 7, 2021 from the public health would state that a patient who has a reduced platelet count without thrombosis with a D-dimer normal and normal fibrinogen or thrombosis with a normal platelet count and D-dimer normal and normal fibrinogen are "unlikely cases". They recommend for probable cases who have D-dimers that are elevated to send HIT assay and then give immediate intravenous gammaglobulin while awaiting results. They recommend fibrinogen supplementation, if needed. They recommend a direct acting antithrombin agents such as the Eliquis this patient is receiving. They recommend steroids particularly if there is a delay in getting intravenous gammaglobulin delivered. With the fact that we now have 24 hours in the hospital with no evidence of thrombocytopenia, no evidence of increased fibrinolytic activity or active thrombosis, and no evidence of hypofibrinogenemia, I would argue that her presentation is subacute. In this setting, I do not feel intravenous gammaglobulin would be necessary and does involve a small risk as well as considerable cost. Dexamethasone also involves small risk and negligible cost. I have discontinued both of these medications. My overall impression would be that this was not related to her Johnson & Johnson vaccination which was recent, but

rather her more distant Covid infection. It is impossible to definitively answer the question however. The next question is duration of anticoagulation. Risk of recurrent cerebral sinus venous thrombosis is relatively small but the morbidity can be high. Studies have been performed showing medications in the same class as Eliquis have been associated with a decrease in incidence of the recurrence. Most hematologist recommend 3 months of anticoagulation for provoked venous thrombosis including cerebral sinus venous thrombosis. I feel this patient's thrombosis is "provoked", with her association at the same time of her Covid infection (and possibly vaccination). I would recommend Eliquis (apixaban) 5 mg twice daily or Xarelto (rivaroxaban) 20 mg daily with food. I would feel comfortable in discharging patient for outpatient follow up IF Dr and other speciality services agree. Plan 3 months of full dose anticoagulation with direct factor X inhibitor. Circulation 2010 Jun 29;121(25):2740-6 "Long-term evaluation of the risk of recurrence after cerebral sinus-venous thrombosis", Background: The clinical course of cerebral sinus-venous thrombosis (CSV) is largely unknown because prospective studies with a long follow-up and with the goal to assess thrombosis recurrence rate and predisposing factors for recurrence are lacking. Methods and results: One hundred forty-five patients with a first CSV were followed up for a median of 6 years after discontinuation of anticoagulant treatment. End points were recurrent CSV or other clinical manifestations of venous thromboembolism. CSV recurred in 5 patients (3%) and other manifestations of venous thromboembolism (deep vein thrombosis of the lower limbs or pulmonary embolism) were seen in 10 additional patients (7%), for a recurrence rate of 2.03 per 100 person-years (95% confidence interval, 1.16 to 3.14) for all manifestations of venous thromboembolism and 0.53 per 100 person-years (95% confidence interval, 0.16 to 1.10) for CSV. Nearly half of the recurrences occurred within the first year after discontinuation of anticoagulant therapy. Risk factors for recurrent venous thrombosis were male sex (adjusted hazard ratio, 9.66; 95% confidence interval, 2.86 to 32.7) and, for thromboses other than CSV, severe thrombophilia resulting from antithrombin, protein C, protein S deficiency, anti-phospholipid antibodies, or combined abnormalities

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							(adjusted hazard ratio, 4.71; 95% confidence interval, 1.34 to 16.5). Conclusions: The risk of recurrent CSVT is low and is higher in the first year after discontinuation of anticoagulant treatment and among men. Mild thrombophilia abnormalities are not associated with recurrent CSVT, but severe thrombophilia entails an increased risk of deep vein thrombosis of the lower limbs or pulmonary embolism. April 19, 2021 Follow up, no change in condition. Discussed case with Dr, will order Factor V Leiden, prothrombin gene mutation, anti phospholipid and anti cardiolipin antibodies, if she will allow draw. Expect Heparin Induced Thrombosis testing result tomorrow, but with no thrombocytopenia after given heparin, expect will be normal. Will await result. If discharged, would recommend 3 months direct thrombin inhibitor (Eliquis/Xarelto/Pradaxa) at full anticoagulation dose. Then stop, no taper. Overall still feel "provoked" thrombosis due to December Covid, unrelated to J&J Covid vaccine, but can not definitively prove that..
1233999	4/20/2021	TN	46	F	1/12/2021	1/26/2021	Jan 26 develop shortness in breathe, back and chest pain with low o2 stats
1233338	4/20/2021	AL	35	F	4/19/2021	4/19/2021	1ml of COVID vaccine given instead of 0.5ml on 04/19/2021. Pt called today 04/20/2021 and stated that she was having some abdominal pain, fever up to 102, achy, and some chest pain. Called pharmacist and spoke with her of symptoms she told me to notified patient since she was experiencing chest pain to go to the emergency room. Patient voiced understanding and stated that her husband was going with her and they were going to the ER then.

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1234435	4/20/2021	NJ	59	M	4/16/2021	4/20/2021	<p>Chief Complaint pt c/o left facial droop starting today, states received 1st dose of Pfizer vaccine on 4/16. denies any other symptoms History of Present Illness 59 yo WM here with left facial droop noted by his wife this PM when coming home, wife is a NP. No other symptoms Pt noted that he was recent vaccinated at the megasite Friday, as noted above. Denies: Nausea vomiting headache chest pain SOB falls head trauma changes in vision, double vision falls recent illness new medications change in sleep patterns tinnitus history of: heavy caffeine use heavy alcohol use trauma stroke in the past exposed to meningitis BCP Gen AAOx3NAD PERRLA EOMI, lids intact able to close without issue Neck Supple, no bruits, no JVD appreciated cervical LNno lymphadenopathy CV +s1/s2 RRno RRG PulmCTA bilaterally no RRW Absoft NT/ND no RRGCVa Extremities no edema, radial pulse intact CN 2-12 intact, mm strength UE and LE 5/5, patellar reflex 2/4; no gait disturbance very settle facial droop noted at the left lip, evident at resting and with laughter, not with induced smiling Review of Systems as above Physical Exam Vitals & Measurements Temperature Temporal: 97.5 DEGF Systolic Blood Pressure Cuff: 136 mmHg Diastolic Blood Pressure Cuff: 84 mmHg Peripheral Pulse Rate: 93 BPM Oxygen Saturation: 97 % Respiratory Rate: 16 BR/MIN WT (Kgs): 72.6 kg Weight Calculated (lbs): 160.054 LBS HT (In): 68 INCH as above Assessment/Plan 1 . Left-sided Bell's palsy (G51.0) Grade 2 very mild but has slight noticeable lip paralysis treat with high dose steroids as rec, eat with it fu in 7 days with PCP supportive care please see the clinical summary (includes immunizations), patient instructions and other supporting documents - as these are supplements to the SOAP note and should be reviewed as apart of the chart. Education provided-verbal, as well as any patient instructions printed. Ordered: predniSONE 20 mg oral tablet, 60 mg 3 TAB, Oral, Daily, X 7 DAYS, # 21 TAB, 0 Refill(s): 172.72, 04/20/21 18:21:00 EDT, Height Calculated (cm), cm, 72.6, 04/20/21 18:21:00 EDT, WT (Kgs), kg</p>

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1233181	4/20/2021	VA	38	F	2/15/2021	3/19/2021	Experienced a unrelenting headache beginning on day 2 of the vaccine until approximately 3/16. Starting experiencing chest discomfort and pain on 3/19. Evaluated in physicians office on 3/24 and sent to ED for abnormal EKG. Admitted to hospital for elevated troponin levels. Currently on anti-inflammatory medications and still experiencing chest pain after the diagnosis of acute myocarditis.

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1233196	4/20/2021	MA	20	M	3/12/2021	3/20/2021	Admission HPI: Right-sided chest pain began 2 days prior to admission (3/19) after getting out of car, without identifiable trigger. Pain was sharp, pleuritic, and worst with movement; didn't feel it when still. Pain not responsive to ibuprofen or heating packs. Reported 30-60 seconds of self-resolving heart racing during ocular migraine which has been his baseline for years. Not associated with SOB (at rest or with exercise), palpitations, presyncope, or syncope. No viral URI symptoms, N/V, or rash. He did receive his 2nd Moderna COVID vaccine about 1 week PTA, followed by 36hrs of fevers, chills, and body aches. Given persistence of pain, Patient asked his parents to present to urgent care. In UC, he was noted to tachycardic with CXR with bibasilar atelectasis and b/l effusions, per report. Given continued tachycardia, decision was made to transfer to ED to r/o PE. In ED, tachycardic to 104-116 and tachypneic 22-26. Had one episode of tachycardia to 182 iso ocular migraine. Endorsed chest pain but points to R middle abdomen when asked where worst. Exam was unremarkable. He received 1 dose of morphine which reduced pain from 10/10 to 0/10. Labs notable for leukocytosis (14.61), thrombocytopenia (422), elevated d-dimer (1.56), and elevated CRP (5.6). Otherwise normal chem and coags. COVID/RVP negative. CXR unremarkable. CTPA showed scattered PEs in b/l lower lobes with small pulmonary infarct in RML. No evidence of right heart strain. Heme was consulted who recommended starting him on lovenox and sending lupus anti-coagulant. Cardiology was consulted who recommended EKG, BNP, and troponin, all of which were normal and reassuring against right heart strain. ECHO was therefore deferred to the AM. The decision was made to admit. Upon arrival to the floor, Patient was tachycardic 114 and tachypneic to 22, otherwise stable vitals. He denied any pain since morphine. Denied any unexpected weight loss; reports that car ride was short. Mom reports that Patient has been less active d/t cold weather and baseball being on hold. Denies family or personal history of clots. Last seizure ~13 years ago. Hospital Course: (3/21 - 3/22) Patient was admitted to the hematology service. He was therapeutically anticoagulated with LMWH injections and his anti-Xa level prior to discharge was 0.92. (goal 0.5-1.0) Lower extremity ultrasound with Doppler showed patent veins

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and no evidence of DVT and upper extremity ultrasound showed no evidence of DVT, though there was potential evidence of collateralization seen in mid and distal third of right subclavian vein and left internal jugular vein. Since this was an unprovoked PE, a full thrombophilia workup was sent and will be followed up by the outpatient hematology clinic. Cardiology consulted regarding possibility of right heart strain and the tachycardia during migraine episodes. Echocardiogram performed on 3/22 was technically limited but showed no gross abnormalities. The cardiology team requested a repeat echo scheduled outpatient for 1-2 months after discharge.

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1233206	4/20/2021	NM	61	F	4/15/2021	4/15/2021	<p>DAY ONE April 15, 2021. On Thursday April 15th at 10:00 a.m. I received the first dose of the Covid 19 vaccine. They gave me the shot in my left arm. Within about 5 seconds, I started feeling nauseated and light headed like I was going to pass out. I asked to just sit there for awhile because I did not feel stable to stand up and go to the waiting area. I stayed seated for about 1-2 more minutes then the paramedics took me to the Medical area in a wheelchair. The paramedics checked my vitals. My blood pressure was 135 over ?? I don't remember. I told the medic my BP is normally 98/58. She said my BP was elevated. My pulse was in the high 80's. My temperature was 98.6 and my oxygen was 100. I started getting pain and pressure going up the back of my neck, into my head, eyes and ears. It was very painful and throbbing pressure. I felt dizzy and really high. It felt like I was floating on the top of the ceiling and the people were off in a distance. I was really woozy. I then got diarrhea. The nausea continued but I did not throw up. At times my thinking was spacey, so I talked to the paramedic to help me stay grounded. I narrated what was happening in my body. They did a glucose finger prick test because of my spaceyness, but it was normal. It was like my whole system was freaking out. I was there and then not there, feeling like I was floating. These symptoms continued for about 90 minutes and getting worse. The paramedics offered me to go to the hospital, but I thought eventually I would be fine. I did not want to go to the hospital and have a huge medical bill. At around 90 minutes, I started having pain in my heart left side, under my left breast on my left shoulder. The paramedics did an EKG and did not find anything but some irregular heartbeats. The heart beats felt like BA BOOM, then my heart would do a cartwheel. BA BOOM and another cartwheel. At this time, my husband arrived and took me to the hospital emergency room because the pain in my heart was getting worse. I stayed in the hospital emergency room until around 5:00pm on April 15th. They did another EKG and some lab work and did not find anything but low thyroid. I continued to feel drunk, nauseated, pain pressure and throbbing in my head neck, ears and eyes, diarrhea, and like I was High and going to pass out. The chest pain in my heart was off and on. It felt like muscle cramping in my heart, under my left breast and the left shoulder. I</p>

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also got a pain in my left groin area, then behind my left knee. It was a sharp and throbbing pain for about an hour in each location, but eventually went away. While in the Emergency room, they tried to give me Ativan. I asked what it was for and they said Anxiety. I said I wasn't anxious; I was just having a reaction to my first Covid 19 vaccine. I said I did not want it because my body was already struggling to handle the Covid 19 vaccine. They said the doctor prescribed it. I said I had not seen a doctor, and they said it is protocol. The nurse then came in and wanted to give me a shot for nausea and I said no, I don't want any more chemicals in my body, it is really having a hard time already with the Covid vaccine. I went home, was wiped out, still feeling drunk/woozy/high, also nauseated, diarrhea, very dizzy, had a hard time walking. The pain, throbbing in my head, neck, ears and eyes was still there. By this time, I could not find clear thoughts, and could not make sense of things. I was very agitated and at the same time exhausted and only wanted to sleep. DAY TWO April 16, 2021 I woke up with a smashing head ache, neck ache, back ache and general feeling like Crap. The nausea and diarrhea were still there and had woken me in the middle of the night. I felt like a truck had hit me. I stayed in bed all day and tried to eat and drink as much as I could. I drank a lot of water that day. I felt horrible, but was able to stand without feeling like I was going to fall over. Had trouble finding clear thoughts at times. Still felt out of it and had chest pain off and on. Also had the BA BOOM heart beats and cartwheels in my heart. DAY THREE April 17, 2021 Very similar to day two. I felt weak, nauseated, diarrhea, pain all over, jittery, not able to have clear thoughts at times. It felt like my body was still on RED ALERT!!! I also had very shallow breathing on day 2, 3, 4 and 5. It tired me and I panted just getting up to go to the restroom. I am able to eat fine and keep food down. BA BOOM hear beats and cartwheels in my heart have lessened. DAY FOUR April 18, 2021 I felt a little better and made the mistake of thinking I was getting over the reactions and did too much. Shortness of breath. DAY FIVE April 19, 2021 I feel horrible again, Nausea is really strong as well as the diarrhea. I am feverish, sweaty and shaky. Shortness of Breath. Tight in my chest. I just took my temperature and it is normal, although I am hot, sweaty, feel feverish and shaky. I am

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						exhausted. The headache is still here as well as the pains in my neck, ears and eyes. The aches in my body are still here. I have no energy. A wave of emotions is also here and I am weepy and crying. This is no fun. I am able to eat food OK and drink lots of water to counteract the diarrhea. DAY SIX April 20, 2021 Shortness of breath, very tight in my chest, having to take Benadryl and use my rescue inhaler to keep my breathing open. Feverish, chills, shakey, hot. Temperature 97.0 Blood pressure 90/66 Pulse 70. I feel like crap, just wiped out.	
1233239	4/20/2021	NY	31	F	3/12/2021	4/17/2021	31 year old female who presented to the ED on 4/17/21 complaining of generalized weakness. She reports that since receiving the Pfizer Covid vaccine approximately one month ago she's been feeling unwell. She received Covid vaccine on 2/19 & 3/12. Over the next week she developed began having episodes of nausea vomiting and diarrhea. She was considering issues such as pregnancy and had at least 10 pregnancy test over the last 2 weeks her symptoms worsened and she began having weakness and general malaise. She reports the weakness originally started with the lower extremities and then she was unable to walk and required 2 people to help her stand. She denies any chest pain or shortness of breath, she does have some dizziness and lightheadedness. She does report that she had palpitations over the last week that were gradually worsening increasing in both frequency and duration. Also reports a rash that started on 4/17/21. She has notable lower extremity edema. Clinical course worsened requiring hemodialysis, intubation and a transferred. Hospital on 4/20/21. Assessment indicates patients primary issue is the cardiomyopathy, as there is no evidence of thrombocytopenia, questionable viral cardiomyopathy with subsequent multiorgan dysfunction syndrome . Pt was vaccinated at hospital.
1233262	4/20/2021	TX	23	M	3/31/2021	4/3/2021	Chest Pains that lead to hospitalization. Found an elevated troponin related to myocarditis. Ongoing evaluation

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1233299	4/20/2021	MO	43	F	4/8/2021	4/8/2021	after my hour drive home I started to feel tingling sensation in both legs and pain at the front where my foot meets my leg ankle, some chest pain, labored breathing for about 3 days and on the 6th day leg pain has come back. I am currently struggling with my right leg in pain hard to walk sometimes.
1233674	4/20/2021	MA	27	F	4/10/2021	4/13/2021	nausea, back pain possible uti foul odor, blood in urine ongoing for 2 weeks, urine urgency, abdominal pain unsure if related to period (Period doesn't typically last two weeks), chills, janssen vaccine small bump on arm where vaccine is, arm is warm to touch with redness around the area, headache comes ago did not have a h/a last week, chest pain
1233331	4/20/2021	GA	68	F	3/19/2021	4/3/2021	Client reported shortness of breath and chest pain 2 weeks after receiving second Pfizer COVID vaccine. She was transported to the hospital and received an EKG and a CT Scan of the chest. Patient reported that the scan showed large blood clots in both lungs. She reports that she was given high dose TPA and admitted to the ICU. Per client she had ultrasound of legs, arms, and groin which was negative. She is currently taking Eliquis and was discharged from the hospital on 4/6/2021. #Hospital for 3 days

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1233138	4/20/2021	MA	21	F	4/12/2021	4/13/2021	The first 2 days she had mild nausea and headaches. The 3rd day she developed chest pain, worse on the left than right, radiates to the back. She states chest pain has continued and has been constant since then. Worse with movement, deep breaths, and lifting a heavy case at work. Rates pain 3-6/10 and describes as sharp and "twinge" with movement. She has taken OTC medication for the pain without relief. There is no where that is tender to touch. She is able to do her usual activities and states she is very active at work. Feels the pain limits her breathing at times and causes some SOB. She is able to speak in full sentences over the phone without difficulty. No audible wheeze. Had asthma as a child but much improved as an adult. Denies left arm, neck or jaw pain, lightheadedness, dizziness, nausea, vomiting, cough, fever, or sore throat. She is eating and drinking normally. She notes she has a family hx of cardiac disease and stroke. No MI before the age of 50 or sudden cardiac death that she knows of. She has a nexplanon implant and is on norethindrone and estradiol.
1233354	4/20/2021		41	F	4/11/2021	4/15/2021	Patient presented for J&J Covid-19 Vaccination. Reported feeling anxious in anticipation of vaccination and stated that she felt like her heart was racing. Patient denies chest pain, shortness of breath or any other s/s. Assisted patient to wheelchair for safety and monitoring. 11:40 BP 137/90, p=132 regular, rr=18/min, o2 sat 98%RA. 11:45 BP 127/83, p=116 regular, rr= 18/min, o2sat 98%RA. Patient denies chest pain, shortness of breath or any other s/s. 11:52 BP 131/86, p=124 regular, rr=18/min, o2sat 96%RA. Patient denies chest pain, shortness of breath or any other s/s. 12:08 BP 115/80, p=96 regular, rr=18/min, o2sat 97%RA. Patient denies chest pain, shortness of breath or any other s/s. 12:20 BP 126/84, p=105, rr/16/min, o2sat 98%RA. Patient denies chest pain, shortness of breath or any other symptoms. 12:22 BP 132/86, p=132, rr= 18/min, o2 sat 98%RA. Patient stated that she feels like her heart is racing again and now she feels "foggy and not right". Called 9-1-1 for transport to hospital for further evaluation. EMS arrived, assessed patient and transported patient to the hospital for further evaluation. Spouse with patient and meet patient at the hospital.

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1233359	4/20/2021	TX	31	F	3/10/2021	3/17/2021	She initially had COVID infection in January with dyspnea, chest pains, and chills which persisted for months. On March 10th she was given Moderna first vaccine. Her chest pain and chills resolved a couple of days after that vaccination. 4 days after that, she developed the migrating arthralgias which improved with movement. Labs including inflammatory markers were unremarkable other than ANA 1:320. The joint pains persisted for a couple of weeks and are now improving, but now she reports recurrence of the chills. These are disruptive and occurring suddenly multiple times daily with no objective measurable fever. Second dose was postponed until resolution, which has not yet occurred.
1233366	4/20/2021	CA	54	F	4/19/2021	4/19/2021	Patient started having substernal chest pain non radiating at first. After 10 minutes she stated it was moving to her left arm. She complained of shortness of breath. Vital signs were taken and with exception of slightly elevated blood pressure they were within normal limits. Patient was on a gurney, VS taken every 15, she was given water. After 30 minutes she said she was still having pain and did not want to go home. A team alert was called at that time and she was taken to the emergency room. She was admitted to the Emergency department at 7:32pm and left at 8:39pm
1233372	4/20/2021	NJ	48	F	4/15/2021	4/16/2021	chest pains in center of chest/breast bone area started at approximately 3 pm on 4/16 and lasted about 1.5 hours. I felt the pain in my back as well directly behind the chest pain.
1233387	4/20/2021	OH	62	F	4/16/2021	4/16/2021	Patient received Pfizer vaccine and presented with history of allergic reactions to Sulfa and Contrast Dye. Patient is Type II Diabetic. Post-vaccine patient stated tingling and discomfort, respiratory distress, lethargy, difficulty speaking and chest pain. Vitals: B/P - 197/102, Blood Glucose - 138. Paramedic and RN agreed to dispatch for EMS as symptoms were not improving. Emergency responders arrived at 11:20am, patient transported to Hospital -

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1233468	4/20/2021		39	F	4/17/2021	4/17/2021	Patient experienced dizziness, palpitations, weakness, shivers, chest pain/pressure. BP 161/98 -- > 155/99 -- > 138/92, HR 99 -- > 104 -- > 93, RR 28 -- > 24, O2=100%, T=98.4F. Vaccination given at 14:04, adverse event began at 14:20, 911 was called at 14:55, patient taken to emergency room.
1233543	4/20/2021	IL	49	F	4/19/2021	4/19/2021	Reports within minutes of receiving the vaccine her left arm started feeling hot and tingling and soreness. ~1505 Reports 10 min after vaccine she started having swelling in her throat, and denied difficulty breathing or swallowing, her voice and breathing remained clear. Given 50mg of benadryl upon reporting initial symptom of throat swelling to nurse. No problems swallowing or breathing. Reports some chest pressure, dizziness, and left arm and left leg tingling, when trying to explain all of her symptoms of feeling something was going wrong that began 10 min after the vaccine. Vitals: hypertensive 148/89, HR 93, O2 sat 98% on room air. Once reporting chest pain, was placed on O2. Throat swelling was improving within ~10 min of benadryl also given prednisone 40mg. BP increased to max of 178/91, HR 92 to 119. Vet seemed to tolerate both medications well. EMS was called and patient was taken to local emergency for further evaluation. She appeared very fidgety with hand tremors and tapping of feet, and she had some facial flushing, she was tearful when calling her husband about the adverse reaction. Vets voice remained clear, and breathing clear throughout, her apical pulse was irregular with frequent PVCs. Only known allergy Milk, no drug allergies. Reports seasonal allergies and taking occassional flonase and lortadine, less than daily. She denies history of panic attacks or hypertension. She denies underlying conditions. She denies ever having chest pain or tingling in extremities before.

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1233309	4/20/2021	TX	22	F	4/9/2021	4/9/2021	<p>Mother gave me lot # which is Moderna lot#201A21A, but the vaccination card says Janssen which does not match up with this lot#. Mother reports that she had the vaccine, had no symptoms, and then started with a fever that evening of 103. She was having cold extremities, numbness, tingling of the arms, face, legs. The fever dropped and went away and was having fatigue and getting winded doing regular activities. By Monday she continued with the shortness of breath and go increasingly worse as the days went on and also the. By Wednesday she was having chest pain, numbness and tingling of her extremities and shortness of breath. She went to the hospital, gave her IVs, says her BP was elevated and sent her home. Mother told her to sleep and see how she felt. By Thursday night 4/15/21 she screamed out because she was having chest pains and having chest and pains and not able to straighten out her hand and could not catch her breath. She was then taken back to the hospital and said that she her BP was high and said that she had the Janssen vaccine, and said that she was hyperventilation due to anxiety. Once they got her stable and released her again. Mother asked the doctor if he felt that this was normal, and could see her throat contracting and that she was stable and to go home, and he said yes and that it was anxiety and that sometimes we get ourselves worked up about things and that was causing it. The daughter has no history of anxiety, no breathing issues. They did labs and everything was okay, her counts were somewhat off but nothing felt to be abnormal. She then went to another Hospital as she was still not feeling well, and checked the other reports from the other hospital and they conferred with that information, gave her Valium and sent her home. As the evening progressed on Friday 4/16/21 she started having chest pains and her girlfriends mother is a nurse and came and saw her and called the mother and told her that she did not like how she was looking, and that her SOB and weakness in her extremities and the tightness in her chest was not right and that she felt that she had a PE. They took her to another location, she had extremely high calcium levels, and high blood pressure and her heart rate was high and she was admitted. She has been on flushes to reduce calcium, and her blood levels are improving. She is on Warfarin to prevent clotting. She has had a CAT scan and other</p>

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						studies and all were negative. She felt better yesterday, but she states today that she is not feeling as well, she is nauseous and gave her Zofran, has a headache, and they gave her something a little stronger than Tylenol. She is extremely fatigued and weak. Mother said that she saw her on Sunday 4/18/21 and that she was not able to walk, they had to put her in a wheelchair, and her grandfather walks faster than she can. They are presently getting her up to get her to walk and see how her strength is, 4/20/21. They are now waiting to get her levels under control and to see if she is strong enough to go home. Neurology released her from their standpoint as they did not see anything, but she is to FU with them afterwards and want to do EMG's as an out patient.	
1234476	4/20/2021	GA	50	F	4/16/2021	4/16/2021	Patient experienced pain in right arm. The injection site was the left arm. She also had dizziness and chest pains. The Patient went to Urgent Care a day later and she was told to return if symptoms persist.
1230317	4/19/2021	DC	59	F	4/8/2021	4/13/2021	Chest pain/possible MI Thrombocytopenia GI bleed COVID 19 PNA
1230117	4/19/2021	NY	43	M	4/17/2021	4/18/2021	Pt received his 1st Moderna covid 19 vaccine on 4/17/2021 at 3pm and around 1 am on 4/28/2021 pt began to experience sudden severe diarrhea, tachycardia and chest pain. He came into the ER and was found to have sirs, tachycardia and admitted. Pt's diarrhea improved during his hospital stay but he remain with sinus tachycardia on discharge which is new. His echocardiogram is pending. He will need follow up with his pcp and possibly cardiology. He will be taken out of work for now. Pt tested positive for covid 19 in feb 2021 and had no symptoms from covid 19.

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1230869	4/19/2021	IL	34	M	4/5/2021		<p>BLOOD CLOTS IN LEFT LUNG; TIRED; FEVERISH; This spontaneous report received from a consumer concerned a 34 year old male. The patient's weight was 175 pounds, height was 67 inches and Body mass index (NR: not provided) 27.4. The patient's concurrent conditions included non smoker, no personal or family history of clotting disorders and no recent trauma or travel. The patient was active and ran for 30 mins every day. The patient received COVID-19 vaccine ad26.cov2.s (suspension for injection, route of administration not reported, batch number: 043AZ1A or 043A21A) frequency one total, dose was not reported, administered on 05-APR-2021 at 10:15 hours in left arm for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 05-APR-2021 in the evening, the patient experienced "normal side effects", specifically tiredness and fever (temperature was not taken) and he took 2 Advil and went to bed. On 06-APR-2021 in the morning, he felt back to his normal baseline. On an unspecified date of APR-2021 (08-APR-2021 or 09-APR-2021), he felt pain and tightness in his chest and difficulty breathing. He noticed that he had to work harder to do his daily run. On 13-APR-2021, when the symptoms did not improve, he went to the emergency room. The patient had blood was taken (results not reported). A computerised tomography (CT) scan showed 2 blood clots in the left lung and duplex scans of both legs did not reveal a clot. A chest x-ray was done but results not provided. The patient's COVID-19 test was negative, and he was admitted to the hospital and treated with intravenous heparin. It was reported that no oxygen was given. On 14-APR-2021, he was discharged with Eliquis which he should continue for 6 months. On 16-APR-2021, the chest pain was gone, and his breathing was better in the morning but still difficult later in the day. The action taken with COVID-19 vaccine ad26.cov2.s was not applicable. The patient recovered from tired, and feverish, and was recovering from blood clots in left lung. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0: This 34 year-old overweight male (BMI 27.4) was hospitalized for 2 blood clots in his left lung 8 days after receiving vaccination with Janssen Covid-19 vaccine. He had no chronic</p>

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medical conditions, was a nonsmoker, no personal or family history of clotting disorders, no recent trauma or travel, and exercised every day. On the evening of his vaccination, he felt tired and fever (temperature not taken) and took 2 ibuprofen and went to bed. The following morning, he felt back to normal. Two or three days later, he felt pain/tightness in his chest and difficulty breathing; he found it more difficult to perform his daily exercise. Eight days after vaccination, when his symptoms did not improve, he went to the emergency department where a CT scan showed 2 blood clots in his left lung. Covid-19 testing and duplex scans of his legs were negative. Blood tests were performed but results were unknown. He was hospitalized for 1 night, treated with IV heparin, and discharged the following day with apixaban. As of the time of this report, the chest pain had resolved and breathing was improved in the morning but still difficult later in the day. Based on the limited information (e.g. absence of blood test results), the relationship with Janssen Covid-19 vaccine is considered indeterminant.

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1230840	4/19/2021	SC	32	F	3/16/2021	3/16/2021	<p>Pt states she had weakness that began about 30 minutes after vaccination. This included muscle spasms and muscle pain "all over." She states she had flu-like symptoms for ~1.5 days after vaccination and then felt ok until approximately 3/22/2021, when muscle weakness began and has not stopped. She presented to another hospital on 3/29/2021 to the emergency room and "had a full work-up including EKG, x-rays, and lab work" and was told she had a viral illness. She was given a prescription for azithromycin and ibuprofen, as she was complaining of sore throat. She presented to the emergency room on 3/30/2021 with c/o generalized weakness, back pain, myalgias and chest pain. She also c/o fever and chills. Temp in the ER was 98.5F. Physical exam revealed "diffusely tender abdomen, no rigidity or guarding" and "diffusely tender back all throughout."</p> <p>3/31/2021-saw family physician w/ c/o cough and myalgias, negative for back pain and chest pain/palpitations. Sore throat and cough were improved. Was diagnosed with an apparent viral illness and supportive care. She was advised this could be a viral illness and discharged to home in stable condition.</p> <p>4/11/2021-Pt reports she went to urgent care b/c felt she had a bad ear infection and eyes were hurting (mostly right); was diagnosed with sinus infection and that ears looked ok. Was told to stop azithromycin and begin amoxicillin and ibuprofen. 4/16/2021-presented to emergency room. "Patient with 3 weeks of progressive symptoms of headache, blurry vision, nausea, weakness, and poor control of her bowel and bladder. Symptoms are constant with gradual progression with a duration of 3 weeks. Timing is constant. Severity is now severe. Quality is sharp, tight headache." Vision changes got worse when she was on the flight there. "No exacerbating or alleviating factors. Not associated with fevers. Does have some nausea and muscle aches. Diffuse tremors and difficulty walking without assistance. PE revealed mild psychomotor retardation, tremulous and diffuse weakness, and Romberg present. Mild right sided papilledema. 4/17/2021- further HPI recorded-The patient is presenting for evaluation of headaches, paresthesias, numbness. The patient is a fairly good historian and tells me that symptoms began after she received the Johnson & Johnson COVID-19 vaccine. Patient began to feel fatigued, malaise, numbness and weakness over the</p>

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1230818	4/19/2021	TX	19	F	3/24/2021	3/25/2021	<p>legs. Patient had some mild blurriness of vision in the right eye. Symptoms have been persistent and patient began to have some difficulty with walking and feeling off balance. Patient describes the headaches as primarily right-sided. According to nursing staff, the patient has also had some incontinence of urine today. Patient has had some numbness over proximal legs and "private areas". 4/19/2021 ? Assessment as per Infectious Diseases physician; Pt with continued intermittent headaches. Has continued difficulty bearing full weight due to unsteadiness. No loss of sensation at arms/legs. Has action tremor, wide gait, hyperreflexia of arms/legs bilaterally. ADEM Hyperreflexia CSF pleocytosis Fatigue Headache, new onset Patient has nonspecific findings of CSF pleocytosis as well as clinical findings concerning for ADEM. No infectious cause for this problem; temporally associated with receipt of Janssen COVID vaccine. 4/19 Assessment as per Neurologist; Question of transverse myelitis/ADEM: Perhaps induced by the Covid vaccine On steroids MRI scan of the thoracic spine shows demyelination but no contrast enhancement Continue to work with therapy services No signs of CNS infection and antibiotics discontinued. The patient continues on methylprednisolone 500 mg iv q 12 hr at this time (4/19/2021).</p> <p>Essentially I experienced flu-like symptoms the next day after I took my first vaccine dose. My first symptom was my throbbing headache that lasted longer as well. My other symptoms were high fever, fatigue, chills, sweating, and sudden rapid heartbeat, a little chest pain in my left part of the chest, and muscle and body aches, and a little difficulty breathing. My fever also lasted for a couple of days and symptoms subsided at the end of the second day after the vaccination day. I would please, please like to know if it's safe for me to take the second dose? I know I would be able to handle the side effects but expected to encounter them on the second dose and not the first dose, so please let me know as my second dose date will be this Wednesday on the 21st of April.</p>

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1230777	4/19/2021	NY	38	F	3/31/2021	4/14/2021	Bad headache, right side of face pain, vision issues, chest pain, blocked right ear, went to er, did tests "all ok". 5 days later and still feel awful everyday. Minor to moderate headaches, low grade fever, minor chest pain, heart racing, fatigue, brain fog.
1230760	4/19/2021	TX	47	F		3/1/2021	ARM SORENESS; HIGH HEART RATE WHILE RUNNING; NUMBNESS IN LEFT LEG; CHEST PAIN; POSSIBLE WEAKNESS; This spontaneous report received from a patient. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802070 expiry: UNKNOWN) dose was not reported, administered on 06-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 2021, the subject experienced possible weakness. On MAR-2021, the subject experienced high heart rate while running. On MAR-2021, the subject experienced numbness in left leg. On MAR-2021, the subject experienced chest pain. Laboratory data included: Heart rate (NR: not provided) 192 high speed while running. On 06-MAR-2021, the subject experienced arm soreness. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the arm soreness, high heart rate while running, numbness in left leg, chest pain and possible weakness was not reported. This report was non-serious.

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1230714	4/19/2021	RI		M		4/10/2021	BODY ACHES; NUMB FINGERS; HEART RACING; SHAKINESS; CHEST PAIN; CHILLS; SORE ARM; WEAKNESS; FEVER; HEADACHE; This spontaneous report received from a parent concerned a male of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included smokes weed, alcoholic, and non smoker, and other pre-existing medical conditions included no known allergies drug abuse/illicit drug use. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 202a21a, expiry: UNKNOWN) dose was not reported, administered on 10-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 10-APR-2021, the subject experienced body aches. On 10-APR-2021, the subject experienced numb fingers. On 10-APR-2021, the subject experienced heart racing. On 10-APR-2021, the subject experienced shakiness. On 10-APR-2021, the subject experienced chest pain. On 10-APR-2021, the subject experienced chills. On 10-APR-2021, the subject experienced sore arm. On 10-APR-2021, the subject experienced weakness. On 10-APR-2021, the subject experienced fever. On 10-APR-2021, the subject experienced headache. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from numb fingers, heart racing, and shakiness on APR-2021, was recovering from sore arm, weakness, headache, fever, and chills, and had not recovered from body aches, and chest pain. This report was non-serious.
1230617	4/19/2021	WI	20	F	4/7/2021	4/11/2021	DAY AFTER 1ST DOSE MODERNA COVID VACCINE HAD FEVER AND NAUSEA, NONPRODUCTIVE COUGH (MUCOUS) AND PLEURITIC CHEST PAIN. SYMPTOMS CONTINUED 5 DAYS.

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1230470	4/19/2021	VA	53	F	3/13/2021	3/17/2021	March 15th: Day 2 after vaccine: noticeable shortness of breath when walking March 17-18: Days 4 and 5 after vaccine: extreme fatigue/exhaustion March 20-24: Burning chest pain, pain in jaw, continued shortness of breath when walking and fatigue March 24: Went to doctor, D-Dimer = .51 March 25: Chest X-ray to rule out pulmonary embolism. No pulmonary embolism found. Enlarged lymph nodes on left side found. April 4: After 1/2 mile walk was exhausted. Experienced loss of strength in both hands, but more so in right hand. Experienced "general feeling of doom/unwellness" previously associated with seizure due to oligodendroglioma. April 3: Follow up with doctor. Suggested my brain tumor (oligodendroglioma) may be growing. April 6th: MRI. Tumor had not grown. April 7th: Meeting with oncologist who did not feel symptoms were due to tumor growth. Suggested possibility that vaccine could have triggered breakthrough seizure. Increased seizure medication in mornings from 50 mg Vimpat to 100 mg Vimpat. Sent me to my regular doctor. Met with regular doctor, who didn't think symptoms were due to the vaccine, but didn't know because it was so new. Did bloodwork. Severe fatigue in afternoon. April 10th: Was scheduled for 2nd vaccine, but did not feel well enough to get it. April 12th: All bloodwork normal except high LDL (but good ratio with HDL), high TPO (thyroid antibodies). Still fatigued. April 11-17: Fatigue gradually improving. Shortness of breath going away. Stamina returning, gradually. April 18-19: Feeling much better. Able to walk. No shortness of breath.
1230988	4/19/2021	OR	64	M	4/3/2021	4/12/2021	On 4/12 pt developed a headache then on 4/15 pt became short of breath with severe chest pain. pt was admitted to hospital and had a pulmonary emboli in his left lower lobe. He was sent on home on anticoagulant therapy after 2 days
1230377	4/19/2021	CA	63	F	4/14/2021	4/15/2021	Nauseated, pounding headache; severe chest pain; trouble breathing; sharp quick repeated pain in my fingers, wrists, and feet; 100 degree temp; pelvic pain much more severe than I have ever had with Interstitial Cystitis = EIGHT HOURS

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1231009	4/19/2021	CA	32	M	4/16/2021	4/16/2021	<p>Patient received the 1st COVID-19 Vaccine (Pfizer, Lot #: EW0162, expiration date: 07/31/2021) at 10:00. At 10:12 patient ambulated to Medic in the observation area, asking to use the restroom due to complaints of nausea. Patient was advised by Hospital that he would not be able to use the restroom due to his physical presentation of pale, warm, moist skin, pupils becoming greater than or equal to 9 mm, and a look of confusion. Medic attempted to assist the client with ambulation to anti-gravity chair, when the patient?s knees buckled and he was assisted to the floor. Nurse and Nurse responded to assist Medic. Patient lost consciousness and was then assisted into anti-gravity chair and sternal rub applied. Per Medic , patient?s loss of consciousness subsided after 3 seconds and became conscious, alert, and oriented to person, place, time, and event (CAOX4). Patient stated he has ?syncopal episodes every time he has a procedure done that involves needles.? Baseline vitals were obtained by Medic at 1015, while patient was sitting: blood pressure: 98/50, heart rate: 60, respiratory rate: 18, pupils equal and reactive to light at 5 mm. Patient claimed that about 2 minutes status post-vaccine, he began to feel ?lightheaded, nauseous, and had a hot flash. Patient stated he has similar reactions every time. Patient denied chest pain, headache, vomiting, abdominal pain, and blurry vision. Patient was given water to sip on. At 1020, second set of vitals were taken by Medic, while patient was sitting: blood pressure: 90/60, respiratory rate: 16, heart rate: 97, and patient was conscious, alert, and oriented to person, place, time, and event (CAOX4). Patient?s skin was normal color, warm, and dry. Pupils were 3 mm and equal and reactive to light. Patient claimed last oral intake was on 04/15/2021 with minimal fluid intake as well. Patient denied any complaints and claimed he was feeling better. ALS interventions offered by Medic for further evaluation and care, but patient refused. Third set of vitals were obtained by Medic, while patient was standing, at 1030: blood pressure: 118/76, heart rate: 82, respiratory rate: 14, and patient was conscious, alert, and oriented to person, place, time, and event (CAOX4). Patient was negative for orthostatic pressures and was released into the care of his spouse, after waiting in the observation area for about 1 hour. Patient drank a full 12 ounce water bottle and was able to walk out on his own, with a steady</p>

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							gait and in no distress.
1230301	4/19/2021	CA	31	F	4/10/2021	4/14/2021	Chest pain, and tightness
1230295	4/19/2021	WA	28	F	4/19/2021	4/19/2021	Per Safety Officer to this RN: was in post observation after her 1st dose Pfizer. Pt states hx of anxiety attacks and this feels the same. Pt states hx of allergies to oxycodone, cefapime and benedryl. Pt c/o chest pain 3/10, dizznes, and SOB. EMS with patient to assess and released home with boyfriend. Pt boyfriend to drive Pt home and will stop for food along the way. VS 125/70 BP 118/70 HR 73 RR 18 Temp 98.3F temp O2 sat 99% on RA
1230285	4/19/2021		52	F	4/7/2021	4/10/2021	52-year-old woman with no significant past medical history who presented with bruising on her upper and lower extremities - non traumatic. Was found to have platelet count of 3000. Was admitted and transfused 1 unit of platelets. She was reporting chest pain but Chest CT angio negative for pulm embolism. Leg US neg for DVT. Post transfusion counts increased to 55K but slowly drifted down to 24K. She was given pulse dexamethasone. Count 30 K on discharge.
1230263	4/19/2021	NJ	22	M	4/8/2021	4/8/2021	Nurse was called to vaccination room for patient evaluation. Patient was alert and oriented x3, lying down, no signs of injury or loss of consciousness. Reports history of near syncope with vaccine administration. VS obtained. BP 100/70. Pulse 82 Respirations 16 Oxsat 97%. Radial pulse strong. Denies nasuea/vomiting, throat swelling or chest pain. Patient was moved to the post vaccination observation room. Walked himself without assistance and was observed for 30 minutes.
1230260	4/19/2021	NJ	22	M	4/8/2021	4/8/2021	Nurse was called to vaccination room for patient evaluation. Patient was alert and oriented x3, lying down, no signs of injury or loss of consciousness. Reports history of near syncope with vaccine administration. VS obtained. BP 100/70. Pulse 82 Respirations 16 Oxsat 97%. Radial pulse strong. Denies nasuea/vomiting, throat swelling or chest pain. Patient was moved to the post vaccination observation room. Walked himself without assistance and was observed for 30 minutes.

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1230254	4/19/2021	NY	49	F	4/8/2021	4/14/2021	6 days after shot I started to feel tingling in my face, the arm pain where injection was started to hurt, upper shoulder and neck pain, shooting pains to the head, light headed, throat tightness, chest pains in middle and difficulty breathing and speaking. Slight chills and happened for 2 days - shoulder and neck pain is still lingering to date. took tylonol, iced all areas and motrin - and a lot of tears and prayers.
1230219	4/19/2021	IL	21	M	4/17/2021	4/17/2021	After injection approximately ten minutes later complained of chest pain and cough. Further described feeling like something sitting on his chest. EMS on site performed EKG which showed normal sinus rhythm. Patient continues to c/o chest pain and pt was transported to hospital for further evaluation
1230162	4/19/2021	LA	33	M	4/9/2021	4/15/2021	left sided facial droop onset 24 hours prior, in addition patient had chest pain 48 hours prior nothing improved chest pain however it resolved on its own; nothing improved facial droop quality of chest pain was sharp, mild intensity, facial droop symptoms have been worsening since onset
1230137	4/19/2021	NV	24	M	4/15/2021	4/18/2021	Presents to ER with midsternal chest pain which started yesterday morning. Patient states that the chest pain started on the left side and moved in the middle. The patient had associated shortness of breath. Chest pain nonpleuritic. Denies any cough, fever, chills, abdominal pain, nausea, vomiting, diarrhea, headache. Patient received COVID-19 Pfizer vaccination 4 days prior. Denies any history of hypertension, hyperlipidemia, diabetes mellitus, DVT, pulmonary embolism. Denies any family history of premature coronary artery disease or sudden death.
1230134	4/19/2021	DC	44	F	3/28/2021	3/31/2021	Started to feel chest pain and shortness of breath 3 days after the vaccine. Ended up in the hospital 5 days after the vaccine and diagnosed with blot clots in the lungs.

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1230122	4/19/2021	WA	38	F	4/16/2021	4/17/2021	Itching at injection site immediately following second dose; the following morning a Red, swollen and itchy rash around injection site developed and lasted 72 hours; fever and fatigue set in around 24 hours after injection and lasted another 24 hours. Chest pain and tightness occurred about 36 hours after injection and was treated with ibuprofen.
1230460	4/19/2021	TN	44	F	4/7/2021	4/14/2021	Patient states that she received her Johnson and Johnson vaccine on 4/7. That night she started feeling fatigued, developed a headache, had some body aches and chills that lasted through the following day, then symptoms resolved. One week later on 4/14 she developed severe bilateral joint pain, specifically in bilateral shoulders, elbows, and knees- to the point where she could barely walk. She was also very fatigued and had chills. This lasted through the following day and started to subside, but then noticed small, papular lesions scattered across chest and arms. The lesions are itchy, small- 1-2 mm, and follow no particular pattern. She states that today her symptoms have overall improved other than the small itchy bumps. Denies any headache, abdominal pain, joint pain, fever, chest pain, shortness of breath, or redness/swelling of extremities.
1228447	4/19/2021	IN	57	F	4/17/2021	4/17/2021	Severe headache, 10 hours, very tired (still), achy (still), dizzy, chest pain

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1227788	4/19/2021	NY		F		3/10/2021	LEFT ARM PAIN; ALL OVER MUSCLE PAIN; CHILLS; NAUSEA; TOOK A WHILE TO FALL ASLEEP; SAW FACES AND ANIMALS 2 HOURS POST IMMUNIZATION; MILD CHEST PAIN; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1805022, expiry: UNKNOWN) dose was not reported, administered on 10-MAR-2021 to Left Arm for prophylactic vaccination. No concomitant medications were reported. On 10-MAR-2021, the subject experienced all over muscle pain. On 10-MAR-2021, the subject experienced chills. On 10-MAR-2021, the subject experienced nausea. On 10-MAR-2021, the subject experienced took a while to fall asleep. On 10-MAR-2021, the subject experienced saw faces and animals 2 hours post immunization. On 10-MAR-2021, the subject experienced mild chest pain. On an unspecified date, the subject experienced left arm pain. Treatment medications (dates unspecified) included: paracetamol. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from took a while to fall asleep, and saw faces and animals 2 hours post immunization on 10-MAR-2021, and left arm pain, and had not recovered from all over muscle pain, chills, nausea, and mild chest pain. This report was non-serious.

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1227820	4/19/2021	NY	63	F	4/6/2021	4/6/2021	heart beating fast; chest pain; difficulty of breathing; This spontaneous case was reported by a consumer and describes the occurrence of HEART RATE INCREASED (heart beating fast), CHEST PAIN (chest pain) and DYSPNOEA (difficulty of breathing) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 031A21A) for COVID-19 vaccination. Concurrent medical conditions included Atrial fibrillation. On 06-Apr-2021 at 12:00 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 06-Apr-2021 at 5:00 PM, the patient experienced HEART RATE INCREASED (heart beating fast) (seriousness criterion medically significant), CHEST PAIN (chest pain) (seriousness criterion medically significant) and DYSPNOEA (difficulty of breathing) (seriousness criterion medically significant). On 06-Apr-2021, HEART RATE INCREASED (heart beating fast) and DYSPNOEA (difficulty of breathing) had resolved. On 07-Apr-2021, CHEST PAIN (chest pain) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 06-Apr-2021, Electrocardiogram: abnormal (abnormal) She took an electrocardiogram (ECG) with her home cardio machine and reported that her heart was beating extremely bad. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications were provided. Treatment included for the events were metoprolol 75mg that night, 25mg in the morning of the next day (07 Apr2021) and 50mg that night. The patient reported that she was now feeling fine. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. However, the patient's history of Atrial fibrillation is a risk factor and confounds causality assessment.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. However, the patient's history of Atrial fibrillation is a risk factor and confounds

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							causality assessment.
1227831	4/19/2021	NJ	32	F	4/10/2021	4/18/2021	Tonight I started to develop pain in my mid-back, where my kidneys are located but only on the left side. I also have headaches that wont stop with electrical zaps in my head. I also have weird digestion noises located near my liver region. I have developed a rash on all of my neck. I also woke up with the left side of my fact frozen, it took a while for it to start working again. Might be Bells Palsy. Non-stop chest pain which has gone from terrible to manageable over the last 10 days.
1227834	4/19/2021	NY	28	M	4/9/2021	4/14/2021	Chest pain, Elevated blood pressure, elevated cardiac enzymes, Acute myocarditis
1227835	4/19/2021		26	F	4/12/2021	4/13/2021	Chest pain, throat tightening, pain with deep breath, dizziness, chills, fever, arm rash under injection site, muscle pains throughout back/legs/neck, lightheadedness, fatigue, nausea, difficulty holding head up. Several Sx lasted up to five days.
1227839	4/19/2021		39	M	4/16/2021	4/16/2021	39 y/o reports painful/burning rash after vaccine. States he received his second dose of the Moderna vaccine on Friday 16 April. Friday he developed chills, arm pain/redness at injection site, headache and felt feverish but didn't check his temperature. He also developed a painful rash on his left mid-upper back that has now spread to under his arm along his side and to his chest, consistent with Shingles. States he is also experiencing like he inhaled smoke, like a burning sensation when he inhales. Denies any SOB, chest pain, wheezing, coughing.

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1227932	4/19/2021	NJ	54	F	3/1/2021		<p>BILATERAL DEEP VEIN THROMBOSIS TO LOWER EXTREMITIES; PULMONARY EMBOLISM IN BOTH LUNGS; BODY ACHE; CHILLS; This spontaneous report received from a consumer concerned a 54 year old female. The patient's weight was 190 pounds, and height was 66 inches. The patient's past medical history included cancer, and concurrent conditions included no alcohol use, and non-smoker, and other pre-existing medical conditions included the patient was not pregnant at the time of reporting. The patient had no known allergies and drug abuse/illicit drug usage. The patient received JANSSEN COVID-19 VACCINE (covid-19 vaccine ad26.cov2.s) (suspension for injection, route of admin intramuscular, batch number: 1805031, and expiry: not reported) dose was not reported, 1 total, administered in left arm on 05-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 03-MAR-2021, the patient experienced chills. On 06-MAR-2021, the patient experienced body ache. Since 09-APR-2021, patient started experiencing leg pain and was admitted to a hospital on 10-APR-2021. The patient was diagnosed with 2 deep vein thrombosis (DVTs) to the lower extremities with pulmonary embolism. The patient was on therapeutic Lovonox (enoxaparin sodium) and was prescribed Lovonox injection twice a day for 6 months. The patient had visited emergency room and hospitalized for 5 days. The patient was discharged from hospital on 13-APR-2021. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from body ache, and chills on 10-MAR-2021, and was recovering from bilateral deep vein thrombosis to lower extremities, and pulmonary embolism in both lungs. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: This 54-year-old obese female with BMI of 30.7 was hospitalized due to bilateral deep vein thrombosis (DVT) to lower extremities and pulmonary embolism (PE) in both lungs 35 days after receiving JANSSEN COVID-19 VACCINE (covid-19 vaccine ad26.cov2.s) in left arm for prophylactic vaccination. The patient's past medical history included cancer. The subject had chills 2 days prior to the vaccination and body ache 1 day post vaccination. The symptoms resolved 5 days post vaccination. She started experiencing bilateral leg pain 33 days post vaccination and chest pain 34 days post vaccination. The patient</p>

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visited emergency room and was hospitalized. She was diagnosed with bilateral DVTs to the lower extremities and PE in both lungs. Details of the hospitalization were not reported. She was discharged after 5 days of hospitalization with prescription of enoxaparin injection twice a day for 6 months. The patient was recovering from bilateral DVT to lower extremities and PE in both lungs. Based on the available information, with risk factors of obesity and cancer, DVT and PE are assessed as indeterminate with causal association to immunization, per WHO causality classification for adverse events following immunization. Company causality is considered not related to JANSSEN COVID-19 VACCINE. Additional information has been requested for further assessment.

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1227941	4/19/2021	OH	20	F	3/31/2021	4/1/2021	pericarditis; Chest pain; This is a spontaneous report from a non-contactable physician. A 20-year-old female patient received second dose of BNT162B2 (Batch/Lot number and expiry date was not reported), via an unspecified route of administration on 31Mar2021 as a single dose for COVID-19 immunization. Medical history included generalised anxiety from an unknown date. The patient's concomitant medications were not reported. The patient previously received first dose of BNT162B2 on 10Mar2021 for COVID-19 immunization. On 01Apr2021, the patient experienced pericarditis and chest pain. The patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within four weeks prior to the vaccination. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests and procedures which included Nasal swab and PCR: both negative on an unknown date. The adverse events resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Therapeutic measures were taken as a result of pericarditis and chest pain which included High Dose NSAIDs. The outcome of the events was unknown. The events were assessed as serious which caused hospitalization. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: The events pericarditis and chest pain are most likely intercurrent conditions and unrelated to suspect vaccine BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1227974	4/19/2021	FL	50	F	3/18/2021	3/20/2021	DVT in right leg; chest pain; PE in right lung was found on CT scan; numbness in both legs; Back pain; This is a spontaneous report from a contactable consumer (patient). A 50-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) dose 1 via an unspecified route of administration, administered in arm left on 18Mar2021 13:30 (Lot Number: EP7534) as single dose for covid-19 immunisation. Medical history included breast cancer, hypothyroidism, diabetes. The patient did not have covid prior vaccination and no covid tested post vaccination. No known allergies. The patient was not pregnant. Concomitant medications in two weeks included metformin; atorvastatin (LIPITOR); levothyroxine sodium (SYNTHROID), vit d, multivitamin. No other vaccine in four weeks. Back pain started on 20Mar2021, chest and back pain on 24Mar2021 and chest pain continued until she went to the ER on 27Mar2021. When PE in right lung was found on CT scan on 23Mar2021 12:00 PM. The patient was hospitalized on 27Mar2021 and heparin was started and continued until 29Mar2021 when she was released. The DVT in right leg was found on 28Mar2021 with ultrasound after she mentioned numbness in both legs on 23Mar2021 12:00 PM. She started apixaban (ELIQUIS) on 29Mar2021 before leaving the hospital and still taking it now. She went to follow up appointment with hematologist that suggested that she remained on apixaban and return in 10 weeks for another checkup. The events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization, life threatening illness (immediate risk of death from the event). Number of days hospitalisation was 3. Treatment received for events included heparin and apixaban. The outcome of events was recovering. The patient received second dose of BNT162B2 in arm left on 09Apr2021 12:30 (Lot Number: EK8727).

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1228145	4/19/2021	NC		U		3/11/2021	BODY ACHES; INJECTION SITE ARM PAIN; PAIN IN FINGERTIPS; NECK PAIN; CHEST PAIN; BACK PAIN; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802070, and batch number: 1802070 expiry: UNKNOWN) dose was not reported, once a total in left deltoid administered on 10-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 11-MAR-2021, the subject experienced body aches. On 11-MAR-2021, the subject experienced injection site arm pain. On 11-MAR-2021, the subject experienced pain in fingertips. On 11-MAR-2021, the subject experienced neck pain. On 11-MAR-2021, the subject experienced chest pain. On 11-MAR-2021, the subject experienced back pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from body aches on 11-MAR-2021, and had not recovered from injection site arm pain, pain in fingertips, neck pain, chest pain, and back pain. This report was non-serious.
1230923	4/19/2021	AL	57	M	4/1/2021	4/1/2021	Immediately upon being vaccinated, the patient felt weak, tachycardic, and had chills and nausea. He was observed for 20 minutes, at which time his symptoms abated and he left the vaccination facility. However, his symptoms returned later in the day. He presented to our office 15 days after vaccination. At that point, he was suffering coldness in his extremities with peripheral cyanosis of hands, feet, and nose. He reported chest pain and had an abnormal EKG with ST depressions in several leads. He stated that over the past two weeks, his symptoms would come and go, lasting for hours at a time and constituting weakness, extreme fatigue, cold extremities, and body aches.

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1228285	4/19/2021	TN	34	F	4/2/2021	4/2/2021	I was given the vaccine at 11:10am and by 5:30pm I was beginning to feel tired and unwell. At 6:45 I had a fever, body aches, pain in my arm, headache, and chest pain. These symptoms continued for three days and my fever reached 102.7. After three days the fever and body aches subsided but the fatigue and chest pain continued. The chest pain has continued with increased heart rate during small bursts of activity. I called the clinic that administered my shot on April 9th and was told chest pain was normal up to 10 days and if it continued to be a problem to go to the ER. After 11 days of chest pain I went to the ER on April 13th and they did an EKG, CT with contrast, and blood work. They concluded I was fine. I was told it could be esophagitis so to take 2 15mg Prevacid a day which I have done with no relief. I was also informed it could be muscle related so I have iced, taken anti-inflammatory medication, and have not exerted myself. It is now April 19th and I am still experiencing chest pain and racing heart rate with minimal exertion.
1231218	4/19/2021	FL	45	F	4/6/2021	4/6/2021	I have had the same that most people complain about, soreness of arm, but nothing that concerned me. I have noticed changes to my vision and after one week, developing headaches that are not going away even with Motrin. I have also noticed after a few days after the shot a strange reaction, like if my heart jumped a beat and I had shortness of breath. It would be only one or two second episodes at a time, so I'm not too concerned, but if it continues, I will discuss this with my doctor. I had never felt that before. This is not chest pains, it's difficult to describe. It's like the heart has to "jump" a beat.. but only once or twice. It's scary, but it does not happen often and it's happening less in the past day. The headaches are not fun, but I hope they will go away after a few weeks. I don't suffer migranes or headaches on a regular basis.

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1228505	4/19/2021	IN	40	M	4/16/2021	4/16/2021	ER Nursing Intervention/Reassessment [Charted Location: EMR-Emergency Rm Service] [Authored: 04/16/2021 15:18]- for Visit: 004092726008, Complete, Revised, Signed in Full, General IV: IV Intervention: ? IV IV INTERVENTION/REASSESSMENT ? IV 1 Date 04/16/2021 ? IV 1 Time 14:25 ? IV IV 1 ? IV 1 Size 20G ? IV 1 Type peripheral iv ? IV 1 Inserted By inserted per RN ? IV 1 Side right ? IV 1 Right antecubital ? IV 1 Actions flushes easily labs obtained ? IV 1 Dressing needleless valve placed, catheter secured, transparent dressing applied with date/time/initials transparent semi-permeable dressing applied ? IV 1 Response pt. tolerated well pt instructed to call RN for problems ? IV 1 Total Attempts 1 COVID Screening Questions: COVID Screening Questions: ? Have you had a COVID-19 vaccine in the last 7 days? Yes (1) ? Was this COVID-19 vaccine your: First dose (1) Assessment Date / Time: ? Date/Time 04/16/2021 14:25 History of Present Illness: Chief Complaint: ? History of Present Illness allergic reaction ? Onset Time/Last Seen Normal 04/16/2021 13:15 Skin Assessment: Skin Assessment: ? Skin cool diaphoretic ? Mucous Membranes moist intact COVID Screening Questions: COVID Screening Questions: ? Have you had a COVID-19 vaccine in the last 7 days? Yes ? Was this COVID-19 vaccine your: First dose ER Triage Note: ? Triage Date/Time 04/16/2021 14:21 ? Triage Chief Complaint medical, Allergic Reaction to Covid Vaccine ? Additional Triage Comments Pt states he went home after receiving his Covid Vaccine (Phizer) when he noticed he was itching on his back. Pt arrived to ED with generalized erythema, skin cool and clammy, and wheezing. Pt denies contact with chemicals or anything else. ? Have you been sexually assaulted? no ? Stroke Screening no ? Pregnant/Could be pregnant not applicable ? LMP not applicable ? Tetanus <5 years ago ? Immunization up to date yes ? CDC Early Warning Symptoms None Identified ? CDC Precautions standard precautions mask applied Infectious Disease: Infectious Disease: ? Have you traveled recently? No ? Do you have any of the following symptoms? none Mode of Arrival: ? Mode of Arrival private auto Height/Length - Weight for Calculation: Weight for Med Calculation: ? Height (ft) 6 Feet ? Height (remainder in inches) 0 Inch ? Height (cm) 182.8 cm ? Body Measurements stated ? Weight for

Calculation (kg) 108 Kg ? Weight Method stated ? BSA (m2) 2.29 M2 ? BMI (kg/m2) 32.3 kg/m2 Triage Vital Signs: ? Temp (degrees F) 97.1 degrees F ? Temp (degrees C) 36.1 degrees C ? Method skin/temporal ? Heart Rate (beats/min) 118 bpm ? Respiration (breaths/min) 18 ? BP Systolic (mm Hg) 156 mm Hg ? BP Diastolic (mm Hg) 103 mm Hg ? Sitting BP right upper arm ? SpO2 Patient On room air ? SpO2 (%) 98 % Treatment Prior to Arrival: ? Treatment Prior to Arrival none Allergies: Allergies/Intolerances: Allergies: ?? Pfizer-BioNTech COVID-19 Vaccine: Anaphylaxis ?? tramadol: Hives Home Medications - OMR: Home Medications - OMR: * Patient Currently Takes Medications as of 04/16/2021 15:11 documented in Structured Notes ?? losartan 50 mg oral tablet: None, 1 tab(s) orally once a day, Hx, Status: Active, Quantity: 0, Refills: None, Last Dose Taken: ?? Albuterol (Eqv-ProAir HFA) 90 mcg/inh inhalation aerosol: None, 2 puff(s) inhaled every 6 hours, Hx, Status: Active, Quantity: 0, Refills: None, Last Dose Taken: Patient Seen Time: ? Patient Seen Time 04/16/2021 14:21 ? LMP not applicable ? Tetanus <5 years ago ? Immunization up to date yes Triage Vital Signs: ? Temp (degrees F) 97.1 degrees F ? Temp (degrees C) 36.1 degrees C ? Method skin/temporal ? Heart Rate (beats/min) 118 bpm ? Respiration (breaths/min) 18 ? BP Systolic (mm Hg) 156 mm Hg ? BP Diastolic (mm Hg) 103 mm Hg ? Sitting BP right upper arm ? SpO2 Patient On Pulseox: 98 % on RA @ bedside monitor -- normal ? SpO2 (%) 98 % ? Acuity Level 3 Preferred Pain Scale: Preferred Pain Scale Numeric Pain Scale@ Numeric Pain Score - Rest@ 0 - No Pain Numeric Pain Score - Activity@ 0 - No Pain Treatment Prior to Arrival: ? Treatment Prior to Arrival none Nursing Documentation Review: ? Triage Review I have reviewed the above Vital Signs, Nursing Documentation and Triage Assessment. Arrived From: ? Arrived From home home after leaving vaccination clinic HPI: ? HPI CC: rash/itching HPI: history from patient He describes Covid just after receiving the Pfizer vaccine, his initial dose. By the time that he returned home he had opened up a soft drink was having some slight cough, trouble swallowing and had sensation of itching on his back. He asked his mother to check his back and it was discovered that he was starting to have rash over his

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body. This seemed to be persistent and he returned to ER for further evaluation/treatment. He has not had reaction to vaccination in the past. He does have allergy to tramadol. He denies having any allergy to soap, detergent, or other chemicals. He denies having exposure to any chemical, fume, dust, plant material after receiving the vaccination. He denies having any new foods or drinks recently. He is not having any nausea or vomiting. He has felt somewhat sweaty. Allergy: tramadol H/O LE muscle weakness/atrophy, COPD ROS Const: No fever, chills, sweats. No unusual weakness (he does note "my leg is atrophying" when he is speaking about his LLE) HEENT: No runny nose, congestion, ear ache. Perhaps some odd sensation in the throat due to swollen uvula. CV: No chest pain, palpitations. No unusual shortness of breath. No edema to the ankles / legs. No pain with breathing. Abdom: No nausea, vomiting, diarrhea, or constipation. No abdominal pain. Lymph: No swelling to glands. Physical Exam: ? Physical Exam A&O, nontoxic. Pleasant. No pain distress. Mild physiologic distress. Appears to be overwt adult with component of chronic illness and with acute allergic reaction/process. Eyes: EOMI, nonicteric, conjunctiva clear. Throat: Moist mucous membranes. Symmetric rise of palate. No pharynx erythema. Tonsils normal size and without erythema or exudate. His uvula is moderately edematous and elongated. He is managing his secretions well. There is no angioedema of the tongue, soft palate, lips. No stridor. No blood in the oropharynx. No rhinitis/runny nose. Neck: supple, normal ROM, nontender. trachea midline. No cervical or supraclavicular lymphadopathy. Thyroid nontender and normal size. Back: No pain on percussion. No muscle spasm. Nontender palpation. No kyphosis. Lungs: fair to good air movement with quiet, fine primarily inspiratory wheezes in the mid to lower lung fields. nl effort, no rales, crackles, rhonchi. Normal resonance on percussion. Cough clear. Cardiac: borderline tachy RRR S1, S2, without murmur or rub. Posterior tibial, Pedal pulses 2/4 bilaterally. No ankle or pretibial edema. Skin: cool & dry extremities. cool & moist (not diaphoretic) back skin. Normal turgor. He does have confluent macular rash to the neck, (somewhat on face), arms, back/chest/abdomen. Some mild hyperemia to the legs/ankles. No urticaria. The right

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deltoid injection site is involved with the hyperemia/macular rash but no urticaria at this location right now Abdom: Bowel sounds present x 4 Quadrants. Normal tympany to percussion. Soft. Non-distended. Nontender. Nonsurgical. Good muscle tone and moves all extremities. He notes he has his chronic weakness in his left lower extremity. Medical Decision Making: ? Discussed with another healthcare provider Discussed case with another healthcare provider ? Consultation Consultation 1, Consultation 2 ? Consultation 1 04/16/2021 15:54 ? Consultation 1 Comments discussed with RPh. He will come to ER to obtain additional information from patient. This is the hospital's first presumptive Pfizer vaccine reaction. ? Consultation 2 04/16/2021 15:41 ? Consultation 2 Comments discussed with Dr. we discuss presentation. he agrees pt will need monitoring with the persisting symptom/findings and the H/O COPD. 1617 Dr has been to ER and completed eval. pt to be placed on 2nd floor med/tele for additional monitoring and treatment. pt did have labs yesterday. ? Decision to Admit Based On 1446 Based on his symptoms and presentation presumptive acute anaphylaxis to component of the Pfizer Covid vaccine. We will begin treatment with 0.3 mg epinephrine IM once as well as dexamethasone, famotidine, diphenhydramine IV. We will continue to monitor with cardiac telemetry and pulse oximetry. He does have slight wheezing but this may be related to his chronic COPD. No respiratory distress at this time, but his symptoms seem to have been mildly progressive over the past hour (per his report). I believe inclusion of the epi to be prudent based on his presentation. Additionally, I will inform the vaccination clinic of this reaction. he agrees pt will benefit from continued monitoring and repeated IV antihistamine and IV steroid treatment. Pt will need IV fluid for hydration as well. Recheck: ? Recheck Recheck 1, Recheck 2, Recheck 3 ? Time 14:55 ? Recheck patient stable patient improving with treatment ? Comments He is improving. His skin is now warm and moist (not sweaty , not diaphoretic). The rash is receding from the arms. Good coloration to the legs/ankles. Back & torso rash starting to recede. no nausea/vomiting. no difficulty breathing. still with fading macular rash on the torso and upper back. Lungs: improved air movement compared to the initial exam, nl

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effort, no rales, crackles, rhonchi. He has lower field (only) quiet fine inspiratory wheezes. Normal resonance on percussion. Cough mildly wheeze @ bases, with improved airflow. Cardiac: borderline tachy RRR S1, S2, without murmur or rub. Posterior tibial, pedal pulses 2/4 bilaterally. No ankle or pretibial edema. ? Time #2 15:05 ? Recheck #2 patient stable patient improving with treatment ? Comments #2 man from pharmacy is here and recognizes patient from the vaccination clinic. Patient rash has faded from his extremities fully and appears to have faded from his abdomen still somewhat at the malar area of the cheeks as well as the neck and torso portion of the chest. His pulse is 98?99 continues to have elevated blood pressure. Pulse oximetry 98-100% on room air, normal. Pharmacist will enter the reaction into the CDC/FDA/Pfizer database. Overall pt notes he feels tired (probably related to hydration & benadryl). He notes he has returned to home about 2 weeks ago after spending some time on the road in mountains playing guitar / touring with a small band , playing music. ? Time #3 15:37 ? Recheck #3 patient stable ? Comments #3 He has been resting. No respiratory distress. His blood pressure and pulse and pulse oximetry are reviewed at bedside and they are nonfocal at this time. Overall he is improving. He notes he still has malaise and feels about the same with itching in his back and the sensation in his throat. When I evaluate his back there is hyperemia/some macular rash that is in approximately the distribution of the trapezius muscle of the back this is where he notes he has the itching. Additionally when I evaluate his throat there is still some presence of uvula edema. There is no other angioedema. Perhaps he does have some mild hyperemia to the uvula and soft palate at this time. He is clinically improving but his symptoms have not resolved fully. Skin warm and dry normal turgor. No diaphoresis Lungs initially some coarseness/mucousy breath sounds to the mid lower fields but this clears after he coughs. Good air exchange at this time. No rales rhonchi wheezes or crackles. Cough initially mucousy then clear. managing secretions well. no stridor. no respiratory distress. Critical Care Times: ? Critical Care Time of minutes excluding, separately billable procedures 35 Disposition Summary: Arrival 04/16/2021 14:21 Disposition to be admitted Disposition Decision

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							Date/Time 04/16/2021 15:54 Does an Emergency Medical Condition Exist at the time of D/C? yes Condition at Disposition Stable Alert and Oriented Guarded Emergency Diagnosis: ?? History of COPD (Z87.09): Entered Date: 04/16/2021 15:59, ICD-10: Z87.09 ?? Anaphylaxis due to immunization (T80.52XA): Entered Date: 04/16/2021 15:59, ICD-10: T80.52XA ?? Drug reaction, initial encounter (T50.905A): Entered Date: 04/16/2021 15:59, ICD-10: T50.905A PCP Summary: ? PCP , ? Select Follow-up Physician Follow Up Physician #1 Follow Up Physician #2 ? Follow-Up MD ? Group Name Primary Care ? Specialty ? Follow-Up MD ? Fax Number ? Follow Up In 04 days Instructions: ? Other Instructions Return to ER for worsening symptoms or other concerns ? Additional Instructions Patient has had clinical improvement and stabilization although he is not fully resolved of his symptoms. He is placed into the hospital for further evaluation and management under Dr. Note Complete: Note Complete This document is complete. Affix my electronic signature. Last Updated: 04/16/2021 16:19 by (MD) References: 1. Data Referenced From "ER MD Exam and Disposition" 04/04/2021 17:40 2. Data Referenced From "1. Vital Signs - Adult" 04/16/2021 14:30
1231305	4/19/2021	CA	49	F	4/8/2021	4/8/2021	woozy feeling followed by 102+ fever, chills, muscle and bone aches, dizzy, headaches, chest pain/tightness, stomach aches, low appetite, weight loss, fatigue, low energy, nausea, hives & itches. Not fit to operate machinery for 4 days post injection. Car sick as passenger. Could not even after 5 days complete a day of work (12hrs). Was banned from work until I documented I see a clinic. Phone appointment secured a lab referral, and the directive to eat 3x day, rest when tired, hydrate. I felt I have lost a week in a blurr of pain and discomfort, fatigue and sleep. Second week was so weak and tired, showering was a challenge.
1228551	4/19/2021	GA	50	F	4/16/2021	4/16/2021	-Inj. shot in L arm. L arm fine but R arm felt as if the shot was from there but not. Dizziness, weakness, chest pain, slight fever, headache, minor swelling back of neck, slight spinal tingling (briefly), joint pain in hands (usual).

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1231255	4/19/2021			U			4/9: back pain between shoulder blades. Pain continues to worsen over following days. On 4/14 pain began to wrap around rib cage, tightness around chest, sharp, intermittent chest pains. Fatigue. Malaise. Continues to worse in severity. Back pain extended into lumbar region, as well. Tender, swollen cervical lymph nodes. Feeling of fullness on chest. RUQ abdominal tenderness.
1231206	4/19/2021	NY	73	M	4/9/2021	4/15/2021	MILD MUSCULAR PAIN IN CHEST AND BACK AREA AFTER 3 OR 4 DAYS. ACUTE MUSCULAR PAIN THROUGH DAY 10 WHEN CERTAIN MOVEMENTS ARE MADE. I CANNOT ATTRIBUTE PAIN TO ANY ACTIVITY. NO HEADACHE OR ARM PAIN.
1231199	4/19/2021	OR	66	M	4/1/2021	4/5/2021	The patient presented to our clinic with left calf pain and swelling, shortness of breath without chest pain, low grade fever. He was slightly tachycardic with elevated blood pressures to 160s/90s but had O2 saturation of 99%. DVT US showed extensive thromboembolism of left superficial femoral vein down to popliteal vein and calf veins. CTA chest showed bilateral sub-segmental PE. He was transferred to the the ED for PE workup and treatment.
1231158	4/19/2021	NC	18	F	4/16/2021	4/17/2021	Overall fever from 1:00am on 04/17/21 through 6:00pm on 04/17/21 (17 hours) High fever of 102+ from 2:30am on 04/17/21 through 4:30pm on 04/17/21 (12 hours) Treated with ice packs applied to head, chest, stomach as well as extra-strength Tylenol Chest pain/trouble breathing/coughing that is slowly subsiding since early morning 04/17/21 through present Consistent shaking from 2:00am on 04/17/21 through 6:00am on 04/17/21 proceeded by intermittent shaking through 04/17/21 Cramps, loss of appetite, back pain, sudden sharp pains for no apparent reason, nausea, dizziness, and headache for 24 hours
1231143	4/19/2021	GA	52	F	4/6/2021	4/6/2021	Feels "heart is pounding" and right sided chest pain. Director consulted and patient observed for 30minutes with no distress, Vital signs stable, and advised to have EKG at PCP or Urgent Care Center in abundance of caution. Dr. cleared patient to leave without EMS consultation.

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1231134	4/19/2021	TN	56	F	4/17/2021	4/17/2021	Itchy skin that started yesterday after receiving 2nd dose on 04/17/2021. Then started having rash appear on my bilateral upper extremities on my forearms and hands. Skin: Positive for rash. APRN provided steroid shot while in clinic, recommended take OTC Zyrtec twice a day for the next 2 days then take daily, recommended over-the-counter Eucerin antiitch lotion twice daily; If not improving in signs and next 24 to 48 hours or if worsening return to clinic; Has any symptoms of feeling like cannot breathe, throat is closing, chest pain, etc, Recommend call 911;
1231106	4/19/2021	PA	24	F	4/7/2021	4/10/2021	pt had chills aches , chest pain, headache
1231063	4/19/2021	MO	64	F	3/29/2021	4/19/2021	Had mild pain and headache after 1st vaccine on 3-1-2021. Symptoms were even milder after 2nd vaccine on 3-29-2021. BUT scheduled a cortisone injection for knee pain on 4-19-2021, 3 weeks after last vaccine dose. About 10 minutes after the shot while leaving the building, I had a severe reaction which included chest pain, shortness of breath, dizziness, and a bright red flushing all over. Returned to orthopedic office where I was monitored until an ambulance arrived and transported to the hospital. After monitoring, blood tests, EKG was allowed to go home and requested to do a follow up with a cardiologist and primary care physician. Most symptoms had resolved prior to transfer to hospital. Still running a low grade fever this evening. I was concerned that the combination of my MS, MS medication, COVID vaccine and cortisone injection may have caused this extreme reaction.

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1228238	4/19/2021	KY	91	M	4/15/2021	4/16/2021	Patient was seen and examined at the bedside. The patient is a 91 yr/o male with a history of CHF, NSVT, aortic stenosis, atrial fibrillation, HTN, hypothyroidism, DM2 who presents to the emergency room with complaints of chest pain and worsening shortness of breath. He reports he got his second Covid vaccine yesterday and was feeling well until about 1 AM when he woke up acutely short of breath. His wife checked his oxygen and reports he was 90% on his home 2 L. He felt he could not breathe unless he was sitting straight up. He changed over to his CPAP and was able to breathe and fall asleep comfortably. Today throughout the day his shortness of breath has persisted and he was due to see his cardiologist so they went to his appointment. While at the appointment he developed substernal chest pressure. It did not radiate. It resolved with 2 sublingual nitroglycerin. Patient was transferred to the emergency room for further evaluation. Patient denies any fever or chills. He has a chronic cough with clear sputum unchanged. He reports worsening lower extremity edema over the past few days. He reports he has been taking all of his cardiac medications as prescribed. Work-up in the emergency room concerning for acute on chronic CHF exacerbation. Troponins mildly elevated but are plateaued. No further chest pain while in the emergency room. Patient to be admitted for further evaluation and treatment
1228936	4/19/2021	TX	73	M	3/18/2021	4/15/2021	Patient developed chest pain and shortness of breath 4/15 Presented to hospital emergency department 4/17 found to have a pulmonary embolism without heart strain, however with pulmonary infarction of left lower lobe with associated right lower extremity DVT Patient admitted to the hospital, initiated on therapeutic anticoagulation with Lovenox, started on oxygen therapy for acute hypoxic respiratory failure Discharged home 4/20 on therapeutic anticoagulation with Xarelto and home oxygen as needed
1229340	4/19/2021	MA	26	F	3/30/2021	4/7/2021	Large bruise on left thigh 1 week after the Johnson Vaccine. Pt did not experience any other symptom. No SOB, Chest pain, ABD pain or leg edema was noted.

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1229312	4/19/2021	IL	56	M	3/8/2021	4/17/2021	4/17/21 ER HPI: 56 y.o. male who presents with asymptomatic tachycardia. The patient purchased a home blood pressure monitoring device approximately 2 weeks ago and at that time he noted that the machine recorded his pulse at 150-160 beats per minute. The patient has repeatedly taking his blood pressure at home with this device and every time and has recorded his pulse in the same range. He denies fevers chills chest pain palpitations syncope lightheadedness peripheral edema or dyspnea. He presents today for evaluation of this as the machine again indicated that his pulse was 100 50-160 beats per minute
1229295	4/19/2021	MA	45	F	4/4/2021	4/4/2021	Noted Reaction Type Reactions Pfizer Covid-19 Vaccine [covid-19 Vacc.mrna(pfizer)(pf)] Allergy/hypersensitivity Heart racing, couldn't talk, felt need to pass out, felt weak, and not able to talk because tongue felt heavier As of 04/16/2021 still complaining of Now having palpitations, feeling weak--- this happened again on the following Sunday, again for few minutes Has chest uncomfortable but no chest pain Felt like her speech was slower

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1229283	4/19/2021	IL	79	F	3/11/2021	3/11/2021	3/21 admit HPI: 80-year-old white female with a past medical history for oxygen-dependent COPD who presents to the emergency room today due to falls and possible confusion. According to the family member, he does not think her oxygen was set at the right level. He thinks it was set up higher because she tends to get confused and fall when this happens. The patient really has fallen twice of late. She said she aches all over. She also cites dizziness when she stands up. Because of the symptomatology, she came to the emergency room for evaluation. Workup, including chest x-ray imaging, was fairly unremarkable. The patient did not, however, feel safe going directly home. At the present again, she just feels achy. There is no chest pain or shortness of breath. No abdominal pain or urinary symptoms. No rash. 3/26/21 admitted 80 y.o. female with a PMH notable for COPD, atrial fibrillation, hypertension, diabetes and obesity who presented on 3/26/2021 for evaluation of physical deconditioning. Patient presents to our facility yesterday after hospital stay from hospital from 03/21 through 3/26/2021. Hospital course - The patient is an 80-year-old white female with a past medical history for oxygen-dependent COPD who presents to the emergency room today due to falls and possible confusion. According to the family member, he does not think her oxygen was set at the right level. He thinks it was set up higher because she tends to get confused and fall when this happens. The patient really has fallen twice of late. She said she aches all over. She also states dizziness when she stands up. Because of the symptomatology, she came to the emergency room for evaluation. Workup, including chest x-ray imaging, was fairly unremarkable. The patient did not, however, feel safe going directly home. In ER, patient's ABG showed significant CO2 retention. Pt is supposed to be using CPAP at home but admits it has not been used lately because of some problem with the machine. Since admit, patient admitted to pain in her back. CT spine showed L1 compression fracture which appeared new. PT worked with patient and felt she should go to rehab for continued therapies. Neurosurgery has ordered bracing for patient. No surgical intervention required. They also consulted neurology for myoclonic jerking and essential tremor. Patient is then to follow-up with neuro surgery and 3-4 weeks. 4/17 ER: 80 y.o. female who

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						<p>presents with increased somnolence and lethargy. Patient was discharged from the hospital 2 days ago after having a stay on swing bed. She has multiple medical problems and was admitted following a hospitalization at Hospital. She has generalized debilitation and advanced COPD with CO2 retention. Patient has been instructed to utilize a BiPAP machine. According to her family, she has been none a compliant with this and did not utilize it last night. Patient noted this morning that she was somnolent and lethargic. Prior to that she had been doing well since discharge. Other than the lethargy and somnolence there are no other complaints. 4/18/21 ER to admit: dx sepsis 80 y/o F with PMHx COPD with chronic CO2 retention and respiratory failure on 2L NC, OSA, non-compliant with CPAP, myoclonic jerks, essential tremor, type 2 DM, HTN, paroxysmal a.fib on eliquis, essential tremor and recurrent falls with recent L1 compression fracture s/p brace placement, presented to ED on 4/18/2021 for shaking and AMS.</p>	
1229270	4/19/2021	CA	79	M	3/8/2021	3/15/2021	<p>Fever and diarrhea following a couple days after the vaccine Being administered. The day prior to hospital emergency admission uncontrollable throwing up extreme side/Stomach/chest pain. Was taken by ambulance to emergency.</p>
1229237	4/19/2021	TN	71	M	4/6/2021	4/7/2021	<p>71-year-old male with lengthy past medical history presenting to the emergency department with fever (100.1) and chills on 4/8/21. Patient developed fever and chills after receiving the 2nd dose of his Moderna COVID vaccine on 4/7/21. He denies any cough nausea vomiting diarrhea chest pain shortness of breath or other symptoms. He triaged in the ER. His labs were within normal limits and his chest x-ray was negative for any acute infection. His troponin in the lab is slightly above the reference range however he has had elevated troponins in the past. He was given ASA and Morphine in the ER. He was discharged from the ER, but was so weak he was unable to ambulate to his car, so he was admitted for overnight stay/observation. In the hospital, he was continues on his home meds, and was discharged home on 4/8/21.</p>

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1229205	4/19/2021	IL	20	F	3/24/2021	3/24/2021	3/24/21 Incoming Triage Nurse call: Hospital called and said patient is there now and had got her 1st Covid Vaccine- Moderna and she did get a small rash on her left forearm that does itch and is red. Nurse said patient got the shot in her left arm and got the rash on her forearm a few minutes later. 3/26/21 ER HPI: dx: urticaria 20 year old female who presents with ITCHING IN LEFT FOREARM. GOT COVID SHOT ON 3/24/21 AND HAS HAD INTERMITTENT ITCHING ON LEFT FOREARM SINCE. PT DENIES SHORTNESS OF BREATH AND CHEST PAIN. PT STATES WHEN TAKES BENADRYL GETS BETTER AND THEN RETURNS. PT STATES SAW Doctor AND WAS TOLD TO GO TO ER IF IT DID NOT IMPROVE IN 24 HOURS. Triage nurse: Presents to the ER from home with complaints of itching and redness to left lower forearm. States she had the Covid injection (first one) on 03-24. States had taken Benadryl after the injection to help with itching. States "redness comes and goes." Complaining of headache, 8/10 pain, constant throbbing with onset yesterday. States Tylenol did help alleviate pain some, not completely. States she was instructed per PCP to come to ER if redness, itching continues
1229196	4/19/2021	IN	57	F	4/19/2021	4/19/2021	12:15 Patient advised feeling short of breath and dizzy after receiving vaccine. Asked patient to lower her mask and take deep breaths. Patient denies chest pain, N/V or other symptoms. Patient given drink and windows opened. Patient declines to go to ER at this time. Contacted nursing supervisor for assistance. Will continue to monitor. 12:20 Patient still c/o SOB. 12:25 Patient transported to ER for further evaluation. Report called to ER by RN.
1229183	4/19/2021	NY	41	F	4/19/2021	4/19/2021	Pt presented after 30 min wait post vaccine with bilateral hives to arms, stomach, chest, and neck. pt states has a h/o hives of unknown origin. Pt DID take a Zyrtec today as per her normal for allergies. Pt given 50 mg of PO liquid benadryl with some relief post additional 30 min wait pt had increased itching to head and thighs. Earlier Hives did resolve, pt refused ambulance transport will go to Urgent care with her friend that came with her. Pt denies SOB, or chest pain, LSCTA, VSS at time of leaving vax site.

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1229081	4/19/2021	AZ	49	F	4/16/2021	4/16/2021	<p>Patient returned to observation area two hours post injection complaining of LA pain. Medic on site observed some swelling to the LA and proceeded to provide an ice pack. After further assesment patient did not appear in any distress and was instructed to stay in observation for an additional 30 min. At approximately 1300 the patient began scratching the vaccinated arm and mumbling in a language we could not understand. Immediately the interpreter was called and we prepared for an adverse reaction. Two of our LPNs began taking vitals, One RN began assessing the site where we noted possible infiltration to the subcutaneous tissues. We then moved the patient to a private room. RN chart note: "Patient crying sitting in chair, complains of L arm pain. Left arm swollen, softball size, hard to touch, patient sensation remains intact, left radial pulse +2 and present, patient can wiggle all fingers on command. Patient initially denied Benadryl, however after educated with safety and calling 911, patient denied ambulance, and agreed to IV placement. 20 g IV placed in Right AC, 50 mg IV push Benadryl once for swelling and itching of arm spreading in size, 500mL LR bag hung, Patient A0x4 on room air answering questions appropriately. Patient denied ambulance service at this time. Patient states headache is stronger and chest pain decreased." Patient then fell asleep and approximately at 1400 awoke with red eyes, continued headache that had gotten worse. BP retaken and was 162/102. At this point we decided we would need EMS to respond. With the language barrier and poor past medical history, we did not find it appropriate to continue treating the patient on site. She was still A&Ox4, denied restricted airways or significant chest pain. Our medical director was alerted of the event and instructed us to call EMS despite patient refusal. EMS arrived by 1430 and assessed patient, she finally agreed to transport.</p>

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1229342	4/19/2021		19	F	4/12/2021	4/12/2021	Patient received 1st dose of Pfizer COVID-19 vaccine and was placed in Observation area for monitoring, subsequently left the clinic in stable condition. Patient later took PO Benadryl and had no relief of itching. Patient came back to the Vaccine Clinic and reported to the EMTs on site post vaccination experienced itching, nausea and vomiting x 1, slight mouth swelling and new complaint of chest discomfort. VS: Stable. While walking patient experienced a syncopal episode lasting 2 seconds. Post A&O x 4, pt placed in trendelenburg position, ice applied to itchy areas of neck. VS and O2 sat stable. Visible rash, mouth swelling and itching present. Benadryl IM administered by EMT, patient continued to be assessed for an additional 15 minutes, then complained of more chest pain. VS remained stable, EMTs transferred to ER. Later received epi IM x 1 with relief.
1228968	4/19/2021	TX	28	F	3/6/2021	3/13/2021	Started with chest pain, a couple of days after the shot. Fainted on 3/13/21, transported by EMS to emergency room. CT scan was done, Dr. said she has blood clots in her lungs. Was given a prescription for Eliquis 5 mg twice daily.
1228843	4/19/2021	MI	31	F	4/9/2021	4/9/2021	Patient experienced chest pain,non-cardiac. Onsite EMS was called vitals BP 134/86 100% O2 HR 77. Patient treated, transported to the hospital.
1228863	4/19/2021	NC	18	M	4/14/2021	4/15/2021	Myalgias, Fever, Chills Day 2. Chest Pain Day 3.
1228836	4/19/2021	IL	70	F	2/10/2021	4/17/2021	female who presents with complaint of a dry cough and dyspnea. She denies fever chills chest pain orthopnea paroxysmal nocturnal dyspnea palpitations syncope or peripheral edema. Her dyspnea had onset 2-3 days ago and has progressively worsened. Patient does have a history of COPD 12/30/21 Pfizer EJ1646 1/20/21 Pfizer EL3249 x3 covid vaccines given to patient by nursing home: 2/10/21 Pfizer EN5318

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1228806	4/19/2021	FL	54	M	3/31/2021	4/2/2021	chills, night sweats, chest pain, body aches, nausea, anorexia, back pain now, 16 lb weight loss, cough when sitting up and moving, peripheral neuropathy, - chest pain resolved but other issues are persistently bad, adv some of the initial symptoms could have been related to the shot, such as initial body aches and chills, but persistent and worsening issues are NOT expected this far out. I adv HCF eval given likely unrelated persistent symptoms, consider ED if effects are severe and worsening. He will likely go in tonight but he isn't sure where he will go. I adv try not to drive yourself call back if issues. PCC will FU tomorrow with patient at home. 4/11- Patient positive for Covid per MD at hospital Follow up call - Patient feeling better today, went to ED at hospital , was prescribed Flexeril, Ibuprofen and ondestron. Second vaccination is next week.
1228777	4/19/2021	FL	21	F	4/9/2021	4/9/2021	she hurts in her body, nausea, headache. No cough, no SOB, c/o chest pain on inspiration intermittently, more a sharp pain near the center just above the breastbone, not a squeezing or a pressure substernal Took some APAP and took alleve 20 min ago I adv that the body aches, N, HA all may be consistent with ADR to the vaccine and generally should be limited to a few days, ok to take OTC pain relievers but not in excess to bottle recommendations. Keep hydrated. Consider a hot pack. Watch the chest pain if this persists or worsens, consider HCF evaluation, though given the body pain throughout and location of the pain may be muscular.
1228745	4/19/2021	IL	35	F	4/12/2021	4/12/2021	Monday had Shortness of breath throat tightness about 20min after inj, tongue felt thick and body was itchy. 911 had to be called at pharmacy I was taken by ambulance to ER. I was given 2 Epi, 1 solumedrol, 1 albuterol treatment and O2. Then tuesday around 1300 I started to itch. I was driving to get medrol dose back. My became short of breath throat became tight, tongue numb and tingling. I had to call 911 and was taken by ambulance to ER. I was given 2 EPI, solumedrol, O2, 3 IV Benadryl. Thursday around 11am became itchy throat tight and shortness.of breath was driven to ER. I was given EPI, solumedrol, Benadry, and Pepcid. Labs were drawn, Xray, Ct, and ultrasound. I was admitted over night at a different local hospital and taken by ambulance. Monday still slightly itchy and muscular chest pain

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1228714	4/19/2021	AZ	39	F	4/16/2021	4/19/2021	4/16/21 @ 12:45: EMS transport post-vaccination (Pfizer dose #1): patient waited 15 minutes in observation but as she stood up to leave, she stated she had a sudden severe headache. Patient asked to lie down the ground. BP & HR first reading was (191/102; HR 99) and upon re-check 15 minutes later was (178/91; HR 101). She complained of chest pain; EMS was called. Blood sugar was reported at 118. When asked by EMS when chest pain started, patient stated "a couple days before today".
1228666	4/19/2021	MN	49	M	2/11/2021	2/19/2021	12-18 hours after vaccine had feeling of hot/cold/shivering/myalgia. Few days later started to have chest pain, shortness of breath that progressed and eventually was severe. seen at ER 2/22/21 and found to have large pericardial effusion on bedside u/s and acute ST changes on EKG. transferred to second hospital and admitted 2/22/21-2/25/21. He was treated with pericardial windows to remove fluid and discharged on ibuprofen and colchicine for presumed viral pericarditis.
1228647	4/19/2021	WI	49	F	3/31/2021	4/3/2021	3d s/p vaccine symptoms started w/ SOB w/ exertion, itchy skin, metallic taste in mouth, left sided chest pain that went straight to back followed by heaviness and pressure in chest, and HA
1228569	4/19/2021	FL	56	M	4/7/2021	4/17/2021	Patient received their COVID vaccine on 4/7/21. Recently admitted for COVID (3/24/21 - 4/2/21) discharged on room air, doing well. Returned 4/17/2021 with acute onset and persistent right sided chest pain.
1230074	4/19/2021	MN	91	M	2/24/2021	4/15/2021	Patient tested positive for COVID 19 by PCR on 4/15/21; >2 weeks after 2nd dose Symptoms started 4/3/21; now w/ SOB w/ exertion, cough, chills, diarrhea, fatigue, chest pain/tightness, fever.

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1231280	4/19/2021	CA	41	F	4/17/2021	4/17/2021	Patient reported at 1213 tingling/numbness in her lips, right side of face and throat with redness and mild facial swelling of the right cheek. Pt. stated feeling "a sense of doom." She felt warm to the touch. Denied chest pain or dyspnea. 911 called at 1213. FD station is steps away from our site, so we rang their doorbell and they responded and were on site at 1216 with their 3 BLS supporting the 3 RN's on site mananging the event. Vitals #1: @1214 BP 180/100, P 100, RR 24, O2sat 98%. Vitals #2: @1219 BP 180/120, P 85, RR 22, O2sat 98%. ambulance arrived at 1220. Pt. remains with same and not worsening symptoms. Vitals #3: @1225 BP 150/120, P 98, RR 22, temp 100.1F. Pt. left in ambulance at 1230.
1229067	4/19/2021	GA	53	F	1/4/2021	1/17/2021	Palpitations, particularly when supine, as well as chest pain and shortness of breath which lasted approximately 2 weeks. She was seen in the hospital ER without cause found and labs were normal. Palpitations self-resolved within 6-8 weeks after initiation.
1229890	4/19/2021	AK	57	M	3/12/2021	4/5/2021	Vet states he is having right-sided chest pain under his right breast. It started about 2 weeks ago which was two weeks after getting the Janssen vaccine. he heard the vaccine was causing lung clots and he wanted to notify us.
1230045	4/19/2021	NE	65	M	4/3/2021	4/14/2021	Moderna COVID19 EUA chest tightness and shortness of breath, covid negative per rapid test, tachycardia and HR in 180s-190s. elevated BP and hypoxic, narrow SVT found through EKG, adenosine ineffective, admitted for pneumonia later developed chest pain and transferred to Hospital
1230008	4/19/2021	AL	73	F	3/10/2021	4/16/2021	Patient presented to ER on 4/16/21 complaining of chest pain. Patient stated she had the J&J vaccine a month ago and had been having problems. She was also being seen by a cardiologist.
1228812	4/19/2021		61	M	4/8/2021	4/8/2021	Feeling unwell. "Burning" head to toe, shakes, near syncope, sweats, tiredness, dizziness, lightheaded. Onset of symptoms less than 1 hour. Patient denied symptoms of chest pain, (L) arm pain, or SOB. Patient sent by EMS to local emergency department.

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1229346	4/19/2021		28	F	4/16/2021	4/16/2021	Patient complained of dizziness, shakiness, and a tight chest. Vitals taken over several minutes and patient eventually complains of nausea. EMS is called at 3:57 pm. Complaints of chest pain 9/10. 4:03 pm EMS arrives and Epi pen administered (0.3 mg). Patient complains of itchy lips and eyes appear swollen. Transferred by ambulance to Hospital.
1229965	4/19/2021	FL	37	M	4/19/2021	4/19/2021	37-year-old male, with past medical history of Pre-Diabetes, Hypercholesterolemia, Thyroid nodules, Kidney stones and Insomnia, who presents with left arm numbness post vaccination administration. Patient states that the numbness began at the vaccination site and traveled down to his left hand. Patient denies radiation of numbness to the left neck and/or face. This is the patients second vaccination that was received in the Left deltoid. Patient denies previous reaction to vaccination number 1 or to other vaccinations in the past. The NP and paramedics at patient side. Patient with equal strength and pulses to bilateral upper extremities. Stroke Scale negative. Patients initial vitals (145/99 BP, 98% RA, 99 HR, Resp 12, glucose 116), repeat vitals (134/84 BP, 100% RA, 81 HR) and (136/93 BP, 99%, 81 HR, Resp 10), (130/94 BP, 99% RA, 80 Pulse on discharge. EKG with NSR. Patient was monitored by the NP and Paramedic for 30 mins with resolution of symptoms. Patient denies numbness, weakness, tingling of the left upper extremity, chest pain, difficulty breathing or throat discomfort. Patient was cleared to be discharged home. Patient aware to follow up if symptoms persist or worsen.

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1229941	4/19/2021	FL	37	M	4/19/2021	4/19/2021	37-year-old male, with past medical history of Pre-Diabetes, Hypercholesterolemia, Thyroid nodules, Kidney stones and Insomnia, who presents with left arm numbness post vaccination administration. Patient states that the numbness began at the vaccination site and traveled down to his left hand. Patient denies radiation of numbness to the left neck and/or face. This is the patients second vaccination that was received in the Left deltoid. Patient denies previous reaction to vaccination number 1 or to other vaccinations in the past. The NP and paramedics at patient side. Patient with equal strength and pulses to bilateral upper extremities. Stroke Scale negative. Patients initial vitals (145/99 BP, 98% RA, 99 HR, Resp 12, glucose 116), repeat vitals (134/84 BP, 100% RA, 81 HR) and (136/93 BP, 99%, 81 HR, Resp 10), (130/94 BP, 99% RA, 80 Pulse on discharge. EKG with NSR. Patient was monitored by the NP and Paramedic for 30 mins with resolution of symptoms. Patient denies numbness, weakness, tingling of the left upper extremity, chest pain, difficulty breathing or throat discomfort. Patient was cleared to be discharged home. Patient aware to follow up if symptoms persist or worsen.
1229935	4/19/2021	CA	20	M	4/15/2021	4/17/2021	. He received his second Moderna vaccine on 04/15th. He did have localized pain in his arm and the following day, had some headache and neck stiffness. Yesterday evening around 5 o' clock he developed left chest pain that has persisted. It has waxed and waned, but not disappeared. It reached an intensity of 7/10 prompting him to get a ride to the emergency room for evaluation. He was found to have myocarditis, with troponin elevation to 37 ng/mL, and globally reduced ejection fraction 45%. His care is ongoing.
1229922	4/19/2021		23	M	4/19/2021	4/19/2021	Pt reports left arm weakness and numbness, chest pain/tightness, and overall does not feel well. does not take any medications

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1229846	4/19/2021	OH	37	M	4/15/2021	4/15/2021	My left arm was sore about 2-3 hours after the shot. Later that evening, my arm was worse and I could not lift my arm up past my chest. Around about 11:00 p.m., I began to feel chills, aches and pains. I was sluggish, tired and had no energy. The next day when I woke-up around 10:00 a.m., I still had the aches and pains, all the way down to the bottoms of my feet. My body hurt to stand. The aches and pains continued that evening, along with diaherria and chest pains. The pains continued through Saturday and the chest pains got worse. The pain would radiate from my chest to my left arm, to my left shoulder, and into my back between my shoulder blades. Then by 7:00 p.m. or so on Saturday, my chest started to feel better and my aches and pains were not as bad. I was then woken up around 12:00 a.m. or so, on Saturday/Sunday with severe chest pains again with the radiation of pain. This also came along with the aches and pains and diahrrea. This has continued through to today, Monday. I tried to do simple putting my dishes away and loading up my dishwasher, and couldn't complete the task due to the chest pain and severe aches and pains all over my body. I have tried to treat the symptoms with over-the-counter medications which would include: Advil II, Pepto Bismal, Alka-Seltzer, hot showers, hot baths, luke warm baths, vapor bath soaks and a heating pad.
1229845	4/19/2021	IL	30	M	3/23/2021	3/25/2021	Patient presented to ED 3/25/21 for left sided chest pressure about 3 days post Moderna dose #2. Troponin elevated but patient had normal ECG. Patient admitted to the hospital for NSTEMI. Cardiac cath done 3/26 showed no obstruction. Patient had resolution of chest pain during stay and was discharged on 3/28. Discharge diagnosis myocarditis, discharged on ibuprofen tapering dose.

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1229844	4/19/2021	FL	48	F	4/19/2021	4/19/2021	48 y/o female, with no past medical history, who presents with pressure to the side of her head/temples, weakness, dryness and numbness to mouth post vaccination administration. Patient received her 2nd vaccination to the patients Right deltoid. Patient denies previous reaction with 1st vaccination administration. NP and Paramedics at patient side. Patient appears pale, including her lips. Patient denies sore throat, difficulty breathing, itch or chest pain. Water was provided and patients legs elevated on chair. Patient vitals within normal limits (initial vitals: 136/86 BP, 99%RA, 83 HR, 12 Resp. Vitals prior to discharge: 123/85 BP, 99% RA, 79 HR, 10 Resp. EKG: NSR). Patient was monitored by the NP with no further interventions needed. Patient returned to baseline, with symptom resolution within 15 mins. Patient cleared to go home in stable condition.
1229809	4/19/2021	MI	45	F	4/14/2021	4/14/2021	15 minutes after the injection I had an intense allergic/anaphylactic reaction. I was watched and treated on site by EMS for 2 hours with Benadryl, oxygen and rest. We did not use epi because I was still able to breath (minus some wheezing, coughing, hoarseness and lung irritation). I felt the reaction hit when I started seeing green spots and my vitals dramatically increased (BP 181/111, HR 142 and weak). I then experienced the following symptoms: rash/hives on neck and chest, fatigue and weakness, dizzy and lightheaded and needed wheelchair for moving around, chills and shaking, blurry vision, nausea, stomach pain, headache, chest pain and increased urination. I also had elevated glucose (147). During those two hours my vitals decreased a little, but the rest of my symptoms persisted. I was not getting better and my vitals started to increase again at the two hour mark so EMS called an ambulance and transported me to hospital. I was treated with solumedrol and observed for several hours. The meds helped enough to send me home. (I did have to continue taking Benadryl at home that night and the next day because I continued to have an allergic response). I also had severe injection site pain and bruising.
1229612	4/19/2021	FL	38	M	4/10/2021	4/19/2021	Chest pain, rash on arms and trunk, facial swelling, tongue swelling, diaphoresis

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1229537	4/19/2021	CA	49	M	4/19/2021	4/19/2021	Pt. While waiting in 15 min waiting area lost consciousness, fell forward in chair, and hit his forehead. Pt lost consciousness for 10-20 seconds. Discharge RN's rolled patient over to assess airway. Pt regained consciousness and reported no chest pain. Alert and oriented x4. VS: BP 125/70 HR: 39 O2: 98% R 14. EMS called and transported to hospital. Pt reported baseline HR in 50's,
1229511	4/19/2021	AL	49	F	4/5/2021	4/7/2021	New, left-side chest pain beginning approx. 39 hours after receiving first dose of Pfizer vaccine for COVID-19. Occurred in the night and was painful enough to keep me awake. Pain in sternum, chest, shoulder blade, and neck on left side only, slowly subsiding over four days. Pain was exacerbated with exercise but less noticeable when sitting at desk at work. Did not feel bad in any other way. Nevertheless, a physician advised me to go to the Emergency Dept. to be checked out.
1229934	4/19/2021	IL	31	M	3/23/2021	4/18/2021	occlusive DVT involving left lower extremity extending from the left common femoral vein through the femoral vein and popliteal vein: Patient noticed L groin pain when getting up after resting after a bike ride. Pain significantly worsened overnight and leg more red than right leg on exam with tenderness of groin. Venous duplex showed extensive left lower extremity DVT. Patient sent to ER for further evaluation and treatment. Patient denied any shortness of breath or chest pain. pulse ox 98%, pulse 88 bpm.

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1229754	4/19/2021		70	M	3/25/2021	3/27/2021	70YM w chest pain, lower extremity swelling, left arm pain and dyspnea started on 3/27, 2 days after Covid vaccine given on 3/25. Presented to Hospital on 4/7 complaining of shortness of breath and nausea and vomiting with elevated troponin and NSTEMI. Low suspicion that the vaccine caused this man's heart attack as his hear cath showed severe multi-vessel disease. Pt gave inconsistent history in previous COVID infection: he told some he did have it and others that he did not. CT surgery was consulted, and patient was not felt to have viable targets for CABG. Cardiology discussed risks and benefits of an attempt at a high risk PCI to the LAD, and patient and family opted for medical management. Patiet discharge home on 4/10/21 with medical management for his coronary artery disease and new onset systolic heart failure with an ejection fraction of 15%, including aspirin, clopidogrel, atorvastatin, Coreg, furosemide, Entresto.
1229377	4/19/2021	CA	44	M	4/17/2021	4/18/2021	PT RECEIVED A FIRST DOSE OF THE MODERNA VACCINE IN THE LATE MORNING OF 04/17/2021. PT'S DAUGHTER CALLED ON THE MORNING OF 04/19/2021 AND SAID SHE WAS CONCERNED ABOUT HER DAD AS HE HAD BEEN COMPLAINING OF A "VERY BAD FEVER, HEADACHE AND CHEST PAIN." PT'S DAUGHTER WAS ASKED IF HER DAD HAD TROUBLE BREATHING AND SHE SAID YES. WHEN ASKED ABOUT HOW LONG IT HAD BEEN GOING ON, SHE SAID SINCE LAST NIGHT. SHE ALSO SAID THE FEVER HAD REACHED 102 DEGREES. PT'S DAUGHTER SAID HER DAD HAD NOT TRIED TAKING ANYTHING TO HELP TREAT THE FEVER OR HEADACHE. SHE ASKED ABOUT IF SHE SHOULD HAVE HIM TAKE TYLENOL, BUT DUE TO THE COMPLAINT OF "SEVERE CHEST PAIN" AND "DIFFICULTY BREATHING," IT WAS RECOMMENDED THE PT SEEK IMMEDIATE MEDICAL ATTENTION AND GO TO THE ER. PT'S DAUGHTER CONFIRMED THAT SHE WOULD.

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1229606	4/19/2021	CA	37	F	4/15/2021	4/16/2021	After a few hours of getting the shot, felt tired and started feeling pressure in left chest - thought maybe it was my heart, but it gradually spread to my right chest, so I thought maybe then it was my lungs. The next day I felt worse, like I had COVID all over again, achy, low fever, miserable, but cough also came back. All only lasted about 24 hours (still have a slight pain in chest and tired today, 4 days later) but I had not heard that the first dose would cause that type of reaction, and definitely could not find anything anywhere about cough coming back. After googling, found an article in NY times about a doctor who experienced similar reactions - https://www.google.com/amp/s/www.nytimes.com/2021/02/01/health/have-you-had-covid-19-coronavirus.amp.html . I was sick for about three weeks after flying to and from in November 2020, and tested positive for antibodies in mid-December and tested positive for antibodies again the day before I received the vaccine, so based on that and the few articles I found online, it seems maybe if you get the vaccine after already having COVID, you react to the first dose and not the second. I think this is important to note on the CDC website so everyone is informed and there are no surprises.
1229607	4/19/2021		55	F	4/6/2021	4/6/2021	High Blood Pressure headache low grade fever heart palpitations extreme Chest pain blurred vision extreme shoulder pain extreme neck pain back pain calf pain
1229563	4/19/2021	OH	63	F	4/19/2021	4/19/2021	Patient received her second dose of the coronavirus19 vaccine at our facility at 11:54 am. on 4/19/21. At approximately 1220, patient complained to nurse about mild itching located on scalp, chest, and upper left arm. No visible hives or rash were identified. Patient denied SOB, difficulty breathing, difficulty swallowing, tongue swelling, chest pain. Patient was given fexofenadine 60 mg. PO. Patient was monitored and observed for another 30 minutes with no new or worsening symptoms. Patient was warned about new or worsening symptoms to monitor for and when to seek emergent care. Patient verbalized understanding.
1229729	4/19/2021	MD	20	F	4/10/2021	4/10/2021	Nausea, vomiting, severe headaches, chest pain, SOB (only occurring at night), slight leg pain, and upper back pain

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1229731	4/19/2021	CT	59	M	3/10/2021	3/31/2021	Extreme pain in legs & feet Pain in chest with deep breaths
1229744	4/19/2021	IL	69	F	4/15/2021	4/15/2021	Patient reports that about 20 minutes after receiving the vaccine, she began to experience some perioral paresthesias and lip swelling sensation as well as some tongue paresthesias. Reports that she felt as if she had a cotton ball in the back of her throat. No rash, chest pain, shortness of breath. No significant throat closing sensation. Patient took one of her EpiPen's as she always carries them with her. Reports that she took a second EpiPen about 15 minutes later.
1229745	4/19/2021	CA	39	M	4/11/2021	4/14/2021	is a 39 yo M with no significant PMH. He presents for symptoms following Johnson and Johnson vaccine. PMH: none PSH: Right knee surgery, Lasik Family Hx: Denies any family history of HTN, clots, heart disease Patient received the Johnson and Johnson COVID-19 vaccine on 4/11/21, he began feeling tired, headache and bilateral leg pain on 4/12/21. He had one dose of Tylenol 4/12/21. At around 4pm on 4/14/21 he reports that he had SOB, more bilateral leg pain, and dizziness. He states he went home and slept. Woke up Thursday and all his symptoms had resolved. Denies chest pain, numbness, tingling, swelling in his legs. Patient does endorse that he does have a stressful job working for airport and he had 3-4 cups of coffee daily. He also endorses that after the new of the side effects of the Johnson and Johnson vaccine appeared, he did notice he had more anxiety. Occupation: Works at airport, 12 hours shifts, on-call Social: no drinking, no drugs, smokes 1 cigarette per day for past 8 years
1225593	4/18/2021	TX	35	M	4/11/2021	4/13/2021	Chest pain, shortness of breath, fatigue, 13-18 current day April 2021

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1225589	4/18/2021	DC	22	F	4/7/2021	4/14/2021	Vaccine received 4/7/2020. On Wednesday 4/14/2020, pt went to the gym and did high intensity interval training involving body weight exercises, specifically an exercise called "v-ups". Exercise was not more strenuous than usual, and pt was well hydrated. Pt reports that she exercises often and this was not a new exercise. Soon after workout, pt began having muscular pain in the hip, radiating into her inner thighs bilaterally with associated tingling. On 4/15, pain worsened and pt had difficulty ambulating. Denies any edema, erythema in her legs or unilateral leg swelling. Presented to the ED on 4/16 and found to have elevated CK of 127,768 with UA significant for large blood and protein, without RBC, indicative of rhabdomyolysis. Pt did not have any known risk factors that may precipitate rhabdomyolysis. On admission, fluids were initiated with downtrending CK, LFTs, and renal function remained stable. er D&C was done at on 4/2 and she reports there were no complications during or after the procedure. Her BHCG was elevated at the time and she tried an oral abortion pill but still had some fetal remnants so went for a D&C. She had the J&J vaccine shortly after on 4/7 and she reports no complications around and shortly after getting the vaccine. Denies vaginal bleeding or odor. Denies fevers, chills, abd pain, diarrhea, constipation, dysuria, chest pain, palpitations, shortness of breath, nausea/vomiting.

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1225701	4/18/2021	PA	18	M	4/15/2021	4/16/2021	<p>History of Present Illness: Patient is a 18 y.o. male with no pertinent past medical history who presents to the ED with complaints of chest pain. The patient notes that he started noticing chest pain this AM after he woke up that is associated with nausea. The pain is described to be in the center of his chest and is persistent. EMS was called who administered 2 SL NTG and 1 dose of ASA 325 mg. He notes that he received his 2nd Moderna vaccine on Thursday April 15th. He is currently a senior in High school. He had no adverse reactions to his 1st dose of the Moderna vaccine but after the 2nd dose he notes that he was having fever, malaise, body aches, and decreased appetite. He also tells me that he has been so fatigued that he has not really gotten out of bed in the last 48 hours. In regards to his oral intake he had (1) 16.9 oz bottle of water yesterday and nothing else but did have a glass of orange juice and some cereal this morning. During my evaluation with the patient he notes that he is still having chest pain that he reports to be retrosternal any 5/10 in severity. He denies any radiation into the left arm or jaw. He feels the pain is worse with movement and better when he is resting. He has had associated nausea and shortness of breath. He has been having low-grade fevers at home but denies any coughing, abdominal pain, diarrhea, dysuria, burning or itching with urination, congestion, rhinorrhea. He denies any tobacco use, drug use, alcohol use. In the emergency department initial workup is notable for potassium 3.6, magnesium 1.7, phosphorus less than 1, troponin 7206 with repeat at 10,212. CPK noted to be 380. Initial EKG was nonischemic. COVID swab was noted to be negative. After I evaluated the patient around 1520 an RRT was called due to hypotension and bradycardia. His blood pressure had dropped to 80/40 and heart rate was in the low 50s and he was symptomatic with diaphoresis and feeling as if he was going to pass out. 1L fluid was given running wide open. Repeat EKG did show some diffuse ST segment elevations concerning for pericarditis. Cardiology and ICU team were notified and evaluated the patient. Response is likely that the be vasovagal from acute pain. History obtained from: ? patient ? outpatient clinicians ? family ? staff at facility ? other ? review of medical record as summarized below Pt unable to</p>

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							provide reliable history because: ? Acute mental status change ? Acute illness/medical condition ? chronic dementia/mental challenges ? poor insight ? other _____
1225530	4/18/2021	PA	70	F	4/1/2021	4/1/2021	Sore arm headache, left arm couldn't lift, chest pains, Nausea
1225681	4/18/2021	OR	53	F	1/30/2021	2/1/2021	Chest pain (severe) and respiratory distress. Treated in the Emergency Room. Unresolved repeated attacks of acute shortness of breath since COVID 19 #2 vaccine. Currently under the care of Pulmonology.
1225474	4/18/2021	FL	33	M	3/24/2021	3/24/2021	Within 2 minutes of vaccine i became very light headed and needed to lay down and was sweating. This is common with me with any vaccine. Within 24 hours severe shortness of breath and severe chest pains. Went to 2 urgent cares. Was prescribed Prednisone and a Inhaler. Both did nothing. Symptoms got worse. went to my primary doctor who ordered a chest X ray which came back good. and a EKG which came back with a slight issue and referred me to a cardiologist next month. Was sent home to recover. Pain and shortness of breath got worse. Within a week after that i got severe headaches and the left side of my head arm and leg began to get numb and tingle sensation which lasted about 48 hours. About 2 weeks after vaccine i began to improve. Chest pain started to go away and my shortness of breath as well. As of today 4-18-2021 no chest pain, and shortness of breath still comes and goes but nothing compared to weeks before.
1225669	4/18/2021	CT	64	F	3/6/2021	3/7/2021	Started morning after with terrible headache, pain in the eyes, nausea and sore arm. Few days later felt tightness in the chest, shortness of breath and a cough started. Feeling unwell. Continued and went to urgent care. Covid 19 test negative. continued to feel the worse and went back again to urgent care. Same symptoms with nausea and headache on and off. another covid test negative and chest xray. looked ok. Continued with the same symptoms and went to Primary Care Cough worse and pain in chest. Blood work done. Looked ok. Woke up with terrible headache at 3am. Went to the ER. IV, Blood work, ct scan, ekg. No real answers BP elevated. Still struggling but cough improving.

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1225732	4/18/2021	VA	16	M	4/15/2021	4/16/2021	On 4/16/21, the day after receipt of the second SARS-CoV-2 vaccine the patient developed new headache, fever, malaise, and myalagias. on 4/17/21 the patient then developed chest pain which worsened over time and lead to diagnosis of myocarditis with decreased left ventricle function of 44-47% and with troponin I of 1.58 ng/mL.
1225765	4/18/2021	WA	32	F	4/9/2021	4/10/2021	The patient presents to Urgent Care today with complaint of fever and dry cough x7 days. She had the J&J covid vaccine on 4/9 and began not feeling well on Saturday. She developed a fever and chills and tachycardic. She said every day since then her fever has been going up and down. She started to vomit on Sunday, last time she vomited was Monday night. She was having diarrhea as well. She denies rhinorrhea or congestion. She denies throat pain. She went to the ED on Tuesday and she was given fluids. She said she felt a lot better on Tuesday when she left the ED. She said now she feels bloated. She does have an appetite but because she feels full she isn't eating a lot but states she drinks 1 gallon of water a day, her water bottle is with her. She is having some sob. She denies chest pain. She has bilateral lower back pain when she is sleeping. She took anti nausea meds which did help. She has been taking ibuprofen.
1225822	4/18/2021	TX	36	F	4/7/2021	4/7/2021	Patient reported feeling dizziness, nausea, tachycardia and chest pain. Patient reported having a history of SVT. EMS was called, patient was found to be stable.
1225917	4/18/2021	FL	61	F	4/8/2021	4/10/2021	Bilateral pulmonary embolism. She had chest pain, SOB, tachycardia in 130s. . Presented to ED. CTA positive for bilateral PE with Left popliteal DVT. She was treated with systemic TPA and heparin. She is still hospitalized.
1225473	4/18/2021	OH	62	F	4/15/2021	4/15/2021	starting at 930 pm the day of vaccination I started to have SOB and chest pain. I tried to take 2 puffs of my ProAir inhaler, this did nothing to help the SOB. Within the hour I could not get a full breath at all. the chest pain was only tolerable if I was leaning forward. My husband took me to the ER. They did testing and found that I had Pericarditis and Pleuritis. They informed me that I should NOT get any further COVID vaccines because it could kill me.

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1225964	4/18/2021	CA	60	F	4/17/2021	4/17/2021	A 60 yo female was in the observation area following a 1st dose Pfizer (Lot# EW0171, expiration: 08/30/2021) that she received at 1215. At 1248 she flagged the Medic with a complaint of feeling lightheaded and a non-radiating headache rated 1/10 on pain scale. Client denied blurry vision, shortness of breath, nausea, vomiting, or chest pain. Client stated she has an allergy to aspirin and morphine sulfate, denied any past medical history and medications. Client states symptoms started 15 minutes post vaccine. At 1250 the medic took baseline vitals with client sitting: Blood pressure (BP): 110/80, Respiration rate (RR): 12, Heart rate (HR): 75, client was alert and oriented to time, space, situation and person (CAOx4) and skin was normal for ethnicity, warm and dry, pupils were equal, reactive to light and accommodating (PEARL). Client stated headache increased to 3/10 and continued to deny any other symptoms. Client stated last oral intake was at 0900 and claimed minimal fluid intake. Client was offered a bottle of water. At 1301 second set of vitals taken with client standing: BP 112/80, HR 72, RR, 12, CAOx4, negative for orthostatic pressures. Client stated the lightheadedness was gone and headache remained at a 3/10, client attributed headache to lack of fluid intake. At 1315 client released from observation area. Client was able to stand and walk without assistance and left the observation site with a steady gait.

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1224528	4/18/2021	WA	70	F	3/22/2021	3/1/2021	she ended up in the hospital her blood pressure was way up, it was at 188; pain in chest; feeling sick and stuff; on her right arm she has a hidden rash between her hand and her elbow; This is a spontaneous report from a contactable consumer (patient). A 70-year-old female patient received the second dose of BNT162B2 (Pfizer-BioNTech COVID-19 vaccine, lot number: EP6955), via an unspecified route of administration, administered in the left arm on 22Mar2021 at 16:00 as a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient previously received the first dose of bnt162b2 (lot number: EN6198) on 25Feb2021 at 15:00 on the left arm for COVID-19 immunization and reported that her blood pressure went sky high and it continued to be high and her heart rate was up and caused her to go to urgent care. The patient also previously received a flu vaccine on an unspecified date and her arm was sore for 3 weeks and she felt like she had the flu for 3 days. The patient reported that after she got her second vaccine she had the normal, what people call normal reaction, of feeling sick and stuff on 27Mar2021 then she ended up in the hospital her blood pressure was way up, it was at 188 and she forgets what the bottom number was. She went in because she felt like she was having a heart attack there was a pain in chest like right where the middle of a bra would be. It lasted about 15 or 20 minutes. That is her experience with the vaccine, it is raised blood pressure and she is still dealing with it her blood pressure is still high. She tries not to be scared but the doctors at the hospital made her a little nervous that is why she spent the night but that is a definite side effect. The patient was admitted to the hospital on 27Mar2021 and was discharged on 28Mar2021. They wanted to keep her for 2 nights and do a stress test and she said no way she is not staying for 3 nights in that hospital, the nurses were outstanding they were the most efficient nurses but the hospital food sucked and she got no sleep. Also, on her right arm she has a hidden rash between her hand and her elbow under the skin there is a rash that popped up with the vaccine on an unspecified date in Mar2021. The patient also stated that her blood type is O negative and she does not know she heard that O neg people weren't going to get COVID and she has never got COVID before. The patient also reported that they drew blood 6

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1225953	4/18/2021	CA	42	F	4/18/2021	4/18/2021	times in the hospital to see if she had a heart attack and everything came back negative. it just so happens she had a echocardiogram the day after the first dose was given and her blood pressure was elevated that day but everything was fine. She says it is not relevant but she tested for that out of precaution, her doctor asked her to do that every 2 years and just so happened to fall on the day after the first dose. The patient received treatment for the events she ended up in the hospital her blood pressure was way up, it was at 188, felt like she was having a heart attack and pain in chest. The outcome of the event she ended up in the hospital her blood pressure was way up, it was at 188 was not recovered while the outcome of the other events was unknown.
1225960	4/18/2021	KY	33	F	4/1/2021	4/2/2021	throat itching, brief chest pain, hot flush sensation
1225960	4/18/2021	KY	33	F	4/1/2021	4/2/2021	Shortness of breath extreme started next am. Chest pain started next am, Headache started four hour after. Cough started 15 days after, and very achy.
1225785	4/18/2021	NC	32	F	4/16/2021	4/17/2021	1hour after shot, I felt chest pain and heart felt like it was skipping beats. Resolved within minutes. On Day two, fatigue with any activity followed by increased heart rate, shortness of breath, mild chest pain.

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1224828	4/18/2021	GA	66	F	2/17/2021	2/18/2021	<p>Odd Joint Aches; Stomach pain; Felt like an elephant was sitting on her chest, she thought she was having a heart attack.; chest pain is not as bad but it is still ongoing off and on for the past 7 weeks/generally at night but sometimes during the day; This is a spontaneous report from a contactable consumer (patient). A 66-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot/Batch number: EN6200), dose 2 via an unspecified route of administration, administered in left arm on 17Feb2021 at 16:00 as single dose for COVID-19 immunisation. The patient medical history included tennis elbow (20 years ago). The patient previously received first dose of bnt162b2 (Lot/Batch number: EL3247) on 27Jan2021 for COVID-19 immunization and old shingles shot for shingles and experienced arm swelled up like a baseball and got really hot (it was a long time ago probably 7-10 years). The patient's concomitant medications were not reported. The patient neither had any history nor took any other products. No additional vaccines administered on same date of the pfizer suspect. The patient felt like an elephant was sitting on her chest, she thought she was having a heart attack and chest pain is not as bad but it is still ongoing off and on for the past 7 weeks/generally at night but sometimes during the day on 18Feb2021 at 02:00, stomach pain on 28Feb2021 and odd joint aches on 01Mar2021. She further clarified that her chest pain isn't as bad, it doesn't feel like she is having a heart attack. The tennis elbow is back sometimes and then she will work out and then her knee hurts and she doesn't have knee problems. States it comes and goes. The patient states it is odd because she knows 4 other people that are having same thing. States 1 had the Moderna and 2 are Pfizer, and 1 had the Johnson and Johnson. They all felt like they were having heart attacks in the middle of the night. The patient was treated with Nexium and states she can only eat oatmeal, bananas, chicken and rice. She neither visit the emergency room nor the physician office due to the events. She is very healthy and in good shape. She called her physician's office and they said to go to the ER or a cardiologist office. There was no family medical history relevant to the adverse events. The outcome of the event felt like an elephant was sitting on her chest, she thought she was having a heart attack was unknown</p>

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1224418 4/18/2021 FL

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3/28/2021

3/29/2021

and was not recovered for the rest of the events. No follow-up attempts are needed. No further information is expected.

chest pain; heart attack; headache; blood pressure was high; This is a spontaneous report from a contactable consumer (patient). A 59-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 28Mar2021 09:15 at single dose in left arm for COVID-19 immunization. Medical history included Irregular heart beat. The patient had no Allergies to medications, food, or other products. Concomitant medications included acetylsalicylic acid (BAYER ASPIRIN), and metoprolol. The patient was not diagnosed with COVID-19 Prior to vaccination. The patient had not received any other vaccines within 4 weeks prior to the COVID vaccine. On Monday morning (29Mar2021 06:45), when the patient got out of bed she started having chest pain, took a shower and the pain got worse like she was having a heart attack, she was admitted to the hospital and treated for the pain and had EKG, stress test done, blood pressure was high, and she had a very bad headache; The events resulted Emergency room/department or urgent care. Tuesday morning (30Mar2021) the pain started to decreased and after another EKG and her blood pressure went down she was released and advised to follow up with her primary doctor as well as the cardiologist. Lab test included Nasal swab negative on 29Mar2021. Treatment was received for all events. The outcome of all events was resolved. Information on the lot/batch number has been requested.

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1227179	4/18/2021	MD		M	3/1/2021	3/1/2021	when he tries to move or get up in bad at night, he is frozen and can't move/ severe tremor and frozen all worsened after the second vaccine; when he tries to move or get up in bad at night, he is frozen and can't move/ severe tremor and frozen all worsened after the second vaccine; when he tries to move or get up in bad at night, he is frozen and can't move/ severe tremor and frozen all worsened after the second vaccine; Chest pains, thinks from the lungs and associated shortness of breath.; Chest pains, thinks from the lungs and associated shortness of breath.; muscles were weak and he had trouble with balance especially when he got up / more pronounced; This is a spontaneous report from a contactable consumer (patient). This consumer reported similar events for 2 patients; this report refers to the events for the reporter with dose 2 of BNT162B2. A 81-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 2 in Mar2021, as a single dose for COVID-19 immunisation. Medical history included ongoing Parkinson's disease (diagnosed 20 years ago) and ongoing high blood pressure (controlled with medication; diagnosed 30 years ago). Concomitant medication(s) included Levodopa, Carbidopa, taken for Parkinson's disease, start and stop date not reported. He takes lots of medications but stated the one that would be relevant is the Carbidopa Levodopa. The reporter stated he had some fairly serious symptoms since his shots. He had both vaccines a few weeks apart (specified as 3 weeks apart). The patient previously received dose 1 via an unspecified route of administration, administered in left shoulder on Feb2021 (Batch/Lot number was not reported) for COVID-19 immunization. The first one started his symptoms out mildly, but after the second vaccine, on days 2,3,4 each day they got worse. His symptoms were tremors of hand, feet, legs and when tried to move or get up in bed at night, he was frozen and couldn't move (onset Feb2021). He commented "it was really scary." His muscles were weak and he had trouble with balance especially when he got up (onset Feb2021), and it was more pronounced. Stated he also had Muscle cramps and excessive sweating, he just got soaked some nights (onset Feb2021). He didn't run a fever, so he doesn't think he has the virus. Stated he had a little bit of adverse effects after the first vaccine in Feb2021 but the main symptoms,

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1226028 4/18/2021 VA

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the severe tremor and frozen all worsened after the second vaccine in Mar2021, about the second day after the second injection (onset reported as 28Mar2021). He had chest pains occasionally, especially when in bed (onset 28Mar2021). He thinks it is lung pain, not heart; he has had both pains and it feels different. The chest pains are associated with shortness of breath (onset 28Mar2021). Stated when he couldn't turn over, he was laying on his side and that didn't help his breathing. He commented that he has Parkinson's Disease, and knowing the symptoms, it included most of these but not all, but his have gotten worse. They do blood pressure tests every morning to monitor and temperature checks and he never had a fever during that period, never had anything higher than 97 range. There was no Emergency Room visit; they asked him about going and they were considering it when had the frozen muscles and couldn't move . There was no Physician Office visit; he talked to both his primary doctor and his Parkinson's doctor, over the phone and they recommended changes in the medication but he hasn't started them yet. The outcome of the events was not recovered. The patient further commented "maybe there needs to be a warning for people with Parkinson's because they both have had rather strong reactions." Stated people with Parkinson's disease should be able to make an informed choice; maybe it was just a strong reaction to the vaccine but they should have that information. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021370062 Same patient, different dose and event.;US-PFIZER INC-2021369249 same reporter/ suspect/different patient, similar events

Acute Saddle Pulmonary embolism, Hospital for 8 days, put on blood thinners (Xarelto) I had severe chest pain and shortness of breath.

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1224441	4/18/2021	PA	43	M	3/9/2021	3/27/2021	Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; This is a spontaneous report from Pfizer Sponsored Patient Support Program. A contactable consumer (patient) reported for himself that a 43-year-old male patient received his second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN6202), via an unspecified route of administration at the age of 43-year-old at arm left on 09Mar2021 14:00 at single dose for covid-19 immunisation. Medical history included high blood pressure. The patient wasn't allergies to medications, food, or other products. Concomitant medications included metoprolol tartrate and vitamin D NOS. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: EN6202) at left arm on 15Feb2021 6:00 PM for COVID-19 immunisation. The patient experienced chest pain as a result of elevated troponin levels caused by myocarditis on 27Mar2021 14:00. The events were serious for being hospitalized (duration 3 days). The adverse events result in Emergency room/department or urgent care. Facility where the most recent COVID-19 vaccine was administered in hospital. Prior to vaccination, the patient wasn't diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests included nasal swab: negative on 29Mar2021. The patient was received treatment (Heparin, Nitroglycerin and Cardiac Catheterization) for events. The outcome of events was recovering.

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1224495	4/18/2021	NJ	37	F	3/31/2021	3/31/2021	<p>anaphylactic shock; chest pains; tingling in extremities; shortness of breath/couldn't breath; wheezing; Throat closed; chest tightened; burning in arms that traveled down my arms then into my torso and legs/Scalp and ears also burning/still feeling the burning; Scalp and ears also burning; ears also burning; Itchy throat all days; couldn't breath or talk; This is a spontaneous report from contactable consumers. A 37-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 31Mar2021 13:30 (Lot Number: EW0151) as SINGLE DOSE for COVID-19 immunisation. The patient was not pregnant at time of vaccination. Medical history included fish, tree nuts, peanuts allergy, in-door & outdoor environmental allergies, pet dander allergy, rheumatoid arthritis, asthma, GERD, chronic dry eye and ADHD; all from an unknown date and unknown if ongoing. Concomitant medications included albuterol, liletegrast (XIIDRA), amfetamine aspartate, amfetamine sulfate, dexamfetamine saccharate, dexamfetamine sulfate (ADDERALL), prednisone, cetirizine hydrochloride (ZYRTEC) and etanercept (ENBREL); all taken for an unspecified indication, start and stop date were not reported. The facility where the most recent COVID-19 vaccine was administered was in the hospital. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. On 31Mar2021 13:45, the patient began with chest pains, then tingling in extremities, then shortness of breath & wheezing. Suddenly, was in anaphylactic shock. The patient experienced throat closed, chest tightened, couldn't breath or talk. Same symptoms came back on 01Apr2021. The patient went to emergency room/department or urgent care. The patient stated, "I went into anaphylactic shock again and back to hospital. The following day, anaphylaxis re-turned, but no anaphylactic shock. Shortness of breath, burning in arms that traveled down my arms then into my torso and legs. Itchy throat all days. Scalp and ears also burning. Today, on day 4, still feeling the burning and trouble breathing. Every time the Benadryl wears off, it feels like it's still attacking my body". Treatment for the events was</p>

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received such as 3 epi-pen injections, EKG, IV of Benadryl and IV of steroids. The outcome of the event "burning in arms that traveled down my arms then into my torso and legs/Scalp and ears also burning/still feeling the burning" was unknown and the outcome of the rest of the events was not recovered. The patient was hospitalized due to event anaphylactic shock that was also reported as life threatening.

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1224525	4/18/2021	CA	77	F	2/4/2021	2/6/2021	she and they thought she was having a heart attack; she must have passed out because she didn't remember all the tests; she got a sharp pain underneath her left rib cage/pain was number10/still had pain off and on, periodically; broke out in sweat, real bad, number 10, she broke out in a clammy sweat; hard to breath, she got a sharp pain underneath her left rib cage; the muscle that goes around her heart, it was having like a charley horse; heart rate, She says 102, 103, it went up to 200 in the ambulance.; chest pain; Nausea; hard to breath, she got a sharp pain underneath her left rib cage; This is a spontaneous report from a contactable consumer (patient). A 77-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number EL3246), via an unspecified route of administration, administered in left arm on 04Feb2021 09:00 as single dose for COVID-19 immunization. Medical history included ongoing atrial fibrillation for a about 6 years , ongoing anemic for the last 20 years, glaucoma from 1998, had both eyes operated on and in 2016 she was operated on again, cataract had this 4 years ago in she says, in 1918, 1919, she clarifies 2018, Cardiac pacemaker insertion which pacemaker that controls her heart so the pulse does not drop below 65. She says that pacemaker was implanted, she thinks, 2014 maybe, blood pressure, arthritis throughout her body and had 30 operations, body doesn't absorb what she eats, anxiety, asthma, muscle spasms; she reported she has had a lot of surgeries, both of her ankles have had triple fusions, these were in 2005, 2010, 2014, 2018, both her ankles were fused, she had 5 surgeries on her feet; she has had both of her knees replaced because of arthritis, 2012 and 2015 she believes, had numerous other surgeries and she doesn't want to go through all of them, a right shoulder reverse rotator cuff repair, she had a rotator cuff put in, she doesn't have a rotator cuff, this happened in 2019, her left shoulder, because of an automobile accident, rotator cuff was so damaged that they couldn't repair it, she has minimum use of her left arm and has had operations on her left shoulder in 2005; had a pacemaker put in about 6 years ago, the next morning they kept her overnight, they came in, they took an Xray, she had to go back 2 days later because the lead had come of the heart, they had to go back in an reattach the lead to the heart; 2 years ago her

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pacemaker was going all over her chest, the doctor did not believe her and it landed under her armpit, it was the size of an orange, the doctor thought it was a lump, she went to the hospital, her pacemaker started falling apart, they took it out and put a new one in, it was about 4 years ago; a lump in her breast, she has been put under 30 times, they were all necessary, nothing for glamorizing; had surgeries in her left arm and some fingers than were numb. There was no prior vaccinations within 4 weeks, no events prior vaccinations and no family history. Ongoing concomitant medication included baclofen taken for muscle spasms for about 2 years, calcium for arthritis and her bones degenerate for 30 years, ergocalciferol (CALCIFEROL VIT D) taken for gets anemic real easy for 20 years, duloxetine taken for anxiety, taking this about 3 years ago; ferrous sulfate taken for anemic real easy for about 20 years; folic acid taken to rebuild cells taking this she thinks in 2015, furosemide taken for a diuretic to get rid of fluid for 2 years, metoprolol tartrate taken for atrial fibrillation, and blood pressure, taking this since she had her pacemaker put in; montelukast for asthma for 20 years; hydrocodone bitartrate, paracetamol (NORCO) taken for arthritis for 20 years, and warfarin taken for blood thinner/thin the blood out so she doesn't get blood clots; and adults vitamins for bone supplement and metabolism for 20 years as her body doesn't absorb what she eats. She says she takes a lot of medications and when she does blood bloodwork she was low so they make her take them. The patient previously took rivaroxaban (XARELTO). On 06Feb2021, the patient experienced she thought she was having a heart attack. The patient reported that she had to call an ambulance at 11:30 at night, she thought she had a massive heart attack. She had chest pain, nausea, it was hard to breath, she got a sharp pain underneath her left rib cage. She stated that when the ambulance got here they thought she was having a heart attack, they did nitroglycerin, when they got to the house, when in the ambulance on the way to the hospital they did another pill of nitroglycerin when they got to the hospital. The pain was a number 10. She stated she broke out in sweat, once they got her all hooked up they got to the hospital 6 miles away to the hospital. She was there for 2 full days, they did Xrays, dye in her, checked her hears, and did bloodwork. When she had chest pain, she reported they

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gave the morphine, it lasted about 6 hours; she still had problems breathing, they took her, she must have passed out because she didn't remember all the tests, she was in and out of it, the severe pain stopped after 6 hours, still had pain off and on, periodically. When she got pain in the ambulance then the nausea went away. After the hospital nitro and another shot for the pain, the nausea stopped. After the hospital after this they gave morphine and the pain subsided a little but didn't totally go away until 6 o'clock in the evening, she still had problems breathing because every time she breathed she got pain under her left rib cage. She says the sweat was at home, real bad, number 10, she broke out in a clammy sweat, on the 6th when she was having pain. She says that after the hospital, a couple days after that, she saw her cardiologists, he told her what happened, it was related to vaccine, it was the muscle that goes around her heart, it was having like a charley horse, he says it felt like you're having a heart attack, her tests said her heart was good. She talks about her blood pressure and heart rate, and says 102, 103, it went up to 200 in the ambulance. She says they thought it was a heart attack, her blood pressure was usually low blood pressure and all the symptoms she was having was because of her muscle having a charley horse that felt like it was coming from the heart, if they had contacted him, he said she would have just needed a massive amount of anti-inflammatory and it would have stopped the pain. The events required an emergency room visit. She wanted to know if anybody else has been hospitalized for massive heart attacks and says that's what she was having. The patient had her second shot on 22Feb2021. Outcome of event nausea was recovered on an unspecified date; and outcome of the rest of events was unknown.

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1224634	4/18/2021	KY	64	F	3/16/2021	3/1/2021	Lymph nodes hurting a lot; Hypersensitive to light; A lot of dizziness; Nausea; Headaches; affecting all organs; Chest pain; Felt like the Covid-19 vaccine was hydrating eyes/Film on eyes; Losing vision; This is a spontaneous report from a contactable consumer (patient). A 64-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot Number: EN6208), first dose via an unspecified route of administration on 16Mar2021 10:30 (at the age of 64 years old), single dose for covid-19 immunisation. Medical history included ongoing thyroid (disorder) (Unspecified thyroid condition). It is the vaccines with aluminum and bovine extract that she knows that she can't handle. Caller reported that she got a flu vaccine at work and that she definitely got the flu within a few minutes of receiving the flu vaccine. Caller reported that another time after receiving the flu vaccine, she definitely got the flu but she was unsure of the time frame. Caller reported that she did have the flu vaccine several times but that two times, the flu vaccine definitely gave her the flu. She has 3 brothers and that one of her brothers that she is a caregiver for has Type 1 Diabetes. Her brother just felt like he had to have 2 vaccines several years ago and that he received the pneumonia and flu vaccines. Her brother was hospitalized within days of receiving the flu and pneumonia vaccines. Her brother was placed in the ICU for heart patients and the medical staff at the hospital was not sure if her brother was going to live. She couldn't remember how long her brother was hospitalized for, caller stated she thinks maybe around 10 days. She knows what she knows, her 2 other brothers were also hospitalized as children. She didn't know if her brothers had vaccines before they were hospitalized but that she would bet money that vaccines they had received are what resulted in hospitalization. When hospitalized, her second brother was not expected to live. At the time of the event, her brother was only 1 or 2 years old. Her brother's infection was so bad that the hospital sent blood to the CDC and that the CDC couldn't figure out what was wrong with her brother. The hospital kept giving IV antibiotics to her brother and he lived. Her third brother hospitalized around 5 years old with pneumonia during the summer. She didn't know if her brother had received any vaccinations at that time. She just thinks the vaccines did that to them but she doesn't know that.

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Someone gave her first brother the information on the pneumonia and flu vaccines he received prior to his hospitalization. She didn't have information regarding the details of the vaccines that her brother received. The facility where her first brother was vaccinated with flu and pneumonia vaccines would not give her the information on the vaccines that her brother received. Caller reported that it was a really hard time to fight the facility for that information and she was shocked the facility wouldn't give her the requested information. Caller reported that they wouldn't give her any medication records or anything. Caller reported that it was a bad time for her to fight it, and that she will eventually go back and tell them they have to give her the information. Her brother that she is a caregiver for and that was hospitalized after receiving the flu and pneumonia vaccines also had the Covid-19 vaccine on 16Mar2021. Caller reported that she had been more concerned about her brother having a reaction as he has serious health issues, including Type 1 Diabetes and a heart condition. Caller reported that her brother stated that he's fine and to the caller, her brother seems fine. Concomitant medication included levothyroxine. Patient has experienced that the Pfizer Covid-19 vaccine made her hypersensitive to light on 20Mar2021. She is losing vision on Mar2021 because of the hypersensitivity to light. On 20Mar2021, patient had a lot of dizziness and nausea. It is effecting all of her organs. She has had headaches, chest pain. The Covid-19 vaccine is affecting all of her organs. Yesterday, 30Mar2021, her lymph nodes were hurting a lot, at least she thinks it was her lymph nodes. All of her organs that have been affected by the Covid-19 vaccine and that it seems like it moves day to day. She is mostly sensitive to UV light but is also sensitive to artificial light. She thinks that the hypersensitivity to light has improved a little bit but it's still a problem. The hypersensitivity to light was the absolute worst on 20Mar2021. She doesn't know how much she is still dizzy when asked if it was still ongoing. She added she has been taking Benadryl and ginger for the dizziness and nausea and it helps a lot. She has been taking ginger for the nausea, and if she still has a little, it's not as much. Today is an overcast day and that it's an easy day for her. Caller reported that bright, sunny days are the worst. She was unsure of when the vision loss occurred

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but stated that she knew by 20Mar2021 that she had lost vision. She didn't know if she was continuing to lose vision but she can tell she lost vision. She did have a headache in the evening on 16Mar2021 after receiving the Covid-19 vaccine. She thinks the headache occurred in the evening on 16Mar2021. She may have had some headaches between 16Mar2021 and 20Mar2021, but that the headache she had on 20Mar2021 was a horrible headache. She is still getting headaches. She would say the headaches are a little better but she is still having them. She is having headaches that she doesn't think she would normally have. She wasn't having headaches before receiving the Covid-19 vaccine. She thinks she did have headaches between 16Mar2021 and 20Mar2021, but 20Mar2021 is when the headaches really hit her. The chest pain is intermittent and that the chest pain coincides with when the light is affecting her. When it's UV light, more so in the afternoon on sunny days, but technically the artificial light in the evening some days bothers her too. She doesn't think her lymph nodes were bothering her before 29Mar2021. Her lymph nodes are ok this morning, 31Mar2021. Different organs have hurt at different times. The effect on organs started within minutes of getting the Covid-19 vaccine. She could feel her eyes and that her eyes felt different within minutes of getting the Covid-19 vaccine. It felt like the Covid-19 vaccine was hydrating her eyes on 16Mar2021 but at the time it felt good. Afterward she was freaking out because she was concerned about her eyes. In the evening of 16Mar2021, it seemed like there was a film on her eyes and she had a headache. On 17Mar2021, 18Mar2021, and 19Mar 2021 she had headaches that she wouldn't have normally had. On 20Mar2021 different organs started hurting. Her biggest concern was the chest pain. After looking back on it, the chest pain may have started between 17Mar2021 and 19Mar2021 also. The effect on her organs from the Covid-19 vaccine occurs on different organs at different times on different days. The effect today isn't bad because it overcast outside and that her organs are really affected when she is exposed to a lot of light. She had 2 blood tests yesterday at her primary care doctor. The doctor ordered labs for VEGF and Leptin. She doesn't get vaccines. No Prior Vaccinations (within 4 weeks). The outcome of the event Photophobia, Nausea, Headache, Lymph node disorder was recovering; other

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1224801	4/18/2021	NC	49	M	2/25/2021	2/26/2021	<p>events was unknown. Follow-up attempts are completed. No further information is expected.</p> <p>trouble breathing/shortness of breath; terrible headache; I had chest pains; This is spontaneous report from contactable consumer (patient). A 49-years-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection, Lot Number: EW6H02, expiry date not reported), via an unspecified route of administration, administered in left arm on 25Feb2021 17:00 as single dose for covid-19 immunization. The patient medical history included allergies to IVP dye (reported as "die"). Prior to vaccination, the patient was not diagnosed with COVID-19. Concomitant medication included insulin taken for an unspecified indication, start and stop date were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient previously took penicillin, codeine, and atorvastatin (LIPITOR) and experienced allergies to them. On 26Feb2021, the patient had chest pains, and on an unspecified date in 2021, had trouble breathing, terrible headache, and shortness of breath which lead to surgery. The events were reported as serious life-threatening and had caused hospitalization on unknown dates. It was reported that for the event chest pains the patient was hospitalized for 5 days, while for the other events it was not provided how many days the patient was hospitalized. The events resulted in doctor or other healthcare professional office/clinic visit. Since the vaccination, the patient has been tested for COVID-19 on 20Mar2021 which was negative nasal swab. Therapeutic measures were taken as a result of the event shortness of breath which included surgery, and chest pains. The outcome of the event chest pains was recovering while the outcome of the other reported events was unknown.</p>
1225437	4/18/2021	NY	48	M	4/8/2021	4/11/2021	<p>4/11/21 generalized fatigue 4/14/21 shortness of breath and chest pain 4/15/21 right lower extremity Deep vein thrombosis and bilateral Pulmonary emboli 4/16/21 mechanical thrombectomy of pulmonary emboli 4/15/21 - 4/18/21 treatment with heparin infusion which was transitioned to eliquis</p>

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1224970	4/18/2021	IL	53	M	4/15/2021	4/16/2021	Soreness in injection site after 12 hours. After 18 hours, weezing , coughing, difficulty breathing. Deep breathing painful. Nauseous. It is 5 am on the 18th, almost 3 days after injection. Symptoms are getting better. Still raspy when breathing. Will call My Doctor if continues
1225172	4/18/2021		36	F	4/15/2021	4/15/2021	Patient received her first dose of Pfizer BioNTech Covid 19 Vaccine (LOT# EW0162, exp. 7/2021) at 1522. At 1552, patient reported dizziness and chest pain rated 2/10 to EMT. EMT assessed vitals: blood pressure 122/78 mmHg, heart rate 78 beats/minute, and SpO2 99%. Patient was alert and oriented x4 and denied difficulty breathing. Patient advised to wait for further observation. Patient declined to wait for further observation. Patient offered treatment. Patient declined treatment. At approximately 1556, patient stated she wanted to leave and left facility with daughters. Patient left facility with normal gait and unlabored breathing.
1225213	4/18/2021		49	F	4/16/2021	4/16/2021	pt. presents with left sided chest pain. Medic present. pt. denies any difficulty swallowing / breathing and/or other s/s. Pt. waiting an additional 15 mins. to be monitored. pt. reports feeling better - symptoms resolved with comfort measure.
1225239	4/18/2021	IN	56	F	1/16/2021	4/17/2021	Fever Severe headache Severe body aches Chills Chest pain Used Tylenol , fluids and bed rest
1225356	4/18/2021	MD	77	F	4/18/2021	4/18/2021	acute chest pain, sent private vehicle to closest ED, family with member
1225364	4/18/2021	MD	48	F	4/1/2021	4/16/2021	Throw up, fever, chills, stabbing pain, chest pain, exhaustion, full body aches
1225428	4/18/2021	CO	61	F	4/1/2021	4/3/2021	Fainted on day 2. Woke up with a bruise under eye. Extreme pain in entire chest, shoulders. No headaches, no fever. Did not injure myself during fainting spell. Pain in chest and arms, occasional chills continued for 2 weeks solid. I needed to take pain relief round the clock. Pain when sneezing or coughing, continuing for 2 weeks. Prior to the 2nd shot, I would describe myself as in very good condition. After, very weak physical condition. I feel like I need to recover from this shot.

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1224529	4/18/2021	CA	77	F	2/22/2021		<p> joints were sore; This is a spontaneous report from a contactable consumer (patient). A 77-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; Batch/Lot Number: EN9581), via an unspecified route of administration, administered in Arm Left on 22Feb2021 09:15 (at 77-year-old) as single dose for COVID-19 immunization. Medical history included ongoing AFib (She has had this condition for a about 6 years), ongoing getting anemic real easy (She says she has had this for the last 20 years), Glaucoma from 1998 (She says that in 1998 she had both eyes operated on and in 2016 she was operated on again), Cataracts from 2018, Pacemaker insertion (cardiac) (She states she has a pacemaker that controls her heart so the pulse does not drop below 65. She says that pacemaker was implanted, she thinks, 2014 maybe), Concomitant medications included metoprolol tartrate (METOPROLOL TARTRAS) taken for atrial fibrillation, blood pressure measurement from an unspecified start date and ongoing; warfarin (WARFARIN) taken for prophylaxis from an unspecified start date and ongoing; duloxetine (DULOXETINE) taken for anxiety from an unspecified start date and ongoing; montelukast (MONTELUKAST) taken for asthma from an unspecified start date and ongoing; folic acid (FOLIC ACID) taken for prophylaxis from 2015 and ongoing; ferrous sulfate (FERROUS SULFATE) taken for anaemia from an unspecified start date and ongoing; furosemide (FUROSEMIDE) taken for diuretic therapy from an unspecified start date and ongoing; baclofen (BACLOFEN) taken for muscle spasms from an unspecified start date and ongoing; hydrocodone bitartrate, paracetamol (NORCO) taken for arthritis from an unspecified start date and ongoing; calcium (CALCIUM) taken for arthritis from an unspecified start date and ongoing; ergocalciferol (VITAMIN D) taken for anaemia from an unspecified start date and ongoing; ongoing adult vitamins since her body doesn't absorb what she eats. The patient previously took BNT162B2 (Batch/lot number EL3246, Dosage text left arm) first dose on 04Feb2021 for COVID-19 immunization and experienced heart attack; must have passed out; the muscle that goes around her heart, it was having like a charley horse; heart rate, 102, 103, it went up to 200 in the ambulance; chest pain; Nausea; hard to breath; she </p>

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1227218	4/18/2021 CA	26 F	4/17/2021	4/17/2021	<p>didn't remember all the tests; sharp pain underneath her left rib cage/pain was number10/still had pain off and on, periodically; broke out in sweat, real bad, number 10, she broke out in a clammy sweat. The patient said she has to leave in 20 minutes to a doctor's appointment. She says her second shot was on 22Feb2021 and the only reaction was it felt like a truck hit her, all her joints were sore (unspecified date), it lasted 2 days then went away, she feels good. Patient was hospitalized. She says she got the second dose to make sure she gets all the doses so she doesn't get sick. The outcome of the event was unknown.</p> <p>Had tingling maybe like pins & needles throughout whole body: Mainly Arms, Legs & Face. This was almost immediate or started a couple minutes after shot. This was not my only symptom, but the symptom that lasted the longest. I felt weak and heart racing within the first 15 minutes after the shot. Then I had a short period (under 2 minutes) of left chest tightness. The chest tightness happened around 12:25 pm which was about 14 min after the shot. The chest tightness did not last and never came back after that. The main symptom was tingling pins and needles throughout body. I was escorted to my car around 1:45 pm or 2:00 pm and right as I got in car I started to have left wrist pain similar to the chest pain I had earlier. The wrist pain was off and on for about 30 min and then never came back. I would say all symptoms went 100% away after 3 hours. Besides the sore arm.</p>
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1227172	4/18/2021	MD		M	2/1/2021	2/1/2021	<p>he has Parkinson's Disease, and knowing the symptoms, it included most of these but not all, but his have gotten worse; Tremors of hands, feet, and legs; muscles are weak and he has trouble with balance especially when he gets up, and it is more pronounced; muscles are weak and he has trouble with balance especially when he gets up, and it is more pronounced; excessive sweating, he just gets soaked some nights. States he doesn't run a fever; Muscle cramps; when tried to move or get up in bed at night, he was frozen and couldn't move; This is a spontaneous report from a contactable consumer (patient). This consumer reported similar events for 2 patients; this report refers to the events for the reporter with both dose 1 & 2 of BNT162B2. A 81-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 1 via an unspecified route of administration, in left shoulder on Feb2021 (Batch/Lot number was not reported), and dose 2 on Mar2021; both as a single dose, for COVID-19 immunisation. Medical history included ongoing Parkinson's disease (diagnosed 20 years ago) and ongoing high blood pressure (controlled with medication; diagnosed 30 years ago). Concomitant medication(s) included Levodopa, Carbidopa, taken for Parkinson's disease, start and stop date were not reported. He takes lots of medications but stated the one that would be relevant was the Carbidopa Levodopa. The reporter stated he had some fairly serious symptoms since his shots. He had both vaccines a few weeks apart (specified as 3 weeks apart). The first one started his symptoms out mildly, but after the second vaccine, on days 2,3,4 each day they got worse. His symptoms were tremors of hand, feet, legs and when tried to move or get up in bed at night, he was frozen and couldn't move (Feb2021). He commented "it was really scary." His muscles were weak and he had trouble with balance especially when he got up (onset Feb2021), and it was more pronounced. Stated he also had muscle cramps and excessive sweating, he just got soaked some nights (onset Feb2021). He didn't run a fever, so he didn't think he has the virus. He had chest pains occasionally, especially when in bed (onset 28Mar2021). He thinks it is lung pain, not heart; he has had both pains and it feels different. The chest pains are associated with shortness of breath (onset 28Mar2021). Stated when he couldn't turn over, he was laying on his side and that</p>

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didn't help his breathing. He commented that he has Parkinson's Disease, and knowing the symptoms, it included most of these but not all, but his have gotten worse. They do blood pressure tests every morning to monitor and temperature checks and he never had a fever during that period, never had anything higher than 97 range. States he had a little bit of adverse effects after the first vaccine in Feb2021 but the main symptoms, the severe tremor and frozen all worsened after the second vaccine in Mar2021, about the second day after the second injection. There was no Emergency Room visit; they asked him about going and they were considering it when had the frozen muscles and couldn't move . There was no Physician Office visit; he talked to both his primary doctor and his Parkinson's doctor, over the phone and they recommended changes in the medication but he hasn't started them yet. The outcome of the events Tremors of hands, feet, and leg, when he tries to move or get up in bad at night, he is frozen and can't move, muscles are weak and he has trouble with balance especially when he gets up, and it is more pronounced, and Muscle cramps, and Parkinson's Disease/ gotten worse, are not recovered. The outcome of the excessive sweating was unknown. The patient further commented "maybe there needs to be a warning for people with Parkinson's because they both have had rather strong reactions." Stated people with Parkinson's disease should be able to make an informed choice; maybe it was just a strong reaction to the vaccine but they should have that information. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021369249 Same reporter/drug, different patient/event.;US-PFIZER INC-2021370302 Same patient, different dose and event.

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1227038	4/18/2021	CA	29	F	3/31/2021	4/12/2021	Continuous tiredness that turned into exhaustion. I was sleeping every free moment but never feeling rested. Then my body started to hurt a week after the vaccine. I ignored it. I thought it was because my period was coming. My breasts felt swollen and like they were on fire and my chest felt inflamed and sore. One week ago I started to develop itchy bumps on my back. I thought it was hives. I went to the ER today because my body was in so much pain. I thought I was tired due to stress, but my entire body had been aching for weeks and this morning it was unbearable. I have been getting ample rest, and a healthy diet before and after the vaccine. I started to get a rash on the right breast. I have had chest pain for weeks. Breast bone and sternum pain. Back pain the has been consistent for weeks. I was diagnosed with shingles today.
1227052	4/18/2021	OH		M		3/8/2021	DIARRHEA; MUSCLE ACHES IN BACK, LEGS AND WHOLE BODY; CHEST PAIN; NUMBNESS; COLD; VOMITING; This spontaneous report received from a patient concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: COVID JANSSEN 1805020, and batch number: 1805020 expiry: UNKNOWN) .5 ml, administered on 08-MAR-2021 to Right Arm for prophylactic vaccination. No concomitant medications were reported. On 08-MAR-2021, the subject experienced chest pain. On 08-MAR-2021, the subject experienced numbness. On 08-MAR-2021, the subject experienced cold. On 08-MAR-2021, the subject experienced vomiting. On 08-MAR-2021, the subject experienced muscle aches in back, legs and whole body. On 09-MAR-2021, the subject experienced diarrhea. Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain, numbness, cold, and vomiting on 09-MAR-2021, was recovering from muscle aches in back, legs and whole body, and had not recovered from diarrhea. This report was non-serious.

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1227133	4/18/2021	PA	79	M	1/13/2021	4/3/2021	chest pain; Shaking legs/ Tremors in hands; legs buckled; anxiety; Weight loss; fell to ground; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (chest pain), TREMOR (Shaking legs/ Tremors in hands) and LIMB DISCOMFORT (legs buckled) in a 79-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 012L20A and 038K20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No reported medical history). On 13-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 03-Apr-2021, the patient experienced CHEST PAIN (chest pain) (seriousness criterion hospitalization). On 06-Apr-2021, the patient experienced FALL (fell to ground) and WEIGHT DECREASED (Weight loss). On an unknown date, the patient experienced TREMOR (Shaking legs/ Tremors in hands) (seriousness criterion disability), LIMB DISCOMFORT (legs buckled) (seriousness criterion disability) and ANXIETY (anxiety). On 04-Apr-2021, CHEST PAIN (chest pain) had resolved. At the time of the report, TREMOR (Shaking legs/ Tremors in hands), LIMB DISCOMFORT (legs buckled), FALL (fell to ground), ANXIETY (anxiety) and WEIGHT DECREASED (Weight loss) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In March 2021, Blood test: normal (normal) Normal. In March 2021, Computerised tomogram: normal (normal) Normal. In March 2021, Weight: 148 (Inconclusive) Inconclusive. On 06-Apr-2021, Weight: 125 (Inconclusive) Inconclusive. On an unknown date, Blood pressure measurement: elevated (High) BP Elevated. On an unknown date, Heart rate: elevated (High) Elevated. The patient underwent CAT scan of the stomach, complete gastro work-up and complete blood work up. All tests were result normal. On 3 Apr 2021 he experienced severe chest pain and was transported to the hospital they concluded it was not heart related but he was hospitalized overnight. His BP

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and heart rate were also elevated. Concomitant product use was not provided. Treatment information was unknown. Very limited information regarding these events has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.

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1227136	4/18/2021	NY	65	F	2/27/2021	3/28/2021	<p>All of a sudden started to feel lots of pain in my chest; Heart was really raising; Blood pressure felt high; Rash all over my neck and chest; This spontaneous case was reported by a patient (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (All of a sudden started to feel lots of pain in my chest), PALPITATIONS (Heart was really raising) and HYPERTENSION (Blood pressure felt high) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 047A21A and 014M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 28-Mar-2021, the patient experienced CHEST PAIN (All of a sudden started to feel lots of pain in my chest) (seriousness criterion hospitalization), PALPITATIONS (Heart was really raising) (seriousness criterion hospitalization) and HYPERTENSION (Blood pressure felt high) (seriousness criterion hospitalization). On 29-Mar-2021, the patient experienced RASH (Rash all over my neck and chest). The patient was hospitalized from 28-Mar-2021 to 29-Mar-2021 due to CHEST PAIN, HYPERTENSION and PALPITATIONS. On 29-Mar-2021, CHEST PAIN (All of a sudden started to feel lots of pain in my chest), PALPITATIONS (Heart was really raising) and HYPERTENSION (Blood pressure felt high) had resolved. At the time of the report, RASH (Rash all over my neck and chest) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 28-Mar-2021, Catheterisation cardiac: unknown (Inconclusive) unknown. On 28-Mar-2021, Echocardiogram: unknown (Inconclusive) unknown. On 28-Mar-2021, Ultrasound scan: unknown (Inconclusive) unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment medication included nitroglycerin given twice. Action taken with mRNA-1273 in response to the events was not applicable. On next day after second dose,</p>

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while watching movie the patient had all of a sudden started to have lots of pain on her chest (never had this before), then her heart was really raising, and blood pressure felt high. This lasted for about seven hours. Patient went to hospital because patient thought was having a heart attack. Patient was given nitroglycerin which helped within a few minutes. Then they gave her another nitroglycerin and pain went down and was feeling no more pain. However, subject was admitted to the hospital and they did lots of test with one of them was a cardiac catheterization, also echocardiogram and sonogram. Patient indicated her heart was fine, no heart attack, never experienced anything like that, and that next day, she had a rash all over my neck and chest. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested This case was linked to MOD-2021-073606 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested

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1227159	4/18/2021	MD		M			<p>Tremors of hands, feet, and legs; when he tries to move or get up in bed at night, he is frozen and can't move; muscles are weak; he has trouble with balance especially when he gets up; excessive sweating, he just gets soaked some nights; Chest pains; it is lung pain; shortness of breath; Muscle cramps; This is a spontaneous report from a contactable consumer. This consumer reported similar events for himself and one patient. This is the first of two reports. A male patient of an unknown age received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot unknown, first dose) solution for injection intramuscular on an unknown date (at an unknown age) as a single dose for COVID-19 immunisation. Medical history included ongoing Parkinson's disease. Concomitant medications were unknown. The patient had some fairly serious symptoms since his shots and stated he had both vaccines a few weeks apart and after the first vaccine started his symptoms out mildly. The patient experienced tremors of hands, feet, and legs. When he tries to move or get up in bed at night, he was frozen and can't move. The patient experienced muscles are weak and he has trouble with balance especially when he gets up, and it is more pronounced. The patient had excessive sweating; he just gets soaked some nights but stated he doesn't run a fever. The patient had chest pains, thinks from the lungs pain, not heart and associated shortness of breath. The patient stated when he couldn't turn over, he was laying on his side and that didn't help his breathing. The patient had muscle cramps. The outcome of the events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021370302 same reporter/ suspect/different patient, similar events</p>

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1227030	4/18/2021	NY	31	M	4/18/2021	4/18/2021	Patient with no significant PMHx complained of a non radiating left sided chest pain 15 min after the vaccine injection. he rated the pain as 3/10 and "needle poking like". he had been fasting since 5:00 a.m and admitted to acid reflux some time after breaking his fast. he also complained of some nausea but no vomiting and tingling of his right arm. He denied dizziness, palpitation and shortness of breath. On physical exam he was alert and oriented X3 with normal heart s1/s2 heart sounds. his lung sounds were clear bilaterally. capillary refill was less than 2 seconds There was no sign of redness, flushing/urticaria on skin exam His vitals were BP 136/88, HR 74, SpO2 97% a few minutes later he started complaining of shortness of breath and tingling sensation in his throat. the shortness of breath improved with the removal of his two layered masks. He was then give 50 mg of Benadry and EMS was activated. They arrived at 5: 26, gave the patient 324 mg of aspirin and he was transported to ED.
1227216	4/18/2021	CA	33	M	4/10/2021	4/10/2021	I received the vaccine Saturday 4/10/21 at 9 am. By 8 pm of the same day I had fever, chills, headache and body aches. For about 30 minutes I saw a white spot on the peripheral view of my left eye. By Monday, I felt dizzy and bottom right part of my chest hurt when taking deep breaths. The dizziness and chest pain lasted all week, still feel feel it today 4-18. My doctors office told me vertigo was a common side effect. On Thursday 4-15 every time I bent down and tried I get up, my right leg hurt as if I had exercised. At the moment I haven?t gone into work since Monday 4/12 since my job requires a lot of physical work. I have mostly been home resting but don?t feel ready to go back to work. If someone calls can it be a Spanish speaking person please.
1226997	4/18/2021	MS	56	M	4/14/2021	4/15/2021	chest pain Nausea

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1227239	4/18/2021	CT	33	F	4/15/2021	4/15/2021	Shot 2- 4/15/21- Thursday 6 hours after- nausea started 9 PM ? extremely nauseous, uncontrollable chills, 102 fever and skin hurt to touch (that didn?t last long) (Friday)Next morning- low-grade fever, mild headache, no appetite 2 pm- still no appetite, headache, neck pain and chills Bedtime- chills, low-grade fever Saturday- 4/17- woke up completely soaked- I?m thinking I must?ve spiked a fever during the night. I also woke up with sharp painful chest pain. Went to the ER my D dimer blood tests were slightly elevated so they did a CAT scan and didn?t find any evidence of blood clots. Saturday Evening- still no appetite, headache and neck pain Today -4/18- still no appetite,neck pain,headache and fatigue
1227320	4/18/2021	CA	71	M	1/16/2021	1/18/2021	about 2 days after the 1st dose of the moderna vaccine, felt very tired and unwell for several days. He felt okay for about 2 weeks then on January 29, 2021 he felt intense chest pain. Concerned it was a heart attack, he was brought to the hospital. He stayed one night and the hospital ran several tests like EKG, stress test and others. Found his results to be normal and was released on January 20, 2021. Even the moment he was released, he felt very dizzy but hospital was not concerned and thought maybe side effect of medication. He continued to feel dizzy, fuzzy brain and hard time staying awake during the day and sleeping through the night for the rest of the week. He passed sometime in the early hours of February 6, 2021. Doctor's suspicion is a blood clot. He has no history of blood clots, heart problems or any health issues.
1227323	4/18/2021		61	F	4/15/2021	4/15/2021	Developed chest pain, fever, chills, dyspnea, and diarrhea beginning a most immediately after the vaccination

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1227333	4/18/2021		26	M	3/28/2021	3/30/2021	3/31/21 26YM admit with Acute issue: myocarditis, chest pain, extreme fatigue, body aches, SOB; Moderna (first dose on 3/28). No known prior COVID. Patient admits that approximately a month and a half ago, he was drinking a significant amount of alcohol with a 24-pack of beer daily and 5 drinks at night. He quit this approximately 2 weeks ago when he got back together with his girlfriend. He has had stress in his life with the death of a cousin approximately 2 weeks ago. The patient had been feeling well over the last week or so and received the Moderna COVID-19 vaccine on 3/28 Sunday. This was his first dose. Approximately an hour and a half after receiving the vaccine, he had symptoms of feeling dizzy with position change. He went home from work. He developed fevers, chills, rigors, diaphoresis, and headaches. He slept a lot due to these symptoms. On 3/30 Tuesday, he woke with mild chest discomfort that he described as a pressure sensation in his anterior chest. He states that it was bothersome, but not too significant. He woke up 3/31 at approximately 0200 hours with a stabbing left anterior chest discomfort. He notes that it felt like a hot knife stabbing him. He admits that over the last couple of days, he had a cough when he would lay back in bed. He admits to feeling more short of breath when flat and feeling like he had to put pillows behind his head. He came to the emergency department due to these symptoms. He was given a dose of acetaminophen and promptly had nausea and vomiting. He received a dose of aspirin 325 mg and states that his symptoms resolved shortly after that. 3/31 He now feels well and denies any further chest discomfort. He denies any dyspnea.
1227367	4/18/2021	NY	37	M	3/1/2021	3/3/2021	I get the first dose on March 1st 2021. Within a day later I started experiencing muscle pains, being extremely weak, being light headed and chest pains. It?s been about a month and a half and I am still experiencing these symptoms

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1227368	4/18/2021		91	M	2/15/2021	4/10/2021	<p>bilateral pulmonary emboli. No identified trigger. 91YM with history of cerebrovascular disease and CVA, hypertension, hyperlipidemia, as well as remote history of provoked DVT after prolonged airplane travel, developed acute onset left-sided pleuritic chest pain, with worsening hypoxia, admitted with acute, large volume bilateral pulmonary emboli, unprovoked w/ history of DVT years ago - no evidence of right heart strain on EKG or CTA chest, with reassuring BNP Pro and troponin. Echocardiogram is pending - US: Left lower leg DVT in femoral vein to popliteal vein ? Right leg negative for DVT - Patient on unfractionated heparin initially then transitioned to Eliquis. - continue bilateral thigh high elastic graded compression stockings with 30-40mmHg at the ankle to prevent postphlebotic syndrome, encourage daily use, replacement every 6 months, and use for 2 years. - Unprovoked DVT, PE due to cancer vs genetic thrombophilia. Prior prostate exam and colonoscopy negative CTA chest shows no masses hypercoagulable panel ordered in ED prior to initiation of anticoagulation, PCP to follow-up in outpatient</p>

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1224197	4/18/2021	NJ	68	F	3/29/2021	3/29/2021	feels tired; She did have palpitations overnight that woke her up in her sleep for 15 minutes; head feels tight, like there is a band around it/head feels tight, like there is a band around it; Nausea; severely lightheaded; her limbs felt heavy; her blood pressure went way up and lasted a good 7 hours/blood pressure at this time was elevated to 190/86; it was hard to lift her arms; This is a spontaneous report received from a contactable two nurses (one nurse reported for herself). This 68-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EN6205 and expiration date: 30Jun2021), via an unspecified route of administration right arm on 29Mar2021 at 10:15 as single dose for COVID-19 immunization. Medical history included anaphylaxis (recovering), hypertension ongoing, gastroesophageal reflux disease (GERD), anemia (her hemoglobin dropped to 6.9 and ferritin was low), hiatal hernia surgery (had mesh), a latex allergy (her lips would start swelling) and food allergy (tuna fish). Family history included lung disease (her dad was diagnosed). Concomitant medications included hydrochlorothiazide (HCTZ) 25 mg, daily (been on it for 10 years) taken for high blood pressure from an unspecified start date and ongoing; losartan 100 mg, daily (for about 10 years) taken for hypertension from an unspecified start date and ongoing; iron (Tablet) 65 mg, daily (about 10 years) taken for anaemia, cetirizine hydrochloride (ZYRTEC) taken for an unspecified indication; The patient previously took cefalexin (KEFLEX) and experienced swelling on face and mouth, epipen, acetylsalicylic acid (ASPIRIN) (6 years ago aspirin sensitivity took place) and experienced haematuria, tolectin as nonsteroidal anti-inflammatory drug (NSAIDS) (about 30 years ago (received steroids, breathing treatments and benadryl) and experienced anaphylactic reaction, flu vaccine taken for flu (at 19 years old). The patient got first vaccine on 29Mar2021 and had an event. On the same day, she was severely light headed and her limbs felt heavy and her blood pressure went way up and lasted a good 7 hours. They had her in the emergency room. She did have palpitations overnight that woke her up in her sleep for 15 minutes but she had no chest pain or shortness of breath and then it went away. At first, she didn't feel anything, but then as soon as she got up to go to the sitting area

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where she was supposed to wait for 15 minutes, she became very very light headed, almost like there was a band around your head. there was no dizziness, but she was lightheaded and all four of her limbs felt really heavy, it was hard for her to move her limbs, she experienced nausea while sitting in the waiting area as well. She did not throw up and it started about an hour after the vaccine and describes the nausea as fleeting and states it lasted about a couple of hours, but not as long as the light headedness and heavy limbs. her blood pressure at this time was elevated to 190/86. the doctor there told them to send her to the ER. The reporter stated that the vaccine was given at the hospital, so they just wheeled her to the emergency department within the hospital, the doctor in the emergency room told her they didn't think it was an allergic reaction. after about 6 hours around 1600 her blood pressure finally came down to 141/67. She was discharged from the emergency room around 16:00 on 29Mar2021. At the time of discharge, the heaviness of limbs and light headedness had went away, but when she was walking to get to her car in the parking lot the lightheadedness and heaviness of her limbs returned. it was hard to lift her arms. she went home and went to bed, the lightheadedness and heaviness of her limbs went away after she was able to lay down and rest. Last night around 2:30 or 3:00am she woke up with heart palpitations. Caller states that these palpitations went away after 15 min and that she hasn't had this experience in years since hiatal hernia surgery. she felt much better next day, the only thing she felt today was tightness in her head but not a headache and just felt tired. The outcome of the events severely lightheaded, her limbs felt heavy, her blood pressure went way up and lasted a good 7 hours/blood pressure at this time was elevated to 190/86 and head feels tight, like there is a band around it were recovered in 2021; nausea was recovered on 29Mar2021; palpitations was recovered on 30Mar2021 and other events were unknown. As reported causality : Feeling light headed; Limbs felt really heavy; high blood pressure Related; head feels tight, like there is a band around it; heart palpitations Related. Information on Lot/Batch number was available. Additional information has been requested.; Sender's Comments: Based on the reasonable temporal association, the Company cannot completely exclude the

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1227174	4/18/2021	NC	35	F	4/12/2021	4/12/2021	possible causality between the reported events and the administration of the suspect COVID19 vaccine, BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RA, IEC, as appropriate.
1226442	4/18/2021	AK	29	F	3/30/2021	4/4/2021	About 24hrs after receiving the vaccine I had what felt like a lump in my right lung. It transferred to my left lung about 30 mins later. It eventually disappeared about 30 minutes after that. The day of the lump and the next 3 days I had severe chest pain and difficulty catching my breath, accompanied by parts of my body going numb (hands, cheek), dizziness, and migraine. These symptoms have since gone away, but I am still having difficulty drawing a deep breath.
1226126	4/18/2021	OH	48	F	3/26/2021	3/29/2021	April 4 - abdominal pain and some back pain. April 14, left leg pain, chest pain, light pressure on chest, left hip pain. April 16 left leg and foot pain. April 17, pain under rib cage and pelvic, stomach pain. April 18, left forearm and leg pain, left side back pain, slight stomach pain.
1226141	4/18/2021	MO	24	F	3/26/2021	3/26/2021	Patient reported that 3 days after her first dose of Pfizer COVID-19 vaccine she experienced severe chest pain. She went to the ER and was worked up, exam normal. ER doctor told her that it could be related to vaccine but still recommended she get the second dose, saying that they could not guarantee this event would not happen again.
							Started having chest pains, shortness of breath, and rapid heart beat that evening. Persisted for the next 2 weeks so I went to the doctor to have a D-Dimer test on 4/15/21. Test showed elevated D-Dimer.

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1226182	4/18/2021	VA	66	M	3/5/2021	3/6/2021	03/07-27 Progressive left and right hip pain 03/13-03/14 and 03/20 Significant hip pain after yard work 03/07-03/27 Progressive left and right groin pain 03/13-03/14 and 03/20 Significant groin pain after yard work 03/07-03/27 Progressive outside lower right calf pain (sporadic) 03/13-03/14 and 03/20 Significant lower right calf pain after yard work 03/28 Unusual reaction at night following second vaccine - flushed 03/28 - 04/01 Progressively acutely severe both hip, groin, and lower outside calf pain 04/02-05 start of indigestion, heartburn, brain fog, fatigue, leg tremors - leg pain less with Tylenol 04/05 Significant chest pain - went to ER - EKG, blood work, chest x-rays checked OK, given GI cocktail 04/05 - 04/18 Leg/hip/groin pain (joint and muscle) - not as severe as first 5 days after 2nd shot), some heart burn, indigestion , cotton mouth, periodic tremors, periodic fatigue, feeling of thickening throat, slight eye burn, easily chilled o Each episode is preceded with an allergic reaction type feel o Each episode is near end of 8 hr Tylenol duration although seems worse at night
1226243	4/18/2021	CA	44	F	4/15/2021	4/16/2021	Sever fever with chills and body ache and headache and chest pains. Temperature 101.6
1226325	4/18/2021	CA	30	F	4/14/2021	4/14/2021	Rapid pulse with chest pain was sent to the emergency room via 911

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1226328	4/18/2021	CA	26	F	4/17/2021	4/17/2021	<p>Received the 1st COVID vaccine Pfizer EW0171 Expiration date 04/17/21 at 5:51pm. Client reported to EMT that she was experiencing "pins and needles sensation throughout her entire body" at 12:43pm. RN responded. Client sitting in chair complaining of "pins and needles sensation in her legs and arms". Client denies experiencing itchiness, shortness of breath, flushing of face, head, palms, hives, pruritus of legs/hand/arms/or palms, urticaria, dizziness, GI symptoms, swelling, or chest pain at this time. Client reports she began to experience the pins and needles sensation about 1 minutes after receiving the vaccine, but decided not to say anything during her 30 min observation period until 2 minutes prior to her 30 min observation period ending. She reports experiencing a non-radiating left sided chest tightness which lasted one minute which occurred a few minutes after receiving the vaccine. Client reports medical history Raynaud's Syndrome. Client reports receiving approval from PCP to receive this vaccine. Client reports history of intermittent chest pains/tightness which has been evaluated multiple times. Client report this incident of chest pain felt similar. Client notes she was prescribed Aspirin 81 mg by her Rheumatologist and she usually takes the Aspirin when she has chest pains or arm pains. Per Client, she has experienced pins and needles sensation in the past. She reports the last time she experienced a pins and needles sensation was after drinking. She denies similar incident with other vaccines. Client was placed in semi-fowlers position, offered water. Client is a/o x4. RN offered client activation of 911. Client denied. RN gave pt strong recommendation for activation of 911 or further evaluation given symptoms reported. Client verbalized understanding and reported she does not want activation of 911. Client was observed for an additional 45 minutes. VS at 1244 BP 11/78 HR 82 RR18, VS at 1255 BP 114/76 HR 76 RR 14, VS at 1303 116/74 HR 72 RR 14, VS 1315 BP 114/72 HR 76 RR 15, VS 1335 BP 116/76 HR 74 RR 14. Symptoms resolved at 1328. Client notes Fiance is driving client home. At this time, RN offered EMS activation for transport to the hospital x2. Client denied. bRN provided client with ER precautions. RN walked client to Fiance's car. Client walking with steady gait. No additional concerns reported. RN provided client with education on F/U with PCP regarding current</p>

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							situation provided, importance of reporting symptoms as soon as they occur, and s/s concerning symptoms of anaphylaxis and allergic reaction. Client verbalized understanding. No further RN interventions required at this time. RN
1227035	4/18/2021	CA	73	F	3/22/2021	3/23/2021	Leg cramps, fatigue and short chest pains lasting 10 days
1226420	4/18/2021	CA	31	F	4/16/2021	4/16/2021	Patient received the 1st COVID vaccine Pfizer lot # EW0162 and expiration date 04/16/2021 at 5:22 pm. Client reported to EMT. EMT and RN responded. Client laying in recliner chair in semi-followers position. Client reports "I felt light headed and sweaty" for about one minute following administration of Pfizer vaccine to right arm. The client reports "I saw black and white specs for a few seconds". Client reports history of similar incidents when client is near "blood and needles". No medical history, medication or allergies per client. Client denied feeling dizziness, light headedness, shortness of breath, facial or throat swelling, palpitations, chest pain or other symptoms at the time of report. Client was placed in semi-fowlers position and given water. Client is a/oX3. Vital Signs at 11:43am BP 100/70, HR: 76, RR:18. Client advised to be observed for additional 30 minutes. VS at 12:05pm BP 122/92, HR 70, RR 18 while semi-fowlers. VS at 12:18pm BP 114/86, HR 68, RR 18 while sitting-feet on floor. VS at 12:27pm BP 122/90, HR:70, RR 18 while standing. ER precautions given. Client informed to f/u with PCP. Recommendation given to client for transportation after vaccination incident. Client verbalized understanding. Client given instructions to bring driver for next appt and to inform vaccinator of this event. Client verbalized understanding. Per client, symptoms resolved 1 minutes after onset of symptoms onset. Client walked out of site with a steady gate.

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1226044	4/18/2021	NY	29	F	4/9/2021	4/9/2021	About 20 minutes: Heart beating faster or louder. I Felt like I got paralysis on my middle finger. Feeling numb. 20 - 30mins: Felt a little drowsy, dizzy? Heart beating faster or louder. 1hour: Tiredness and drowsy. 1st day - 2nd~3rd day: Muscle pain (pretty bad on the arm) and all over the body. Middle finger feeling numb. Evening, April 13th - 16th: Slight shortness of breath. It got much better, but I still feel very very minor shortness of breath. Evening, April 15 - April 17th (until 6am): Hives on neck, under eyes(Right side), Between front of my left eye and nose, near mouth, Forehead. Very itchy. Hives keep appearing and disappearing. It gets better and then all the sudden gets bad. April 17th evening (8:00pm): Face and neck itchy. I had 1 pill of Benadryl after seeing a doctor. I had fever and chills. April 18th: Nose bleeding. Having a little chest pain.
1226463	4/18/2021	HI	56	M	3/30/2021	4/1/2021	04/01/2021 around 5:00 PM: 1. Sore Arm, Shortness of Breath, Chest Pains, Fatigue. Thought was Heartburn, took tums and had a little relief 04/02 to 04/05/2021: Same Symptoms throughout those day, had No appetite, increased fatigue. and Tums No longer gave relief. 04/06/2021 6:00 AM: Went to emergency room and had to receive emergency heart surgery as I was diagnosed with blood clogged arteries and had been having a heart attack for the past several days
1226696	4/18/2021	IL	47	M	4/5/2021	4/5/2021	Five minutes after injection I broke into extreme sweating, hot flash, nausea, fatigue and head ache. I was at work and requested to go home early. I fell asleep one hour into my arrival and slept for 17 hours. Up to and including today I am having headaches, pain in my legs on left side only, nausea, lack of sleep and a continued smell similar to dried blood after a injury. I have also have and continue to have shortness of breath and chest pains resulting in two panic attacks within the last three days. This has led me to report this and I have doctor visit scheduled for 4/22. I also reported today based on internet search of reactions.
1226738	4/18/2021	LA	22	F	4/16/2021	4/17/2021	Chest pain two days after
1226768	4/18/2021	PA	38	F	4/18/2021	4/18/2021	Chest pain /pressure, Shortness of breath

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1226849	4/18/2021	CA		F		3/6/2021	BLOOD PRESSURE OF 112/58; PULSE PRESSURE OF 87; PAIN UPON BREATHING (INHALING); CHEST PAIN; DO NOT FEEL WELL; BODY ACHES; WEAKNESS; VOMITING; PAIN IN HIP BONE; PAIN IN BACK; NAUSEOUS; PAIN IN ALL JOINTS; FEVER; PAINFUL ON INJECTION AND AS WAS GOING THROUGH TISSUES ALL THE WAY DOWN TO LEFT ELBOW; VACCINATION SITE SYMPTOM (TENDERNESS/SORENESS); DRYNESS OF THE MOUTH; PHLEGM BUILD UP; FELT STRANGE; FELT LIGHT-HEADED; THROAT SWALLOWED UP; DIFFICULTY SWALLOWING; THIRSTY; CHILLS; This spontaneous report received from a patient concerned a 52 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1802072, and batch number: 17802072 expiry: UNKNOWN) .5 ml, administered on 06-MAR-2021 to Left Arm for prophylactic vaccination. No concomitant medications were reported. On 06-MAR-2021, the subject experienced felt strange. On 06-MAR-2021, the subject experienced felt light-headed. On 06-MAR-2021, the subject experienced throat swallowed up. On 06-MAR-2021, the subject experienced difficulty swallowing. On 06-MAR-2021, the subject experienced phlegm build up. On 06-MAR-2021, the subject experienced dryness of the mouth. On 06-MAR-2021, the subject experienced thirsty. On 06-MAR-2021, the subject experienced chills. On 06-MAR-2021, the subject experienced painful on injection and as was going through tissues all the way down to left elbow. On 06-MAR-2021, the subject experienced vaccination site symptom (tenderness/soreness). On 07-MAR-2021, the subject experienced vomiting. On 07-MAR-2021, the subject experienced pain in hip bone. On 07-MAR-2021, the subject experienced pain in back. On 07-MAR-2021, the subject experienced weakness. On 07-MAR-2021, the subject experienced body aches. On 07-MAR-2021, the subject experienced chest pain. On 07-MAR-2021, the subject experienced do not feel well. On 07-MAR-2021, the subject experienced nauseous. On 07-MAR-2021, the subject experienced pain in all joints. On 07-MAR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 97.9

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						degree F, 98.9 F. On 08-MAR-2021, the subject experienced blood pressure of 112/58. On 08-MAR-2021, the subject experienced pulse pressure of 87. On 08-MAR-2021, the subject experienced pain upon breathing (inhaling). Laboratory data included: Blood pressure (NR: not provided) 112/58 mmHg, and Pulse rate (NR: not provided) 87 {beats}/min. Treatment medications (dates unspecified) included: diphenhydramine hydrochloride, hydrocodone bitartrate/paracetamol, and paracetamol. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from felt light-headed on 07-MAR-2021, and chest pain on MAR-2021, was recovering from painful on injection and as was going through tissues all the way down to left elbow, throat swallowed up, difficulty swallowing, chills, nauseous, phlegm build up, weakness, vaccination site symptom (tenderness/soreness), and body aches, had not recovered from pain in all joints, do not feel well, pain in hip bone, pain in back, and dryness of the mouth, and the outcome of felt strange, vomiting, blood pressure of 112/58, pulse pressure of 87, fever, pain upon breathing (inhaling) and thirsty was not reported. This report was non-serious.	
1226945	4/18/2021	MN	21	M	4/14/2021	4/18/2021	Patient presented to ED with chest pain 10/10 at about 16:48 . Aspirin 324 mg chewed at 17:51. Stat EKG done, STEMI discovered, patient went to cath lab for intervention at 17:20. No recreational drug usage noted. Patient admitted to ICU following procedure for continuing care.
1226978	4/18/2021	NE	25	F	4/15/2021	4/16/2021	Patient went to the emergency room with heart palpitations, chest pain, fever, chills, swollen arm ,vomiting, diarrhea, fatigue ,headache. Patent was also told by the doctor that her WBC was elevated.

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1226380	4/18/2021	WA	31	F	4/5/2021	4/9/2021	On 4/9/2021 patient had odd sensation / chest pain unlike seizure or migraine pain and went to emergency room. Was evaluated and released same day and told to follow up with neurologist. On 4/10/2021 patient became dizzy and fell and hit her head. She was unconscious of a few minutes. On 4/11/2021 patient had speech issues and muscle issues (cramping and spasms). All symptoms resolved by next day. Evaluated by neurologist 4/15/2021. Patient was told they thought symptoms were related to migraines and she is scheduled for MRI.
1224238	4/18/2021	CO	35	F	4/9/2021	4/12/2021	Left leg pain Mild Chest pain (resolved)

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1224069	4/18/2021	NC	62	F	3/24/2021	3/25/2021	Sharp pains in chest and back and neck on left side; Sharp pains in chest and back and neck on left side; Sharp pains in chest and back and neck on left side; Tingling in left hand; very swollen and painful lymph nodes under left arm and in neck, and chest area on left side of body; This is a spontaneous report from a contactable consumer (Patient). A 62-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot Number: ER8727), at left arm via an unspecified route of administration on 24Mar2021 at 15:00 (at the age of 62-year-old), as SINGLE DOSE for COVID-19 immunization. Patient historical condition included mytral valve prolapse. The patient concomitant medications were not reported. Patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot Number: EN6203), at left arm via an unspecified route of administration on 03Mar2021 02:45 PM, as SINGLE DOSE for COVID-19 immunization. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient did not receive any other medications within 2 weeks of vaccination. Patient not diagnosed COVID 19 prior to vaccination. On 25Mar2021 19:00, the patient had sharp pain in chest and back and neck on left side; tingling in left hand; very swollen and painful lymph nodes under left arm and in neck, and chest area on left side of body. Occurred 28 hours after injection and again 90 hours after injection. Patient not received treatment for the adverse event. Since the vaccination, patient not been tested for COVID-19. At the time of this report event outcome was recovering. No follow-up attempts are needed. No further information is expected.

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1224055	4/18/2021	FL		F		4/7/2021	<p>TUNNEL VISION; CHEST PAIN/PRESSURE; WEIRD TASTE IN MOUTH; DRUNK FEELLING; CRAZY DREAMS; DIZZINESS; NAUSEA; SHOOTING INJECTION SITE PAIN; MUSCLE ACHE; HEADACHE; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received Covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number: 041A21A expiry: UNKNOWN) 1 total, dose was not reported, administered on 07-APR-2021 on left arm for prophylactic vaccination. No concomitant medications were reported. On 07-APR-2021, after vaccination the patient immediately felt dizzy and nausea. Later, she developed tunnel vision, chest pain/pressure, shooting pain in arm of injection up into jaw (left side) and weird taste in mouth for 6-7 hours. She felt drunk and developed muscle aches. She had crazy dreams and headache. She took Tylenol (paracetamol) about 3-4 hours after vaccination. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain/pressure, chemical taste in mouth, and shooting injection site pain on 07-APR-2021, tunnel vision, drunk feeling, nausea, and muscle ache on 08-APR-2021, and headache, was recovering from dizziness, and had not recovered from crazy dreams. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210416274-Covid-19 vaccine ad26.cov2.s-TUNNEL VISION . This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.</p>
1224211	4/18/2021	MN	19	M	4/9/2021	4/16/2021	<p>admitted to hospital with chest pain, elevated troponin with clinical exam consistent with myocarditis/pericarditis. No known past medical history, no recent upper respiratory / GI illness preceding admission</p>

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1222952	4/17/2021	TX	35	M	4/16/2021	4/16/2021	1527: Patient reports feeling "hot" and "heart beating fast"; Dr. responds. Patient received vaccine at 1504. Patient reports "allergy" to "perfume smell" and "smoke?". Reports when he smells perfume and smoke he feels nauseous. Denies anaphylactic reaction. 1529: Dr. and RN assess patient; Initial vitals taken by RN: BP: 150/90, HR: 85, SpO2: 97%RA; Speech is clear and complete, breathing is even and unlabored, skin appears flushed, Patient is not diaphoretic. Patient declines EMS transport at this time. Patient monitored by Dr.1545:RN present. Vitals assessed by RN BP: 125/82, SpO296%RA, HR:74; 1550: Benadryl 25mg IM (left glute) administered by RN from Verbal Order by Dr. read back and confirmed by RN. Patient reports his status remains unchanged. RN, RN and Dr. inform patient that because his status remains unchanged a higher level of care is recommended. EMS called by RN. Vitals assessed by Dr.: BP: 170/100, HR: 74, 96%RA; 1606: Fire Engine responds to EMS (911) call, arrives on scene; 1615: Glucose 160mg/dl; 1617: BP 150/90, HR 76, R:18. EMS assessing patient; 1618: Declined EMS transport; 1623: Patient informed by medical staff it is unsafe for him to drive home after Benadryl 25mg IM injection due to drowsiness, patient agreed, transport will be arranged by Manager. 1632: Patient escorted by RN to bathroom. Ambulatory without assistance, Gait is steady. Patient in NAD during walk to bathroom. Patient denies shortness of Breath or chest pain while walking to and from the bathroom. 1646: In person interpreter present. Patient reports he is feeling dizzy and feeling sleepy but he is better, ok? Denies nausea, denies Chest pain, Denies shortness of breath, Denies blurred vision. Skin color normal for patient. Patient is not diaphoretic at present. Speech is clear and complete. Breathing is even and unlabored, patient is ambulatory without assistance, steady gait. Patient continues to be monitored. 1744: Patient is resting in chair, in no acute distress. Patient has no complaints at this time. 1751: Patient transported home by Employee.
1222709	4/17/2021	AZ	53	F	3/8/2021	3/8/2021	Extreme exhaustion, headache, body ache, chills, sore glands (don't have tonsils), coughing, from second week low fever in evenings, never over 100'F, upper chest pain.

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1221549	4/17/2021	TX	87	F	3/26/2021	3/29/2021	new onset headache (3d post vaccination) no history of similar headaches. increased word finding difficulty (nondense aphasia), decreased alertness/malaise, chest pain
1222794	4/17/2021	VA	55	F	4/17/2021	4/17/2021	Throat tightness Trouble swallowing Chest pains Sore throat
1222803	4/17/2021		74	F	4/17/2021	4/17/2021	VR received her 2nd dose of COVID and was walked to the observation area where she reported that she was experiencing palpitations. I had the VR lay in the cot. VR reported that she had a hx of paroxysmal A-fib and takes eliquis. VR reported only chest palpitations at this time. I took her VS which was HR 100 (Afib), 99% on RA, 160/95 BP, & 22 RR. After 2 minutes, the VR began complaining of chest pain as she clutched her chest. At 1116 hours, EMS was called for her chest pain. The VR was given 324mg ASA PO. VR then began complaining of pain radiating to her back. EMS arrived and VR was taken to hospital for further evaluation. VSS and VR was A&O x 3 at the time of transport.
1222864	4/17/2021	NM	61	F	4/1/2021	4/15/2021	Exhaustion Severe muscle fatigue & soreness (day after) Joint pain (day after) Nausea, vomiting (day after) Random chest pain jabs Severe head ache (for 3 days now)
1222532	4/17/2021	NJ	52	F	3/31/2021	4/5/2021	Mild Fever, Myalgias, shortness of breath, chest pain, cough and general fatigue
1222934	4/17/2021	MO	18	M	4/12/2021	4/16/2021	sudden onset chest pain, with ST elevation on EKG, elevated troponin, no pericardial effusion, no PE on CT chest. Seen by HCP, suspected myopericarditis

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1222267	4/17/2021	KS	49	F	4/13/2021	4/13/2021	Patient received a Covid-19 vaccination manufacturer Pfizer. The patient experienced symptoms of nausea and patient felt throat swelling. These symptoms were Mild and were treated with diphenhydramine, supportive care and glass of water. The patient was discharged to Rapid Response Team to the Emergency room after close observation for 20 minutes in stable condition. In ED patient further treated - Review of Systems Constitutional: Negative. HENT: Negative. Negative for drooling, facial swelling, trouble swallowing and voice change. Eyes: Negative. Respiratory: Negative. Negative for cough, chest tightness, shortness of breath, wheezing and stridor. Cardiovascular: Negative. Negative for chest pain. Gastrointestinal: Positive for nausea. Negative for abdominal pain and vomiting. Genitourinary: Negative. Musculoskeletal: Negative. Negative for myalgias. Skin: Positive for itching. Negative for rash and wound. Neurological: Positive for dizziness. Negative for seizures, syncope, light-headedness and headaches. Psychiatric/Behavioral: Negative for confusion. All other systems reviewed and are negative. Medications given in ED: diphenhydrAMINE (BENADRYL) injection 25 mg (25 mg Intravenous Not Given 4/13/21 1508) ondansetron (ZOFRAN) 4 mg/2 mL injection (has no administration in time range) sodium chloride 0.9% (NS) IV Bolus (0 mL Intravenous Stopped 4/13/21 1540) methylPREDNISolone sod suc(PF) (Solu-MEDROL) injection 125 mg (125 mg Intravenous Given 4/13/21 1507) famotidine (PEPCID) injection 20 mg (20 mg Intravenous Given 4/13/21 1508) sodium chloride 0.9% (NS) IV Bolus (0 mL Intravenous Stopped 4/13/21 1700) Symptoms resolved discharged to home
1222994	4/17/2021	NY	58	M	4/13/2021	4/14/2021	chest pain, severe headache , inability to walk 30 feet, fever.
1223009	4/17/2021		80	M	2/1/2021	3/4/2021	admitted on 3/4/2021 with chest pain

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1223051	4/17/2021	GA	27	F	4/9/2021	4/13/2021	Symptoms: Severe chest tightness and shortness of breath, intermittent chest pain, uncomfortable pain and chill sensation down the spine from the neck area radiating down the left shoulder and arm, down the spinal cord area, or up the left side of the brain / head area. Severe feeling of malaise similar to having a severe flu (feeling "like garbage" or "like getting hit by a train"). Treatment: None Time Course: Better in the mornings, almost unbearable at night.
1222873	4/17/2021	MO	51	F	4/15/2021	4/16/2021	PATIENT HAD CHILLS AND REPORTED CHEST PAIN. WHEN I ASKED IF HEART OR LUNG, THE PATIENT WASN'T SURE. SAID STARTED AT STERNUM AND WENT TO BACK AND SHOULDER. PATIENT REPORTED COULD BE ANXIETY, BUT REPORTING JUST IN CASE PER PATIENT.
1223084	4/17/2021		56	F	12/23/2020	12/25/2020	Chest pain
1222286	4/17/2021	CA	33	M	4/17/2021	4/17/2021	Immunization reaction to COVID Vaccination: Vasovagal response Pt had his first Pfizer Imm today and was sitting down for 15 mins observation and at 1142 pt stated that he is feeling dizzy. On observation pt was diaphoretic and feeling dizzy. He denied shortness of breath and chest pain or difficulty breathing. As I am talking to him he started to faint. Pt had quick syncopal episode with few seconds of LOC. Quickly he gained his consciousness and was alert and oriented x 3. Pt stated he feels better. He was given water to drink and crackers to eat. He was able to eat and drink without any difficulty swallowing. Vital signs: 11:45am : BP--84/36 sats:100% HR:55 11:55 am: BP: 103/62 Sats: 96% HR: 76 1210: BP: 120/73 Sats: 97% HR: 76 Pt was able to walk and was able to go home without any complications in stable condition at 1220.
1222782	4/17/2021	AZ	55	M	4/6/2021	4/8/2021	Swollen left testicle, and on 04/16/2021 headache and sinus pain and slight breathing issues and chest pain

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1222253	4/17/2021	MI	51	F	4/12/2021	4/12/2021	COVID-19 Vaccine Johnson and Johnson Covid vaccine yesterday 1330 Chest hurts, nasal congestion, chills last night after the vaccine Pt had negative covid test 5 days ago pt had screening while in the hospital for chest pain pt had normal ekg then Pt has achy and tingling in chest and body aches denies fever states does have chills also c/o diarrhea one to two episodes last night and not today is drinking water well Pt states was very tired last night Since yesterday patient has worsening symptoms, Today she has increased her oxygen use and continues to feel that she cannot breathe, she presents with chest pain, fatigue, nose is running, chills, cold sweats, cough, abdominal pain and dizziness. She received the Johnson Covid vaccination four days ago and is concerned this is related to her blood clotting disorder. She needs transportation to the ED. Hospital admission on 4/16/21 - remains inpt. Diagnosis patient iss is a 51 y.o. female with complex past medical history. Including chronic obstructive pulmonary disease currently on 4 L nasal cannula at night. Active tobacco use, remote history of alcohol and polysubstance abuse she has been in remission for 20-25 years from crack cocaine and alcohol. She used methamphetamine 6 months ago. Benign essential hypertension and insulin dependant diabetes mellitus, gastroparesis, bipolar disorder, schizoaffective disorder, psychogenic nonepileptic seizure. Presented to the emergency department with chief complain of worsening shortness of breath along with right side lower abdominal pain and urinary symptoms including dysuria and burning sensation. Upon arrival to the emergency department patient was hypertensive and her oxygen saturation was 87 on room air, with moderate respiratory distress. Initial ABG showed pH of 7.25 with pCO2 of 98 following ABG showed 7.1 and pCO2 of 104 she was placed on BiPAP which has improved her breathing and respiration follow-up ABG showed pH of 7.3 with pCO2 of 73. CT angiogram was negative for pulmonary embolism, showed finding of acute bronchitis/aspiration, CT of the abdomen and pelvis was unremarkable. Urinalysis was negative. Patient was giving 125 mg Solu-Medrol along with magnesium and DuoNeb breathing treatment, and admitted for further management.

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1222169	4/17/2021	NY	37	F	4/7/2021	4/16/2021	Patient presented with pleuritic chest pain and exertional SOB for 3-4 days. CT angio of chest revealed subsegmental PE RLL. Patient was stable and discharged home on oral anticoagulant.
1222050	4/17/2021		53	F	4/15/2021	4/15/2021	Fever of 103.8F, shortness of breath, chest pain, joint pain from jaw to toes including every joint in the body in between jaw and toes, body aches, nausea, vomiting, loss of appetite, weakness, and dizziness.
1222029	4/17/2021		31	M	4/15/2021	4/16/2021	Elevated heart rate (tachycardia) most of the day. Heart rate while reclined and resting was approximately 105-110 bpm for a few hours. This was accompanied by mild fever (100.4-100.7) and patient took Acetaminophen at approximately 7:45pm. Fever and Tachycardia improved over the course of the next 3-4 hours. With a temperature of 99.6 and heart rate while resting approximately 95 bpm last measures before sleep. Heart rate still slightly elevated the next day with mid-80s bpm while resting. No chest pains or shortness of breath throughout. Heart rate was measured nearly constantly via a Fitbit smart watch.
1222028	4/17/2021	NC	40	F	4/14/2021	4/15/2021	My chest started hurting with a burning sensation & alot of pressure & chest pains
1221963	4/17/2021	TX		F	3/11/2021	3/1/2021	Headache; Chest pain; This is a spontaneous report from a contactable consumer via a Pfizer Sponsored Program,t. A female patient of unspecified age (reporter's mother) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; lot number unknown) via an unspecified route of administration on 11Mar2021 as a single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. It was reported the patient experienced headache and chest pain in Mar2021, and took acetaminophen (TYLENOL). The clinical outcomes of headache and chest pain were not recovered at the time of reporting (14Mar2021). The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.

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1221739	4/17/2021	WI	18	M	4/14/2021	4/16/2021	Patient developed mild chest pain roughly 24 hrs after receiving 2nd Moderna Vaccine injection. He initially managed this with ibuprofen, but pain intensified and he presented to the ED approximately 1.5 days after 2nd injection with severe chest pain, diffuse ST elevations on EKG and elevated Troponin I measurement of 6 ng/ml. Patient transferred to hospital for further management and remains under inpatient care at time of report. Testing initially suggested pericarditis but cardiac MRI consistent with myocarditis. Troponin I peaked @ 75 ng/ml on 4/16/21.
1221600	4/17/2021	FL	38	F	4/10/2021	4/10/2021	I received the vaccine in my left arm. I immediately felt a shooting pain and my left arm became heavy. My left hand experienced the same shooting pain followed by tingling in my fingers. My right arm then experienced the same pain and tingling. I then began to sweat, get dizzy and felt like fainting. I have had pain and tingling in my hands and feet ever since, along with sensitivity. I also have pain in my joints and legs similar to what I imagine arthritis would feel like. I also have throbbing chest pain and pain in my legs since vaccination.
1221554	4/17/2021	CA	62	F	4/12/2021	4/15/2021	pulmonary embolism body aches, HA, chest pain, shortness of breath
1222104	4/17/2021		40	M	4/11/2021	4/1/2021	Pt was given Covid-19 vaccine (unknown brand) then came to see me for upper back pain, chest pain and sob. pt was sent to ER.
1222367	4/17/2021	NY	60	F	3/11/2021	3/15/2021	4 days following the injection I had chest pain similar to the reaction after Dupixent injection.
1223687	4/17/2021	MA	79	F	4/12/2021	4/13/2021	Resident complained of shortness of breath and stated that it started early in the morning of the 13th of April. Pulse ox at time was 94%. No complaint of chest pain. Lung sounds were diminished. Vital signs were within normal limits. NP was notified and she advised to continue to monitor. The resident stated that the SOB subsided and no further issues were noted.

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1223914	4/17/2021	TX	29	F	4/17/2021	4/17/2021	At around roughly 7:00 pm my regular achy arm became body aches followed by chest pain and shortness of breath. I know I do not have COVID 19 I haven't left my house since March 2020 until October 2020 to have my baby and since then haven't been out again except to get vaccinated in March 2021. I also do not have any underlying conditions I've had full check ups because I had a baby 6 months ago. The only side effect concerning me are the shortness of breath and chest pain.
1222651	4/17/2021	IL	50	M	4/14/2021	4/14/2021	syncopal episode 1 minute after receiving second Covid vaccine dose. Patient had head down and slumped over, was diaphoretic. Patient also had a syncopal episode after his first dose at the end of March, and at that time fell and hit his head, requiring a CT head. Additionally at that time patient continued to have persistent nausea and vomiting afterwards requiring numerous antiemetics and IV fluids. He also had a full work-up, which did not reveal any concerning signs in relation to his syncopal event. Before syncopized today, patient denies experiencing any chest pain, palpitations, shortness of breath, nausea. He said he began to experience some lightheadedness, and then lost consciousness. This was witnessed by his husband, who is with the patient today. Denies any head trauma, neck trauma. He spontaneously regained consciousness shortly after, and felt clammy, however was not experiencing any other symptoms. Patient currently denies any symptoms. Endorses compliance with his medications.

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1223085	4/17/2021	VA	19	F	4/16/2021	4/16/2021	During 15 min waiting period patient developed lightheadedness and dizziness with heart racing. No chest pain or chest tightness. She felt weak and unable to walk. At first was thought to be a vasovagal reaction and she was given po fluids and monitored. Vitals were stable. HR was in the 70s with a baseline of 50s. She began to feel somewhat better in terms of the lightheadedness and dizziness and was able to walk to "clinic" area at the vaccination event. Her heart rate was fluctuating between 50 and 107 and otherwise vitals remained normal. Blood pressure up a bit more than likely due to anxiety. BP 132/90; HR 50 - 107; Rep 20; P.O. 98%; denied pain. She was given 25mg diphenhydramine IM. No complaint of throat closing, no anaphylaxis. She continued to feel waves of tachycardia. Rescue squad dispatched for further management and observation to make sure no delayed anaphylactic reaction. Her course at the ED was benign. No further management other than fluids. Urine pregnancy test was negative. No bloodwork completed. Patient observed four hours with no adverse event and left ED feeling her normal self. At no time had anaphylactic reaction.
1223890	4/17/2021	AR	41	F	4/16/2021	4/17/2021	Severe inflammation in legs. Seen in ER D-dimer high. No evidence of clot in leg which was where the main complaint of pain and swelling. Pain in both legs but right greater than left. Elevated blood pressure 153/61. Headache. Nausea with vomiting. Dizziness. Fatigue. Global joint pain > 24 hours after injection. Chest pain dominant left side.
1223818	4/17/2021	TX	50	F	3/13/2021	3/15/2021	fatigue with on and off nose bleeds for 4 days (I can't remember the last time I had a nose bleed before this), then a week of symptoms consistent with pleurisy (sharp chest pain with breaths but not with shallow breaths and only comfortable to sleep on one side at night), then two days worth of lower back/side pain
1223752	4/17/2021	MO	58	F	4/16/2021	4/16/2021	Fever 101.1, chills, lymph node under left arm swollen and very painful, neck aches,bilateral shoulders ache,upper back aches,bilateral wrist aches,nauseous,extreme fatigue, chest pain anxiety short of breath

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1223730	4/17/2021	CA	46	F	4/17/2021	4/17/2021	1520 patient received COVID 19 vaccine. 1528 transferred patient to Treatment area via wheelchair accompanied by husband due to chest tightness and SOB. 1531 911 called due to worsening chest pain and persistent distress. 1535 Epi pen given to right lateral thigh. 1538 O2 at 2 lpm via N/C. 1542 Paramedics arrived and assumed care. Transported to ED.
1223703	4/17/2021	CA	30	F	2/2/2021	2/18/2021	On 2/18/21 I awoke with sharp transient chest pain. It awoke me at 2:00AM and subsided around 2:10AM and I went back to sleep. I was then awoken 2 additional times with chest pain that subsided in about 10 minutes after sitting up. I experienced chest pain every evening thereafter which awoke me and finally on 02/21/21 I went to the emergency department where the physician performed an EKG, Chest Xray, CBC, BMP, BNP and Troponin levels. All of the tests were normal and the physician did not determine a diagnosis for my chest pain. I felt as if the symptoms were similar to pericarditis and after my trip to the ED I experienced transient chest pain during the day along with at night. I took ibuprofen 800mg TID, which helped to alleviate the chest pain for most of the evening and day. The chest pain ceased on 2/26/21 and I have not experienced it since. I have never experienced this type of chest pain in the past and do not have any chronic cardiac conditions.

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1223680	4/17/2021		55	F	4/17/2021	4/17/2021	4/17/2021 Patient was observed post Covid-19 immunization for 15 minutes . During the observation period, she experienced an adverse reaction with the following symptoms: difficulty breathing and dizziness, chest pain. Assessment : Time of assessment 150pm Alert and oriented, Anxious and hypertensive. Patient reports that she did not take her hypertensive medication today. Actions taken: Vitals sign taken EMS called at 215pm. VAERS form obtained and completed by RN. Hand off to EMS upon arrival at 215pm. At 150pm BP - 139/103, P- 96, O2- 99%, recheck at 202pm- BP- 144/88, P- 94, O2- 97%, water given x1 Medications administered: ASA 81 mg x 4 tabs given by EMS at 225pm Disposition:Patient evaluated and transferred to the hospital for further evaluation and care. Time of transport: 0218pm. Immunizations Administered Name Date Dose VIS Date Route Pfizer COVID-19 Vaccine 4/17/2021 1:30 PM 0.3 mL 12/11/2020 Intramuscular Manufacturer: Pfizer, Inc Lot: EW0164 NDC: 59267-1000-2
1223679	4/17/2021	WI	63	M	4/15/2021	4/17/2021	Acute right lower lobe subsegmental pulmonary embolism. Patient presented with right-sided, intercostal chest pain and shortness of breath. CT angiogram revealed a PE with small infarct, no heart strain. Patient started on pain medication and anticoagulation. Anticipate full recover and discharge the day after hospital admission. This is hospital day 1.
1223650	4/17/2021	FL	37	F	3/12/2021	3/15/2021	In the evening on March 15th, she began having shortness of breath and chest pain. She asked her boyfriend for her blood pressure cuff so she could take her blood pressure. As he was getting it she told him to call 911 and then her eyes rolled back in her head and she stopped breathing. Paramedics attempted to revive her but were unsuccessful. She was taken to the hospital and pronounced dead. Cause of death listed as heart disease.
1223629	4/17/2021	MN	56	F	3/13/2021	3/13/2021	Headache, fever, weakness, and hallucinations from 12 to 36 hours after receiving vaccine. Weakness, shortness of breath, spaciness, and body aches from day 2 to 6 after receiving vaccine. Chest pain, back pain, and indigestion beginning around 2 weeks following vaccination and continuing until present day.

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1223610	4/17/2021	OH	62	F	4/1/2021	4/2/2021	* On 4/2/21 - Fever 103.2, Fatigue, No appetite, Dizziness. * On 4/5/21 - Severe chest pain. Went to ER. Transferred to clinic in. Admitted to clinic on 4/5/21: - Test: Ultrasound, Xray, Lab Tests, Electrocardiogram - Outcome: Pericardial enhancement adjacent to the left ventricle with no effusion - Treatment: Motrin 400 mg/4 times a day, Protonix 40mg/day to protect stomach
1223338	4/17/2021	HI	47	M	4/8/2021	4/9/2021	47-year old male c/o frontal headache since Friday, 4/9/2021. Received his Johnson & Johnson vaccine on Thursday, 4/8/2021. Still having his headache now. 9/10 pressure-like on the frontal head - constant States, "I never had this kind of headache before". 6/10 burning epigastric pain. Also has bodyaches. Has mild dizziness. Denies any photosensitivity, fever, flu-like sx, nausea/vomiting, chest pain, dyspnea, numbness, tingly sensation, slurred speech, back pain, rectal bleeding.
1223181	4/17/2021		67	M	4/2/2021	4/2/2021	Admitted 4/2/2021 with chest pain
1223729	4/17/2021	CA	60	M	4/12/2021	4/15/2021	On Thursday around noon, pt. had a headache, chest pains, numbness in left arm, the ER checked his heart rate and it was 215, they did blood work which came back normal & took more blood 4 hours later to check for heart damage, They admitted him to the hospital and did an EKG the next day that did not show any negative results (you'd have to get that from the hospital) They completed an Angiogram and found no blockage. Today, April 17th, I believe they did a cat scan of his lungs to check for blood clots and I am not sure of the results.
1223288	4/17/2021	NM	32	F	4/14/2021	4/14/2021	Moderna COVID-19 Vaccine Shortness of breath (from day of administration until today) Nausea and alternating diarrhea and constipation (from day of administration to today) Dizziness and light-headedness, weakness (from day of administration to today) Fatigue and pain in left arm (from day of administration to yesterday) Chest pain (from day of administration to today) Insomnia (from day of administration to today)

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1223586	4/17/2021	CA	54	F	4/17/2021	4/17/2021	<p>Patient presents following administration of the second dose of Moderna COVID19 vaccine in the left deltoid. Patient stated that 20 minutes following administration of the vaccine, the patient started to experience an itching sensation in her left shoulder, neck, and right shoulder. She denies decrease in muscle strength or difficulty swallowing. She relates that a similar experience also happened following administration of the first dose of Moderna vaccine. She related that it lasted for about 2 hours and went away without intervention. She did not seek medical attention. She denies allergies to medication, vaccines, and food. She denies a past medical history. She does not take medication on a regular basis. She denies chest pain, difficulty breathing, swelling of the face/lips/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting.</p> <p>Exam (update as needed): GEN: Alert and oriented x 4, NAD. HEAD: NCAT EYES: PERRL, EOMI ENT: Ears normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g PULM: Clear to auscultation bilaterally, no accessory muscle use ABD: Soft, no tenderness. SKIN: No rashes, skin warm and dry. No erythema or edema of the injection site. MSK: FROM, MS 5/5 NEURO: Alert and oriented x 4, CN 2-12 grossly intact, no ataxia, gait steady Clinical Impression/Field Tx: Paresthesias related to vaccination. No acute skin manifestations or anaphylactic manifestations that require emergent intervention. Vitals signs stable. Symptoms are stable. Patient was driven to the site by significant other and stated they would take PO Benadryl once they arrive at home. They do not intend to operate heavy machinery for the remainder of the day. Further instructed patient about what vaccine side effects to expect following second dose administration and appropriate interventions/at home care. Instructed patient to consult their PCP regarding the post-vaccination reaction. Patient instructed to go to emergency department should they develop chest pain, difficulty breathing, swelling of the face/lips/mouth/tongue/throat, or cramping abdominal pain with nausea/vomiting, as these are signs of possible anaphylaxis that requires immediate intervention. Medications administered: None Disposition: Home</p>

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1223370	4/17/2021		25	F	4/15/2021	4/15/2021	I started getting heart palpitations that night that haven't stopped. I couldn't sleep and all day the next day I have having chest pain, heart palpitations, and physical feeling of panic although mentally I was fine. it felt like I kept having adrenaline rushes
1223374	4/17/2021	AL	56	F	3/31/2021	3/31/2021	chest pain post baccine
1223383	4/17/2021	TX	45	F	1/26/2021	1/27/2021	On Jan 26th 2021 around 3pm I had 2nd dose vaccine . I took Zyrtec 1 hours before vaccine and 12 hours later on 27 Jan 2021, around 3am . I had side effect. I felt chest pain, difficulty in breathing, facial swelling, some rashes in the neck and low grade fever, dizzy, headache and severe pain , chills and felt very weak for 48 hrs. I took Benadryl, Tylenol and Zyrtec per MD order. after 48 hours later I felt I was getting better. Weakness and dizziness lasted about a week then 1 week later I went back to normal condition. I had same side effect with my 1st dose of COVID vaccine as well. I went to see the provider at that time.
1223413	4/17/2021	CA	53	M	4/3/2021	4/4/2021	Adverse: Severe Chest, back & should pains. Chest pains come and going all day long on a scale of 3-8 in pain. Back pains correlate to the chest pains. Should has always in pain around a 3-4 Been seen by the doctor on April 7th. and they performed two EKGs, two CT Scan and two Ultrasound scans and found nothing wrong with my heart. Since April 4th until today April 17th the chest pains continue. They get much worse when I lay down, so I have to sleep in a chair to lower the pain. Even while sleeping in a chair the pain comes and goes all night long.
1223414	4/17/2021	FL	27	F	4/9/2021	4/11/2021	About 48 hours after first vaccine dose I started feeling really itchy. Followed by large patches of hives showing up all over my body. Individual patches last about 10 minutes but the hives are continuous throughout the day. Also possibly related, experienced stabbing chest pain a couple times throughout the week. Over 5 days after onset of hives, the severity and consistency has not decreased at all.

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1223517	4/17/2021	WI	70	F	4/17/2021	4/17/2021	<p>Within minutes after receiving 2nd dose of Pfizer COVID vaccine (at approximately 1200) patient presented to this RN due to complaints of feeling like she would pass out. She was holding her head in a wheelchair and appeared quite uncomfortable. She was safely transported to a recliner to elevate legs. She was laying in a flat position. Mask taken off due to complaints of "having a hard time breathing." Patient complained of LEFT sided chest pain; unable to determine if this pain is acute or chronic. Patient slow to respond and unable to describe symptoms well. Patient slow to respond to questioning. Patient with mildly stuttered speech. Eventually patient admitted to dizziness. Given the nature of presentation, First responder called and arrived quickly. Vitals at 1200: 135/112, semi-Fowler's position, right arm 84 bpm, apical, regular 95%, room air Patient denied swelling, throat tightness. No rash. Patient sat up in chair to help with breathing. Vitals at 1212: Heart rate 101 bpm. No apparent respiratory distress. NP briefly auscultated prior to immediate transport to Emergency Department. Per NP, patient with =1/6 systolic murmur and tachycardic, on auscultation. Per NP Patient's LS clear and equal bilaterally, bases mildly diminished. Patient transported to Emergency Department via wheelchair with First Responder.</p>

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1223557	4/17/2021	WI	59	M	4/17/2021	4/17/2021	Within minutes after receiving 2nd dose of Pfizer COVID vaccine (at approximately 1200) patient presented to this RN due to complaints of feeling like she would pass out. She was holding her head in a wheelchair and appeared quite uncomfortable. She was safely transported to a recliner to elevate legs. She was lying in a flat position. Mask taken off due to complaints of "having a hard time breathing." Patient complained of LEFT sided chest pain; unable to determine if this pain is acute or chronic. Patients slow to respond and unable to describe symptoms well. Patients slow to respond to questioning. Patient with mildly stuttered speech. Eventually patient admitted to dizziness. Given the nature of presentation, first responder called and arrived quickly. Vitals at 1200: 135/112, semi-Fowler's position, right arm. 84 bpm, apical, regular, 95%, room air. Patient denied swelling, throat tightness. No rash. Patient sat up in chair to help with breathing. Vitals at 1212: Heart rate 101 bpm. No apparent respiratory distress. NP briefly auscultated prior to immediate transport to Emergency Department. Patient transported to Emergency Department via wheelchair with First Responder.
1223394	4/17/2021	MA	27	F	3/30/2021	3/30/2021	fevers, body aches headaches first 24 hours SOB and chest pain - two weeks later.

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1223566	4/17/2021	WA	49	F	4/6/2021	4/9/2021	Immediate muscle tension in left arm following vaccine shot in left arm. The soreness persisted for several days. Painful to lift left arm higher than my shoulder. The morning of day 3, I woke up to feel a pronounced skin irritation under my left armpit. Later that day, I noticed a small welt on my left arm and the irritation had grown to include my upper left arm front and back. Over the next few days, the number of welts increased and the pain was increasing from the skin irritation. The tension in my shoulder started to give way to feeling tightness in my left chest. I reported the symptoms. I tried to report to the Health Department, but they wouldn't take a report stating that the symptoms I was reporting did not match "known symptoms". On 4/13/21, I went to the Urgent Care to have the rash examined. The doctor tentatively diagnosed as Shingles. However, because of the chest pain, he referred to the Emergency Room for blood tests to rule out a possible Pulmonary Embolism. The blood tests came back normal. I was prescribed 12 Hydrocodone-Acetaminophen for the pain and discharged. On 4/15/21 I returned to Urgent Care because the welts were continuing to spread and the pain was increasing. Including sharp pains associated with the shingles. At this visit I was prescribed 21 tablets of Hydrocodone-Acetaminophen and 21 tablets of ValACYclovir.
1218434	4/16/2021	FL	57	F	3/5/2021	3/16/2021	A few days after the vaccine I woke up with a headache and chest pain. The headache was like none I had ever had before. I went to the hospital for treatment and stayed overnight.
1218820	4/16/2021	OH	40	M	4/5/2021	4/9/2021	Had usual reaction on day two: chills, tired, sore, etc. On day 5 I experienced very painful chest pain quite suddenly- went straight to ER, turned out to be lung pleurisy. I've never had this, nor have I ever had chest pain or been to the ER before this.
1218817	4/16/2021		53	F	4/15/2021	4/15/2021	Patient seated in observation and completed 15 minutes when she started to c/o throat swelling and difficulty breathing. SP02 100% BP 144/80, HR 82. Patient then started to c/o chest pain. Given Benadryl and RRT was called

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1218800	4/16/2021	AR	64	F	4/9/2021	4/9/2021	Patient was waiting the recommended 15 minutes after vaccination. Close to the end of the time period, patient starting have chest pain. Paramedics were contacted and patient was taken to Hospital by ambulance. Patient was discharged 3 days later on Lovenox therapy for blood clotting. Per the patient, ER physician stated that patient's prognosis would have been much worse had she not been under supervision of pharmacy vaccination staff and taken to hospital by ambulance.

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1218744	4/16/2021	TX	18	F	4/7/2021	4/7/2021	<p>She got her J & J vaccine around 4:30 on April 7th ,2021. She was feeling fine up until around 10:00 that night when she began to have some of the regular side effects in addition to some unusual ones that were more concerning. She had chills was feverish and nauseous with flu like symptoms of her body aching. However, at around 10:30 that night she reported having difficulty breathing and having chest pains with pain when she would take breaths. She noticeably was taking very small but frequent breaths due to the pain. She described a pressure on her chest as if there was a bowling ball sitting on top of her chest. She was crying from the pain and her difficulty breathing. She also reported that her throat felt like it was smaller/ constricted. At that time, she was given Acetaminophen and later around 12:00 she was given Benadryl. When she went to bed that night, she was in pain but she also reported that her heart was racing and her resting pulse at the time was 110 bpm. She had the flu like symptoms into Thursday evening but by Friday she looked a lot better except for her difficulty breathing with complaints of chest pain when she breaths with continued pressure on her chest. She rested in bed for most of Friday and on Saturday she got dressed in the afternoon and took a walk around half a mile at which time she was exhausted and felt out of breath. When she walked back from her destination about a half mile, she needed to rest in bed to recuperate. The pain while breathing lasted into Sunday. Monday morning, she attempted to run and became winded from running a short distance of ¼ of the block and could not catch her breath having difficulty breathing and throwing up with a lot of subsequent chest pain that day. She was taken to the doctor by 10:00 that morning to run lab tests and get an examination. She is slowly getting better and taking it easy but Tuesday she still had some pain and by Thursday she is reporting that while the chest pain is still there it is more of a discomfort that she feels when breathing as compared to pain. She continues to report the discomfort when breathing till today 4/16/21 and is still limiting her physical activity but going about her daily routine.</p>

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1218735	4/16/2021		53	M	3/17/2021	3/24/2021	Patient received 1st COVID vaccine on 3/17. On 3/24, he experience pleuritic chest pain and was admitted to the hospital for pericarditis confirmed by EKG. During this hospitalization, he was incidentally found to have left main stenosis 60-70% on the LHC, requiring PCI. Patient did not have an acute MI - hence Dressler Syndrome was thought to be less likely. He was discharged after a week on 3/30/21 with colchicine and other cardioprotective medications. He received his 2nd vaccine on 4/7/21. On 4/14/21, patient was readmitted for pleuritic chest pain attributed to recurrent pericarditis.
1218408	4/16/2021	WI	49	M	4/10/2021	4/10/2021	Chest Pain with Shortness of Breath
1218469	4/16/2021		72	M	4/12/2021	4/13/2021	death Narrative: Patient passed away on April 13, 2021 at home at 1810 He was 72 years old had severe aortic stenosis and hypertension and had an aortic valve replacement (TAVR) at hospital on Jan 20, 2021. He was readmitted to hospital for shortness of breath which was evaluated from Feb 19 - Feb 21, 2021 I spoke with his daughter today. She was with him at home when he went to the bathroom and since he had not come out for some time, she knocked on the door and found him collapsed in the bathroom. She called 911, who did CPR, however he had passed away. He was referred to the coroner. He had his first Moderna vaccine on March 15, 2021 after which he had not had any side effects. He received his second dose on April 12, 2021 and had not mentioned any side effects other than mild abdominal discomfort. Daughter said his shortness of breath had been improving after his discharge from the hospital. He had not complained of chest pain, cough, fever, diarrhea, in the last few days. I paid condolences to daughter and told here we would be reviewing the case to see if there was any relationship to him receiving the Covid19 vaccine and that the case had already been referred to the coroners office.

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1219278	4/16/2021	NC	56	M	4/13/2021	4/15/2021	Patient is 56-year-old male who presents to the ED for complaint of febrile reaction and swollen axillary lymph nodes after covid-19 vaccine. Patient reports febrile episode overnight. Patient reports fever up to 104, chills, and diaphoresis. Patient reports nausea without vomiting. Patient reports axillary lymphadenopathy, however no chest pain, shortness of breath, sore throat, syncope, palpitations, or diarrhea. Patient has history of CLL, which is currently just being monitored without treatment. Patient otherwise feels well, is a nonsmoker, has no significant confounding illnesses. Patient was hospitalized for viral pneumonitis subsequent to covid-19.
1219271	4/16/2021	CA	51	M	4/6/2021	4/7/2021	Within 24 hours I developed chest pain about 2 inches to left of sternum. Within another 24 hours the pain shifted another 2 inches towards my left armpit. Pain can be slight to intense at times requiring me to sit down. Within 24 hours I developed a painful bump in the trapezoid about halfway between neck and shoulder. The bump has gone down now (day 10) but the pain continues. It's relatively constant throughout the day but gets severe enough towards the evening to stop or minimize the use of my left arm. It seems to be activity related. The more I need to do that day, the worse it is in the evening. Pain in left arm has been as expected but continues at day 10. It is slowly subsiding and is minimal compared to the other two pain locations.
1218858	4/16/2021	MI	68	M	2/25/2021	2/28/2021	Pt developed chest pain and dyspnea on exertion about 3 days after vaccine. It lasted for about 3 weeks with exertion
1218570	4/16/2021	MN	80	F	3/11/2021	4/12/2021	patient presented to ER with left sided chest pain. Chest x-ray and chest CT performed. Chest CT showed linear embolism in lingular branch of left pulmonary artery. EKG showed right bundle branch block which was different than last EKG in 2019. Patient treated with Eliquis 10mg BID x 7 days, then 5mg BID x 3 months.
1218926	4/16/2021	AL	31	F	4/14/2021	4/15/2021	Swelling, redness, pain in left arm injection site. Lump on collarbone that is causing pain on left side upper chest pains and left side neck pains, as well as left side head pains

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1218929	4/16/2021	TN	53	F	4/9/2021	4/9/2021	After patient received the vaccine the following events occurred: - Office visit with PCP 4/14/2021. Complaints consisted of chest pain, SOB, left shoulder and left breast soreness and pain, difficulty sleeping. CT and EKG test ordered and performed. - CT result showed bilateral Pulmonary Embolism. - Lower extremity doppler ultrasound was also performed and negative. Patient is still admitted to hospital and awaiting overall outcome.
1218944	4/16/2021	NJ	33	F	4/15/2021	4/16/2021	Headache, chills, fatigue, tingling, chest pain, back pain
1218965	4/16/2021	MO	26	M	4/13/2021	4/15/2021	Per provider notes, 26-year old male was brought to the emergency room after he had an out of the hospital cardiac arrest/seizure. Mother of patient provided initial history. Patient received his first COVID vaccine 2 days ago and the next day he started complaining of some chest pain. Patient woke up on the 15th, mother made breakfast and acting normal. Mother went up to room and found him unresponsive foaming at the mouth and may have been shaking. Paramedics arrived and started CPR and noted he was in V fib and shocked once into an organized rhythm. Patient experienced another seizure in the ED. Patient's family was positive for COVID in January. Patient was tested then and tested positive at hospital. Cycle threshold was 39.9. Patient was intubated initially yet extubated on 4/16/2021
1218971	4/16/2021	IN	34	F	4/10/2021	4/13/2021	Vomiting/nausea, body aches, coughing spells, sneezing, congestion, chills/sweats, chest pain from coughing, headache that won't go away Symptoms started 4/13, nausea and chills went away after 24 hours. Headache, coughing, sneezing, etc all still present as of 4/16
1218995	4/16/2021	TX	56	F	4/12/2021	4/12/2021	chest pain, sharp, dizziness, sob

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1219001	4/16/2021	AZ	31	F	4/9/2021	4/9/2021	Per NP note, "This is a 31 y.o. female presenting to the emergency department with a chief complaint of intermittent headaches onset five days ago s/p Johnson and Johnson vaccination. The patient's headaches are localized to the right front side of her head and are described as severe and "throbbing". She notes that these headaches are nothing like she has experienced before. Associated symptoms include dizziness. The patient was instructed to come here by her nursing school, who is concerned she may be at risk of CVA due to the recent vaccination. The patient got a notification from CVS warning about risks of the vaccine which prompted her concern as well. The patient denies any facial changes, fever, sore throat, cough, nausea, vomiting, diarrhea, urinary complaints, abdominal pain, shortness of breath, or chest pain. The patient has no other symptom complaints at this time.~~
1219010	4/16/2021	TN	34	F	4/16/2021	4/16/2021	About 5 minutes after second dose covid 19 vaccine patient got nauseated and started vomiting and complained of headache. Vital signs checked with in normal limits. Denies any respiratory distress or any chest pain. Wet cloth applied to forehead and ice chips with lemons for patient to put in mouth. Monitored for 35 minutes patient stated symptoms were improving. Instructed to notify primary care M.D. Go home and lay down in dark room and increase fluids and have husband stay with here and monitor her if any problems with breathing, nausea, vomiting, severe headache go to the Emergency Room.

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1219037	4/16/2021	OR	64	F	3/26/2021	4/1/2021	First dose on 3/5/21 in left arm - muscle tenderness & some fatigue. Second dose given on 3/26/21 in left arm. Some tenderness in left upper arm. About a week later (April 1) I had left upper back & chest pain (just left of thoracic spine area and forward to left of my sternum bone & left shoulder pain). The area of discomfort increased to under my left armpit. I used Tylenol every 4 hours but still had some pain. The pain was bad enough that I had trouble sleeping at night and reaching for objects in my home. I noticed an "engorged" feeling & tenderness in my left breast. Swollen lymph nodes were present under my left arm - breast was too tender to check for more lymph nodes. No fever. Wasn't sure if I should go to an ER so checked the internet & 4/14/21 Contacted & consulted with my family doctor (Dr - My Chart messages) to let her know. Found information on Web (internet) that some women are having this kind of reaction in lymph nodes so was less worried about something more serious like a heart attack). Afternoon of 4/15 and today 4/16 feel the symptoms are beginning to go away - pain in my axilla area is better, lymph nodes not as hard & tender, left breast and left side of backbone have decreased discomfort.
1219087	4/16/2021	VA	22	M	4/1/2021	4/1/2021	22 y/o previously healthy male who presents after a covid vaccine at 0940 with left sided facial weakness and numbness since shortly after that time. He stated that originally his entire left side of his face felt numb and was weak but it's been improving since that time, now only his lower face. He denies any other acute symptoms including fevers, chills, chest pain, shortness of breath, nausea, vomiting, diarrhea or any other acute concerns. VS wnl. PE remarkable for weakness in V2-V3 distribution of face with some sensation loss in the V3 distribution of the left side of the face. While forehead is spared, this appears to be more of a bell's palsy that's resolving rather than an acute central process. During evaluation his symptoms completely resolved Will discharge home with return precautions. (released at 1411pm) 04/01/2021 12:13 BP: 115/70. MAP: 85. HR: 61. RR: 12. O2 saturation: 100%. Temp: 98.2 F. CLINICAL IMPRESSION Bell's Palsy on the left side.
1219092	4/16/2021	KY	37	M	1/22/2021	2/5/2021	Chest Pain/Palpitations; Elevated Troponins within a week of vaccination.

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1219132	4/16/2021		61	M	4/15/2021	4/15/2021	Chest pain/pressure
1219210	4/16/2021	IA	60	M	3/25/2021	3/27/2021	Clinic visit 4/7/21: "60 y.o. year-old male who presents for left calf pain, swelling, and bruising that began on 03/27/2021. Patient states that 2 days prior to symptom onset he received the Moderna COVID-19 vaccine. He did have symptoms of fever 102 F for approximately 24 hours. After the resolution of his fever he notice swelling of the leg with tenderness any line of bruising going down the medial aspect of his leg. He noticed more prominence of varicose veins of the left leg and began using a compression stocking. His varicose veins seem to worsen with sitting as well as tenderness, and improves with walking. He notes a tenderness over the upper calf. He denies any history of DVT/PE. He notes that two brothers sustained blood clots, one he believes was in varicose veins which were ultimately stripped and the other he is not sure of the exact nature of the clots. He is unaware of any hereditary clotting disorder in his family. He denies any shortness of breath, difficulties breathing, or chest pains." He was sent home with aspirin 325mg daily. Hospital admission 4/11/21 " 60 year old male with no PMH comes in c/o LLE pain that originally started 2 weeks ago and intermittently getting worse. The pain started around the left calf and has moved its way up to his thigh/groin area. The pain is sharp, 7/10, worse when standing, slight improvement with aspirin. Pt denies tingling, numbness, CP, shob, N/V/D, blurry vision or weakness. Associated symptoms include erythematic rash around left inner thigh, tender to touch, and swelling of calf/thigh. He works with heavy machinery but is always sitting down 1-2 hours at a time. He does have family history of DVT/PE. He is not on any daily NSAIDs or other anticoagulation and denies smoking." he was started on a heparin drip then transitioned to Eliquis and discharged the next day.
1219198	4/16/2021	MA	65	F	4/8/2021	4/8/2021	65-year-old female presenting with reaction to the Johnson & Johnson Covid vaccine. Received vaccination in her home, about 5 to 10 minutes later, developed redness and swelling of the face. Thought she had some stiffness of the tongue and tightness of the throat. No chest pain, shortness of breath.

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1217821	4/16/2021	OH	38	F	3/28/2021	3/28/2021	30 mins after receiving vaccine and after leaving vaccine testing site started having chest pain sob, heart rate dropped to approx 25 BPM radial pulse was weak and thready, felt 3-5 beats and then would have no pulse for approx 5-10 sec this went on for approx 30-45 mins became diaphoretic hydrated and rested after vaccine chest pain subsided and pulse regulated after approx 45 mins. the week follwing continued with severe headache daily for 7 days requiring OTC motrin daily to attempt to combat the pain.

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1215762	4/16/2021	NC		F		3/19/2021	<p>CHILLS; SHOULDER PAIN; HEADACHE; NAUSEATED; PASSED OUT; HEARING LOSS GETTING WORSE; CHEST PAINS; SWELLED UP; RINGING IN LEFT EAR; TREMBLING; BRAIN FOG; This spontaneous report received from a patient concerned a 74 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included type 2 diabetes and arthritis in the lower back. The patient was not pregnant. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration not reported, batch number: 1805018, and expiry: unknown) dose was not reported, administered on left arm on 19-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 19-MAR-2021, 30 minutes post-vaccination, the patient passed out and was rushed to the hospital and later she recovered. On the same day, the patient also experienced chest pains, chills, brain fog, trembling, nausea, shoulder pain that was shooting up and down between shoulder and elbow, ringing in left ear, developed swelling; headache and hearing loss in left ear that got worse. Electrocardiogram (EKG) was performed for chest pains (result unknown). At the hospital, she was given treatment that included Benadryl (diphenhydramine hydrochloride), many different shots (unspecified) and 'intravenous' (IV). The patient was at the hospital for about 8 hours. The patient was sent to a hearing specialist for her hearing loss. On 21-MAR-2021, the patient recovered from the events chest pains, chills, 'swelled up', nausea and trembling. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pains, chills, swelled up, nauseated, trembling and passed out, and had not recovered from brain fog, shoulder pain, headache, left ear hearing loss, and ringing in left ear. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210409641- covid-19 vaccine ad26.cov2.s - passed out. This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.</p>

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1220300	4/16/2021	NY	44	F	4/8/2021	4/8/2021	I will begin by noting that I am known for high pain tolerance and have been a strong, healthy, professional athlete for thirty years. The evening of the vaccination, I went to bed at 9pm feeling odd. By midnight, I became paralyzed with excruciating pain throughout my torso and arms with such an extreme fever that it felt as if my heart was going to stop. I had crushing chest pain which inhibiting my breathing ability in a way that could only be compared to being crushed under a burning truck. The paralyzation was so intense, with pre-existing pain multiplied by a thousand, that I couldn't even speak to alert my husband, who was right beside me. This continued for several hours until it subsided enough for me to pass out from exhaustion. The following day I battled residual aches throughout my torso and arms, accompanied by a mild fever. The trauma of fearing for my life that night and over the past week, exacerbated by the news of this vaccine I received being paused for issues related to my demographic, had made me too afraid to report my extreme side effects until now. With the encouragement and support of my family, I have worked up the courage to do so. It was the scariest, most intense pain and fever I have ever experienced in my life all at once and no one I have described this to has ever heard of the severity of what happened to me.

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1216216	4/16/2021	OH	57	F		4/7/2021	CHEST PAIN; LEFT SIDE HAND AND FOOT BURNING PAIN; SHAKING; HEART RACING; FEEL HORRIBLE; JOINT PAIN; CHILLS; NAUSEA; FEVER; SEVERE HEADACHE; FATIGUE; This spontaneous report received from a patient concerned a 57 year old female. The patient's height, and weight were not reported. The patient's past medical history included covid infection. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808978, expiry: UNKNOWN) dose was not reported, administered on 06-APR-2021 to left arm for prophylactic vaccination. No concomitant medications were reported. On 07-APR-2021, the subject experienced chest pain. On 07-APR-2021, the subject experienced left side hand and foot burning pain. On 07-APR-2021, the subject experienced shaking. On 07-APR-2021, the subject experienced heart racing. On 07-APR-2021, the subject experienced feel horrible. On 07-APR-2021, the subject experienced joint pain. On 07-APR-2021, the subject experienced chills. On 07-APR-2021, the subject experienced nausea. On 07-APR-2021, the subject experienced fever. On 07-APR-2021, the subject experienced severe headache. On 07-APR-2021, the subject experienced fatigue. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from shaking, chills, and fever on 08-APR-2021, had not recovered from severe headache, chest pain, fatigue, joint pain, left side hand and foot burning pain, nausea, and heart racing, and the outcome of feel horrible was not reported. This report was non-serious.
1219309	4/16/2021	AR	19	F	4/14/2021	4/15/2021	pt reports vomiting, diarrhea, and "tightness in chest". Pt states she will seek immediate medical attention for the chest pain she is experiencing
1216635	4/16/2021		51	F	4/10/2021	4/10/2021	Chest pain to left side 5days ago. Started having some headache and feeling like passing out yesterday. Some shortness of breaths and nausea present. Patient presents to ED with 3 days of headache, chest pain and nausea. She had the J&J vaccine 5 days ago. She felt like she was going to pass out.

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1216639	4/16/2021		35	F	4/12/2021	4/12/2021	Body aches, headache, chills and sore throat since pt got J&J vaccine on 11Apr2021. Took some tylenol this morning without relief. Patient is a 35 year old female who presents to ED with body aches, headache, chills, palpitations for 3 days. She received the J&J vaccine on 11 April. She denies any fevers, no cough, no chest pain. She denies any vomiting, has been eating and drinking well. Some loose stools. No other sick contacts. She has a history of chronic sinusitis.
1216653	4/16/2021	WA	45	M	4/6/2021	4/9/2021	Chills and joint pain in the evenings from day 3 through day 7. Mild to moderate Headaches from day 3 through day 9. Shortness of breath, twice between day 5 and 7. Chest pain on the evening of day 6, lasted 3 to 4 minutes.
1216704	4/16/2021	CA	38	F	3/23/2021	3/23/2021	After the first dose, shortness of breath and heart racing, muscle pain at the site of the injection. Once in 3-4 days and for 2 weeks. After second dose, after an hour, she had mild symptoms similar to her first dose, elevated heart rate, shortness of breath, felt lightheaded, palpitations, back pain, chest pain with the shortness of breath.

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1217077	4/16/2021	AZ	39	F		4/1/2021	DIARRHEA; VOMITING; BODY ACHES / INTENSE PAIN; HURTS TO BREATHE/BREATHING PROBLEMS; FATIGUE; CHEST PAIN/CHEST PROBLEMS; BED RIDDEN; NAUSEA; This spontaneous report received from a patient concerned a 39 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 2216279 expiry: UNKNOWN) dose was not reported, administered on 07-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On APR-2021, the subject experienced chest pain/chest problems. On APR-2021, the subject experienced bed ridden. On APR-2021, the subject experienced nausea. On 07-APR-2021, the subject experienced diarrhea. On 07-APR-2021, the subject experienced vomiting. On 07-APR-2021, the subject experienced body aches / intense pain. On 07-APR-2021, the subject experienced hurts to breathe/breathing problems. On 07-APR-2021, the subject experienced fatigue. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered with sequelae from hurts to breathe/breathing problems, and fatigue, had not recovered from diarrhea, vomiting, and body aches / intense pain, and the outcome of nausea, chest pain/chest problems and bed ridden was not reported. This report was non-serious.
1217218	4/16/2021	MN	28	F	4/2/2021	4/5/2021	Chest pain and swollen lymph nodes for the first week which prevented me from doing my normal activities like exercising. After the first week, I developed knee pain, a cough, and extreme fatigue. I had to miss a day of work on Monday, April 12th due to my symptoms. I slept for 48 hours (Sunday, April 11th 9pm-Tuesday, April 13th 9am) due to my extreme fatigue.
1217380	4/16/2021	GA	56	M	4/14/2021	4/14/2021	Patient complained of feeling weak and sweaty. No chest pain or shortness of breath or rash. Treatment- NO po water or juice given as patient is muslim and was fasting VS 203/138, HR 69, RR 12, Pulse Ox 99% EMS called for elevated BP and symptoms EMS arrived and repeated BP with manual cuff and BP was 137/86, accucheck normal and was released to go home Patient was obsd for one hour and DCed home

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1217606	4/16/2021	FL	74	F	4/11/2021	4/13/2021	Mom started feeling ill on Tuesday, April13 with extreme fatigue and a headache. Then on Wednesday, April 14 she experienced: Headache Dizziness Swelling: Left side of face Swelling: Neck Swelling: Knees and legs (unusual swelling) Chest pain Right arm pain shooting up shoulder left arm pain back pain (unusual/more intense) We went to the ER and they treated her with: pain relief 4 aspirin IV Benadryl
1217607	4/16/2021	NY	27	F	4/14/2021	4/15/2021	On 4/16, I was unable to move my muscles weren?t working. I was in a lot of pain that over the counter meds couldn?t help. I had severe migraines. For 4/17, I have shortness of breath and slight chest pain. My voice is going in and out I?m losing it.
1216589	4/16/2021		23	M	4/7/2021	4/7/2021	Chest pain, Migraines

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1218147	4/16/2021	SC	71	F	3/18/2021	3/28/2021	<p>Patient is a 71-year-old female with history of hypertension, hyperlipidemia, and obesity who presents with complaint of acute onset shortness of breath. She reports she was walking around her house earlier when she suddenly became short of breath. She denies any chest pain, numbness or tingling but states that shortness of breath persisted. She denies any tobacco, alcohol or drug use and states she has never had any symptoms similar to this before. Denies any lung disease or heart disease previously. She does have hypertension and hyperlipidemia and is on metoprolol and rosuvastatin respectively which she reports good compliance. Denies family history of MI or strokes. She also denies other symptoms such as nausea, vomiting, abdominal pain, fevers or lower extremity edema. In the ED vitals were found to be within normal limits. EKG was obtained showing diffuse T wave inversions, right bundle branch block, no ST changes, no hypertrophy. Troponin found to be elevated at 0.137, creatinine elevated at 1.3, BUN 26. Chest x-ray was within normal limits. Otherwise lab work was unremarkable. She was given aspirin and Nitropaste Hospital Course: Patient was admitted to the medical floor and remained hemodynamically stable throughout her stay. She actually remained asymptomatic and had no further shortness of breath. She was not hypoxic, at no point required supplemental oxygen. Her troponins however continued to uptrend to 0.389. Cardiology consulted, she was medically optimized with increased statin dose, therapeutic lovenox, and aspirin. Original plan was for cardiac catheterization. However, a d-dimer was ordered which returned elevated to 13.7. CTA was performed which revealed extensive bilateral pulmonary emboli with large clot burden and concern for right heart strain. Echocardiogram showed mildly dilated and hypokinetic RV with mild diastolic dysfunction with impaired relaxation. She was deemed not to be candidate for EKOS. Troponin elevation was felt to be type II NSTEMI 2/2 PE. PE was classified as unprovoked as she has no definite risk factors for this: no prior DVT/PE, no family history of clotting disorder, no evidence of malignancy (UTD with cancer screenings and visits PCP q6m for health maintenance), no cell line abnormalities, no prolonged immobility or long trips or surgeries, no trauma, no hormone or steroid therapies or even</p>

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1218329	4/16/2021	OR	52	F	3/7/2021	3/17/2021	antidepressants. She is obese, and has mild CKD. She tested negative for COVID-19 by antigen testing. The only identifiable change in her health habits recently was receiving the first COVID-vaccine dose on 3/18. We discharged her with Eliquis with instructions to taper from 10BID to 5BID after 7 days. As she will be on anticoagulation, the benefit will likely outweigh the risk of receiving the second COVID dose. She will follow up with her PCP and hematology/oncology.
1218295	4/16/2021	AZ	34	F	4/9/2021	4/14/2021	About 10 days after the vaccine, I started having shortness of breath, fatigue, night sweats and some chest pain. The chest pain is mostly a constant chest discomfort, along with brief sharp or burning pains in the center of my chest. The shortness of breath, night sweats and chest pain have not gotten any better and is still continuing on this day, 4/16. These are new symptoms for me and I felt absolutely fine before getting the vaccine.
1218285	4/16/2021	IN	23	M	3/31/2021	4/12/2021	Dizziness, nausea, pinching pain in left thigh, and then I collapsed. I had to go to the hospital and all tests looked normal. Ultrasound for blood clot did not show any clotting. That was two days ago. Today my vision is blurred, body aches and chest pain on the right side (Injection side.)
1218275	4/16/2021	FL	38	F	4/5/2021	4/5/2021	THE PATIENT WAS SEEN FOR CHEST PAIN, CHEST PRESSURE, AND SHORT OF BREATHE. THE PATIENT WAS GIVEN A CHEST XRAY AND AN EKG. THEY WERE BOTH CLEAR. THE PATIENT WAS ALSO GIVEN A COVID RAPID TEST WHICH RESULTED AS A NEGATIVE. THE PATIENT WAS THEN RECCOMENDED TO GO TO THE NEAREST EMERGENCY DEPARTMENT TO OBTAIN FURTHER TESTING AND HE REFUSED - SIGNING A AMA.
							Since time of vaccine I have been experiencing rapid heartbeat, shortness of breath and chest pain. Went to emergency room and urgent care to confirm no PE in lungs. Confirmed none but symptoms still remain increasing daily since time of vaccine

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1218263	4/16/2021	FL	46	M	3/12/2021	4/9/2021	Patient presented to Hospital 5 days after second Pfizer dose with myocardial infarction involving the Left Anterior Descending artery. He had no significant risk factors for coronary artery disease. He reports feeling very fatigue and dyspneic after first dose, and started to have chest pain after second dose.
1217691	4/16/2021	NC	41	F	1/8/2021	1/8/2021	5 min after injection to my right arm: redness and swelling to the left side only of my face. 8 min after injection to my right arm: sharp chest pains over my heart. 10 min after injection to my right arm: mild chest and throat tightness, mild shortness of breath. After 30 min: no shortness of breath, no chest tightness, no chest pains. After 2 hours: swelling and redness to face disappeared. 2 weeks after injection: red, hot, raised, itchy area to right arm at injection site. Disappeared after about 2 weeks.
1218184	4/16/2021	TX	21	M	2/24/2021	3/18/2021	Numbness and tingling in bilateral upper extremities, jaw, posterior scalp. Chest pain/tightness. Pt seen in local ER and evaluated with Labs, CT imaging, EKG and discharged with non-specific chest pain/parasthesias.

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1217752	4/16/2021	TN		F			<p>SHORTNESS OF BREATH; CHEST PAIN; SEVERE BLOOD CLOTS; This spontaneous report was received from a female patient of unspecified age. The patient's weight, height and medical history were not reported. The patient received COVID-19 vaccine Ad26.CoV2.S (suspension for injection, route of administration not reported), dose not reported, on 29-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, within a week of receiving the vaccine, the patient reported that she began experiencing shortness of breath and increasing chest pain. On 11-APR-2021, the patient was admitted to the hospital and a diagnosis of severe blood clots was made. After a full work-up, no etiology was determined. The action taken with COVID-19 vaccine Ad26.CoV2.S was not applicable. The outcomes of the shortness of breath, chest pain and severe blood clots were not reported. This report was serious (caused hospitalization).; Sender's Comments: V0:This female patient of unspecified age was hospitalized due to shortness of breath and increasing chest pain an unspecified time after blinded COVID-19 VACCINE Ad26.COV2.S was administered intramuscularly for prevention of symptomatic SAR-CoV-2 virus infection. No concomitant medications, past medical history has been reported. On an unspecified date, within a week of receiving the vaccine, the patient reported that she began experiencing shortness of breath and increasing chest pain. the patient was admitted to the hospital and a diagnosis of severe blood clots was made. After a full work-up, no etiology was determined. At the time of the report the outcome of the event is unknown. Based on the limited information the event is inconsistent with the causal association to immunization, per the WHO causality classification for adverse events following immunization. The event is considered not related to the blinded study vaccine. Additional information has been requested for further assessment.</p>

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1218144	4/16/2021	FL	50	F	4/15/2021	4/15/2021	Within 15-minutes of vaccination, the patient reported headache, nausea, and malaise. Paramedics evaluated the patient on-site. The patient was hypertensive (229/129). EKG demonstrated NSR, rate 85 bpm, no ST elevation. Paramedics transported the patient to Emergency Department. In the ED, the patient developed centralized chest pain, diaphoresis, and right jaw pain, but denies shortness of breath, nausea/vomiting, focal weakness, fever or chills. The patient remained hypertensive (184/85). Physician administered 325mg PO Aspirin, 0.2mg PO Clonidine, and 1 inch topical Nitroglycerin. The labs and imaging did not present evidence of myocardial infarct or intracranial hemorrhage. Due to symptoms on presentation, the patient was admitted to rule out ACS. Upon admission, the patient stated the chest pain "comes and goes", but is not currently having any chest discomfort. Admitting physician administered 5mg PO Amlodipine, 5mg PO Lisinopril, labetalol 10mg IV, and prophylactic Lovenox. As of 4/16, the patient had not been discharged, but their hypertensive urgency and chest pain have resolved and will be treated outpatient. Internist planning patient's discharge.
1218139	4/16/2021	TX	56	M	2/22/2021	2/23/2021	Fever, chills, body aches, chest pain
1218056	4/16/2021	AL	44	F	4/15/2021	4/16/2021	She got the vaccine, had arm pain, minor swelling, basic reactions, headaches and took Aleve for it. She then starting late last night she has sharp, stabbing chest pains, as well as swollen right eye. She has not taken anything and does not have a PCP to call.

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1217951	4/16/2021	NJ		F		4/7/2021	CHEST PAIN; CHILLS; MILD AND SEVERE HEADACHE; MILD SORE THROAT; BODY ACHE; PAIN BEHIND THE KNEES; NAUSEA; This spontaneous report received from a patient concerned a 40 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 041A21A, and expiry: UNKNOWN) dose was not reported, administered on 07-APR-2021 for prophylactic vaccination. No concomitant medications were reported. On 07-APR-2021, the subject experienced body ache. On 07-APR-2021, the subject experienced pain behind the knees. On 07-APR-2021, the subject experienced nausea. On 07-APR-2021 17:30, the subject experienced mild sore throat. On 07-APR-2021 17:30, the subject experienced mild and severe headache. On 08-APR-2021, the subject experienced chills. On 09-APR-2021, the subject experienced chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from mild sore throat, body ache, chest pain, pain behind the knees, mild and severe headache, and chills, and nausea on 09-APR-2021. This report was non-serious.
1217898	4/16/2021	WA	78	F	4/5/2021	4/5/2021	10 minutes after receiving the vaccination she started having chest pain, Sweating, numbness and tingling throughout entire body, headache. She started getting wheezing. She developed a rash on arms and legs. She went to the ER on 4/5/2021. She was discharged home with albuterol. Her shortness of breath got progressively worse and she was advised to return to the ER. She went back on 04/08/2021. She was given toradol and discharged home. Followed up with primary care on 4/15/20, still having shortness of breath, but improved from the last ER visit. She has significant exertional dyspnea. Her exercise capacity has reduced from 3-4 blocks, to barely able to make it across her house without stopping.

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1218396	4/16/2021	CO	62	F	4/9/2021	4/10/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: six days after immunization patient presents with shortness of breath, myalgias, cough, headache, and chest pain. Hospitalized with acute hypoxemic respiratory failure secondary to COVID-19 infection: administered steroids, antivirals, and anticoagulation. Patient currently hospitalized.
1218200	4/16/2021	PA	29	M	4/12/2021	4/12/2021	Patient is a 29-year-old male with no significant past medical history. Presents emergency room for a syncopal event. Patient was upstairs in this facility receiving a COVID vaccine. A few minutes after receiving the vaccine he began to feel lightheaded, asked for assistance and had a syncopal episode. Patient was eased to the ground there was no trauma. States he has had previous near syncopal events associated with seeing blood or having needles injected into him in the past. He is without complaint. Denies any chest pain or headache prior to event. Denies any previous history of blood clots or other coagulopathies.
1221058	4/16/2021	NC	37	M	3/11/2021	3/22/2021	Pt admitted to the ICU on 3/22/21 w/ pleuritic chest pain and shock requiring vasopressors. At time of admission pt had been taking antibiotics for an upper respiratory infection for 3 days. Echo Lv 40-45% upon admission. Pt was determined to have myopericarditis. On 3/24/21 pt was transferred to the cardiac intermediate unit. Endocrine consulted while in the cardiac intermediate unit to control his elevated blood sugars- endocrine team unable to determine if blood sugar is type 1 or type 2. on 3/27/21 pt went into respiratory distress required bipap & high flow nasal cannula and had a fever. Pulmonary consulted at this time- determined to be related to pulmonary edema and not a PE positive for pleural effusion. ID has been negative up to this point. 4/9/21 pt transferred to internal medicine service for work up for fever of unknown origin and continued management. Rheumatology consulted for leukocytosis, anemia, and elevated IgG. Ruled out connective tissue disease, stills disease, and vasculitis. Histoplasma was borderline positive pt has had recent bat exposure. Bone marrow biopsy done on 4/13/2021, ruled out HLH. Bronch done 4/15 to assess for TB, histoplasma, negative results so far. As of 4/15 no recommendations from ID and patient continues to look weaker/fatigued and spikes fever.

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1220464	4/16/2021	ID	37	F	4/15/2021	4/16/2021	Patient states they are experiencing tachycardia per her smart watch. Registering her at 120-130 BPM. Not experiencing chest pain or SOB. Patient reports a fever and chills. Per NP in the Health Clinic, patient should rest, drink lots of fluids, and go to the emergency room if they experience any chest pain or SOB.
1220465	4/16/2021	TX	24	F	3/10/2021	3/24/2021	Report hair falling out 2 weeks post vaccination and bruising of the right and left arm -noticed on 4/15/21 1 month and 6 days post vaccination. Report of chest pain 1 month 6 days post vaccination described as a pinch lasting 2 minutes. Denies SOB, leg swelling, headache or blurred vision. Treatment: Instructed to see primary care doctor
1220518	4/16/2021	NY	23	F	4/14/2021	4/15/2021	23 year old female presents with right sided neck pain x 1 day, reports associated symptoms of headache, coughing, sore throat and myalgias s/p first dose of COVID19 Pfizer vaccine yesterday. Pt reports she couldn't sleep because she felt her heart was beating faster. Pt reports she received COVID19 vaccine dose in left deltoid. Pt denies fever, coughing, emesis, diarrhea, chest pain, SOB, lower extremity edema, lower extremity tenderness. No known sick contacts, no recent travel history. She reports she took Tylenol yesterday and today, with moderate relief. Pt offers no other complaints. Vitals at time revealed normaltensive T98.4F, HR of 100bpm Cardiorespiratory exam on auscultation +S1/S2, tachycardic at 100bpm on repeat, lungs CTAB There was a palpable tender anterior right cervical lymph node that was mobile and well circumscribed around 1x1cm. Pt was advised to take Tylenol and/or Motrin for neck pain, headache. She was discharged home with anticipatory guidance and ED precautions should she develop chest pain, shortness of breath, dizziness, jaw pain, and/or chest pressure, slurred speech. Pt was receptive to advice. She was contacted the following day, (today on 4/16/2021) and she reports she feels much better: palpitations and headache has resolved, and neck pain is improving.

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1220528	4/16/2021	TX	31	M	4/14/2021	4/14/2021	None immediate. No negative reaction to first dose (3/17/21). Swelling: 6 hours following second dose (4/14/21), noticed swelling on lower lip. Swelling continued overnight and through morning of 4/15. Took Benadryl around noon 4/15 and swelling receded by evening. Rib/back/chest pain: Around 11:30pm on date of injection, had strong acute pain around lower rib cage. No difficulty taking breaths but pain was intense for about 30 minutes. Hives: Woke up morning of 4/16 with hives on lower back. By 11am, hives continued to spread to hips, neck, under arms, chest, belly. Sought treatment at urgent care at 12pm and received steroid injection. Took 1 Zyrtec around 1 pm on doctor?s orders. Also applied some triamcinolone acetonide cream on some spots, not on doctor?s orders (he?d leftover from old prescription). Hives continued to get worse until about 3:30pm, have since steadily subsided.
1220565	4/16/2021	CA	37	F	4/16/2021	4/16/2021	Patient states that 10 minutes after getting her 2nd Covid vaccine, she started to feel her tongue swelling. Denies any difficulty swallowing , denies chest pain, denies palpitations. No observation of redness, swelling o face hnds or feet. Vitals signs obtained 0930 BP 117/72 HR 52bpm SpO2 100% , and 1006 BP 103/63 HR 52bpm SpO2 100%. No RRT called. Pt left clinic by herself 1010
1220590	4/16/2021	CA	45	M	4/13/2021	4/14/2021	- In the early morning of 4/14/21 Pt called Kaiser help line complaining of cold hands/ feet, restlessness, pallor, R arm pain. - Telephone visit 4/14/21 complained of chills, nausea, vomiting, abdominal cramping, diarrhea. Fluids and rest recommended. - 4/15/21 presented to Kaiser with chest pain, shortness of breath, abdominal pain. Diagnosed with late presentation of acute coronary syndrome / anterior ST elevation MI. Echo with low EF < 25%, LV apical thrombus - 4/16/21 heart catheterization showed 100% occlusion of LAD treated with PCI / DES x 2, IABP. Endotracheal intubation for respiratory failure.
1220611	4/16/2021	TX	31	F	4/16/2021	4/16/2021	Pt reports immediately after receiving her second dose, she felt the injection go straight to her heart. Approximately 15 min after the injection she complained of chest pain, as if being ?punched in the heart?. The pain was rated as an 8 on scale of 0-10. The pain never subsided during clinic visit prior to emergent transport to EC.

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1220719	4/16/2021		58	F	4/15/2021	4/15/2021	Shortness of breath and dizziness, BP 157/76, HR 73, RR17. 59 y.o F with history of insulin required DM, HTN, high cholesterol on Metoprolol, statin, ASA, insulin, and claritin. Had dizziness 15 minutes after Pfizer dose #2, later developed chest tightness and SOB. Didn't take insulin today. SOB releived in 15 minutes, chest pain and dizziness improved. Left in stable condition and advised to go to ER if symptoms continue
1220727	4/16/2021		73	F	3/16/2021	3/16/2021	Patient had a short term chest pain, she said she was fine after the 2nd half day

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1220920 4/16/2021 IN

F

Mild chest pain; Body ache; Low grade fever (101°F); Head ache; Welt on the arm at the injection site about a week after being vaccinated; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Mild chest pain), MYALGIA (Body ache), PYREXIA (Low grade fever (101°F)) and HEADACHE (Head ache) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No relevant medical history provided). On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced CHEST PAIN (Mild chest pain) (seriousness criterion hospitalization), MYALGIA (Body ache) (seriousness criterion hospitalization), PYREXIA (Low grade fever (101°F)) (seriousness criterion hospitalization), HEADACHE (Head ache) (seriousness criterion hospitalization) and VACCINATION SITE SWELLING (Welt on the arm at the injection site about a week after being vaccinated). At the time of the report, CHEST PAIN (Mild chest pain), MYALGIA (Body ache), PYREXIA (Low grade fever (101°F)), HEADACHE (Head ache) and VACCINATION SITE SWELLING (Welt on the arm at the injection site about a week after being vaccinated) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. The patient has no know history of COVID (had 2 negative tests; no antibody test was completed). Concomitant product use was not reported. Treatment medication included dexamethasone which relieved the symptoms for a while. However, at the time of this report on 07-Apr-2021, the caller was on the way home from taking the patient back to the ER (emergency room) for the symptoms. This case concerns a female of unknown age hospitalized with serious unexpected events of chest pain, pyrexia, myalgia, headache, and expected vaccination site swelling. Event onset with unknown latency after first dose mRNA-1273. Treated

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with dexamethasone. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.;
Sender's Comments: This case concerns a female of unknown age hospitalized with serious unexpected events of chest pain, pyrexia, myalgia, headache, and expected vaccination site swelling. Event onset with unknown latency after first dose mRNA-1273. Treated with dexamethasone. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1220984	4/16/2021	NY	65	F	3/11/2021	4/5/2021	<p>pain underneath her breast; chest hurt; bacterial pneumonia on left lower lobe; This spontaneous case was reported by a consumer and describes the occurrence of PNEUMONIA BACTERIAL (bacterial pneumonia on left lower lobe) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 038A21A) for COVID-19 vaccination. The patient's past medical history included Diabetes, Asthma, Hypertension and High cholesterol. Family history included Heart disease, unspecified. On 11-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Apr-2021, the patient experienced PNEUMONIA BACTERIAL (bacterial pneumonia on left lower lobe) (seriousness criterion medically significant). At the time of the report, PNEUMONIA BACTERIAL (bacterial pneumonia on left lower lobe) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 05-Apr-2021, Computerised tomogram: abnormal (abnormal) Pneumonia on left lower lobe.. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications reported. Treatment of the events included doxycycline. She had a CAT scan on 05Apr2021 because she had been having pain underneath her breast and her chest hurt. She had to cancel her second dose scheduled for 08Apr2021 due to the pneumonia. She had not been able to find appointment for her second dose and was concerned she may not be able to get the second dose. Company Comment: This case refers to a 65-year old female patient with relevant history of Diabetes, Asthma, Hypertension and High cholesterol who experienced Pneumonia bacterial, chest pain, and breast pain following the administration of Covid-19 vaccine and was assessed as Unlikely Related to study drug due to lack of temporal relationship. The subject's underlying disease history can be strong confounding factors. The pneumonia bacterial can be caused by bacterial infection and the immunocompromised system can allow the patient to higher risk for infections.; Sender's Comments: This case refers to a 65-year old female patient with</p>

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relevant history of Diabetes, Asthma, Hypertension and High cholesterol who experienced Pneumonia bacterial, chest pain, and breast pain following the administration of Covid-19 vaccine and was assessed as Unlikely Related to study drug due to lack of temporal relationship. The subject's underlying disease history can be strong confounding factors. The pneumonia bacterial can be caused by bacterial infection and the immunocompromised system can allow the patient to higher risk for infections.

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1220990	4/16/2021	SC	64	F	3/10/2021	4/7/2021	arm is hard very very red and hot to touch; arm is hard very very red and hot to touch, oozing in the middle of the night; progressively ill-er with a temperature 101.2; severe chills; nausea; vomiting turned to purely vomiting blood; did not feel very well; diarrhea; chest pain; Cervical dystonia and tremors which has gotten visibly worse; Cervical dystonia and tremors which has gotten visibly worse; arm is hard very very red and hot to touch; arm is hard very very red and hot to touch; This spontaneous case was reported by a non-health professional (subsequently medically confirmed) and describes the occurrence of HAEMATEMESIS (vomiting turned to purely vomiting blood) in a 64-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 031B21A and 003A21A) for COVID-19 immunisation. The occurrence of additional non-serious events is detailed below. The patient's past medical history included GERD. Concurrent medical conditions included Cervical dystonia and Tremor. On 10-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 07-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 07-Apr-2021, the patient experienced HAEMATEMESIS (vomiting turned to purely vomiting blood) (seriousness criterion medically significant), MALAISE (did not feel very well), DIARRHOEA (diarrhea), CHEST PAIN (chest pain), TORTICOLLIS (Cervical dystonia and tremors which has gotten visibly worse), TREMOR (Cervical dystonia and tremors which has gotten visibly worse), ERYTHEMA (arm is hard very very red and hot to touch), INDURATION (arm is hard very very red and hot to touch), SKIN WEEPING (arm is hard very very red and hot to touch, oozing in the middle of the night), PYREXIA (progressively ill-er with a temperature 101.2), CHILLS (severe chills) and NAUSEA (nausea). On an unknown date, the patient experienced SKIN WARM (arm is hard very very red and hot to touch). At the time of the report, HAEMATEMESIS (vomiting turned to purely vomiting blood), MALAISE (did not feel very well), CHEST PAIN (chest pain), TREMOR (Cervical dystonia and tremors which has gotten visibly worse), ERYTHEMA (arm is hard very very red and hot to touch), INDURATION (arm is hard very very red and hot

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to touch), SKIN WARM (arm is hard very very red and hot to touch), SKIN WEEPING (arm is hard very very red and hot to touch, oozing in the middle of the night), PYREXIA (progressively ill-er with a temperature 101.2) and CHILLS (severe chills) outcome was unknown and DIARRHOEA (diarrhea), TORTICOLLIS (Cervical dystonia and tremors which has gotten visibly worse) and NAUSEA (nausea) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-Apr-2021, Body temperature: 101.2 (High) progressively iller. Concomitant medications were not provided. Action taken with m-RNA in respect to the events was not applicable. Per report, On 08-Apr-2021 the patient was admitted to the emergency room (ER). While in the ER, the patient received an EKG, chest x-ray, basic metabolic panel, complete blood count with differentials, hepatic function test, troponin and urinalysis (test results were not provided). Her diagnosis was systemic adverse effect of COVID 19 vaccine. Treatment included Ketorolac, Theraflu (Acetaminophen, Chlorpheniramine, Dextromethorphan, and Pseudoephedrine), and anti-nausea medications. Company Comment: Based on the current available information which includes a strong temporal association between the use of the product and onset of the reported events, a causal relationship cannot be excluded. Fever, chills and nausea are consistent with the product known safety profile. This case was linked to MOD-2021-073928 (E2B Linked Report).; Sender's Comments: Based on the current available information which includes a strong temporal association between the use of the product and onset of the reported events, a causal relationship cannot be excluded. Fever, chills and nausea are consistent with the product known safety profile. MOD-2021-073928:First dose

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1220253	4/16/2021	TX	50	F	3/26/2021	3/27/2021	Day 1: 3PM Sore throat, 11PM facial swelling, 4AM panic attack Day 2: 2PM, lasting for 3+ hours: Nausea, dizzy/faint/weakness, rapid heart rate (120-150 BPM), elevated blood pressure, chest pain and pressure, bronchoconstriction, pharyngeal constriction, sore throat, burning tongue, tinnitus ; 5PM chills, temp up to 101.5, intense lower back pain, headache, anxiety Day 3: intense headache, lower back pain Day 4: Mild headache, depression and fever blister later in the day Day 5: Deep depression, feeling of impending doom Days 6-16: Elevated anxiety, chest pain and pressure, bronchoconstriction, pharyngeal constriction, sore throat, burning tongue, tinnitus, GERD, esophageal spasms
1221028	4/16/2021	RI	22	F	4/7/2021	4/15/2021	Started about 11:30am on April 16th, shortness of breath, heart rate in the 120s, chest pain, and headache I called my campus health services and they instructed me to go to the ER. I had a positive d dimer and was given a contrast CT scan which turned out negative for blood clots. Still experiencing the same symptoms as of 8:30pm April 17th.
1220279	4/16/2021	MI	42	F	4/15/2021	4/15/2021	1 st Vax- within 15min throat lymph nodes hurt/throat hurts, achy, sore sensation & achy chest, not fully chest pains but an ache upper chest. Blood pressure 99/70ish 98%O2 heart beats a bit high. Checked out by nurses at clinic By 3:53pm left clinic in stable condition. Symptoms didn't worsen. A bit of chest tightness and start of coughs. Took benadryl. It helped ease symptoms in about an hr. 4:20pm redness in face hands and chest. Tired feverish muscle aches. Eyes tired By 5pm the chest discomfort disappeared. By 1am April 16th the pain in throat had diminished, but a low ache and a sore sensation still persisted until 9am approx.
1221120	4/16/2021	IN	49	F	4/16/2021	4/16/2021	After about 5 minutes patient started to feel dizzy, light headed and nauseous. After a few more minutes she started to have a headache and chest paints. Her face was flushed and sweaty. She was transferred by EMS to the hospital.

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1221214	4/16/2021	PA	42	F	2/22/2021	3/9/2021	I woke up in the middle of night with chest pain and trouble breathing. I had a pulmonary embolism. The pain and difficulty breathing lasted several days. Since then, I have experience a flare of the antiphospholipid syndrome - low platelets (blood work), splinter hemorrhages, clots, and the like. Whether from the embolism or other, the pulmonary hypertension has gotten drastically worse - with increased shortness of breath, irregular heart beats, dropping pulse ox.
1221230	4/16/2021	IL	45	F	4/14/2021	4/15/2021	From ED Physician's Note 4/16/2021: 45 yr female presents to ER complaining of left arm and leg feeling heavy since yesterday (4/15/2021) morning. Patient states she got the Pfizer first vaccine on Wednesday (4/14/2021) morning, felt fine throughout the day, went to bed without any problems or symptoms. Patient states she awoke yesterday morning feeling as if she was "drunk". Patient states she feels like her left arm and leg are heavy and at times is having slurred speech. Patient states she feels like her walking is off and that she is dragging her left leg. Patient denies any numbness and tingling in the upper or lower extremities. Patient denies any headache or dizziness, vision changes, fever, chills, body ache, infectious respiratory symptoms, chest pain or shortness of breath.
1221259	4/16/2021	MI	42	F	4/9/2021	4/10/2021	1 week of chest pain and shortness of breath

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1221262	4/16/2021	MI	51	F	4/9/2021	4/12/2021	Received dose on Friday 4.9.21. Called on 4.16.21 to report symptoms / ADR experienced on Monday 4.12.21. Monday -3 days after receiving J and J vaccine - patient reported forgetfulness altered consciousness. Does not remember driving home and then backing in drove all over lawn and hit the house and gate. Symptoms: Pt received Johnson and Johnson COVID vaccine 4/9. States symptoms started 4/12 with chest pain. States she drove all over the lawn and hit house/gate. Pt states this is very unusual for her. Felt very "out of sorts" for an hour and a half and also doesn't remember the whole ride home. Since then she feels fine and is currently having no other symptoms. No other episodes of memory loss or strange behavior since Monday 4/12. Called and spoke with pt. She denies symptoms since the incident on 4/12. I advised she can monitor at home and schedule an appointment or seek care in UCC/ED if symptoms return. Pt was agreeable to this.
1221292	4/16/2021	NY	67	F	3/31/2021	4/1/2021	pt presented to the er on 4/1/21 c/o epigastric chest pain and belching all day long. also c/o feeling achy all over and feeling shaky and lightheaded. it was recommended that pt be admitted for observation but she signed herself out of the er AMA
1221327	4/16/2021	TX	65	F	3/2/2021	3/2/2021	Lip numbness and tingling. Throat tightness. Weakness. Heart rate dropped to 42 bpm. Facial and lip swelling. No SOB, no chest pain.

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1221330	4/16/2021		39	M	4/11/2021	4/11/2021	<p>Patient is a 39 y.o. male with no significant past medical history who came to the ED with a sudden onset of chest pain that radiated initially to his right shoulder then to his left shoulder, left arm and back with intensity of 7/10 starting Tuesday 4/13/21 associated with SOB that is worse when laying flat or taking a deep breath. States he received his second Pfizer vaccine on Sunday, 4/11/2021 at 11 AM and started experiencing fever, chills, headaches, body aches and uncomfortable around 11 PM. He finally decided to take Tylenol x2 on Monday between 2 PM and 11 PM with some relief. He felt a little better on Tuesday morning and did some work from home but later around 7 PM, he notes a temp of 100.2, experienced body aches which he attributes to Vaccine side effects because his wife was also not feeling well post Vaccine. He went to bed and woke up later with cold sweats, felt pain in his chest and back. He described his chest pain as constant pain/heaviness that "felt like someone is sitting on his chest", he later felt pain in his left arm and back prompting ED evaluation. He denies similar episodes in the past, denies abdominal complaints, denies lightheadedness or dizziness, palpitations, shortness of breath at rest, orthopnea, PND, syncope, denies urinary complaints, denies smoking, drinks alcohol socially. States his father has CAD and MI x2 with stent in his 50s, his mother is doing okay with no cardiac history. In the emergency room, his EKG is consistent with pericarditis, initial troponin noted as 4.24 with repeat noted at 8.91, his LFTs are elevated at 107/123. He received full dose aspirin, Lopressor 25 mg with improvement in pain. IMG cardiology is on board with plan for cardiac cath today by doctor. Echocardiogram showed EF of 35-40% with wall motion abnormalities with initial reading.</p>
1221415	4/16/2021	CA	32	M	4/8/2021	4/12/2021	<p>I got out of work went home, started having sharp pains in my chest, and on my arm, I got worried nothing like this has happened before with the chest pain, I was already having back pain, shortness of breath, and headaches</p>
1221493	4/16/2021	AZ	18	F	4/15/2021	4/16/2021	<p>Shortness of breath, chest pain, rapid heart beat. Called triage nurse, was advised to go to ER her symptoms weren't normal for the vaccine side effects. At ER they gave her Tylenol to lower her heart beat.</p>

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1228013	4/16/2021		74	M	2/1/2021	2/4/2021	Death. Narrative: Patient was not previously COVID positive and did not have any predisposing factors (PMH, allergies, etc.) for experiencing an adverse drug event. The ADR did not occur at the time of the administration of the vaccine nor was there an ADR that occurred between the observation period and the date of death. Patient was 74 but no cause of death listed or notes of recent care. Patient was hospitalized with chest pain in 6/2020 and has h/o of severe multivessel CAD, HFrEF, and polysubstance abuse.
1218665	4/16/2021		48	F	4/15/2021	4/15/2021	17:40 - female with history of hypertension presents to the emergency department with COVID-19 vaccine side effects. Per chart review, patient was evaluated here on 3/9/2021 after the first dose of the Pfizer COVID-19 vaccine. She had symptoms including dizziness, lightheadedness, intermittent headaches, neck pain, and chest tightness. She states her symptoms started 5 minutes after her first vaccine and lasted 48 hours. Prior to arrival, she had the second dose of the Pfizer COVID-19 vaccine and approximately 20 minutes after receiving the vaccine on her left arm, she had symptoms including right-sided chest pain, headache, neck pain, lightheadedness, and nausea. She describes her chest pain as squeezing, but denies similar chest pain as her last evaluation here due to its change in location. She states her symptoms have been constant since onset. She initially had shortness of breath, which subsided upon my evaluation. Her last stress test was in 2018, which was unremarkable.
1221027	4/16/2021	MI	58	F	4/5/2021	4/11/2021	Worst migraine ever continuing even into 4-16-21 (today), vertigo, chest pain, cough, severe body aches, vision problems
1219948	4/16/2021	MN	48	F	4/7/2021	4/16/2021	A Fib with RVR, chest pain and weakness. Lasted for hours on 4/16/2021. Has had shorter episodes for the past week .

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1219394	4/16/2021	FL	78	F	3/30/2021	4/12/2021	Headache, pain in chest, increased blood pressure, systolic reading increased to 210 day of vaccination (unsure of diastolic reading). Today blood pressure 155/107. Patient went to healthcare facility on 4/12/21. was prescribed ASA, Xanax 0.25mg and Norvasc 2.5mg. Headache and chest pain resolved. Patient takes log of blood pressure readings daily. 4/16/21 Follow up: Patient stated as of this morning her BP is 140/109 , chest pain has subsided but she feels its related to gas, headache has also subsided. Advised her to continue with the meds she is taking and also advised her that she can take a gas-x otc to help to relieve some of the bloating and gas feeling she has. Will follow up on Monday 4/19/21.
1219419	4/16/2021	CA	40	U	4/3/2021	4/3/2021	CHEST PAIN, HIGH BLOOD PRESSURE, THROAT CLOSURE SENSATIONS, HEART PALPITATIONS, VERTIGO, DIZZY, LIGHTHEADED, MENSTRAL PERIOD STARTED EARLY WITH BLOOD CLOTTING AND STILL VERTIGO 2 WEEKS LATER

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1219519	4/16/2021	CA	39	M	4/14/2021	4/14/2021	<p>Patient received the 1st COVID vaccine (Pfizer, Lot #: EW0162, expiration date: 07/31/2021) at 1500. EMT made contact with the patient standing in the 30 minute observation area at 1507. Patient complained of ?blurry vision, headache, and slight tingling in the throat.? Patient reported the symptoms started ?10 minutes? status post vaccine. Patient denied chest pain, nausea, vomiting, or diarrhea and was presenting conscious, alert, and oriented to person, place, time, and event (AOX4). EMT assisted the patient to the zero- gravity chair for further evaluation. Nurse then responded and attended to the client and EMT. Baseline vitals were obtained by EMT at 1508, while patient was sitting: blood pressure: 150/88, respiratory rate: 14, heart rate: 80, pupils equal and reactive to light. EMT observed the skin to be dry, warm, and normal. Chief complaint was then reassessed and patient claimed his vision had improved and symptoms were subsiding. He stated the onset of symptoms were gradual and lasted less than 5 minutes.? Patient also reported his last oral intake was around 1300 with minimal fluid intake. Patient stated he has a history of headache and denied any past medical history or taking any current medication. Patient has allergies to seafood and shellfish. At 1515, a second set of vitals were obtained by EMT, while patient was standing: blood pressure: 154/90, respiratory rate: 14, heart rate: 85, pupils equal and reactive to light. EMT observed the skin to be dry, warm, and normal. Patient was negative for orthostatic pressures. Patient was advised by the EMTs to stay another 30 minutes in the observation area, totaling 45 minutes. At 1545, patient stated ?all symptoms have subsided.? Patient was released and ambulated on his own, out of the facility, with a steady gate. EMTs encouraged the client to sign up in order to document any additional symptoms.</p>

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1219560	4/16/2021	FL	42	F	4/7/2021	4/14/2021	Patient received the vaccine on Wed 4/7/21 @945am and about a week later she started to experience itchiness, red, hot to touch and a lump feeling at the injection site along with pain at the site radiating down to elbow and up to the shoulder. Patient took benadryl on 4/15/21 around 930am and she states it didn't help. No fever, body aches or chills. Advised patient to take tylenol or ibuprofen for the pain, and she can also apply benadryl cream or hydrocortisone cream to help with itchiness. Advised if patient experiences any chest pain or SOB then to go to urgent care or ER. 4/16-***PharmD*** Placed follow up call on 4/16/2021 at 12:06pm: Pt reported that she feels a little fatigue today. She also reports the right arm is still really red and swollen, and still have big knot but not as itchy today. The bump is still hot to the touch, and pain still radiates from her right elbow up to her shoulder when that arm is being touched. Pt reported she had applied ice pack in the beginning for approx. 10-15 minutes on and off, but still had no relieve. Pt also reported that she took Tylenol, Benadryl, and applied cortizone cream as recommended on her initial call and that still did not help (except cortizone cream helped some with the itchiness). Pt advised she was not able to get an appt with her MD, but MD has sent prescription to pharmacy (pt not sure what rx was sent over). ***NOTE*** Recommend pt that if her symptoms did not get better to go to urgent care if she is not able to get into see her MD. Advised pt will follow up with her on Monday 4/19/2021 after giving her a couple of days to see if the rx the MD prescribed provide any relief, or if her symptoms resolve by then.
1219613	4/16/2021	GA	33	F	4/12/2021	4/14/2021	Hello, since being vaccinated, I have Had tingling in my left hand and left foot. My blood pressure has spiked significantly. I have A brain fog that has not ceased and I am On day 4 after being vaccinated. I also Have a mild chest pain.
1219617	4/16/2021	IA	58	M	3/10/2021	3/11/2021	Became like a case of pleurisy with debilitating pain & chest pain -many labs taken, X-rays , CAT SCAN, for lungs, In ER.... over \$7.000 with more expenses for 5 dr. Appt. post vaccine Difficulty with breathing - unable to sleep - continued pain-dr. Called today - 4/16/21 Begin antibiotic

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1219628	4/16/2021	IL	82	M	2/18/2021	2/28/2021	10 days after his 2nd Pfizer COVID-19 vaccine, patient developed upper extremity weakness and paraesthesia. From the discharge summary: Pt had his second dose of Pfizer vaccine on 02/18/2021. The patient complained of new onset of bilateral upper extremity tingling, numbness and weakness since 02/28/2021. The patient denied lower extremity paraesthesia or weakness. He has a history of chronic low back pain. He denied any neck pain, back pain or radiation sensation. He has no sphincter dysfunction or incontinence. He has been using walker in the past. Dr. of neurology did a nerve conduction and EMG recently. The study showed the evidence of peripheral demyelination, peripheral neuropathy. The patient was admitted for possible spinal tap and IVIG treatment. The patient had a ground level fall 7 to 8 days ago. He denied fever, chills, headache, dizziness, shortness of breath, chest pain, palpitation, abdominal discomfort, diarrhea, UTI symptoms or coughing. Pt had his last dose of IVIG yesterday. No side effects. Motor weakness improving and UE paresthesia nearly resolved. No side effects to IVIG. BMP normal. Patient symptoms improved after 5 days of IVIG and he was discharged after being in the hospital 7 days
1219753	4/16/2021	NC	76	F	4/10/2021	4/10/2021	Starting feeling bad about 4 hours after vaccination. By the next day (4/11) had difficulty breathing, nausea, severe bladder pain, stabbing pain in stomach, epigastric pain, chest pain, and alternating between severe chills and feeling hot. By 4/12 most of this had subsided and she was experiencing weakness and fatigue, in addition to loss of appetite. This resolved over the next few days.
1219812	4/16/2021	OH	54	M	4/14/2021	4/14/2021	Vaccine given to patient at 10:30am 4/14/21 and he called main office and left message that evening on nurse voicemail that he had symptoms starting at 4pm- Severe headache, chest pain, SOB, vomiting and diarrhea. Nurse practitioner called him back the next day when returned to office and retrieved messages and called patient back. He reported he has hx of Cardiac and lung problems and that he had a bad reaction to his flu shot when had in past. He replied no to all these questions on the questionnaire, and when asked by staff giving the shot. He was advised by Nurse practitioner to go to ER

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1219819	4/16/2021	NJ	32	F	4/10/2021	4/13/2021	The first 24 hours were very difficult for me. I have never been so sick in my life. I got the typical muscle aches, chills, etc. In fact I got every side effect listed plus more. I want to discuss the other side effects. On day 3 I started to develop extreme chest pain and pressure. It is a dull pain as if someone is sitting on my chest that will not go away. I also started to experience sudden bouts of dizziness and vertigo. It will not go away. Today is Day 7 and I spent the night in the emergency room because my chest pains got so strong. However, all the work up came back okay. I also have this strange feeling of electrical shocks running thru my head, those last about .5 seconds and go away, but it is a very weird feeling I have never experienced. I also have a strange desire to constantly burp, when I do my chest pain feels better. If I don't burp my ears start to feel full and sometimes they ring. Its Day 7 and I still feel SO miserable. Why id no one speaking about these chest pains? I know 5 people who have experienced the same.
1219823	4/16/2021	NJ	18	M	4/14/2021	4/14/2021	~~At 1400 patient in observation, RN vaccinator, noticed young man's head drooped over. RN went over to the patients and tapped his arm. Did not respond to verbal or physical touch. RN called for help. After a few seconds patient responded and opened his eyes. Patient transferred via wheelchair to private area. BO 76/64, diaphoretic. RR appeared normal. Patient stated he did not eat all day. patient stated his throat hurt and felt tight and he had chest pain. Patient agreed to be transported via on-sight ambulance to Medical Center for assessment with brother.~~
1219854	4/16/2021	NC	21	M	4/16/2021	4/16/2021	Patient presented to Health Center after receiving COVID-19 vaccine at Health Center, and going back to work site. He stated when he got to work, he began feeling hot, dizzy, nauseous, and pruritic. Vitals stable. He denied chest pain, difficulty breathing. Pt given IM Benadryl 12.5 mg in office and oral hydration w/ water. He was monitored for about 30 minutes, and said pruritus had resolved, but he felt tired. EMS called to transport pt to ED. Pt called by Health Center staff about 2 hours later to see how he was doing. He stated he was on his way home as he had been discharged from ED and told to monitor symptoms.

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1220421	4/16/2021	WI	41	F	3/28/2021	3/28/2021	Per Client received Pfizer COVID 19 vaccine second dose on 3/28/2021, at 1:00pm in left arm. Client C/O symptoms starting on 3/28/2021 around 9:00pm, fever and chills. ON 3/30/2021 started having difficulty with breathing, chest pain, racing pulse an increased blood pressure through 3/31/2021, so the Client went into the ER on 3/31/2021. In ER Client had a CT of chest performed and is currently wearing a internal heart monitor for other medical concerns present prior to vaccine. Per Client some of symptoms have subsided and Client will plan to follow up with PCP. PHN suggested that Client continue to monitor symptoms, follow up with PCP and go back to ER if needed and call 911 for medical emergency.
1219925	4/16/2021		71	F	2/25/2021	2/25/2021	0815 144/73, 99% O2. RR 20, HR 65/min. Patient then started to experience mid sternal non radiating chest "tightness" 3/10. States she experienced the same sensation after first vaccine. Prior experience started after discharge and lasted 3-4 hours , evenChills: Status post emergency room evaluation for atypical chest pain after her second Covid vaccination. No further symptoms. Work-up unremarkable.
1220303	4/16/2021	CO	20	F	4/9/2021	4/9/2021	Symptoms began evening after receiving vaccine. Patient reports headache which progressed into the next day to fever, fatigue, intense chills, chest pain. Patient had these symptoms over 2-3 days and had began to experience arm tingling in arm where vaccine was administered, which then spread to both arms. Patient reports arm tingling will come and go. Patient reports taking OTC medication (ibuprofen). Patient called a nursing line and was told to go to the ER. Patient went to ER on 4/14 and was admitted for observation. Chest X-ray was done with no remarkable findings. According to patient, additional testing was done. Patient was discharged on 4/15 and was told to return if arm tingling returns and does not go away.

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1219964	4/16/2021	VA	44	F	3/30/2021	4/12/2021	Acute substernal chest pain @ day 13, d-dimer levels high, ECG showed abnormal R-wave progression; fatigue @ day 14; SOB with minimal exertion, worsens with lying down and relieved with lying forward @ day 15; medical diagnosis (PA) indicates likely pericarditis. No recent hx of infection/illness or exposure (isolation due to high-risk).
1219979	4/16/2021	WI	20	F	4/2/2021	4/2/2021	Janssen Covid 19 Vaccine clinic held at(Onsite Employer Services)Lot # 1808980 exp. 6/20/2021 As reported on Episode Note: Client returned to vaccination area c/o lightheadedness, dizzy, warm, chest discomfort. BP 114/74, HR 80 C/o centralized chest pain, pain level 5/10, sharp stabbing pain. "Feels like I swallowed water and it's stuck." Pain began when she walked down from the observation area. 1154- approximate time EMS called d/t continuing chest pain. 1156 BP 122/68, HR 84. continued dizziness, increasing fatigue. Applied ice pack to nape of neck. After ice pack applied, client c/o numbness/tingling of Right arm. Ice pack removed. 1158 Patient requested RN call father. Father notified of client status per client request. 1207 Reports feeling chilled, continued chest pain and fatigue. EMS arrived. Vital and 12 lead EKG completed by EMS. Patient denied transportation to hospital. 1215 EMS left. Patient requested RN to notify father to pick her up from employers. HR met with client to complete incident report. 1219 Father contacted to pick up patient. Client voluntarily walked to main entrance of building with HR contact.
1219992	4/16/2021	TX	51	F	4/16/2021	4/16/2021	Pt approached the medical desk stating she felt unwell and then lost consciousness suddenly. She regained consciousness less than one minute after being aroused. She did not have any signs or symptoms previous to the event. 911/EMS was called right away as the patient also hit her head when she took her fall from standing height. She was given supplemental O2 on nasal cannula at 1L/min as she reported chest pain and having some difficulty breathing. She was taken to hospital for further evaluation.
1220047	4/16/2021	NY	68	F	4/14/2021	4/14/2021	Patient reported level 5 chest pain 5 minutes after receiving 2nd dose of covid 19 vaccination. Patient denied LOC, resp. diff. or other symptoms.

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1220051	4/16/2021	CA	65	F	4/16/2021	4/16/2021	Chest pains,light headed Difficulty breathing
1220058	4/16/2021	RI	26	F	4/8/2021	4/8/2021	Chest pain Left Side pain Shortness of breath
1220068	4/16/2021	MT	36	F	4/6/2021	4/15/2021	Pt had right sided chest pain x3 days starting 4/12/21, had a week of cough, fever, "general not feeling well" prior to ER admission 4/15/21. Had CT scan in ER on 4/15/21 - per radiology report a clot and pneumonia noted in RUL of lung. WBC count >22, elevated D Dimer, T Max in ER was 102.2. Was given PO Tylenol, 100mg Lovenox Subq, and IV antibiotics and flown to hospital.
1220125	4/16/2021	IA	63	M	4/5/2021	4/7/2021	Patient received 2nd dose in series on 4/5/21. On 4/7/21 patient started to experience vertigo type symptoms including dizziness and occasional nausea. On 4/11/21 nausea became particularly worse and he also reported vomiting. Patient had an acute episode of dizziness in which he lowered himself down to the floor and remained there for 2-3 hours until his wife helped him up. On 4/12/21 he presented to the emergency department for ongoing nausea and dizziness. He denied other symptoms including fever, chest pain, shortness of breath, and abdominal pain. Patient reports having an appetite, but is unable to keep food/drink down due to nausea and vomiting. Upon exam patient had left-sided nystagmus, which worsened with head turning.
1220134	4/16/2021	MN	54	F	4/7/2021	4/12/2021	Bilateral Pulmonary Embolism: Symptoms began acutely at 8pm on 4/12/2021. She developed chest pain, shortness of breath and nausea. Sharp pain. She was seen in the emergency department and at that time D-dimer was elevated to 1338. She had a subsequent CT scan that showed Subsegmental pulmonary emboli in posterior basal segments of lower lobe bilaterally

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1220168	4/16/2021		27	F	4/7/2021	4/14/2021	Patient initially presented to Advent emergency room with symptoms of swelling in her the left arm worsening over last few days. She reports that she got Moderna COVID-19 vaccination on April 7th 2020, subsequently few days after she noticed a golf ball-sized induration in the area of injection, however over the next few days it increased to the "size of a baseball" on the 14th of April. She reports that she went to urgent care, and was advised to continue with Benadryl cream, icing, and ibuprofen, however yesterday the area "doubled in size" expanding beyond the previously marked area. She denies any chills, fever, night sweats, nausea, vomiting, chest pain, shortness of breath associated with the symptoms. She cannot think of any specific aggravating factors or relieving factors at this time. She has not experienced similar symptoms in the past.
1220190	4/16/2021	DC	59	F	4/6/2021	4/14/2021	Shortness of breath. Dyspnea and chest pain was ED diagnosis. CT scan clear, CXR clear, EKG clear. Blood clotting factors were high. Discharge instruction were to follow up with Cardiology on 4-16-2021
1220217	4/16/2021		47	F	4/14/2021	4/14/2021	Pt. c/o constant chest pain, sent pt. to ER, outcome: unknown
1219343	4/16/2021	TX	68	F	4/8/2021	4/8/2021	Chest pain, left arm pain, headache, chills, diarrhea ongoing
1219903	4/16/2021	PA	16	M	4/8/2021	4/8/2021	EMS providers approached by 17 y/o M pt complaining of rash local to injection site. Pt stated that he received the first dose of the Pfizer COVID vaccine at 17:21hrs today. Pt denied feeling any itching or pain at the site, and only noticed the rash upon visual inspection of the site. Pt denied chest pain, shortness of breath, nausea, vomiting or diarrhea. Upon inspection, (R) upper arm found to have slight, non-raised rash, warm to the touch. Full assessment performed and vital signs obtained. GCS 15, P 76 regular, RR 18 non-labored, B/P 146/P, PERRL, SpO2 99% RA. No other associated symptoms found. Pt administered Diphenhydramine 25mg IM in RA. Pt monitored and denied any worsening of condition. (See Attached)

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1218540	4/16/2021	TX		U			CHEST PAIN; LEG NUMBNESS; HIGH PULSE RATE AT MIDNIGHT; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unk) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the subject experienced chest pain, leg numbness, and high pulse rate at midnight. Laboratory data (dates unspecified) included: Pulse rate (NR: not provided) 192 {beats}/min. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pain, leg numbness and high pulse rate at midnight was not reported. This report was non-serious.
1213090	4/15/2021	PA	43	F	4/7/2021	4/7/2021	I had multiple side effects, which I will list below, but the one that was most concerning and which I have not seen listed as a typical side effect is that I got very dizzy and fainted, losing consciousness briefly. I got my vaccine around 10am. By 9pm I had severe chills and was achy. Around midnight I got up to use the bathroom and felt dizzy, then I fainted. Thankfully I had called for help beforehand, so my husband caught me and called my name until I regained consciousness. Immediately after coming to I started sweating profusely. My temperature at that time was 100.3. Through the rest of the night and for the following day and night I experienced nausea, chest pains, achy, sore arm, weakness, and fatigue. I felt relief from symptoms by about 48 hours after my vaccination.
1213366	4/15/2021		24	F	4/15/2021	4/15/2021	Left arm tingling from neck to fingers, weakness, chest pain, muscle twitch. Evaluated by EMS-Refusal to transport.

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1213283	4/15/2021	TX	41	F	3/25/2021	3/25/2021	20 min after receiving vaccine, paresthesia felt in left arm. Spread to left half of face and left leg 3 days later. Two weeks after that, paresthesia spread to whole body. 3 days post-vaccine, chest pain, abdominal pain, nausea, and weakness began. 9 days post vaccine, abdominal bleeding began. Chest pain resolved in 1 day. Abdominal bleeding resolved in 2 days. Nausea lasted two weeks. Weakness and paresthesia continue 3 weeks post vaccine.
1213276	4/15/2021	IN	75	M	1/1/2021	4/8/2021	Patient had headache after each dose of vaccine. As this is a common reaction to vaccine, patient was not concerned. However, after headache worsened/did not resolve, patient you went to doctor, and doctor ordered MRI. Patient received phone call to go to ER d/t MRI results of blood clots in brain on 4/8/2021. Patient was hospitalized for one day and placed on high dose eliquis. Patient then went home. Patient woke up with rapid heart beat and chest pain on 4/12/2021 and was readmitted to the hospital for an additional day.
1213249	4/15/2021	TX	22	M	4/15/2021	4/15/2021	c/o mild numbness to the throat and anxiety. Denies chest pain, SOB, swollen tongue, or difficulty swallowing. Vital signs : BP: 140/98 HR: 77 SpO2: 98% room air Refusal form signed for ER transfer. Patient states symptom is mild. advised to go to ER if symptom worsen, verbalized understanding seen and cleared by EMS
1214339	4/15/2021	OH	45	F	4/15/2021	4/15/2021	headache and chest pain but she had high blood pressure
1213152	4/15/2021	MD	45	F	4/10/2021	4/11/2021	Sunday afternoon she felt tired, slept and took day off on Monday. Felt better on Tuesday and Wednesday. Wednesday evening felt bad again, chills, fatigue, temp 99.4. Normal for her is 97. Chills, fatigue, nausea. Left chest pain like a bruised chest. Headache slight. Achy feeling.

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1213493	4/15/2021	NY	43	M	3/28/2021	3/28/2021	Had COVID on 2/7/21- Feverish feeling x 1 day, fine after. Tested negative 2/17/21. One half hour after receiving the vaccine, onset of hoarseness. Severe hoarseness persists until today. Eyelids pink, swollen slightly, persisted 2 weeks. Did not feel well. 4/15/21 - Hospital Emergency Room. Chest pain. Elevated blood pressure. COVID test positive. Discharged with azithromycin, zinc sulfate 220mg, ProAir. High blood pressure, new onset. On 4/6/21 BP 160/120 both arms. 4/7/21 Hospital ER. MRI, CT brain showed Dural Venous Thrombosis. To ICU for anti coagulation, until 4/14/21. MRV done. Now on floors, started coumadin. 9 days hospitalization so far. CT done again 4/15/
1213045	4/15/2021	CA	17	F	4/15/2021	4/15/2021	Patient is a 17 year old female who has completed a 30-minute observation period with the following signs and symptoms of an adverse reaction: loss of consciousness. Pfizer-BioNTech COVID-19 vaccine # 1 in series administered. Parents states that patient become pale and dizzy 1 minute after she received covid vaccination , Patient had a syncopal episode in the hallway, unknown if patient hit her head against the floor, no bruises, soreness or redness notice Patient become alert and oriented x 4, pale, diaphoretic, Patient states that she didn't breakfast. Also Patient mentioned that she is afraid to needles. Action(s) taken: Vital sign at 0814: blood pressure ; 75/34, heart rate: 65, respiration ; 16, Spo2: 99 % Repeat Vital sign at 08:28: blood pressure ; 85/44, heart rate: 65, respiration ; 16, Spo2: 99 % Repeat Vital sign at 08:31: blood pressure ; 97/58, heart rate: 66, respiration ; 16, Spo2: 99 % - Patient denies chest pain ,shortness of breath, nausea vomiting, diarrhea, abdominal pain, difficulty swallow, headache, dizziness, or vision changes - Patient was able to tolerated fluids intake well. Action(s) taken: Transferred to higher level of care, ER Patient and parents advised to discuss second dose considerations with a clinician

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1212990	4/15/2021	TX	26	M	4/2/2021	4/9/2021	Fainted on April 9, waking to racing heart and shortness of breath. Chest pain and shortness of breath persisted. Visited Emergency Room evening of April 11. Multiple tests revealed diagnosis of pulmonary embolism. Was immediately transferred to hospital early April 12. Received blood thinning treatment and catheter operation. Discharged April 15, with prescription of Eliquis for continued blood thinning.
1212987	4/15/2021	MS	87	F	1/9/2021	1/15/2021	With 1st vaccine on 1-9-21 I had severe chest pain, the NP diagnosed it as pleurisy, told to take Tylenol, on second vaccine 2-6-21 I had a very bad headache that went down my neck and right shoulder, and lower back, NP said it was arthritis, go to sports med. since that time the pain has covered all my joints, muscle spasms to the point of not being able to walk, completely bedridden at this time, severe pain, headache, insomnia
1212936	4/15/2021	MN	44	M	4/6/2021	4/7/2021	Got COVID (Janssen) vaccine shot on April 6th at noon. Felt fine Tuesday and went to bed as normal. Woke up April 7th at 7AM with sharp pains in my left shoulder (same side as shot) and slight shortness of breath, and slight chest pain in the left quadrant of my torso (same side as shot). Proceeded to take Advil and seemed to help a bit. Minor aches/pains and shortness of breath throughout the day until about 8PM. At this time shoulder chest pain became more severe, and breathing became very strained, short, and painful. Pain and breathing kept getting worse and at midnight on Wednesday night thought I was having a heart attack due to extreme chest pain, couldn't breath, lightheaded, dizzy, tingly extremities. My wife drove me to ER at 12:30 AM Thursday.
1212828	4/15/2021	WA	75	F	4/9/2021	4/9/2021	Head Pain Chest Pain Severe weakness dizzy leg pain nausea

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1212826	4/15/2021	IA	65	F	3/5/2021	3/28/2021	3/28/2021 at 6:00 a.m. patient reported chest pain to a family member. He arrived at her home at 6:15 and found her slumped to the right in her chair, unresponsive. Patient was taken to our facility via EMS. On arrival, patient could open her eyes but could not talk or move her extremities. She was treated with alteplase 100 mg and flown to a trauma center. She was released on 4/2 and is currently receiving rehabilitation services in our facility; she is expected to return home in 4-5 days.
1213225	4/15/2021	MT	36	F	4/2/2021	4/2/2021	4 hours following vaccine administration she experienced chest pain, tightness, inability to swallow and developed hives. She was home at that time. Called 911. Paramedics evaluated her, gave her benadryl, and ultimately she started to feel better. Rash/hives lingered for 24 hours. Breathing cleared up within 2 hours. Swallowing returned to normal following dosing with benadryl.
1213472	4/15/2021		51	M	3/8/2021	3/23/2021	Chest pain Acute kidney failure, unspecified DOE (dyspnea on exertion) Hypoxia Bilateral pleural effusion Chronic obstructive pulmonary disease, unspecified COPD type Chronic kidney disease, unspecified CKD stage Acute on chronic heart failure with preserved ejection fraction
1212767	4/15/2021	PA	40	F	3/30/2021	4/1/2021	Symptoms began about 48 hours after the shot. I had diagnosed Covid in July 2020. I believe I am a long-hauler Covid patient as the symptoms flared consistently from July 2020 until present. They were getting fewer, less intense, and shorter in duration until I received the 1st vaccination. Now the symptoms have returned and seem to have worsened over the 2 weeks since the shot. They include: L eye twitching Blurry eyes Visual Disturbances (silver floaters) Neck/Jaw Pain Sporadic Chest pains, both sides Behind L knee pain Swelling in feet/ankles/legs, sometimes hands/face Trouble focusing/Confusion/Forgetfulness Heart Racing/Palpitations (125BPM Resting) BP Sitting: 143/94 L foot vein pain Toe pain Vertigo/Dizzy/Lightheaded GI issues: diarrhea sporadically, gas, reflux, gastritis, stomach pain Insomnia

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1213994	4/15/2021	TX	35	F	4/7/2021	4/10/2021	Intense pain between shoulders on 4/11/21, 4/12/21 ER visit diagnosed Rhomboid Muscle strain. Rx methocarbamol and ibuprofen. Pain still occurring today 4/15/21. 4/13/21 chest pain and shortness of breath, ER visit diagnosed Esophageal Spasm. Rx extra Prevacid and mylanta. Symptoms still present today 4/15/21.
1213997	4/15/2021	TX	44	F	3/31/2021	4/10/2021	Within two weeks-leg pain, chest pain, abdominal cramps, headache and nausea
1214047	4/15/2021	OK	19	F	4/15/2021	4/15/2021	117/70 PULSE 97 C/O SHARP CHEST PAIN UPPER RIGHT CHEST AND DOWN RIGHT ARM AT 15MIN MARK. LAID DOWN ON COT AND 911 CALLED. ADMITTED TO HAVING ANXIETY ABOUT THE SHOT. ABLE TO MOVE FINGER ON RIGHT ARM BUT STATES SHE CANNOT FEEL HER FINGERS. DENIES SOB. BP AFTER 5 MINUTES BP 116/71 PULSE 94. RIGHT ARM AND HAND WARM TO TOUCH AND STATED SHE FELT ME TOUCH HER. RADIAL PULSE RIGHT WRIST GOOD. C/O DIZZINESS. PATIENT IS DEVELOPMENTALLY DISABLED. CAREGIVER STATES PATIENT AGREES TO ALL QUESTIONS. C/O STOMACH PAIN, DENIES NAUSEA. B/P AFTER 10 MINUTES 115/72 P 92 DENIES SOB. RATES CHEST PAIN ON A 0-10 AT A 10. STATES STILL CANNNOT FEEL FINGERS. PARAMEDICS ARRIVED AND HOOKED PATIENT UP TO A 12 LEAD YIELDING NORMAL RESULTS. PATIENT DID NOT GO TO THE HOSPITAL WITH PARAMEDICS.
1214048	4/15/2021	KS	68	M	2/12/2021	2/13/2021	Vaccination 2-12-21 chest pains 2-12-21 evening heart attack 2-13-21 Flown from first hospital to second hospital 2-13-21 night stent applied, breakout in rash and hives on 2-17 severe.
1214050	4/15/2021	CT	50	M	3/5/2021	3/6/2021	developed chest pain and shortness of breath 12 hours after vaccination and went to ED and hospitalized with PE and DVT and now on xarelto

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1214054	4/15/2021	FL	60	M	3/31/2021	3/31/2021	3/31/2021: 6-7 HOURS S/P VACCINATION: HEADACHE, FEVER, COLD CHILLS, SWEATING, AND DRY HEAVES 3/31/2021-4/1/2021: UP AND DOWN ALL NIGHT, DIARRHEA, BODY ACHES, STOMACH ACHE, HEADACHE, DRY HEAVES 4/1/2021-4/4/2021: ABOVE SYMPTOMS CONTINUED. 4/4/2021: STARTED HAVING CHEST PAIN AND WENT TO MEDICAL CENTER - ER. WAS ADMITTED TO HOSPITAL FOR TREATMENT OF A-FIB. 4/8/2021: DEVELOPED A RASH ON BACK.
1214107	4/15/2021	MD	66	F	4/14/2021	4/14/2021	Received 2nd Covid vaccine yesterday at 2 pm; Signs/symptoms started around 11 pm last night; Was feeling fine then suddenly a "rush" over her body; Fluttering got worse in her chest, hx of chronic fluttering; Chest tightness, Shortness of breath, her HR and BP went up-- blood pressure was 140/95, pulse was 92, nauseated and felt like she achy all over and like she was going to just pass out; Lasted for a little while last night; Today doesn't feel like she will pass out but still doesn't feel well; Current signs/symptoms: HR 99; Fluttering in her chest that she feels is worse than her normal; Chest pain rated at 6/10- not radiating; Shortness of breath that she feels is a little worse than her normal; Soreness all over her body; Nauseated; Chills, slight headache; BP is normal today she states; RN referred patient to ER today due to s/s.
1214172	4/15/2021	NC	41	F	4/12/2021	4/12/2021	Moderate to Severe Body Aches, Chest Tightness and SOB, limb pain, calf pain, atypical chest pain, fatigue.
1214185	4/15/2021	LA	31	F	3/31/2021	4/6/2021	Skipped heart beats, posterior headache (burning characteristic), chest pain that was all intermittent occurring multiple times a day for 2-3 days. EKG showed shortened PR syndrome but other wise sinus rhythm. Treatment used was alprazolam which did not help. BP slightly elevated above baseline.

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1214191	4/15/2021	NC	69	M	4/1/2021	4/2/2021	4-2 2am awakened with chest pain antacid taken. 2pm taken to ED. EKG tachycardia with frequent PVC. 8pm EKG tachy AFIB. admitted to cardiac floor. more antacid given for continued pain. Lab results neg for MI. 4-3 diltiazem and heparin drip started. Blood pressure too low. Diltiazem stopped. Tachycardia persists, on bedrest. any activity increases rate 4-4 Flakil given by mouth 8am no change 11am diltiazem by mouth. EKG converted to Normal sinus rhythm 130pm. Discharged with new meds, Diltiazem, Eliquis, Pravachol
1216569	4/15/2021		20	M	4/7/2021	4/7/2021	Chest pain, Migraines
1214283	4/15/2021	KY	61	F	3/17/2021	3/17/2021	Patient called 4/15/2021, states had first dose 3/17/2021 and approximately 1 hour after injection developed chest pain, had extreme sweating, became short of breath and experienced nausea. States went to bed and continued with these symptoms for 36 hours. Took nitroglycerin to relieve chest pain. Saw heart doctor today who told her to call us to report adverse reaction and advised to not take second dose.
1213379	4/15/2021	CA	45	F	1/7/2021	1/7/2021	I have had joint pain in my shoulders for six weeks straight and then intermittently for weeks after that. The pain is bilateral, and I have never had joint pain before. I had also had right upper quadrant pain in the two weeks after the second dose that is still bothering me on occasion. I am constantly nauseated, and my reflux was out of control. That seems to be resolved. I got tested after I experienced chest pain and my Potassium was very low. My EKG indicated a heart problem. That was seven weeks after my shot. Now my fingers turning white on both hands. I also had an issue with late periods. I was one week late after the first shot and two weeks late after the second shot. I have chronic migraines and since my vaccines I have had long lasting migraines that have lasted up to ten days. I have had multiple visits to the Urgent care and my primary care doctor. I have a GI scope scheduled 04/26/2021.

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1212212	4/15/2021		31	M	4/14/2021	4/14/2021	BP 148/81 , HR 55, SPO2 97% on RA, no rash/hives, no facial, lip, tongue oropharynx swelling, no stridor, no heart and lungs clear to auscultation, no cap refill < 2 seconds Sensation of throat itchiness (3/10) + difficulty clearing throat tightness, but able to swallow . No chest pain, SOB, generalized pruritis, hives or facial/lip/tongue swelling. Pt was given Benadryl 25 mg Capsule x 1 Pt had immediate improvement + itchiness , resolution of tightness Pt advised not to drive himself, will have friend/family drive him home Pt advised to seek emergent evaluation if symptoms worsen/return, or if developing chest pain, SOB, sensation of throat closing, hives, swelling
1210994	4/15/2021		23	U	4/12/2021	4/13/2021	chest pain & chills. PT presents with midsternal CP described as tightness with SOB and cough since this afternoon, reports receiving covid vaccine yesterday. Patient is a 23 year old male who presents to ED with chills, body aches, dry cough after receiving the J&J COVID vaccine yesterday at 10:30am. No fever, no chest pain at this time. Denies significant PMH.
1210997	4/15/2021		62	F	4/10/2021	4/14/2021	PT reports intermittent epigastric pain described as sharp x 04/09 after receiving JJ vaccine. reports nausea, denies vomiting and diarrhea.Patient is a 63 year old female who presents to ED with epigastric pain for 5 days, sharps, rated 9/10 associated with nausea. She denies any fever, no vomiting. She states the pain started one day after receiving the J&J vaccine. She has had some headache, denies any chest pain or shortness of breath. She was recently diagnosed with elevated cholesterol, has not had treatment for it yet. She had a colonoscopy with benign polyp removed, no other abdominal procedures.
1211011	4/15/2021		20	F	4/13/2021	4/14/2021	c/o dizziness, cough, cold/hot, headaches, body sore since J&J vaccine on 13 Apr. denies v/d/, abd pain, chest pain, or sob. last Tylenol 0900. 20 yo f c/o ongoing diffuse nausea, bodyaches, and ha w/o visual changes x24hrs s/p receiving J&J covid vaccine 24hrs pta; Pt denies any sore throat/neck pain, fevers/ns/chills, abd pain, nvd, ear sx's, cp, sob, dyspnea, rashes, prior hx of vaccine rxn

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1211014	4/15/2021		51	F	4/5/2021	4/6/2021	c/o persistent headache, abd pain, low appetite, and L leg on/off pain since J&J vaccine on 5 Apr. denies n/v/d/, chest pain or SOB. states BP is higher than usual. concerns for blood clot. last Tylenol 1000. 51 yo f c/o MEG pain/'knot' w/ongoing decreased appetite and nausea w/o vomiting x7d w/additional new HA w/o visual changes x2-3d approx 10d s/p J&J covid vaccine; Pt states concerns for ulcer vs. other etiology; Pt denies any fevers/ns/chills, urinary sx's, back pain, vaginal bleeding/discharge, recent hx of trauma/inj distant hx of 1x hysterectomy
1211157	4/15/2021		49	F	4/9/2021	4/9/2021	c/o persistent headache, n/ and dizziness since J&J vaccination on 9 Apr. denies chest pain, SOB, v/d/, abd pain.
1211158	4/15/2021		23	M	4/13/2021	4/13/2021	Chills, body aches, nausea and headache since he got J&J vaccine on 12Apr2021. Denies fever, chest pain or difficult breathing. Took some ibuprofen/tylenol @1700 yesterday with relief. CHIEF COMPLAINT & HPI: 23 yo M here with fever/chills/nausea/headache after getting his covid vaccine several days ago. no rash/numbness/weakness/chest pain. no abd pain.
1211160	4/15/2021	TX	39	F	4/10/2021	4/10/2021	ARM SORE, RIGHT ITCH ARM, BODY ACHES, STRONG HEADACHE DURING 3DAYS, NAUSEA, CHILLS, TREMOR, SHAKING, FEVER FATIGUE, SORE THROAT, COUGH, SMALL CHEST PAIN
1211170	4/15/2021	WA	41	F	4/3/2021	4/4/2021	Chest pain, chills and sweats, mild headache, nausea, brain fog, dizziness for over a week
1211171	4/15/2021	CA	55	F	4/3/2021	4/5/2021	Metallic taste in mouth, chest pains

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1211585	4/15/2021	IL	63	F	4/8/2021	4/12/2021	She presents to ED on 04/14/2021 with complaints of altered mental status and rash. Patient states that she went to work on Saturday, she is a food server, she started to feel not herself and felt like she "snapped?". She states that on the way home in her car she was nearly struck by the train crossing barriers. She states that she went home and sat in her recliner on Saturday and did not get up until Wednesday at around lunchtime. She states that she did not get up to eat or drink. She used incontinence pads and depends. She did not get up to use the restroom. She did continue to take her medications. Patient states that she was motivated to get up today because her friends were concerned for her and 1 of her friends came over to take her out for lunch. Elevated D Dimer History of DVT - mild leg pain, no swelling or erythema. No chest pain, cough or SOB. Low suspicion for PE - full dose lovenox - BLE duplex in the morning
1211915	4/15/2021	UT	45	M	4/5/2021	4/13/2021	Pt had L side chest pain, ultimately diagnosed w/ pulmonary embolism, started on anticoagulation, referred for outpatient follow up
1212084	4/15/2021		17	F	4/14/2021	4/14/2021	abdominal pain, tingling, chest pain. Evaluated by EMS-Refusal to transport.
1212116	4/15/2021	NC	33	F	4/10/2021	4/10/2021	Due to history of vaccine reaction of hives to flu vaccine, took 25 mg benadryl 1.5 hours prior to receiving covid vaccine. approximately 1 hours after vaccination, experienced sharp, constant retrosternal chest pain that is was non-radiating. on 4/11 experienced fever, and developed hives to right arm that injection was given as well as nausea without vomiting or diarrhea. Fever continued x 4 days with maximum temperature of 102.9 on 4/12. Chest pain continues as of 4/15. On 4/14 at approximately 2am was awoken with worsening chest pain and at that time also noticed development of a metallic taste in mouth, and since that time have been unable to taste anything but metal regardless of what is eaten or drank. Still with chest pain and metallic taste, hives resolved 4/12 evening and fever resolved on 4/14 late evening.

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1212785	4/15/2021	IA	63	F	3/18/2021	3/18/2021	AT time of injection felt warm feeling go up her neck and down her arm when vaccine was administered. Within 5-10 minutes of the vaccine felt palpitations. Then summoned help. Nursing staff monitored her, Heart rate up to 135. Denied c/o chest pain or SOB. Pulse oximetry =98%. The palpitations subsided within 15-20 minutes. Later that evening at home her raced again and took her own pulse =110.
1212438	4/15/2021	FL	25	F	4/14/2021	4/14/2021	Patient reported difficulty breathing, chest tightness, chest pain and headache about 5 minutes after receiving her first Moderna shot. Patient was given oral benadryl at 4:56 pm and monitored by RPh. At 5:20pm patient reported that her symptoms have improved and was told to continue to monitor her breathing at home. Patient was called later that evening around 7pm but no answer. Patient was called again at 10am the following day and patient reported that her symptoms continued to improve over 2 hours after her vaccine. The morning following she had no breathing or chest issues only reported pain and soreness at injection site.
1214309	4/15/2021	TX	41	M	4/7/2021	4/14/2021	Patient developed Chest pain at 0700. Came on suddenly. Pressure, squeezing and tightness that radiated up to his shoulder.
1212617	4/15/2021	IL	46	M	4/14/2021	4/14/2021	Pt had chest pain and high blood pressure. Blood pressure did not go down medics were called. Pt care was turned over to FD. PT was transported to the hospital

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1212486	4/15/2021	OH	45	F	3/23/2021	4/1/2021	On Thursday 4/1, my heart felt as though it was flip flopping in my chest. This was not constant but at least 4-5times each hour. I have had infrequent and typical heart flutters or palpitations before but this was a different feeling. On Friday 4/2 I called my PCP to ask if they thought I should be seen. They did want to see me and scheduled an appt. for 4/16 (told me to seek emergency care if it got worse). The flip flopping sensation has continued but become much less frequent, only a few times throughout the day. I have no other symptoms with this - no chest pain or tightening, no arm pain, tiredness, shortness of breath, nor fatigue, just the flip flopping sensation of my heart. I am scheduled to receive my second dose today (4/15 at 5pm) and then see my PCP tomorrow.
1212484	4/15/2021	TX	61	F	4/15/2021	4/15/2021	8:48 AM- Patient complains of dizziness/chest tightness and SOB after second dose of moderna covid vaccine. States she experiences SOB sometimes but this time feels different. States she takes BP medication and has a hx of high bp. Denies throat swelling, assessed and all appeared normal. Vital signs at 8:51 AM- 118/88, 98%, 60. Assisted patient and husband to private room and assessed stomach, back and arm for rash and/or hives; none apparent. Patient states she is feeling better and not having difficulty breathing. Vital signs at 9:00 AM- 108/82, 96%, 58. Assessed throat for swelling, none apparent. Vital signs at 0905- 118/79, 98%, 60. Patient states she is feeling completely better and sob and chest tightness went away. Also had patient walk in hallway and states she is no longer dizzy. Advised patient and husband that all vital signs are normal and no other apparent signs of anaphylaxis, however if she still felt dizzy or any other symptoms she could stay as long as needed. Patient denies having any remaining symptoms and states she is ready to go home. Advised patient that if she experienced any other symptoms after leaving clinic such as sob, chest pain, rash/hives to contact emergency services. Patient and husband verbalize understanding. RN

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1212477	4/15/2021	MD	61	F	4/2/2021	4/2/2021	At approx. 9:22 AM on 4/2/21, I began having problems swallowing my saliva and felt my throat begin to close. I also began having problems breathing, began coughing and choking, chest pain, and dizziness. The nursing staff at Hospital immediately got a wheelchair and rushed me next door to the ER. The nurses had called ahead so that the ER doctors were ready to assist me. I was given Epinephrine, steroids, nubilizer treatments, Bendryl, IV fluids and oxygen. After some time I began feeling a little better but then the reaction restarted and treatments had to be re-administered several times. It was quite frightening. I also had a severe headache and tightness of the chest. The ER doctor believed that I should be admitted which was done on 4/2/21 and was kept thru 4/4/21.
1212190	4/15/2021	IN	22	F	4/10/2021	4/10/2021	I had the Johnson & Johnson vaccine and had a bad headache two days after and still have a slight headache five days after. I also have pretty bad fatigue. All symptoms started 4/5 hours after getting the vaccine including nausea, headache, chills, fever (of almost 103), chest pains, fatigue, body/arm pain, ear pain. The ear pain started 3 days after the shot. I tried calling one of the doctors in our network around and they both denied me even though the symptoms were from the vaccine...
1212441	4/15/2021	PA	69	M	3/12/2021	3/13/2021	Searing, crushing chest pain starting in the upper left pectoral, solar plexus, extending to and down left arm and neck. Admission to ER for suspected cardiac event. Intense pain continues for 4.5 hours despite multiple administrations of fentanyl. ER tests negative for heart attack. CT interpretation does not rule out suspected aortic dissection due to fluid around aneurysm (later ruled out with second CT). Transfer to another Hospital for possible cardiac repair. Surgeon disagrees with CT reading. Three days in ICU and Step Down, CT, Cardiac Echo, Carotid Echo, Chest X Ray, Blood Tests all negative for cardiac event.
1212191	4/15/2021	SC	19	F	4/13/2021	4/14/2021	shortness of breath/chest pain, fever, myalgias, HA, nausea

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1212434	4/15/2021	FL	51	F	4/2/2021	4/8/2021	Within 24 hours of receiving vaccine I developed a temp of 102, as well as body aches and chills, On 4/3 had nausea pounding headache and loss of appetite, the above symptoms continued with the exception of fever. Left leg pain and head pain increasingly got worse. On 4/8 i started get large bruises on my left leg down by ankle. Later that day a lump developed. On 4/9 lump moved to below knee cap. Went to Hospital on 4/9. Was treated and released. Came home rested and symptoms DID NOT IMPROVE, went Back to Hospital on 4/13/2021 and was admitted. Pain is worse in head and left side, toes on left foot were tingling unable to stand for more than 5 min, chest pain . Released following day and was advised to contact CDC. Still in pain and have horrible headache and mass is still visible on left leg, left leg is still hurting
1212380	4/15/2021	MO	24	F	4/10/2021	4/10/2021	Vomited, ran a fever and chills, sweated through multiple pairs of clothes in the first 24hrs. 2nd 24hrs had sinus headache, chest pain, and nausea. 5 days later still experiencing nausea and joint pain.
1212345	4/15/2021	NJ	56	F	4/10/2021	4/11/2021	Patient received vaccine 4/10/21, 4/11/21 started with chest pain and shortness of breath
1212324	4/15/2021	NJ	31	M	4/7/2021	4/10/2021	Received shot on Wednesday, woke up on Saturday with chest pain when taking deep breaths. Continued to be in pain for most of the day while breathing
1212280	4/15/2021	TN	69	F	3/20/2021	4/9/2021	Complaints of chest pain. She went to ER. She was sent home and said no heart attack. She then had another episode of chest pain on 04/11/21 and went to ER and was sent home and told to see cardiologist.

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1212771	4/15/2021	HI	87	M	4/8/2021	4/8/2021	an 87 year old male with ESRD on PD, pAfib, CAD, HTN, HLD, hypothyroidism, who was brought in after a witness cardiac arrest. Patient apparently received the first dose of the Covid vaccine (pfizer) at around 11 am. He was doing fine the rest of the day until later in the evening when he had shortness of breath without chest pain, abdominal pain, nausea, vomiting. Upon EMS arrival, the patient appeared to have some agonal breathing and then went down, was in PEA arrest, received CPR with 1 dose of calcium, 1 dose of bicarbonate, and 3 doses of epinephrine with return of spontaneous circulation. Upon arrival in the ED, patient had an intraosseous line, on dopamine for soft blood pressure. Patient has been successfully intubated.
1212461	4/15/2021	VA	50	F	3/12/2021	4/14/2021	On 4/15/2021 patient presented with chest pain and left lower extremity pain, which started about 2 days prior to admission. CTA showed large volume multifocal bilateral pulmonary emboli throughout numerous right lower lobe, right middle lobe, right upper lobe, left upper lobe, and left lower lobe segmental branches. Left lower extremity venous ultrasound showed no evidence of deep or superficial vein thrombosis; the right lower extremity was not scanned. Patient denies personal or family history of VTE. She states that she does not smoke and has no history of smoking. Patient was treated with apixaban 10 mg po BID x7 d followed by 5 mg po BID. Platelets were 295 on admission.
1216142	4/15/2021	GU	48	F	3/25/2021	3/27/2021	Chest pain
1215492	4/15/2021	NY	35	M	4/6/2021	4/10/2021	Severe chest pain started a and led to externally heavy chest feeling, currently in hospital. Evening of vaccine very weak and muscle aches. Within days extreme chest pain, weakness, heavy ness in chest.constant pain and breathing problems
1214203	4/15/2021	PA	34	F	3/24/2021	3/31/2021	1 week of left sided chest pain/tightness, pleuritic in nature, some dyspnea with exertion, symptoms started 3/31, diagnosed with bilateral pulmonary emboli
1215569	4/15/2021	CA	31	F	4/7/2021	4/1/2021	Pt presented w/ chest pain, pulmonary embolism confirmed via CTA Chest on 4/15/2021 1 week after J&J vaccination (4/7). Also tested positive covid on 4/15. Being treated with heparin infusion

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1215751	4/15/2021	GA	54	M		3/21/2021	<p>WET MUCUS IN MOUTH; MOUTH WITH FOUL ODOR; MOUTHFUL OF WHITE THICK FLUID; FEELING OVERALL SICK; FATIGUED; FEVER; COULD NOT CATCH BREATH; COUGH; CHEST PAIN; CONGESTION; TACHYCARDIA; This spontaneous report received from a patient concerned a 54 year old male. The patient's height, and weight were not reported. The patient's past medical history included head injury, and concurrent conditions included cannot read/see very well. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805829, expiry: UNKNOWN) dose was not reported, administered to left deltoid on 19-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On MAR-2021, treatment medications included: ibuprofen, and paracetamol. On 21-MAR-2021, the subject experienced congestion. On 21-MAR-2021, the subject experienced tachycardia. On 21-MAR-2021, the subject experienced chest pain. On 21-MAR-2021, the subject experienced cough. On 21-MAR-2021, the subject experienced could not catch breath. On 21-MAR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 99-100. On 22-MAR-2021, Laboratory data included: Body temperature (NR: not provided) 102. On 28-MAR-2021, the subject experienced wet mucus in mouth. On 28-MAR-2021, the subject experienced mouth with foul odor. On 28-MAR-2021, the subject experienced mouthful of white thick fluid. On 28-MAR-2021, the subject experienced feeling overall sick. On 28-MAR-2021, the subject experienced fatigued. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from tachycardia, chest pain, could not catch breath, and fever on 23-MAR-2021, and feeling overall sick, and fatigued on 31-MAR-2021, and had not recovered from congestion, mouth with foul odor, cough, wet mucus in mouth, and mouthful of white thick fluid. This report was non-serious.; Sender's Comments: V0: Medical assessment comment is not required as per standard procedure as case assessed as non-serious.</p>
1215793	4/15/2021		80	F	3/12/2021	3/21/2021	Acute kidney injury Anasarca Chest pain

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1215811	4/15/2021	SD	23	F	4/13/2021	4/14/2021	Increased heart rate, heart rate elevated to 171 bpm during my work day. Heart rate episode lasted an hour before going back down. Intense chest pains and sharp pain while breathing. I now have a heart rate monitor for the next two weeks to ensure nothing else happens and if it happens the doctors will be able to track everything.
1215828	4/15/2021	CA	29	F	4/10/2021	4/13/2021	Came into ED on 4/14/21 reporting Vague chest pain x 2 days (starting 4/12/21) after receiving J&J vaccine x 3 days ago (4/10/21) at church. No available lot#. Pt monitored and discharged from ED as patient did not appear distress and HR & respiratory normal. Pt advised to monitor and seek medical attention is symptoms worsen.
1215853	4/15/2021	KY	45	F	4/8/2021	4/8/2021	I immediately had a pain in my chest that went into my stomach and I felt dizzy. My chest felt tight. I had a sun burn rash later that night the next day my eye lid swelled. That night I couldn't lift my arm. My chest pain has been on and off since then. VERY Tired! Pain all over my body. BAD headache.
1215854	4/15/2021	NM	25	F	4/2/2021	4/3/2021	loss of appetite, chills and fever, right-sided headache, chest pains and shortness of breath all of which resolved except for the headache now posterior, inspiratory chest pain and shortness of breath
1215873	4/15/2021	TX	40	M	4/13/2021	4/13/2021	04/13/2021 - 03:30 PM - chills and feverish 04/13/2021 - later that night - severe chills like cold pulse originating from the toes and fever 04/14/2021 - 12.00 PM - reduced fever, chills reduced, tiredness 04/15/2021 - 1.30 AM to 6.00 AM - Severe chest pain, 04/15/2021 - 8.30 AM reduces pain 04/15/2021 - 11.30 AM self medicate Gas-X capsule 04/15/2021 - 1.30 PM self medicate Gas-X capsule

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1215936	4/15/2021	CO	33	F	4/5/2021	4/6/2021	Pt received Johnson & Johnson COVID vaccine last week 4/05/2021. The following day she started with chest pain/pressure, palpitations and left neck pain. These pains come and go. Left arm with episodes of feeling hot and numb. Vaccine was given in R arm. Reports left arm hot and numb, feels weak. 3-4 episodes daily. Duration of several minutes. Starts randomly. Improves spontaneously. Denies weakness, color change. Affecting entire L arm but mostly bicep region. Neck pain has since improved. Continues with episodes of L arm numbness, and chest pressure and palpitations
1216015	4/15/2021	CA	21	F	4/8/2021	4/13/2021	patient stated that she had symptoms of chest pain starting the night of 04/13/21. and following morning she felt abdominal pain as well. (patient reported her adverse effects when she called in to request for the duplicate card for vaccination proof and per patient she was going for ER and needed her vaccination proof copy as she was not able to find her vaccination card that was provided at the time of vaccination.)
1216023	4/15/2021	TX	27	F	4/15/2021	4/15/2021	PT was very anxious about receiving the shot. Patient ate a muffin and had water after receiving the vaccination. Patient started feeling tingling throughout the entire body, chest pain, and had difficulty breathing. Symptoms resolved > Cleared by EMS and NP
1214353	4/15/2021	TX	41	F	2/12/2021	3/13/2021	I received my 2nd Pfizer\BioNTech vaccination on 2/12/21 at approximately 4:00 p.m. Around 10:00 p.m. to 10:30 p.m. on 2/13/21 I began to experience severe chest pains and heart palpitations. When I attempted to lie down that night I also had difficulty breathing. **It should be noted that I had not previously experienced any chest pains/Shortness of breath prior to receiving my second dose of the aforementioned vaccine.
1216268	4/15/2021	CA	41	F	4/7/2021	4/14/2021	Chest Pain on 14 APR 2021 at 5 PM Chest Pain getting worse on 15 APR 2021 around 6 PM after dinner. Will visit to doctor office tomorrow 16 APR 2021 if appointment available.

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1216520	4/15/2021	WA	70	F	3/13/2021	4/8/2021	Started having chest pain. Went to the ER. Was parked in the ER hallway all night, around 3 or 4 am, her heart rate slowed to nothing and blood pressure dropped to zero. She was admitted to a room. Angiogram showed no blockages, doctor said it was an electrical problem from old age. Installed a pacemaker.
1216497	4/15/2021	FL	35	F	4/14/2021	4/15/2021	Injection site pain Soreness in left arm Headache Exhaustion Chest pain
1216474	4/15/2021		67	M	3/31/2021	4/4/2021	3 days after 2nd Moderna vaccine developed fevers, chest pain, shortness of breath. Now found to have probable constrictive pericarditis without clear etiology.

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1216453	4/15/2021	CA	35	F	4/12/2021	4/12/2021	<p>Client had a chief complaint of chest pain. Client stated that she began feeling chest pain several minutes after the start of her observation. Client has a history of depression and other unspecified psychiatric illnesses. Client stated that she takes sertraline daily and has a history of taking Risperdal. Client stated that she regularly sees a Psychiatrist. Client denied any allergies or other underlying medical illnesses. Assessment revealed chest pain located in the center of the patient's chest. Client pointed to her sternum to indicate the exact location and stated that her arms felt "heavy." Client's airway, breathing and circulation were intact, however, client complained of shortness of breath. Client was alert and oriented to person, place, date and event while appearing slightly distractible. O2 saturation 100%. Client was negative for redness, swelling, hives, severe sweating or other signs or symptoms of anaphylaxis. Client denied any increase in chest pain or shortness of breath when breathing in or out and did not state any additional pain throughout her body. Client then added that she felt "anxious" after receiving her shot and stated some reluctance with even receiving the shot prior to her arrival. Client's mother was present and stated that client had been reading the Pfizer fact sheet she was given and had been focusing on the side effects portion before signaling for assistance. Client's initial vitals were as follows: Blood pressure:138/88, Pulse 76, Respirations 20, O2 sat 100%, Eyes equal and reactive to light, Lung sounds clear bilaterally. Client initially consented to staying an additional 30 minutes. She began to become anxious and impatient with her additional observation time. After 10 minutes of sitting the client began stating that she was afraid that her "heart would become too fast" when she got home if she "didn't throw it away." After some encouragement, the client was able to clarify "it" as "meth" which she had hidden at home. Client stated some reluctance to go home stating that if she smoked her "meth" that her heart rate would become too "fast." Client then asked EMT if he was willing to come home with her to help her "throw it away." All staff present praised the client for sharing this information and after discussing her concerns further, client became much calmer and stated that she felt much safer and that her chest pain, shortness of breath and anxiety had subsided. Client then stated that she wanted to go home</p>

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							but consented to a second set of vitals before leaving. All of the client's vitals improved: blood pressure 132/88, pulse 68, respirations 16, O2 sat 98%. 1636 - 138/88, 76, 20, 100% 1651 - 132/88, 68, 16, 98%. Client was encouraged to discuss the incident with her psychiatrist and to seek further counseling. Client was also instructed to seek further medical care or the emergency room if symptoms returned. No medications were administered.
1216360	4/15/2021	OH	35	F	4/14/2021	4/14/2021	Very painful arm at the injection site. Dizziness for 12-24 hours, Chest pain, felt very tight in my chest, like my heart was hurting. General fatigue. Mainly wanted to make it known that my heart was hurting after the shot. I have never had any heart issues ever before.
1216052	4/15/2021	NY	34	F	3/31/2021	3/31/2021	Approximately 5 hours after the vaccine I developed a very bad headache followed by chills, sweats, congestion, chest pain, body pain, muscle pain, fatigue and fever. The muscle pain and weakness was so bad I would loose balance when walking. I then started to menstruate clots, not my normal cycle timing, which lasted about 2 days. The clots subsided but I am still bleeding today. I was in bed for 4 days with severe immune response symptoms. After those symptoms subsided the fatigue was so extreme it was hard to function.
1216288	4/15/2021	CO	65	M	3/20/2021	3/23/2021	Patient received first Moderna mRNA vaccine 2/20/2021, second Moderna vaccine 3/20/21. Severe flulike symptoms after Moderna vaccine intermittently over 1 day. 3/23/2021 chest pain hospitalized severe pericarditis 750 mL. Also cardiac Cath Lab one of his blood vessels 80% occluded (I do not currently have hospital report) coronary artery stented. Failed Plavix of in-stent thrombosis and myocardial infarction recatheterization fixed thrombotic stent. Following couple weeks has had recurrent pericarditis requiring several hospitalization recurrent chest pain including recently requiring pericardial window.

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1216136	4/15/2021	FL	53	F	3/7/2021	3/28/2021	Very strong abdominal pain, shortness of breath. Chest pain. I chewed an aspirin. The pain woke me up, everything was recorded on video because I had a camera in the living room of my house where I was sleeping. It happened on March 28 2021 (three weeks after vaccination) Today April 15 2021 I notice red dots on my abdomen
1216256	4/15/2021	NV	42	F	4/8/2021	4/12/2021	: Thigh: R leg 21" L leg 23", Calf: equal bilaterally. L leg pain and swelling. Started after receiving the Janssen COVID vaccine on Thursday. The pain started as bilateral and then resolved. It returned on Monday in her left leg, starting in her anterior thigh and radiating down her leg. States that her leg began swelling today and had increased pain. Denies redness and heat to her leg. Pain is worse with ambulation. She states that it does not feel like the sciatica that she experienced in the past. Patellar reflexes equal bilaterally. Denies chest pain, shortness of breath. Admits to headache that has been present for a number of days and is resolving. Denies light and noise sensitivity. Neuro exam WNL.
1216249	4/15/2021	CA	50	M	4/15/2021	4/15/2021	Approx. 30 min after receiving 2nd dose of COVID vaccine pt stated feeling "dizzy and flushed." Pt taken by wheelchair to private observation area and VS assessed by RN. Pt noted to have an elevated BP outside of normal parameters. Pt aox4, denies any pain, SOB, chest pain or difficulty breathing. Pt continued to be monitored and assessed by RN over a period of approx. 30 min. and BP remained elevated outside normal parameters. Pt agreeable to be treated in Emergency Room. Pt taken by wheelchair to ED by charge nurse and another ED staff member. Pt able to follow commands and able to ambulate on his own to wheelchair. Pt denies any dizziness, blurred vision, nausea, SOB, head/chest pain or difficulty breathing.

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1216230	4/15/2021		27	M	4/13/2021	4/13/2021	Dizziness with HA with intermittent mid-sternal burning CP x 3 days; room is spinning; CP lasts few seconds, nothing makes/worse better; Denies any CP at this time; non-radiating; 325mg Tylenol at 0515. CHIEF COMPLAINT & HPI: 27 yo M with fatigue, bodyaches, chills, headache, and gastritis after covid vaccine on tuesday. no numbness or weakness. Pt endorses peripheral vertigo. no nausea/vomiting. no anginal chest pain. no cough/SOB.
1216201	4/15/2021	WA	58	F	4/5/2021	4/10/2021	Some pain in chest (lungs) with deep inhalation followed immediately by cough. Feels like smoke/smog inhalation. Woke up with condition on 04/10/2021. Symptoms continue as of today.
1216191	4/15/2021	NY	50	F	3/6/2021	3/7/2021	Fever, headache (around 3:00pm-8:00pm that evening). Severe chest pains radiating throughout my upper chest, back shoulders. Same side affect as when I take PCE (Erythromycin). Around 1:00-5:00 am.
1215469	4/15/2021		60	M	4/5/2021	4/9/2021	COUGING UP BLOOD; CHEST PAIN
1216316	4/15/2021	CA	50	F	3/30/2021	4/10/2021	Chest pains for one day. Then headache and lightheaded

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1214724	4/15/2021	WA	65	M	4/8/2021	4/13/2021	Emergency Department Note (Verified) Visit Date: 04/13/2021 CHIEF COMPLAINT: Shortness of breath. HISTORY OF PRESENT ILLNESS: The patient is a 65-year-old male with a history of hypertension and congestive heart failure, presents with shortness of breath that started on Friday and worsened significantly this morning. He does have some chest discomfort with this. No fevers, chills, or other complaints. Discharge Diagnoses 1. Hypertensive emergency, 04/13/2021 2. Chest discomfort, 04/14/2021 3. Heart failure, systolic, 04/13/2021 Assessment and Plan 65M w/ HTN and HFrEF p/w hypoxic respiratory failure i/s/o a hypertensive emergency. BP and respiratory status much improved, admitted to CCU for acute BP management and medication titration. #HTN Emergency Likely precipitated by lack of medication non-adherence since 04/11, when he ran out of his medications. SBP approx 220 at time of presentation, good response to enalapril and nitro gtt. Decreased work of breathing with Bi-pap. MAP 130-140 on presentation, will attempt to lower by 20-25% in first 2-6hrs w/ MAP goal of approx 100, while aiming towards normotensive in next 24-48 hrs while transitioning from IV to PO meds. -TTE ordered -cont incremental BP mgmt: -goal MAP < 110 -prn hydralazine -gradual goal towards normotensive over next 24-48hrs thereafter -cardiac monitor -will ensure that patient has anti-hypertensives prior to DC -q4hr neuro checks #Acute Hypoxic and Hypercapnic respiratory failure Decreased work of breathing with Bi-pap. Likely related to HTN emergency as above in addition to moderate-severe volume overload as seen on CXR. VBG in am of 4/13 showed pH 7.17, pCO2 64, pO2 58, bicarb 24. -cont Bi-pap, will wean as tolerable -repeat VBG this am for resp acidosis #HFrEF w/ acute exacerbation Last echo 04/14/2017, LVEF 38%, cxr on admission shows moderate-severe volume overload. -TTE ordered on 4/13 -may consider additional diuresis, given furosemide in ED on presentation, mindful of BP -goal net negative 1-2L/24hrs as pressures permit -daily standing weights -fluid and sodium restriction when off Bi-Pap #NSTEMI Likely type II given HTN emergency, did have chest pain on presentation which was relieved with BP control. -trend trops until flat, next at 08:00 #type II DM Hgb A1c 7.5% on 4/13, mild hyperglycemia on presentation -SSI #polycythemia Could be indicative of undiagnosed OSA

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							vs manifestation of heart failure. Additionally, hemoconcentration from CHF i/s/o HTN emergency is another possibility. -TTE as above -ctm w/ am labs #lymphocytosis Afebrile, no urinary symptoms. Hypoxic on presentation, likely related to edema i/s/o HTN emergency as above. No suspicion for infectious etiology at this time, no white count. -ctm w/ am labs #HLD -cont statin #QTC prolongation 561 on 4/13/2021 -avoid QTc prolonging medications
1214371	4/15/2021		55	M	3/12/2021	3/29/2021	covid 19 chest pain
1214378	4/15/2021	LA	42	F	4/7/2021	4/7/2021	Immediately after the vaccine (faint, nauseous, dizzy, pain in injection site) 2 hours after vaccine severe headache left arm swelling (injection site) 7 hours after vaccine severe headache left arm swelling and pain (injection site), sweating, fever 1-6 days vaccine severe headache left arm swelling and pain (injection site), sweating, fever, chest pain, hallucinations, nightmares
1214394	4/15/2021	FL	38	F	1/21/2021	1/21/2021	Four minutes after vaccine administration, severe burning chest pain, lightheadedness, dizziness, scratchy throat, metallic taste in mouth was experienced. The next day, a pruritic rash appeared on my right forearm and bilateral thighs. Two days after vaccine numbness to right leg that lasted about 24 hours.
1214410	4/15/2021	NE	27	F	4/10/2021	4/13/2021	Myocarditis after 2nd covid shot 27 year old female received her 2nd covid shot on 4/10/21 then presented to the hospital with substernal chest pressure upon waking radiating to the left arm on 4/13/21. No previous cardiac history. test shown below, discharged from hospital on 4/15/21. She was improved, no chest pain at time of discharge.
1214444	4/15/2021	IL	36	F	4/8/2021	4/8/2021	Generalized body aches, chest pain, shortness of breath, leg cramping. Reports onset of symptoms as same day as vaccine received. D-Dimer negative. Educated on reasons for urgent recheck.
1214542	4/15/2021	MN	36	F	3/28/2021	3/28/2021	Lightheaded then passed out, woke up with chest pain, gradually very low pressure and seizure

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1214568	4/15/2021	NC	48	F	3/29/2021	3/30/2021	Swelling of the mouth, tongue, throat, eyes and face; chest pains; shortness of breath; body pain; headaches; sore throat; coughing;
1214575	4/15/2021	OK	49	F	4/15/2021	4/15/2021	nausea PT felt better after she was given fluids orally and something to eat and to lie down no evidence of anaphylaxis; pt was watched for 15-20min post vaccination; she was discharge instruction to eat breakfast and rtn if n/v or abd pain, fever or SOB, cough or chest pain-DR VU
1214578	4/15/2021	IL	27	M	4/11/2021	4/13/2021	THE PATIENT CALLED AND SAID HE WAS IN THE EMERGENCY ROOM ON WEDNESDAY MORNING 4-14-21 BECAUSE OF SEVERE CHEST PAIN. THE PATIENT STATED HE HAD A HEART ATTACK AND HIS TROPONIN LEVELS WERE ELEVATED. THIS IS ALL THE INFORMATION WE HAVE RECEIVED
1214596	4/15/2021	MD	23	F	4/13/2021	4/14/2021	sharp shooting chest pain started 48 hours after vaccination, referred to urgent care center
1214601	4/15/2021	NY	22	M	4/14/2021	4/14/2021	Patient complained of dull chest pain with pain score 3 of 10. No radiation. BP 124/80, SpO2 98h, HR 74 and respirations 18, awake and oriented x3. Evaluated by Internist, EKG ordered with results meeting criteria. Likely underlying panic attack. EMS activated and taken to the ED. Called 4/15 but no answer. Mailbox full and unable to leave message
1215519	4/15/2021	CA	35	M	4/15/2021	4/15/2021	At 1520 staff was notified by another patient in the court yard that patient not feeling well; assessed patient- noted to be nauseated was orient to person and time; not oriented to place. Denies chest pain/SOB/tightening of throat/ voice is unchanged./ breathing well 1525 VS checked; 140-92 1526O O2 saturationa uration noted to be 97%; noted to orients to person, place and time now (pt stated he has history of getting dizzy and dalmost fainting after blood draws) 1531 Patient verbalizes that he is feels better 11538 Patient stable for discharge

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1214696	4/15/2021	FL	40	F	4/5/2021	4/5/2021	2 hours after receiving vaccination, patient had nausea and vomiting. She states she had a subjective fever for the next two days, along with headache, body pain, fatigue, nausea, diarrhea, acid reflux and intermittent chest pain. At time of visit on 4/14/21, patient reported still feeling fatigue, body pain, diarrhea, nausea, headache and acid reflux. She did not have chest pain at time of appointment, but did have it the day prior.
1215467	4/15/2021	TX	31	M	1/22/2021	1/23/2021	Sever chest pain following morning which was Jan 23rd 2021. Went to hospital and was told it was just a strong response to the vaccine since I had covid-19 on Dec 10th.
1214980	4/15/2021	OK	67	F	4/12/2021	4/12/2021	Strange odor a few minutes after injection, followed by bitter taste, then nausea and spaciness. Dizziness, with vision looking 2D and flat by 15 minutes. Told Pharmacist, of spaciness who said stay as long as I wanted. Left at 30 minute point, still spacy and nauseous. Spaciness ended by an hour with nausea off and on. Chest pain - began around 7pm, continued to expand in area of chest, sharp stabbing pain later, pain from just above left elbow to hand and tingling of fingers, pain lower left leg and tingling of left foot. Irregular heart rate at different times. Checked into emergency room at 11:00. IV inserted, placed on continual heart and oxygen monitors, EKGs, chest X-rays (2), blood tests (3). Admitted to hospital sometime during the night. Given IV medications to counteract IV contrast allergy. These medications caused full body shakes, eyesight auras and extreme nausea with gagging. Heart CT taken with IV contrast. Discharged around 3:00 PM.
1215461	4/15/2021	AZ	31	F	1/5/2021	1/9/2021	Approximately three days post vaccine I began having elevated, racing heart rate and chest pains/muscle/joint pains. This got to the point of being so uncomfortable I scheduled with my PCP and I was diagnosed with Costochondritis (cartilage inflammation in the chest wall/costal joints) on 1/15/21. I have had continued problems with muscle pain in my chest, back, neck and other areas, as well as joint pain, especially in my hands and feet. This has now been going on 3 months.

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1215427	4/15/2021	WA	49	F	3/31/2021	3/31/2021	My 15 minutes ended at 12:22p. About a couple of minutes I started feeling effect. First I felt dizzy, then like I was going to pass out so I sat down. Afterwards, I went to another office because our lobby was full and I didn't want to draw attention to myself. My coworker was watching me. My head and hands both became clammy. Then my coworker said my eyes were really red. Then she said my face turning red. She grab one of the workers and they took my blood pressure. I had gone to a surgeon the day before and my blood pressure there was 92/68. During 3/31, my blood pressure was like 113/98. Then they took my temperature and I had a fever. I didn't have trouble breathing or chest pain but they brought me to a healthcare facility. There they watched me for about an hour and a half and gave me an EPI pen. My symptoms of headache, nausea, chills, fever, muscle aches, inability to sleep for more than 30 min have continued since 3/31 minus a few hours on 4/7. The most constant symptoms are headache, nausea, chills and then the other symptoms come and go. For example today, I have headache, nausea, chills and then I spiked a fever even though I am taking Advil and Tylenol to help with the headache. Also today, in addition to feeling hot, my palms of my hands are hot. Last Thurs and Sat in addition to the headache, nausea, chills I was fatigued to the point where I slept 14 hours on Thurs and 16 hours on Sat. Another symptom that I have is on my injection arm. Occasionally it will hurt from my middle finger to my collar bone.
1215314	4/15/2021	IN	74	F	4/15/2021	4/15/2021	Chest pain, throat irritation Diphenhydramine 25 mg x1 pt that states her throat feels like it is "closing off" and tongue feels prickly. Transported to Er with emergency box and RN. RN administered oral Benadryl without difficulty in swallowing. SpO2 98% on RA. Resp. 20. HR 87. Neb with racemic given. Pt states her throat feels better

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1214628	4/15/2021	CA	24	F	4/15/2021	4/15/2021	24 year old female who has completed a 90 minutes- minute observation period with the following signs and symptoms of an adverse reaction: other - nausea, vomiting, dizziness, hot flashes, weakness 20 minutes after Pfizer-BioNTech COVID-19 vaccine # 1 in series administered. Action(s) taken: Vital sign at 1135 blood pressure ; 157/84, heart rate: 89, respiration ; 16, Spo2: 100% Repeat Vital sign at 11:47: blood pressure ; 146/95, heart rate: 96, respiration ; 16, Spo2: 100% Vital sign at 12:03: blood pressure ; 134/84, heart rate: 107, respiration ; 16, Spo2: 100 % Vital sign at 1215: blood pressure ; 142/87, heart rate: 97, respiration ; 18, Spo2: 100 % 1147: I called to the Urgent Care, spoke with Dr., recommended benadryl 25 mg po and continue monitor patient in the covid vaccination clinic. If patient symptoms do not improved to transfer patient to the urgent care or to the Emergency Room. - 1150: emesis x 1 no blood on emesis noted - 1205: benadryl 25 mg po given, patient was able to tolerated well. - Patient denies chest pain ,shortness of breath, diarrhea, abdominal pain, difficulty swallow, headache, or vision changes - Patient was able to tolerated small sip of water. - Patient continue complains of dizziness, nausea, and unable to focus. Patient was transfer to ER in no acute distress , report given to triage nurse Patient advised to discuss second dose considerations with a clinician

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1215095	4/15/2021	MN	62	F	3/18/2021	3/23/2021	Received her first COVID vaccine on Thursday, March 18. On 3/23/21 she started to have new onset of generalized muscles aches and weakness. She started feeling some pain in her back, which then spread to arms and legs. She is now beginning to feel weakness in her core and extremities. Having difficulty lifting arms above head. She is still able to walk without difficulty but legs do feel weak. Increase in SOB as well. Myalgias and chest pain resolved within a week, however she continued to feel weak, tired, and had DOE. She developed "brain fog" and talked to her boss about taking short-term disability as it had been hard to work. No appetite. On 4/1/21, she presented to the ED with 2 weeks of worsening generalized weakness, SOB, lightheadedness, dizziness and found to have acute anemia. Was admitted for further workup. Hgb at admission was 5.4. This admission diagnosed her with a new warm autoantibody hemolytic anemia. This is new since the COVID vaccine was administered. Upon admission there was no thrombocytopenia, so there was low suspicion for microangiopathic hemolytic anemia, TTP/HUS, or DIC. Peripheral blood smear at that time suggested a leukoerythroblastic blood picture (could be Bone Marrow recovery post chemo) but with marked normocytic, normochromic anemia, and with increased circulating erythroid precursors and increased red blood cell regeneration; spherocytes and fragments are present supporting hemolysis. DAT positive (both IgG and C3) along with other hemolysis lab including elevated LDH, Bilirubin, haptoglobin 3, and PBS c/w hemolysis; no evidence of MAHA. So warm autoantibody hemolytic anemia is the most likely explanation. She had negative cold agglutinin antibodies <1:32 on 4/9. Started on methylprednisolone on 4/2/21, but Hgb continued to steadily decline despite treatment. Continued on methylprednisolone 87.5mg daily. Rituxan 375mg/m2 was started on 4/6/21 with plans for weekly infusions for a total of 4 weeks. there was concern for a GI bleed on 4/10-4/11 due to bright red fluid appearing like blood in the toilet after a stool. This led to her receiving roughly 5 units of pRBCs. After these 5 units she started urinating red urine and we became highly concerned for hyperhemolysis. She did not have any further stools so we did not think a GI bleed was likely. She was given 1 dose of Eculizumab (Soliris) (4/12). This treatment is for

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complement mediated intravascular hyperhemolysis. Unfortunately it did not appear to help her. On 4/14, we were thinking TTP could be contributory with numerous schistocytes on peripheral smear. Her T bili was up to 7.8, and her hemoglobin plasma was trending up, in the 380 -- > 610 and in the 800s today. Cr was worsening. Platelet count was dropping. With her worsening condition and concern for both hyperhemolysis and possible TTP, we decided to start her plasma exchange followed by her second dose of Rituximab. Unfortunately she became disoriented/confused following line placement and while receiving plasmaphoresis. CT head returned without acute findings. She then had an allergic reaction with a rash during PLEX which was stopped (4L completed with a goal of 5L). Improved with benadryl. She was then administered rituximab. Then she developed worsening sinus tachycardia and HTN. Her respiratory status deteriorated and she eventually required high-flow oxygen to maintain saturations > 90%. CXR showed bilateral opacities, not drastically changed from previous films. Rituximab was stopped halfway through its infusion in case this was an adverse effect to the drug. She was given 20 mg IV Lasix per the nighttime sign-out. She was initially given ceftriaxone and azithromycin IV to cover CAP but later ABx were broadened to vanc and Zosyn with rising lactate of unknown source. Ultimately she had acute respiratory failure with hypoxia and need BiPAP. She was eventually intubated and a code blue was called. She unfortunately died shortly after intubation.

1214730 4/15/2021 FL

56 F

4/15/2021

4/15/2021

56 y/o female, with history of Adult Onset Diabetes, presents with left arm itching and faint rash post vaccination administration. Patient vaccination site was the left deltoid. NP and Paramedics at patient side. Patient denies sore throat, difficulty breathing or chest pain. Patient states that she had the same reaction with the initial vaccination and Benadryl was given. Patient given Benadryl 25 mg PO x1 and patient was observed and within 20 minutes symptoms resolved. Patient felt better, rash resolved and was discharged home in stable condition. -----

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1214954	4/15/2021	OR	51	F	4/2/2021	4/2/2021	A few hours after obtaining the vaccine, patient reported having shortness of breath, increased blood pressure and chest pain that lasted for a week. Given her history of aortic aneurism I asked her to contact her cardiologist. They had no advice on the issue. Patient had just been evaluated with an ECHO as the aneurism being stable. No follow-up is currently scheduled.
1214949	4/15/2021	MD	49	F	3/26/2021	3/26/2021	The patient received the 1st dose of the Moderna covid vaccine. After receiving the vaccine Approximately 5 minutes after receiving the vaccine she felt like her left hand/arm was heavy. She began to feel lightheaded and weak. This caused her to eventually have a syncopal episode in which she complained of dizziness, some jerking motions, some lightheadedness and then some chest pain. She felt like it was hard to get a deep breath. An EKG was done which was unremarkable, fingerstick blood sugar was 108. An IV was placed in her right arm and she received 1 liter of Lactated Ringers solution in addition to orange juice and crackers. She started to feel better after approximately 1 hour and was sent home. On 4/1/2021
1214943	4/15/2021	TX	35	F	4/15/2021	4/15/2021	Pt had redness to forehead and complained of nausea, shortly after dizziness, sweating, blurred vision with chest pain and all over not feeling well, could not hold head up, EMS called. Pt was given Epi-pen to right thigh and Benadryl 25mg IM to right deltoid approx 7min later. Pt transported by ambulance to hospital.
1214937	4/15/2021		68	F	4/15/2021	4/15/2021	Pt reports headache rating a 15/10 after vaccine and also having left upper chest pain with no radiation described as "something sitting on my chest" . Similar chest pain to past episode of "cardiac spasm" when she took nitro but not recently. Also has nausea with chest pressure improving to 5/10. Report to vaccinator. Daughter went to hospital with pt. Pt reports history of multiple cancers, rhabdomyosarcoma, MS, Hashimotos, Encephalopathy, digestive disorders, somatoform disorder
1214914	4/15/2021		65	F	3/10/2021	3/21/2021	Covid 19 Shortness of breath Chest pain

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1214769	4/15/2021	MA	50	F	4/13/2021	4/13/2021	I experienced a burning sensation in my chest. A few hours later, the burning sensation was accompanied by chest pain, Today, day 2, there is a tingling sensation in my left arm. There is still a burning sensation in my chest (left side), albeit mild as well as intermittent pain.
1214768	4/15/2021	FL	50	M	4/15/2021	4/15/2021	50 y/o male with history of Asthma who presents with itchy, sore throat post vaccination administration. Patient denies SOB, chest pain or difficulty breathing. Patient vitals within normal limits and lungs clear. Benadryl 25 mg PO x1 given and patient observed by the NP and Paramedics. After 20 minutes of observation patient reported that he felt better, no issues with swallowing and was comfortable being discharged home. Patient discharged home in stable condition.-----END
1214757	4/15/2021	TX	58	F	3/18/2021	3/19/2021	Per patient she began to feel tired and out of breath, and as if something was stuck in her throat on 3/19/21. Patient states she went to Hospital freestanding emergency room around 4:30pm, she says she was given medication, but not sure what medication she was given and chest x-ray was taken due to chest pain. Patient was released on same day without any prescriptions and told to take Motrin or Tylenol for pain. Patient states she began having occasional mild itching to entire body on 3/31/21 and went to see Doctor and was not prescribed medication, states itching has since increased in frequency and intensity. On 4/6/21 hives began to appear throughout body, went to see Doctor and was not prescribed anything. Patient denies change in dietary habits, detergents or household cleaning products, states she has a follow up appointment on 4/21/21 to discuss itching and hives. Patient states hives randomly appear and disappear, but itching is now constant. Patient in clinic to give report, she was noticed to be scratching most of the time she was with nurse
1215312	4/15/2021		17	M	4/15/2021	4/15/2021	Chest pain, palpitations, tachycardia

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1211329	4/14/2021	NC	80	F	3/9/2021	3/9/2021	was observed post Covid-19 immunization for approximately 1 hr and 45min. Patient complained of being hungry stated she had not eaten all day around. was given water and crackers, said she was feeling better but during further assessment she said she felt dizzy and light headed. Blood pressure right arm 160/103 hr 75. No complaints of chest pain or shortness of breath. She was talkative through out episode. Next BP was 184/91 HR 75. needed to go to the ladies room ambulated to rest room with nurse in attendance. No notable issue with gait. The patient stated that she was feeling better but the blood pressures where elevated. Decided to ask EMT to do a manuel BP in the right arm BP 160/82. Even though was verbal, her responses where vague. One minute she felt fine then she was dizzy. was encouraged to call someone, but she felt she might be able to make it. There was a concern with her driving her self home. EMT performed a cognitive test she stated the wrong year and did not know who the president was when asked in two separate assessments. They also performed a neuro assessment which was uneventful. EMT tried to contact sons but were unable too and patient could not find her phone where we could call a neighbor. EMT suggested that she should go to the ED to be evaluated to be on the safe side and she agreed.
1211381	4/14/2021	WI	46	F	4/5/2021	4/6/2021	patient developed chest pain, right rib pain and dyspnea 1 day following vaccine
1211379	4/14/2021	CA	19	F	4/14/2021	4/14/2021	11:30 - 124/82, RR 22, HR 92. 11:56 - 126/82, RR 18, HR 86. Pt was vaccinated with Pfizer COVID-19 (Lot # EW0158) vaccine and went to post-vacc area. Pt told post-vacc nurses that she was feeling nauseous and anxious. Pt stated that she has Hx of anxiety and this episode felt "like my normal anxiety attack." Pt denied any chest pain, SOB, or other pain or discomfort. Pt was seated outside with post-vacc nurse and given a bottle of water because Pt stated that being outside helps her anxiety. Pt sat outside for approximately 30 minutes and then stated that she was feeling better. Pt left with her mother, who was also on-site for vaccination.

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1211374	4/14/2021	MA	72	F	3/8/2021	3/9/2021	since being vaccinated for 4-5 weeks pt experienced on and off headaches, nausea, fogginess and fatigue. Denies any peripheral edema, bruising, petechiae, SOB, chest pain, vision changes, or abd pain.
1208159	4/14/2021	FL	51	F	3/29/2021	3/29/2021	I have on of a headache , dizziness, chest pain, problems breathing, feeling tired , leg pain
1207833	4/14/2021	WI	62	M	4/10/2021	4/11/2021	Chest pain
1208410	4/14/2021	NJ	67	M	3/26/2021	3/30/2021	67-year-old male with PMH of asthma history of prostate cancer, GERD, hypertension, hyperlipidemia presents on 4/2/21 from doctor's office for evaluation of shortness of breath with exertion over the prior 3 days associated with some chest pain. He received COVID vaccine on 03/26 with Moderna vaccine (second dose) and was doing well until 3 days PTA. In the doctor's office patient had an EKG that was read as atrial flutter and doctor sent patient to the ED for rule out PE and evaluation of chest pain and shortness of breath. CTA chest showed numerous bilateral pulmonary emboli and evidence of right heart strain. Of note, his father had history of pulmonary embolism as well as rectal cancer. Patient was evaluated by pulmonologist and cardiologist and was started on full-dose anticoagulation for PE treatment. Patient did not report anything different in his life that may have contributed to development of PE (besides COVID vaccine). He denies any prior cardiac history and indicated maintaining an active lifestyle. Patient had symptomatic improvement and was discharged on full-dose rivaroxaban.
1208396	4/14/2021	MI	20	F	3/10/2021	3/11/2021	I had Janssen vaccine on 3/10. I had some fatigue after, and was doing well until several hours later, when I developed severe chest pain, shortness of breath, headache, and back pain. I went to ER, fever to 102.2F. EKG w sinus tachycardia, heart rate 153bpm, treated with IV fluids, tylenol and IV ativan with significant symptomatic improvement. Labs and CXR were normal. Since then, I have not had any more symptoms.

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1208385	4/14/2021	CO	27	F	4/1/2021	4/1/2021	Female with history of COVID-19 in January presents to ER with 1 day of shortness of breath. Patient reportedly received Johnson & Johnson COVID-19 vaccine last week, states postvaccination she had flulike symptoms for a few days that resolved. States this morning she woke up feeling short of breath. Reports associated feeling of anxiety/possible palpitations. Denies chest pain. Reports resolution of symptoms at this time. Patient reports history of ectopic pregnancy while on birth control pills, currently has hormone positive IUD. Denies smoking cigarettes.
1208287	4/14/2021	AL	52	F	3/24/2021	3/25/2021	Already had hip pain, side pain and abdomen pain weeks before taking the Janssen shot. Only had a severe headache and fatigue for 2 days after taking the shot, started on 3-25-2021 and ended by the end of the day on 3-26-2021. Chest tightness started on 3-27-2021 and still on going today. I didn't think anything of the chest pain or the headache because I suffer with migraine headaches and occasional shortness of breath due to (CHF)
1208434	4/14/2021	AL	51	F	4/5/2021	4/6/2021	Day after injection, patient believed she was having a heart attack. She experienced severe chest pain, pain that radiates through her arm to her hands, numb tingly hands, dizziness, nausea, and SOB. This event lasted about 5 to 10 minutes. The remainder of the week she continued to experience mild discomfort, SOB, dizziness, heart palpitations, and lethargy. At 2 to 3 days after injection, she did notice some swelling at the injection site. She did not seek medical attention, but did message her physician. She was told it was likely from the vaccine and to take some acetaminophen. No physical evaluation was performed on the patient.
1208241	4/14/2021	LA	47	F	3/20/2021	3/25/2021	pericarditis, chest pain and nausea, treated with anti-inflammatories and anti-nausea medicines

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1208478	4/14/2021	KS	50	M	4/1/2021	4/12/2021	History of Present Illness The patient presents with 50-year-old male with a history of hypertension and diabetes who presents via private vehicle with complaints of atraumatic left calf pain x4 hours. Symptoms started while typing on computer at work sitting in chair. Described as mild soreness to his left medial calf rating behind his knee. No frank tenderness with palpation. No fall, trauma, injury, or overuse syndrome including gym. No swelling, edema, or asymmetry. No associated motor/sensory disturbance able to wiggle and feel all digits with good pulses. No chest pain, shortness breath, palpitation, lightheadedness, or syncope. No spasms, cramps, or charley horses. Patient denies any history or DVT/ PE, hypercoaguable disorder, recent immobilization or surgery, recent long trips or travel, or active malignancy (w/ treatment in last 6 months) but does take prescribed clomiphene for androgen replacement/stimulation. Discomfort scribed as soreness, minimal intensity, 2 out of 10 without provocative or palliative factors.
1208056	4/14/2021	CA	24	M	4/13/2021	4/13/2021	A 24 year old male who has completed a 15-minute observation period with the following signs and symptoms of an adverse reaction: loss of consciousness and other - dizziness. Pt endorsed he is very anxious about the vaccination. Had a hx of fainting spells during vaccinations. Pt endorsed that while he was on the chair, he felt anxious and dizzy, then tried to take deep breath and passed out. Pt was found on the ground for 5 seconds but regained consciousness right away. No headache, chest pain, SOB, swelling of lips/tongue/throat. Denies any urinary/bowel incontinence. PMHx: none Pt was sent to examination via wheelchair. Vital signs check. Given water for hydration and apple juice. Felt better. vital signs stable Have abrasion on right knee and left dorsal wrist. Physical exam unremarkable. No hematoma or laceration on the head Observed for additional 30 minutes More likely syncopal episode vasovagal This is not an allergic reaction to the vaccine
1208041	4/14/2021	CA	37	F	3/15/2021	3/16/2021	Very strong leg pain the following day that lasted two weeks. Chest pains and trouble breathing started on Sunday April 4th and continue today.

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1208029	4/14/2021	MS	45	M	4/5/2021	4/7/2021	POSITIVE D DIMER, CHEST PAIN, RIB PAIN ON RIGHT SIDE, DOE, ABDOMINAL PAIN
1207951	4/14/2021	FL	59	F	4/1/2021	4/8/2021	Patient received the vaccine on 4/1/21 but on 4/8/21 started to feel itchy and saw a rash around the injection site looking like bumps (no puss), extremely red. No c/o fever, body aches, chills, chest pain ,sob. Advised patient to take a Benadryl to help with the allergic reaction, also she can apply benadryl cream or hydrocortisone cream to help with the itchiness. Also informed her she can take Tylenol if she feels body aches/fever. 4/12-Patient feeling better today. Redness and pruritic rash resolved yesterday. On 4/8/21 patient took Benadryl at bedtime. No signs and symptoms at this time.
1207875	4/14/2021	WI	33	F	12/19/2020	2/10/2021	Miscarriage. vaccinated December 19th. no Side effects. noticed a bit of pleuritic chest pain. was not bothersome and resolved with ibuprofen. I was pregnant at the time of first vaccine but did not know. had second vaccine 3 weeks after my first without issue. Went to OBGYn for 10 week appointment and there was no fetal pole. Fetus stopped developing at likely 6-7 weeks. I likely miscarried shortly after my second vaccine. .
1209002	4/14/2021	IL	38	M	4/10/2021	4/11/2021	Flu like symptoms with severe stabbing chest pain. Started to feel achy and a twinge in chest around 12:30 am, went to sleep, woke up at 2 am with severe stabbing pains in chest that would come and go. Took some Advil around 3:15am and within a half hour flu like symptoms stopped but not chest pains. The chest pain were less severe. Continues to feel a slight twinge and slight aching in chest 4 days later.

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1208266	4/14/2021	OH	17	F	3/28/2021	3/30/2021	She had COVID-19 infection on January 5. She received Pfizer vaccine 3.28.2021 - er8733 lot. she was feeling well prior to the vaccine with no seasonal allergy symptoms. No nasal congestion or itchy eyes. No NSAIDs the day of vaccine. Tired 20 minutes later. She woke up 4 hour later with fever 101. Took Tylenol 5-6 hours later. No ocular swelling at that time. had some nausea that evening and some abdominal pain. No muscle pain. Some chest tightness that evening. The next miring was very hot and nauseated and then vomited. Two days later swelling around eyes, not too itchy. Swelling was more severe in April 4. the swelling is slightly improved over the last week. On April 4, antecubital fossa were itchy and red. lasted 1-2 days. No runny nose, sneezing or itching. Low grade fever lasted 1 hour. fatigue lasted a few days. No muscle or GI symptoms. No NSAIDs, but Tylenol initially. no sore throat. No mucous membrane involvement. No leg swelling. No change in urine output. No joint pain. No headache. No vision change. No bleeding gums. No hives. No enlarged lymph nodes. No SOB. No chest pain. No change in bowel habits. Energy level good. No night sweats. SAR symptoms well controlled. Mild swelling at left arm injection sight that lasted 1 day. swelling is worse in the AM when waking up; both upper and lower eyelids.
1208727	4/14/2021	GA	68	F	4/6/2021	4/12/2021	Severe diarrhea and vomiting for 10 hours. Chest pain. No temperature.
1211368	4/14/2021	CO	56	F	4/1/2021	4/1/2021	chest pain, shortness of breath, dizzy, exhaustion, tingling in rt leg and arms, hoarse voice, difficulty walking,
1208976	4/14/2021	NY	52	M	4/14/2021	4/14/2021	52 y/o (M/F) with PMHx of chronic lower back pain began to feel lightheaded 1 minute after receiving the Covid vaccine (2nd dose). He LOC for 10 seconds. He became diaphoretic and pale. Denies headache, vertigo, seizures/PMHx of seizures, numbness/tingling/parasthesias, throat irritation, throat tightness, SOB, dyspnea, palpitations, chest pain, chest tightness/heaviness, hives, rash, peripheral or facial edema, nausea, vomiting. Patient was immediately assessed by EMT and clinical leads. Vitals were taken immediately. Given oral fluids (water/orange juice) and cookies.

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1208938	4/14/2021	PA	59	M	3/24/2021	3/24/2021	Pt, approximately after 20 minutes post first dose vaccine, developed dizziness, nausea, and sub-sternal 8/10 chest pain. Pt airway patent, breathing, tachpemic and non-labored. Pulse strong and tachycardic with adequate perfusion. Pt pale, warm, dry skin. Pt transported by emergency services to Hospital.

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1208926	4/14/2021	FL	19	F	4/14/2021	4/14/2021	<p>This is a 19 y.o. female status post 1st dose of Moderna vaccination on 04/14/21 at 130PM. Patient was outside under the tent waiting 15 minutes post vaccination when she fell out of her chair and onto the ground. Upon arrival, patient was lying face down and unresponsive. 10 seconds later patient regained consciousness, but was lethargic, clammy and pale. Patient is nauseous and vomiting. With assistance, patient was transported via wheelchair inside the modular unit in the parking lot. Reports eating a cookie this morning. Last meal was last night and it was a bowl of spaghetti. Patient reports having a syncopal episode and seizure 5 months ago after getting a COVID-19 nasal testing. Denies any medical history, no NKDA, no medications, no recent illness. Initial VS at 1400 was 90/56 HR 52, O2 sats 98% on room air. Denies SOB, denies difficulty breathing, denies chest pain, denies HA, denies dizziness. VS 1408- 90/56 HR: 57 BPM, RR: 12 BPM, O2 Sats: 98% Room Air VS 1425-91/57 HR 50 BPM, RR: 12 BPM O2 Sats 98% Room Air VS 1440- 94/57 HR: 54 BPM, RR: 12 BPM, O2 Sats: 98% RA Plan: Syncope and collapse- Patient was evaluated for 1 hour. Patient reports that she was feeling much better and was eager to go back to her room. Her pallor improved, she was AOx3 and speaking in clear sentences. , RN was advised to try patient with sips of clear liquids and provide her some crackers and have patient ambulate prior to discharge. When the nurse was repeating her VS and providing the patient the crackers, patient experienced another syncopal episode, but regained consciousness immediately. VS at 1450: HR 49 BPM, O2 Sats 99%, BP 82/50. Because patient experienced another syncopal episode, 911 was dispatched for ER evaluation. Patient asked that I speak to her mother, mother updated on patient's condition and that she needs to go the ER for further evaluation. Mother agrees and verbalizes understanding of care. Spoke to with the local health department and she reports that this case will need to be reported to VAERS. Patient is being transported by stretcher to the hospital. Will follow up with the patient. Nausea and Vomiting- Patient refusing Zofran IM, prefers PO. Zofran 4 mg SL given once at 1400 for nausea and vomiting. Nausea and Vomiting improved within 20 minutes. No nausea or vomiting upon discharge from the health center.</p>

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1208905	4/14/2021	FL	83	M	3/26/2021	3/1/2021	Patient felt fatigue, malaise, SOB and chest pain 2-4 days after vaccine
1208411	4/14/2021	MO	56	F	4/14/2021	4/14/2021	Patient had throat swelling, anxiety, & chest pain. Patient was given 25mg Benadryl. Patient declined transport.
1208802	4/14/2021	TX	17	F	4/9/2021	4/9/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Allergic: Difficulty Swallowing, Throat Tightness-Medium, Systemic: Allergic: Swelling of Face / Eyes / Mouth / Tongue-Medium, Systemic: Chest Tightness / Heaviness / Pain-Medium, Systemic: Confusion-Mild, Systemic: Tingling (specify: facial area, extremities)-Medium, Additional Details: symptoms started after they had waited the 15 min in store and were well on their way home. they included: speaking overly slow or oddly, left arm tingling, chest pain/SOB, developed into shooting pain down right leg. pt laid down for nap and awoke with swollen eyelids. pt still experiencing shortness of breath and having to limit activities
1207832	4/14/2021	TX	41	M	4/11/2021	4/13/2021	Shortness of breath & chest pain ~36-48 hours post vaccination

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1208676	4/14/2021	TX	55	M	4/3/2021	4/3/2021	Approximately eight hours after receiving the shot, I started getting a headache, body aches, and chills (April 3rd, 8 p.m.). I went to bed and had severe chills and body sweats for the entire night. The primary symptom to report is that my heart raced all night. It felt like it was beating at about 140 to 150 Hz or higher. When I woke up in the morning, it felt like my chest had been pounded on all night. The pain was in my sternum area. The headache and body aches took a little over a day to go away. The chest pain took a couple of days to die down. On April 12th, I walked my dogs in the morning and felt out of breath, which isn't normal for me. In the afternoon, while working at my desk at home, I started getting more and more severe chest pain and then started getting dizzy and felt weak. I drove myself to the local ER and they tested me for a heart attack. All tests came back negative. They suggested going to another facility to get checked for clots or to make an appointment with a cardiologist. The next day, after talking to a doctor friend, he suggested going to the ER facility to get imaged for clots and to get fully checked out. No cardiologist appointments were available till the next week. I went to the ER facility and was there for seven hours getting tested. They came back and said all test results were negative and that my heart looked fine. They did not have any suggestions for what might be causing the pain in my chest.
1208668	4/14/2021	AL	55	F	4/7/2021	4/7/2021	I received vaccine at 12:15 pm on 4/7/21. That evening I experienced severe chest pain /pressure a few times. Had headache next two days, fatigue and feel somewhat short of breath.
1208662	4/14/2021	OH	55	F	4/14/2021	4/14/2021	Resident initially started with some tongue swelling and feeling short of breath. Benadryl was administered, the resident continued with tongue swelling, chest pain and back pain. Tongues was noted a twice the size of normal. The resident has tremors from parkinsons disease that were also exacerbated.

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1208654	4/14/2021	WI	87	F	3/12/2021	3/15/2021	Patient presented 3 days after her second DuoNeb vaccine with weakness dizziness chest pain or shortness of breath and was initially diagnosed with a pneumonia by chest x-ray obtained with antibiotics without improvement. Subsequently she was hospitalized and CT of the chest showed left lower lobe segmental pulmonary embolism. The patient never had history of venous thromboembolism in the past. She had weakly positive anticardiolipin antibody of IgG type of unknown significance. She was treated initially with antibiotics but after diagnosis of the blood clot she was started on anticoagulation with apixaban with improvement
1208641	4/14/2021	MO	75	M	2/26/2021	3/5/2021	1 week after receiving the second dose of the Pfizer vaccine, started to feel short of breath with chest pain, a week later showed up to the hospital with extensive bilateral PEs and new onset A. fib. Physician can not determine the etiology behind the PEs, but cannot find any malignancy. Referred patient to pulmonology and hematology for further work-up. Physician feels that this could be an adverse reaction to the Pfizer vaccine Heparin drip for pulmonary emboli 4/8
1208626	4/14/2021	AZ		F	3/27/2021	4/4/2021	7 days following the shot I had extreme fatigue, shortness of breath, GI issues, chest pain, sharp headache and extreme leg pain. Symptoms started about 6am and got increasing worse through the day. At night when I was in bed at about 6pm my legs and chest hurt so bad I couldn't take it, so that by 11pm I went to the ER. Because of where we live in and it was a hot day, I suggested that I was dehydrated and never thought about the shot or that it might be side effects. I was treated with IV fluids and pain meds, I have given chest Xrays and it was determined I had inflammation in my chest. Once my PVCs were under control (I had been in bi-Gemini) I was released with Zofran and Tramadol. I have felt extremely tired since. And I am unsure if I should contact a health care provider.

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1208869	4/14/2021	WA	33	F	4/13/2021	4/13/2021	Patient reported episode of increased heart rate, felt like "heart was racing", for about 1 minute following dose of vaccination. This resolved, patient noticed she started to have dry mouth, and increased saliva. This was brought to the attention of the nurse during observation period, and patient brought into examination room. Name and DOB confirmed, vitals obtained and within normal limits. Patient given water, declined juice or snacks. Symptoms resolved after about 20-minute observation period, patient requested to leave at this time. She denies any current chest pain, headache, dizziness, extremity weakness, or loss of consciousness.
1206764	4/14/2021	TX	58	F	3/5/2021	3/9/2021	shortness of breath, right sided pleuritic chest pain started 4 days after 2nd dose. Patient whom is a MD, initially thought asthma exacerbation possibly from the vaccine, took inhaler and steroids. Symptoms worsened and then diagnosed with bilateral pulmonary embolism (see below).
1207845	4/14/2021	IN	33	F	4/12/2021	4/12/2021	Migraine 48 hours Nausea 24 hours Dizziness 48 hours Fatigue 48 hours High blood pressure started at 24 hours ended at 38 hours Low blood pressure started at 8 hours, ended at 24 hours Chest pain with high blood pressure

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1206914	4/14/2021	WV	63	F	3/7/2021	3/7/2021	<p>may have had a heart attack; pressure in her chestuncomfortable feeling which lasted for a week; 6 short chest pains that felt like something was moving in her chest; felt really bad; tired/worn out; chills; a fever all night; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (may have had a heart attack) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 028A21A and 036A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). Concomitant products included LEVOTHYROXINE, OMEPRAZOLE (PROTONIX [OMEPRAZOLE]) and ATORVASTATIN CALCIUM (LIPITOR) for an unknown indication. On 07-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 07-Mar-2021, the patient experienced FEELING ABNORMAL (felt really bad), FATIGUE (tired/worn out), CHILLS (chills) and PYREXIA (a fever all night). On 08-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (may have had a heart attack) (seriousness criterion medically significant), CHEST DISCOMFORT (pressure in her chestuncomfortable feeling which lasted for a week) and CHEST PAIN (6 short chest pains that felt like something was moving in her chest). The patient was treated with ACETYLSALICYLIC ACID (ASPIRIN (E.C.)) from 08-Mar-2021 to 13-Mar-2021 for Heart attack, at a dose of UNK UNK, bid. On 11-Mar-2021, MYOCARDIAL INFARCTION (may have had a heart attack), CHEST DISCOMFORT (pressure in her chestuncomfortable feeling which lasted for a week), FEELING ABNORMAL (felt really bad), FATIGUE (tired/worn out), CHILLS (chills), PYREXIA (a fever all night) and CHEST PAIN (6 short chest pains that felt like something was moving in her chest) had resolved. Very limited information regarding these events has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been</p>

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requested.

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1206911	4/14/2021	FL		M	3/25/2021	3/27/2021	Myoclonus seizures; His face went numb and the rest of body went numb/everything feels springing when walking on the inside and the outside of his body because of the numbness; face red swollen and thick tongue swollen; blood pressure lower one was 121 elevated; constant sore throat and throat swelling; deep hoarse sound to his throat which is not how he normally sounds when speaking; spikes of heat within his body, almost neurological and like hot flashes; lost ten pounds of weight; decreased appetite; loud ringing in ears; inside of his mouth described as chewed up, due to loss of sensation due to numbness and swelling; constant sore throat and throat swelling; severe anaphylactic reaction including that he could not breath; tongue was thick and swollen; swollen glands on both sides of neck; feels like he is almost in a dream state; trouble keeping his balance, described as being still wobbly; Severe anaphylactic reaction including that he could not breath; left side chest pain; blurry vision; This spontaneous case was reported by an other and describes the occurrence of ANAPHYLACTIC REACTION (Severe anaphylactic reaction including that he could not breath) and SEIZURE (Myoclonus seizures) in a 56-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 018BZ1A) for COVID-19 immunisation. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Allergy to arthropod sting. Concomitant products included VERAPAMIL, HYDROCHLOROTHIAZIDE and CELECOXIB (CELEXA [CELECOXIB]). On 25-Mar-2021, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 27-Mar-2021, the patient experienced VISION BLURRED (blurry vision) and CHEST PAIN (left side chest pain). On 29-Mar-2021, the patient experienced ANAPHYLACTIC REACTION (Severe anaphylactic reaction including that he could not breath) (seriousness criterion medically significant). On an unknown date, the patient experienced SEIZURE (Myoclonus seizures) (seriousness criterion medically significant), HYPOAESTHESIA (His face went numb and the rest of body went numb/everything feels springing when walking on the inside and the outside of his body because of the numbness), SWELLING (face red swollen and thick tongue swollen), BLOOD PRESSURE

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INCREASED (blood pressure lower one was 121 elevated), STOMATITIS (constant so sore throat and throat swelling), DYSPHONIA (deep hoarse sound to his throat which is not how he normally sounds when speaking), HOT FLUSH (spikes of heat within his body, almost neurological and like hot flashes), DREAMY STATE (feels like he is almost in a dream state), BALANCE DISORDER (trouble keeping his balance, described as being still wobbly), WEIGHT DECREASED (lost ten pounds of weight), DECREASED APPETITE (decreased appetite), TINNITUS (loud ringing in ears), SENSORY LOSS (inside of his mouth described as chewed up, due to loss of sensation due to numbness and swelling), OROPHARYNGEAL PAIN (constant so sore throat and throat swelling), DYSPNOEA (severe anaphylactic reaction including that he could not breath), TONGUE DISORDER (tongue was thick and swollen) and LYMPHADENOPATHY (swollen glands on both sides of neck). The patient was treated with ACETAMINOPHEN (TYLENOL) on 05-Apr-2021 at an unspecified dose and frequency and DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL A) on 05-Apr-2021 at a dose of 50 mg. At the time of the report, ANAPHYLACTIC REACTION (Severe anaphylactic reaction including that he could not breath), SEIZURE (Myoclonus seizures), HYPOAESTHESIA (His face went numb and the rest of body went numb/everything feels springing when walking on the inside and the outside of his body because of the numbness), SWELLING (face red swollen and thick tongue swollen), BLOOD PRESSURE INCREASED (blood pressure lower one was 121 elevated), STOMATITIS (constant so sore throat and throat swelling), DYSPHONIA (deep hoarse sound to his throat which is not how he normally sounds when speaking), HOT FLUSH (spikes of heat within his body, almost neurological and like hot flashes), VISION BLURRED (blurry vision), DREAMY STATE (feels like he is almost in a dream state), BALANCE DISORDER (trouble keeping his balance, described as being still wobbly), CHEST PAIN (left side chest pain), WEIGHT DECREASED (lost ten pounds of weight), DECREASED APPETITE (decreased appetite), TINNITUS (loud ringing in ears), SENSORY LOSS (inside of his mouth described as chewed up, due to loss of sensation due to numbness

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and swelling), OROPHARYNGEAL PAIN (constant sore throat and throat swelling), DYSPNOEA (severe anaphylactic reaction including that he could not breathe) and LYMPHADENOPATHY (swollen glands on both sides of neck) was resolving and TONGUE DISORDER (tongue was thick and swollen) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Based on the current available information and the temporal association of the product use and the start date of the events a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and the temporal association of the product use and the start date of the events a causal relationship cannot be excluded.

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1206899	4/14/2021		43	F	5/21/2020	2/1/2021	<p>oropharyngeal pain; chest soreness; coughing; gagging; Gastrointestinal upset; oedema; shortness of breath; fatigue; joints hurt; nausea; headaches; pneumonia; Occasional shortness of breath at rest; Occasional palpitations; Weight increased, weight was up approximately 10 pounds; Dizziness; This spontaneous case was reported by a consumer and describes the occurrence of PNEUMONIA (pneumonia) and DYSPNOEA AT REST (Occasional shortness of breath at rest) in a 44-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect products included non-company products TREPROSTINIL DIOLAMIN for Secondary pulmonary arterial hypertension, TREPROSTINIL DIOLAMIN (ORENITRAM) for Secondary pulmonary arterial hypertension and RIOCIGUAT (ADEMPAS) for an unknown indication. Concurrent medical conditions included Pulmonary arterial hypertension. Concomitant products included APIXABAN (ELIQUIS). On 21-May-2020, the patient started TREPROSTINIL DIOLAMIN (Oral) 4 mg every eight hours. On 21-May-2020, TREPROSTINIL DIOLAMIN (Oral) dosage was changed to 1 mg. On 19-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient started TREPROSTINIL DIOLAMIN (ORENITRAM) (Oral) at an unspecified dose. On an unknown date, TREPROSTINIL DIOLAMIN (ORENITRAM) (Oral) dosage was changed to at an unspecified dose. and RIOCIGUAT (ADEMPAS) (unknown route) 1.5 mg. On 08-Feb-2021, the patient experienced PNEUMONIA (pneumonia) (seriousness criterion medically significant). In February 2021, the patient experienced DYSPNOEA AT REST (Occasional shortness of breath at rest) (seriousness criterion medically significant), WEIGHT INCREASED (Weight increased, weight was up approximately 10 pounds), DIZZINESS (Dizziness) and PALPITATIONS (Occasional palpitations). On an unknown date, the patient experienced OROPHARYNGEAL PAIN (oropharyngeal pain), CHEST PAIN (chest soreness), COUGH (coughing), RETCHING (gagging), ABDOMINAL DISCOMFORT (Gastrointestinal upset), OEDEMA (oedema), DYSPNOEA (shortness of breath), FATIGUE</p>

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(fatigue), ARTHRALGIA (joints hurt), NAUSEA (nausea) and HEADACHE (headaches). At the time of the report, PNEUMONIA (pneumonia), DYSPNOEA AT REST (Occasional shortness of breath at rest), WEIGHT INCREASED (Weight increased, weight was up approximately 10 pounds), DIZZINESS (Dizziness), ABDOMINAL DISCOMFORT (Gastrointestinal upset), DYSPNOEA (shortness of breath) and HEADACHE (headaches) was resolving, OROPHARYNGEAL PAIN (oropharyngeal pain), CHEST PAIN (chest soreness), RETCHING (gagging), PALPITATIONS (Occasional palpitations), FATIGUE (fatigue), ARTHRALGIA (joints hurt) and NAUSEA (nausea) outcome was unknown and COUGH (coughing) and OEDEMA (oedema) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, Weight: 170 lb (High) Weight gain of 7 pounds. In March 2021, Weight: 164 lb High. In 2021, Weight: up approximately 10 lbs High. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Prescribed levofloxacin antibiotic for 7 days for pneumonia. The patient did not need to use oxygen as often. Reporter did not allow further contact; Sender's Comments: This case concerns a 44-year-old female with serious unexpected events of pneumonia and dyspnea at rest, and nonserious unexpected dyspnea, chest pain, cough, oropharyngeal pain, retching, abdominal discomfort, palpitations, dizziness, edema, weight increased and expected fatigue, headache, nausea, arthralgia. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1206892	4/14/2021	TX	34	M	2/26/2021	3/27/2021	Spontaneous coronary artery dissection mild type 2 heart attack; Mild type 2 heart attack; Chest pain; Fever; body ache; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CORONARY ARTERY DISSECTION (Spontaneous coronary artery dissection mild type 2 heart attack) and MYOCARDIAL INFARCTION (Mild type 2 heart attack) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 045A21A and 023M2OA) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 26-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 27-Mar-2021, the patient experienced PAIN (body ache) and PYREXIA (Fever). On 28-Mar-2021, the patient experienced CHEST PAIN (Chest pain). On 30-Mar-2021, the patient experienced CORONARY ARTERY DISSECTION (Spontaneous coronary artery dissection mild type 2 heart attack) (seriousness criterion hospitalization) and MYOCARDIAL INFARCTION (Mild type 2 heart attack) (seriousness criterion hospitalization). The patient was hospitalized from 30-Mar-2021 to 31-Mar-2021 due to CORONARY ARTERY DISSECTION and MYOCARDIAL INFARCTION. At the time of the report, CORONARY ARTERY DISSECTION (Spontaneous coronary artery dissection mild type 2 heart attack), MYOCARDIAL INFARCTION (Mild type 2 heart attack), PAIN (body ache), CHEST PAIN (Chest pain) and PYREXIA (Fever) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, Electrocardiogram: results were fine normal. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant medications were not reported. Treatment information included unspecified medication. This case was linked to MOD-2021-066271 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1206985	4/14/2021	OR	59	F	4/5/2021	4/10/2021	Systemic: Chest Tightness / Heaviness / Pain-Severe, Systemic: Stiff Neck-Severe, Additional Details: PT went to Emergency Dept 5 days post vaccination for severe Chest Pain and Stiff Neck, tests were ran, but nothing came up. ED dr said the J&J COVID vaccine was the likely culprit. Pt has since recovered, was not admitted to hospital.
1206779	4/14/2021	NJ	34	F	3/17/2021	3/24/2021	Pt received vaccination. Pt reports that she started feeling more fatigued and short of breath the week following injection. However, on 09Apr2021 pt had increased SOB and chest pain while shower, went into the doctor. After scan discovered Massive PE. Pt decompensated quickly and required intubation. Upon transfer to medical center, there were complications with ET tube and pt coded and required resuscitation for 6 minutes. Pt recovered and was transferred. Pt had Chest Xray, doppler of Bilateral lower extremities. Confirming PE and also left Popliteal DVT. Pt was on heparin drip which was switched to lovenox for proper anticoagulation. Pt was extubated on the 11th, is recovering. .
1207027	4/14/2021	KY	52	F	4/13/2021	4/14/2021	52-year-old female with shortness of breath, cough, sore throat, Headache, and chest pressure today. She received her 2nd COVID vaccine yesterday. She has a h/o HTN, HLD, CHF, s/p MVR 2017, Vertigo and anemia. She did not have the symptoms with the first dose. She denies any fever/chills, she does have generalized body aches with frontal headache that is not worse headache of her life or thunderclap in nature, it is aching, no associated neurological deficit. No blood thinner use. She does have a productive cough of clear sputum, sore throat w/o trismus, drooling, tripod or voice change. No meningismus. She has chest wall pain with tightness and Dyspnea with exertion. No wheezing or hemoptysis. No radiating or pleuritic chest pain, palpitations, orthopnea, diaphoresis, N/V, or extremity edema.

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1206570	4/14/2021			U		4/8/2021	LEFT CHEST PAIN; This spontaneous report received from a patient concerned a 62 year old of unspecified sex. The patient's height, and weight were not reported. The patient's concurrent conditions included asthma, and high blood pressure. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported) dose was not reported, administered on 08-APR-2021 09:00 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 08-APR-2021 14:00, the subject experienced left chest pain. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of left chest pain was not reported. This report was non-serious.
1206419	4/14/2021		41	F	4/5/2021	4/8/2021	Increased chest pain & pressure; Increased shortness of breath; increased kidney/flank pain; brief episode of tremors, severe chills
1206418	4/14/2021		34	F	3/17/2021	4/10/2021	Reported to facility with chest pain, AMS, shortness of breath, elevated Ddimer. Suspected PE, given antithrombolytics, transferred to higher level of care
1206317	4/14/2021	AZ	61	F	4/10/2021	4/13/2021	4/13/2021 - FEVER, ABDOMINAL PAIN, VOMITING, CHEST PAIN, DIARRHEA
1206291	4/14/2021	NV	67	M	4/7/2021	4/8/2021	Increasing chest pain and colon discomfort. I went to hospital on Friday April 9th because of this. Troponin levels were normal. Symptoms have been coming and going and are still present. At times I feel like I am going to black out. I feel generally unwell and the chest pain is concerning.
1206277	4/14/2021	IL	53	F	4/13/2021	4/13/2021	Dizziness, severe HA, chest pain, back pain, swollen lymph nodes, stomach ache, metallic taste in mouth. Fatigue

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1206891	4/14/2021	MI	80	F	3/4/2021	3/1/2021	could hardly breathe; right side of chest hurt, like I pulled a muscle; dysentery; This spontaneous case was reported by a consumer and describes the occurrence of DYSENTERY (dysentery) in an 80-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Blood pressure high and Blood sugar abnormal. On 04-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In March 2021, the patient experienced DYSENTERY (dysentery) (seriousness criterion medically significant). On 31-Mar-2021, the patient experienced DYSPNOEA (could hardly breathe) and CHEST PAIN (right side of chest hurt, like I pulled a muscle). At the time of the report, DYSENTERY (dysentery), DYSPNOEA (could hardly breathe) and CHEST PAIN (right side of chest hurt, like I pulled a muscle) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant products known to have been used by the patient, within two weeks prior to the event, included high blood pressure medication and medication for sugars. Treatment of these events included unspecified ointment. Very limited information regarding the has been provided at this time for the event. Further information has been requested. The reported events were considered possibly related to mRNA-1273.; Sender's Comments: Very limited information regarding the has been provided at this time for the event. Further information has been requested.
1207403	4/14/2021	PA	22	M	4/7/2021	4/8/2021	ON 4/7 PATIENT RECEIVED A JANSSEN COVID VACCINE AT OUR PHARMACY. THURSDAY AND FRIDAY HE HAD NORMAL REACTIONS TO A VACCINE (LOW GRADE FEVER, SORE ARM, HEADACHE). BY SATURDAY HE HAD A HIGHER FEVER AND WAS NAUSEATED. ON MONDAY HE STARTED WITH VOMITING AND SEVERE CHEST PAIN. PT WAS ADMITTED TO HOSPITAL ON TUESDAY WITH HIGH TROPONIN AND FLUID ON THE LUNGS. THEY ARE RUNNIGN MORE TESTS TODAY (WEDNESDAY). MOM CALLED ME TO REPORT.

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1207818	4/14/2021	VA	70	M	3/6/2021	4/9/2021	Flank chest pain (pain under right rib cage) and Dyspnea on exertion; woke pt up at 0300 on 4/9/21 Chest pain with deep breathing., fever, and nausea upon presentation to ED Pt denied recent travel or prolonged immobilization Patient diagnosed with bilateral pulmonary embolism per CTA
1207790	4/14/2021		67	F	4/11/2021	4/13/2021	Patient presented to ED with difficulty walking, falls, right sided chest pain, lower extremity edema, generally feeling unwell
1207772	4/14/2021	NY	31	F	4/6/2021	4/11/2021	CHest pain radiating to Back and Jaw , nausea , lightheadedness , Admitted for 2 days to hospital for testing Diagnosed with Pericarditis-
1207734	4/14/2021	CO	25	F	3/26/2021	3/27/2021	Patient experienced an elevated temperature up to 104 degrees F 24hrs post vaccination along with some reported confusion. Over the next 48 hrs temperature fluctuated between 102-103 degrees. She reports confusion and difficulty with movement to lower extremities. Per her report she "felt like she had a stroke". Presented to the ER on 4/3/21 due to chest pain, no physical findings diagnosed with the exception of potential psychosis per patient report. Over the next week, patient reports experiencing seizure-like activity and pronounced difficulty with speech (stutter). Again went to ER an 4/10/21. Diagnosed with conversion disorder. on 4/13/21, seizure like activity persisted along with speech disturbances. ER referred to outpatient neurology. Additional symptoms experienced include headache and weight loss since 3/26/2021

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1207615	4/14/2021	OH	51	F	3/3/2021	3/7/2021	Presented to UCC on 3/7/2021 with complaints of left leg pain/swelling, had cervical block 03/02. when she got home she noted some groin pain,, and this morning left leg was so swollen. she is also complaining of mild shortness of breath. denies chest pains, was tachy at triage. She was then transferred to Emergency Department. Per their report: The patient presents with a swollen discolored left lower leg. She does have discoloration and I am concerned for massive DVT and cerulea dolens. She does have really minimal pain to the leg except to the groin, she has intact pulses, I have low suspicion for acute ischemia/arterial clot. She does complain of some mild dyspnea with exertion above baseline so I do have concerns for possible PE. She is hemodynamically stable, appears in no distress. She is on oral contraceptives, mild obesity, no other significant VTE risk factors. I am going to empirically start her on heparin, I have also ordered a CT PE and a CT abdomen pelvis to check for proximal propagation of the DVT along with a left lower extremity duplex Doppler ultrasound. Duplex ultrasound also showed extensive left lower extremity DVT up to the common femoral, she does have bilateral PEs without evidence of significant clot burden or heart strain, she is hemodynamically stable with normal pulse oximetry. The patient also has clots proximal up to her IVC. I discussed this with Dr. of vascular surgery for possible thrombolysis therapy of the left lower extremity. She was discussed with SOUND for admission.
1206961	4/14/2021	ME	55	F	3/30/2021	3/31/2021	Severe headache woke me up in the night after vaccine - resolved after putting ice pack on neck and head, night 2 woke again in the night with severe headache repeated ice pack felt better but I felt like something was wrong so made apt with my PCP that morning. BP was very high, was shaky and had low grade pain in back neck/ spine. BP slowly came down. Day 3 had 2 episodes of chest pain in am had an ekg later that day and it came out ok. No events detected. Going into week after vaccine (days 5-8) ongoing pain mid back/ spine and developed a cold sore (had not had one in over a year) 4/12 woke with Head and neck pain but not as severe as first couple days. Still don?t feel ?quite right? but functioning ok.

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1207415	4/14/2021	MO	36	M	3/11/2021	3/12/2021	Experienced chest pain, neck pain, general muscle pain, joint pain, some abdominal pain, headaches, fatigue, some shortness of breath, lightheadedness, some vision change in left eye, severe heartburn flare up, nausea, digestive issues (urgent, but small stools), increased heartrate, irregular tachycardia responses and heart palpitations. The pain and heartburn were treated with over the counter medications - ibuprophen, Tylenol, Pepcid and Prilosec at advice of my primary care doctor. Most all of the symptoms resolved after about two weeks past vaccine except my heartrate/palpitations and heartburn. My primary care doctor prescribed Protonix to help with the heartburn. Three and half weeks past vaccine I visited the ER thinking I was having a heart attack.
1209017	4/14/2021	CA	28	F	4/9/2021	4/10/2021	heart palpitations and chest pain
1207378	4/14/2021	MS	59	M	3/10/2021	3/13/2021	severe ABD pain and chest pains that started 3-4 days after vaccine given, UA, CMP, CBC, US of ABD and CT ABD done, treated for mild UTI, s/sx did not improve,
1207352	4/14/2021	OR	34	U	4/14/2021	4/14/2021	DVT developed four days after vaccine administration. Patient seen in primary care office 4/13/2021 for palpable mass in the femoral artery, size approximately 4-5 mm per surface palpation. Patient denies dyspnea, chest pain, severe headache, and vision changes. Exam otherwise WNL. No previous DVT history. STAT labs ordered and aspirin initiated at discharge, treatment changed to Eliquis 10 mg PO BID x 7 days upon return of labs. Ultrasound pending.

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1207337	4/14/2021	NH	44	M	3/19/2021	3/22/2021	<p>FINAL DIAGNOSIS: o Acute pulmonary embolism and DVT SECONDARY DIAGNOSIS: Principal Problem: Pulmonary embolism and infarction (CMS/HCC) POA: Yes Active Problems: Tobacco abuse POA: Yes Opioid dependence (CMS/HCC) POA: Yes Pulmonary embolism (CMS/HCC) POA: Unknown DVT (deep venous thrombosis) (CMS/HCC) POA: Unknown Chest pain POA: Unknown Hemoptysis POA: Unknown Resolved Problems: * No resolved hospital problems. * PDMP Query Date: 03/24/21 PDMP Comments: 03/22/21 suboxone 8mg/2mg #14/14 days multiple fills -----</p> <p>----- BRIEF HOSPITAL COURSE: a 44 year old male with h/o of anxiety, depression, substance use on Suboxone, history of alcohol abuse, admitted 3/24/2021 with pleuritic chest pain and shortness of breath. Evaluation was positive for bilateral DVT and pulmonary embolism Bilateral PE, infarction, bilateral DVTs -No obvious precipitating factors -patient underwent first COVID 19 vaccine injection, is actually due for second shot. Unclear if this is contributed, recommended to hold on getting second dose and discuss this with PCP. -Also follow-up with PCP for appropriate cancer screening -patient was treated with therapeutic subcutaneous Lovenox, remained hemodynamically stable and is feeling better today. Upon discharge we'll prescribe Elocon is 10 mg b.i.d. for another 5 days followed by 5 mg b.i.d. maintenance dose. He will be provided with coupon for 1 month supply, he was recommended to follow-up with PCP for further recommendations. He will probably need anticoagulation for at least 6 months or longer depending on further course. -Echocardiogram showed ejection fraction 50-55%, Mild mitral valve prolapse no evidence of RV strain. Hemoptysis -Most likely was related to PE and infarction -resolved. Pleuritic chest pain, h/o Afib -Most likely pain was secondary to PE, improved - Continue Cardizem as prior to admission -Stop aspirin since patient will be on anticoagulation therapy History of opioid dependence, alcohol abuse Continue suboxone Ongoing smoking cessation was advised Disposition: Routine Discharge Home CONSULTS: Consults Ordered during this Encounter Procedures ? Ancillary Service Request - IV Team New</p>

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IV Start (multiple sticks for labs) ? Ancillary Service Request - Social Services PROCEDURES: Procedures Ordered during this Encounter Procedures ? Patient is currently on therapeutic anticoagulation (warfarin, Pradaxa, IV heparin, Rivaroxaban) - no reassessment RADIOLOGY TESTS: CT CTA Chest Final Result 1. Segmental and subsegmental pulmonary emboli throughout the right lung, most prominent in the right lower lobe. Segmental and subsegmental pulmonary artery the left pleural effusion. 2. Wedge-shaped opacities at both lung bases concerning for small pulmonary infarcts. 3. No findings of right heart strain or pulmonary hypertension. Impression discussed with Dr of the ER at 20:44 on 03/24/2021 by phone. Electronically signed by: MD 3/24/2021 8:46 PM US Legs Bil Venous DVT Final Result Bilateral posterior tibial vein thrombosis. This critical result was called to the clinical team, including by telephone, at 6:00 PM by the sonographer, according to internal Department documentation. Electronically signed by: MD 3/24/2021 6:16 PM XR Chest PA and Lateral Final Result Small bilateral pleural effusions. Streaky left basilar opacity may reflect atelectasis or infiltrate. Small right basilar opacity of uncertain significance. All opacities are new since 2016. No pneumothorax. 4 week follow-up is recommended. If the abnormalities have not resolved by then, chest CT is recommended. Electronically signed by: MD 3/24/2021 5:36 PM

----- PROPOSED MANAGEMENT
PLAN: Risk for readmission within 30 days: o Low
Pending results: Unresulted Labs . . .
Comprehensive Metabolic Panel [124639904]
Collected: 03/24/21 1818 Updated: 03/24/21 1823
Specimen Source: Blood, Venous Morphology
[124639439] Collected: 03/24/21 1700 Updated:
03/24/21 1715 Specimen Source: Blood, Venous
Comprehensive Metabolic Panel [124637329]
Collected: 03/24/21 1700 Updated: 03/24/21 1705
Specimen Source: Blood, Venous Troponin, HS
[124637342] Collected: 03/24/21 1700 Updated:
03/24/21 1705 Specimen Source: Blood, Venous
Recommended Testing: o Refer to Hospital Course
DISCHARGE MEDICATIONS: Medication List STOP

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1207268	4/14/2021		33	F	4/13/2021	4/13/2021	<p>taking these medications aspirin 81 MG Chew TAKE these medications Dose Ordering Provider Morning Afternoon Evening Bedtime apixaban 5 MG Tabs Commonly known as: ELIQUIS Instructions: Take 2 Tabs (10 mg total) by mouth TWICE A DAY for 5 days, THEN 1 Tab (5 mg total) TWICE A DAY. Start taking on: March 26, 2021 Signed by: MD buprenorphine-naloxone 8-2 MG Film Commonly known as: SUBOXONE Instructions: Dissolve 1 Film under the tongue DAILY for 14 days. Instructions: NADEAN: xe2109242 Dose: 1 Film Signed by: MD diltiazem CR 240 MG Cp24 Commonly known as: DILACOR XR Instructions: Take 240 mg by mouth DAILY. Dose: 240 mg Where to Get Your Medication apixaban 5 MG Tabs High-risk Medication Changes: o Refer to Hospital Course PTA Medication Changes: o Refer to Hospital Course</p> <p>VS: BP 98/76, baseline is 90/60, 98% RA, HR 73, no hives, facial/lip swelling, clear oropharynx, heart and lungs clear to auscultation, no stridor, grip strengths equal/symmetrical bilaterally, cap refill < 2 seconds One minute after injection patient started experiencing mild right-sided itching involving the arm, neck, ear, lip and throat, dizziness and numbness of right 3rd, 4th, 5th fingers without facial/lip swelling, hives, SONB, chest pain, abdominal pain, difficulty swallowing or facial weakness, dizziness resolved Pt was advised to take PO Benadryl 25 mg, but patient declined and stated "I want to go home" Pt was advised to seek immediate evaluation of numbness does not resolve within a few hours Pt states she will take Benadryl after she gets home, advised to seek immediate evaluation if developing symptoms of worsening allergic reaction, especially hives, difficulty breathing or sensation of throat closing</p>
1207200	4/14/2021	FL	46	F	4/8/2021	4/9/2021	<p>High heart rate (140-150) while sitting. High Blood Pressure (150/90) while sitting. Left side chest pain. Heart palpitations. Welt at injection site, was painful and itchy. Stomach cramping and loose stool.</p>

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1207054	4/14/2021	NY	72	F	4/4/2021	4/10/2021	Pt was admitted with chest pain and thoracic aortic dissection 6 days after her second covid 19 vaccination. CT imaging showing a dissecting mid descending upper abdominal aneurysm. She was transferred to the ICU on an esmolol drip and ultimately transferred to hospital MICU where she remains hospitalized
1207509	4/14/2021	FL	38	F	3/28/2021	3/29/2021	Lethargy, impaired cognitive function began on 3/29. By the morning of 3/30, the lethargy and cognitive function is back to normal. Slight headache, low fever and slight chest pain began. Felt better by the afternoon of 3/30 once I took ibuprofen. That evening at approximately 7 pm, I noticed my heart rate was high. My resting HR is about 70, but my HR was at 125 - 130 and I was not exerting myself and was sitting. My HR remained high after I went to bed, and chest pain became worse. By 12:30 am on 3/31, chest pain was getting severe and had pain in both arms. Went to ER at around 3 am on 3/31. Later learning I had a mild heart attack. Had EKG, Blood work, ECG, and Heart Catheritazion. No blockage and normal results except blood work. Blood work showed elevated enzymes. While in the ER, I was given blood thinner and glycerin tablets, aspirin. Since 4/2, my heart rate and blood pressure have returned to their norm without medication. I once again have perfect blood pressure readings and perfect HR. I have returned to normal daily activities as of 4/4.

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1210392	4/14/2021	VA	39	F	3/19/2021	3/19/2021	<p>This 39 yo ADSM received her first Pfizer covid vaccine lot# ER8727 to left deltoid on 3/19/2021. She advised she had no illness prior to vaccine. On day 2 3/21/21 her left shoulder was sore at collar bone where she has had pain on and off ever since her SPV (3/10/2010). That lymph node gets very sore whenever sick or gets flu shots. She describes site as very tender to touch, node is mobile-but hurts to move, and she notes site swelling w/o redness. She states this pain causes her shoulder to hurt and creates a "vice grip about her chest" that started on left but radiated to right upper chest. This caused SOB and difficulty inhaling due to pain. She tried relaxation techniques and maybe one TUMS for mild reflux and</p> <p>This 39 yo ADSM received her first Pfizer covid vaccine lot# ER8727 to left deltoid on 3/19/2021. She advised she had no illness prior to vaccine. On day 2 or 3/21/21, her left shoulder was sore at collar bone where she has had pain on and off ever since her SPV (3/10/2010). That lymph node gets very sore whenever sick or gets flu shots. She describes site as very tender to touch, node is mobile-but hurts to move, and she notes site swelling w/o redness. She states this pain causes her shoulder to hurt and creates a "vice grip about her chest" that started on left but radiated to right upper chest. This caused SOB and difficulty inhaling due to pain. She tried relaxation techniques and maybe one TUMS for mild reflux and Excedrin for headache. This discomfort continued and on 3/19/21 she called medical and was sent to local ER. In ER she c/o sharp radiating chest pain to left upper chest radiating to neck, making it difficult to breath and episodic palpitations. She advised ER that she experienced similar discomfort on and off for last several years. Her exam was normal with following studies were all normal: EKG, CXR, labs-troponin, tsh, t4, lytes, cbc w/diff, and lipase. A CT chest w/contrast showed normal chest, heart, arteries and listed diagnosis of possible mild bronchitis and cholelithiasis. Her D-dimer was mildly elev at 0.55 (0.27-0.50). Providers gave cardiology referral and released w diagnosis of atypical chest pain and palpitation. No medication was prescribed.</p>

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1210290	4/14/2021	NM	36	F	4/8/2021	4/8/2021	<p>Covid-19 Vaccine Clinic I was notified by EMT that they had given Benadryl IM to this patient. I went to evaluate patient who was sitting in a quiet corner attended by EMT and her husband. BP 150s/104, O2 100% RA Patient reported that about 5 mins after 2nd MOderna vaccine today, she felt itchy eyes and noticed that her eyes were swollen and she notified EMT on site. They had given her Benadryl IM. She reports that she has h/o Anaphylaxis reaction to PCN. 3/12/21 Moderna 1st vaccine- given, patient noted getting tongue swelling and onsite EMT at BTR gave her Benadryl IM. Pt observed 30mins, Doctors note stated pt did not have throat/tongue swelling lung exams clear. He observed her during the episode and checked on her 3hrs later and pt noted to be felt fine. She reports that a week later, she had tongue swelling, went to ER where she was given Epi pen and admitted to ICU for 2 days. No intubation. Sent home on Prednisone taper- dosage unknown but she reports she is still taking 2 tabs daily. She reports she was told by her Hospitalist that she could go ahead for her 2nd Moderna vaccine dose. Gen: watery eyes, eyelids slightly swollen, very obese Throat: no tongue swelling, tonsils enlarged touching her palate Mallampati-Class III Pulm ctab no c,w,r Breathing comfortable, speech coherent, normal CV rrr About 10 mins of observation by this MD, I had consulted with our other on-site providers and we all agreed to give her Epi injection due to her prior history and current eye swelling immediately after vaccine was administered from EMS. Patient noted she felt shaky but denies sob/chest pain/throat pain/tongue swelling. She was not coughing. I accompanied patient to womens restroom for patient to void. EMS officer called EMS who came to pickup patient. Patient requested to be taken to Hospital ER. During the entire stay, patient denied feeling short of breath/chest pain/throat swelling. Treated in ER: IV Decadron/Benadryl/Famotidine and discharged in few hrs with discharge meds: Prednisone taper, Famotidine and Epi pen prescription 4/14/21 Called to checked on patient and she reports took 2 days to settle down to feel normal but no throat swelling or any allergic reactions. States she is feeling well now. She followed up with her PCP (who is not from our facility).</p>

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1210537	4/14/2021	FL	64	F	4/8/2021	4/8/2021	Acute headaches, chills, tight chest pain, fever With in a few hours after receiving the vaccine. Dealing with headaches for 6 days, making difficult to rest at night and concentrate.
1210518	4/14/2021	ID	60	F	3/16/2021	3/23/2021	One week after shot experienced left sided chest pain2/10 progressed to burning in left axils. Fatigue heaviness in bilateral arms and legs. Cold feet. Persistent dull left temporal headache. Felt dizzy and lightheaded in addition on 4/7 went to ER
1210503	4/14/2021	CA	61	M	4/12/2021	4/12/2021	Lightheadedness, felt like he was going to black out, he did not faint. He was evaluated by a MD and due to the distance of his drive home was advised to go to ER via ambulance. Seen in ER- no chest pain, nausea, or vomiting. He did have some diaphoresis. Has a history of vasovagal syncope associated with needles. Seen and released without further interventions.
1210497	4/14/2021	CA	33	F	4/6/2021	4/8/2021	Migraines Light Headed/Dizzy Swollen Gland on right neck Swelling on right side of face Rash on neck and chest Pain on Right side of face Throbbing pain in Ear on right side

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1210554	4/14/2021	IL	65	F	3/16/2021	4/13/2021	Bilateral pulmonary embolisms requiring ICU admission. Patient presented to Emergency Room on 4/13/21 with presented to the ED with shortness of breath and chest pain. The patient notes that she developed shortness of breath, particularly with exertion, about 1 week prior to presentation. 2-3 days prior to presentation, she developed pleuritic chest pain on the right anterior chest. She denies any recent fevers, chills, weight changes, palpitations, cough, sputum production, abdominal pain, nausea, vomiting, diarrhea, constipation, lower extremity edema. She does note that she received her first dose of the COVID-19 vaccine on 3/16/2021 and was due for dose#2 on the day of admission. She denies a personal history of blood clots and denies current smoking, estrogen use, or recent surgery. She does note a history of blood clots in her sister, but she is unsure whether they were provoked or unprovoked. Patient required BiPAP on admission and was initiated on a heparin drip. Initial CT w/ some concern for R heart strain, however, echocardiogram showed no signs of R heart strain and she was hemodynamically stable. She was weaned from the BiPAP to Non-rebreather, and eventually nasal cannula. The heparin drip was transitioned to lovenox with plans to go home on a DOAC. Still hospitalized at time of event report.
1210399	4/14/2021	AK	46	F	3/5/2021	3/6/2021	Pt developed flu like symptoms within 24 hours of second dose of Pfizer COVID vaccine on 3/5/21 which included fever, body ache, headache, and chest pain. The chest pain was severe and on 3/7/21 she sought evaluation in the Emergency Room. She was found to have an elevated troponin test (repeated x 3), and T wave abnormalities on EKG concerning for a NSTEMI. CRP was also elevated. It was recommended that she be admitted to the hospital but she left the ER against medical advice.
1210589	4/14/2021	CA	25	F	4/8/2021	4/14/2021	Nausea, tightness in chest, chest pain, headache, transient pains throughout the body, shortness of breath
1210386	4/14/2021	GA	41	F	4/2/2021	4/9/2021	Shortness of breath and chest pain 4/9/21 Went to ER on 4/9/21 Diagnosed with Multiple Pulmonary Embolisms in both lungs; transferred via ambulance as medical emergency to another hospital for treatment Released from hospital on 4/11/21 and currently under treatment

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1210370	4/14/2021	NV	49	M	4/14/2021	4/14/2021	Patient was feeling chest pain after receiving the vaccination, patient had previously had a similar issue in the past and was told he was having a "pre-heart attack". Patient was taken via ambulance to the ER after the vaccination.
1210367	4/14/2021	NY	20	F	1/11/2021	4/12/2021	Full body aches and pains, fever, chills, sweats, severe headache, nausea, chest pain/pressure, fatigue but not being able to sleep due to intense pain.
1210348	4/14/2021	NY	54	F	3/6/2021	3/7/2021	april 12th had chest pains, very high blood pressure, slight headache. but since vaccine been having more constant headaches.
1210325	4/14/2021	FL	19	F	4/9/2021	4/12/2021	high blood pressure, fatigue, anxiety, chest pain
1208985	4/14/2021	NY	52	M	4/14/2021	4/14/2021	52 y/o (M/F) with PMHx of chronic lower back pain began to feel lightheaded 1 minute after receiving the Pfizer vaccine (2nd dose). He LOC for 10 seconds. He became diaphoretic and pale. Denies headache, vertigo, seizures/PMHx of seizures, numbness/tingling/parasthesias, throat irritation, throat tightness, SOB, dyspnea, palpitations, chest pain, chest tightness/heaviness, hives, rash, peripheral or facial edema, nausea, vomiting. Patient was immediately assessed by EMT and clinical leads. Vitals were taken immediately. Given oral fluids (water/orange juice) and cookies.
1210475	4/14/2021	OH	34	F	4/1/2021	4/14/2021	Over 2 days of chills and fevers. Over 4 days of feeling lethargic. Headaches for 2-3 days after. Reported chest pain in daily check in. It was not an option so I wrote it in. 2 weeks after the shot I still have mild pain when breathing in and feel like I am winded more easily to the point that even before the vaccine was in the news I made an appointment with my doctor. He did EKG and D Dimer tests. Both came back normal but I still don't feel myself.
1210865	4/14/2021	MI	54	M	4/8/2021	4/9/2021	Rapid heart beat, high blood pressure, chest pain, full body aches- ER visit for chest pain Nitro administered, chest ultrasound, blood work. Full body work up

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1210681	4/14/2021	VA	35	F	4/2/2021	4/2/2021	PT STATED SHE WAS VERY HOT, STARTED SHAKING, HAD CHEST PAIN WHEN BREATHING. WE GAVE PT WATER AND COLD PACK AND OBSERVED FOR 30 MINUTES AT WHICH TIME THE PATIENT SAID SHE FELT SHE NEEDED TO GO TO THE ER. PARAMEDICS WERE CALLED AND EKG/BLOOD PRESSURE TAKEN. PARAMEDICS ADVISED PT TO BE EVALUATED AT HOSPITAL.
1211288	4/14/2021	CA	23	M	4/12/2021	4/13/2021	Woke up to severe chest pain, then vomited. Appeared to be extreme gas buildup in my chest.
1211280	4/14/2021	FL	56	F	4/6/2021	4/7/2021	Chest pain. Pain from front right through to the back just under shoulder blade. Lasted 4 days.
1211241	4/14/2021	IL	60	F	4/14/2021	4/14/2021	Patient having chest pain and jaw numbness and difficulty breathing
1211239	4/14/2021	CA	58	F	4/14/2021	4/14/2021	Developed shakiness after vaccine. Denies chest pain, SOB, trouble breathing or swallowing, or rash. SpO2 100% RA Respirations 16, unlabored. BP 172/94, 175/89 HR 86, 69
1210551	4/14/2021	CO	42	M	4/14/2021	4/14/2021	Several hours after vaccine was given, had arm pain/numbness, intermittent dizziness. Chest pain, shortness of breath, anxiety.
1211111	4/14/2021	VA	39	F	4/14/2021	4/14/2021	Pt recieved shot and waited 15 mins inside clinic. While walking to car, pt began to feel lightheaded and weak. Also complained of chest pain. Pt flagged down passerby but was too weak to walk back into clinic. Staff brought pt back into clinic via wheelchair. Vital signs stable. Pt reported tingling in legs and numb face. EMS transported pt to hospital.
1210265	4/14/2021	MN	48	F	4/8/2021	4/8/2021	Still suffering from side effects of vaccine, SIX DAYS later, including chills, body aches, headache, nausea, brain fog, chest tightness, chest pain, cold symptoms (sore throat, facial pressure, runny nose), muscle weakness, fatigue.

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1210822	4/14/2021	NJ	18	M	1/26/2021	2/3/2021	Patient started complaining of headache and chest pain soon after vaccination. Since then he has been to the Emergency Room 6-7 times for chest pain - workup is consistently negative He has seen two Cardiologists, a Neurologist and has had further workup. It should be said that I feel it is probably not vaccine related and is likely anxiety related - however patient insists that it is related to the vaccine - he has never felt like this before.
1210817	4/14/2021	FL	42	M	8/5/1978	4/7/2021	Headache fever leg pain left chest pain
1210794	4/14/2021	FL	43	M	4/7/2021	4/8/2021	Cold sweats starting Thursday evening, Friday sweating at night, and Saturday morning ~6:00 am with chest pain and sweats. Pain intensified and brought to Urgent Care at 8 am where an EKG was completed and showed signs of a heart attack. Was rushed to Hospital Emergency room. Admitted and examined. Completed an angiogram and noted that there was a blood clot that appeared to dissolve. Troponin levels were high showing damage to the left artery. Spent the night in the hospital. Prescribed medication for cholesterol, blood thinners, and seeing a cardiologist.
1210722	4/14/2021		45	F	4/14/2021	4/14/2021	Headache, chest pain. transferred to ER via ambulance
1210656	4/14/2021	LA	50	F	3/11/2021	3/30/2021	I begun experiencing leg and chest pain about three weeks after receiving the vaccination. On April 13, 2021 I contacted my PCP nurse triage; at which time I was instructed to dial 911 or go to the ER due to listed symptoms; thereafter my husband transported me to ER. I was examined by an ER physician who ordered an ultrasound of both legs; results were no concerns. I was instructed to take OTC Advil/Tylenol for pain along with an OTC acid reducer for chest pain and to follow up with my PCP as needed.

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1210615	4/14/2021	NJ	63	F	3/8/2021	3/9/2021	On March 8th received the J&J shots, March 9, 10th & 11th was extremely nauseous in the morning. On the 12th had severe chest pains which I chalked up to a very bad case of heart burn. On March 24th, while driving I had two major (what I thought at the time) was panic attacks...body started shaking, heart was beating like crazy, couldn't catch my breath, felt like I was going to pass out or die. Had to pull over twice to calm myself down. (From what I read this could be a sign of a blood clot but I am not a doctor.) Had minor heart burn until April 5th....which ironically was the end of my 28 days until the vaccine fully kicked in. Just reporting what happen. I feel fine now.
1211143	4/14/2021	NY	59	F	3/17/2021	4/1/2021	On APRIL 1, 15 days after injection, I developed chest pressure and a burning sensation in the area of my sternum. The pressure worsened the next day to the point I asked to be taken to the ED at the hospital. My blood pressure was 187/92, I had some irregularities in my EKG. After lab tests for cardiac issues it was determined I was not having a heart attack. I then met with my PCP on April 7 to discuss this. We were wondering if it was anxiety. During this time from April 1 to present I have had marked soreness in both underarm lymph nodes and intermittent chest pressure. After another exchange with my PCP she confirmed that it could also be a possible response to the Moderna vaccine #1. Today, April 14, I had an echocardiogram stress test that was equivocal and it was determined to be safe, I should have a CT scan to make sure there is no issues in the arteries. The cardiologist also agreed this could be an "inflammatory response" to the vaccine even though I was highly anxious during the test. I say this to be fair and not wearing blinders. I would like to point out that the morning I awoke with chest pain, I was not experiencing anxiety. That came after my worry about what could be causing it. I am only completing this form now because I feel it warrants the idea that there is vaccine involvement. By the age of 59 you tend to know your body. Thank you.
1209320	4/14/2021	CT	19	M	4/7/2021	4/8/2021	Chest pain; Swollen tongue; Swollen epiglottis; Nausea & Vomiting

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1210302	4/14/2021	CA	24	F	4/14/2021	4/14/2021	<p>Patient Allergies: NKA 14:53 patient received the covid vaccine Pfizer Lot:EW0162 Expiration:7/21 dose 0.3ml in left deltoid, then slid off the chair, nurse caught her and slid her to the ground provided support for her head, ensure the area was clear, she went unconscious for 15 seconds then regain conscious, vitals were taken, BP-133/89, Pulse-81, SPO2 97%, numeric pain scale 0/10. Patient was A &O x 4 person, time, place, and situation-----RN 14:56 reassessed vitals BP-131/68, Pulse- 71, R-16 even and unlabored, Spo2 98%, numeric pain scale 0/10, she was A&O x 4 person, person, place and situation, patient denies chest pain, denies shortness of breath, denies hx of going unconscious, she was moved to a chair for observation, will continue to monitor-----RN 15:07 contacted to alert her of the situation and to follow next step of protocol, will continue to monitor the patient-----RN 15:15 patient denies any chest pain, denies shortness of breath, denies dizziness, A&Ox4 person, place, time, and situation-----RN 15:24 reassessed the patient vitals BP-108/63, Pulse-70, SPO2-99% , numeric pain scale 0/10, denies chest pain, denies shortness of breath, denies dizziness, A&Ox4 person, place, time, and situation, had patient raise for chair slowly reported no dizziness, had patient walk back and forth w/ no assistance, observed a steady and even gait, patient denies any dizziness, provided education to follow up with primary care or head to urgent care, if patient starts to experience shortness of breath or anaphylaxis to call 911, both patient and partner verbalized understanding, the partner verbalized that he would be driving the patient home-----</p>

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1209544	4/14/2021	OR	66	F	3/18/2021	3/19/2021	The patient is a 66 y.o. female with past history of diabetes, GERD and HTN who presents to the Emergency Department with visual changes of the right eye and associated pain to the face and neck. Per interpretor, patient woke up feeling at baseline yesterday morning, when she had her COVID-19 vaccine. Yesterday around dinner time, she began having issues with vision in her right eye, causing her visual field in that eye to appear dark to her entire right eye. She told her husband that she thought she might have a hair or eyelash in her right eye and that she had an irritating pain radiating from her right eye to the right side of her face. Even after washing her eye with cold water, the sensation did not subside. At approximately 3-4 AM this morning, she also began to experience pain to the back of her head and neck bilaterally. This morning, the visual impairment improved from the entire visual field to now only just the inferior aspect of the right eye. However, she denies weakness to any of her extremities. Patient also denies chest pain, numbness, abdominal pain or nausea. She was seen at ophthalmology, at which Dr. diagnosed her with a right retinal branch arterial occlusion and decided to send her to SHE to be evaluated for the possibility of a CVA. She denies being on blood thinners or taking Aspirin. She denies any previous diagnosis of a CVA or TIA.
1209525	4/14/2021	MN	66	M	4/14/2021	4/14/2021	Client received 1st dose of Pfizer COVID-19 vaccine. Shortly after receiving the vaccine, the client experienced chest pain. Client has history of chest pain, previous cardiac arrest, and medication non-compliance. Patient does have prescribed nitroglycerin. Client was taken to observation area. Chest pain continued, blood pressure was 194/94, pulse in low 80s, oxygen saturation 100%. Client was given 1 nitroglycerin and chest pain reduced. Follow up blood pressure 164/90 pulse 80s. 12 lead ECG was completed which showed a previously known bundle branch block that was transmitted for ED physician review. Onsite EMS recommended evaluation in the emergency department. Client was transported by EMS to ED for evaluation.

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1209445	4/14/2021	NC	55	F	3/26/2021	3/26/2021	4 hours after shot, I had soreness in the arm for 2 days and then it went away. I experienced chest pain and breast density 12 hours, 1 week, and then 2 weeks after the shot.
1209395	4/14/2021	MD	68	M	4/6/2021	4/13/2021	Developed chest pains, Rehabilitation Center moved to hospital on 4/13/2021. Took a turn for the worse in the evening of 4/13/2021. Hospital found fluid on lung x ray. He was placed on ventilator overnight performed CT Scan the afternoon of 4/14 and discovered several bloods clots in right lung. Patient still in hospital under sedation and on ventilator. Hospital has started him on Heparin.
1209623	4/14/2021	WA	22	F	3/14/2021	3/14/2021	History of Present Illness This is a 22-year-old female who was previously healthy with no significant past medical history presenting to the emergency department after a syncopal event. She was getting her COVID-19 shot today (Johnson Johnson). After her shot she was texting on the phone with her mom, felt slightly dizzy and the next thing she remembers was lying on the ground. Witnesses reported that she syncopized and had some convulsive like behavior afterwards. She was not postictal or incontinent however. She reportedly hit the front of her forehead on the left side. She denies any chest pain, abdominal pain, hemoptysis, recent surgeries, immobilization or recent travel. She reports that when she woke up her hands felt a little bit tingly. When the fire department arrived they found her to be bradycardic however by the time the medics arrived her heart rate had resolved. Her blood sugar was 110 on the scene. Medics noted that she was orthostatic on the scene as well. She currently is feeling well, has no complaints. States that she has gotten dizzy before in the past with COVID vaccines.

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1209337	4/14/2021	TX	36	M	2/8/2021	2/12/2021	Patient suffered an acute myocardial infarction. On 2/12/2021 at 0230 hrs he was awakened with severe left sided chest pain/tightness radiating into his jaw associated with shortness of breath. He presented to the emergency department around 0330 hrs. He underwent cardiac catheterization around 0600 hrs where is coronary anatomy was normal without obstruction. His echocardiogram estimated his left ventricular ejection fraction to be 42%. He was started on appropriate medications and released home in good condition on 02/13/2021.
1209660	4/14/2021	VA	72	F	3/8/2021	3/17/2021	Patient went to hospital with chest pain on 3/17 and was found to have a pulmonary embolus. Started on anticoagulant. Had full workup

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1209319	4/14/2021	CA	46	F	4/14/2021	4/14/2021	HPI: Patient reports mild substernal nonradiating, non-positional chest discomfort/pain and dizziness that started 10 minutes after receiving 2nd dose of Pfizer (at 11:30 AM). Denies worsening of pain with upper extremity movement or when presses on it. Reports she has never had these symptoms before and did fine with first dose. Pt denies swelling of the face, throat tightness, difficulty swallowing, itching of the skin, SOB, or CP. Pt denies n/v, HA, changes in vision, slurred speech, n/t/weakness in extremities. Patient reports h/o hypothyroidism, depression, migraines, and duodenitis. She takes Synthroid QD, Effexor QD, Sumatriptan PRN, and unspecified antacid or PPI PRN (no flares > 6 months). H/o facial/body swelling w/ PCN and Vancomycin (last reaction 11/2018 during labor). Denies h/o COVID-19 infection. Exam: GEN: Alert and oriented x 4, in NAD HEAD: NCAT EYES: PERRL, EOMI ENT: Ears normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g PULM: Clear to auscultation bilaterally, no accessory muscle use ABD: deferred SKIN: vaccine site at left deltoid without edema, erythema, bleeding, or discharge. No rashes, skin warm and dry MSK: FROM, MS 5/5 NEURO: Alert and oriented x 4, CN 2-12 grossly intact, no facial droop, normal speech, NVID, strength 5/5 in bilateral UE, no ataxia, gait steady Clinical Impression/Field Tx: Suspicion for anaphylaxis low due to no face/lips/eye swelling, no SOB or difficulty swallowing, and no rash/itching of the skin. No hemodynamic instability seen as patient?s vital signs were WNL. Patient given water and grape Jolly Rancher sucker at and felt 40-50% better (in regards to chest pain and dizziness) at 12:15 PM. EMS called due to concerns about chest pain and arrived at 12:16 PM. Medications administered: None Disposition: Following over 30 minutes of observation, patient?s symptoms improved. Patient evaluated by EMS in ambulance - EKG and further exam normal. Per EMS, patient left AMA - husband drove her home in their car. Pt was advised to drink plenty of water, eat a substantial meal, and take it easy for the rest of the day. She was also instructed to visit the ER if she felt SOB, swelling of the face/lips/eyes, throat tightness, difficulty swallowing, itching of the skin, vision changes, onset of severe headache, or any other concerning symptoms. Pt indicated understanding of

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1209215	4/14/2021	CO	19	M	4/8/2021	4/11/2021	instructions. Per patient he received his second Covid vaccine 3 days prior to arrival and immediately following developed myalgias, subjective fevers and "viral symptoms" which she managed with ibuprofen 2 tabs q6h some improvement. On the day prior to arrival he developed increasing shortness of breath particularly with talking and with ambulation. He also describes chest tightness with deep inspiration, the tightness radiates to back, no radiation to left arm or jaw. Chest tightness is non-positional, but does feel worse immediately after he lies down from ambulation and then slowly dissipates. His last subjective fever was yesterday evening. He has never had a reaction to the vaccine before. He has no allergies. No prior medical conditions he is aware of, and takes no medications. He did not experience any of the symptoms following the first vaccine. He has h/o asymptomatic COVID infection in November 2020. Cardiology consulted for concern of pericarditis post COVID-19 vaccine. He does not have significant ST elevation or PR depression. He also does not have evidence of significant pericardial effusion at this point. The high sensitivity troponins are mildly elevated. He does have viral syndrome. Is unclear if Covid vaccination was causally related to his symptoms. We would like to improve his medications for better chest pain control and to prevent recurrent pericarditis in the future.
1209204	4/14/2021	MO	33	F	4/8/2021	4/9/2021	Severe headache, fever for the first two days and chest pain, fatigue
1209129	4/14/2021	NY	68	F	3/1/2021	3/16/2021	Bad chest pains, palpitations and high blood pressure. Ct scan found two small clots (pulmonary embolism)

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1209122	4/14/2021	TX	29	F	4/9/2021	4/10/2021	<p>Provider's Notes for 4-10-2021 visit: 29 y/o F presents to Urgent Care with c/o possible side effects after receiving 1st dose of Pfizer BioNtech COVID-19 vaccine yesterday evening. Reports to feeling pruritis in R arm at time of vaccine administration but this resolved within few minutes. However, pt admits to waking up with headache and R sided body pain. Husband noted erythematous rash behind pt's ear; pt denies warmth, pruritis or tenderness at rash site. Symptoms of generalized body aches and chills have developed in the last few hours (similar to symptoms of cold). Took excedrin with relief to headache and myalgias. Denies recent use of antihistamine but adds that she was prescribed cetirizine and diphenhydramine by PCP for hx of random rashes that occur after being outdoors. Pt also states that she was recently prescribed cyclobenzaprine, meloxicam and norco for R "trapezius" pain. She was referred to physical therapy by specialist recently. Last use of pain medication was 1 week ago. Denies arthralgias, numbness, tingling, rash or pruritis at injection site (does have soreness), fever, sore throat, dysphagia, facial/neck swelling, chest pain, SOB, nausea, vomiting, diarrhea, inner or external ear pain, discharge from ear, rhinorrhea, post nasal drip, persisting headache, hx of anaphylactic reaction to meds or vaccine in past. Adverse reaction to vaccine product Due to acute onset of symptoms after recent vaccine administration (onset within 12hrs), pt's symptoms of myalgias, acute onset rash, chills are likely mild adverse reaction to the recent COVID-19 vaccine. No current signs of anaphylaxis and pt was reassured. She opted to take cetirizine while at clinic. PO or IM steroids will be avoided to reduce risk of suppressing intended immune response to vaccine. May apply topical hydrocortisone or topical benadryl if rash becomes pruritic. RTC if symptoms worsen or persist. ER precautions discussed for acute worsening. Pt and her husband voiced understanding. Start cetirizine 10 mg tablet 1 tablet as needed. On examination - erythematous rash See above recs. Cellulitis is low in ddx due to acute onset of symptoms, bilateral distribution, and lack of tenderness. Monitor closely. Muscle pain Can continue acetaminophen or NSAIDs with food as needed. RTC if symptoms worsen or persist.</p>

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1209104	4/14/2021	MI	73	F	3/8/2021	4/5/2021	3 weeks post vaccination patient developed chest pain and shortness of breath. Was able to tolerate symptoms, then had radiation treatment and developed more shortness of breath. Was transported via EMS to hospital where an xray and MRI were completed and showed multiple blood clots in her lungs. Venous Doppler was also completed and blood clots were found in her legs. She was subsequently admitted to hospital.
1209372	4/14/2021	IN	33	F	4/1/2021	4/12/2021	Lower extremity swelling, leg pain, burning in the ankle, chest pain, shortness of breath, shoulder blade pain
1209829	4/14/2021	IN	35	F	3/29/2021	3/29/2021	5 hour after vaccine , suddenly couldn't breath. Oxygen dropped to 84. Difficult breathing for an hour. Chills, body shakes, sweats, nausea . These all lasted 5 days besides breathing . On day 6, breathing got worse . Became short of breath. On day. 11, chest pain, random bruising , continued severe short of breath , head aches. Currently day 16, still short of breath , chest pain, headaches, fatigued
1210121	4/14/2021	PR	51	F	3/30/2021	3/31/2021	Dr. call the pharmacy to report that the patient has been experiencing headache, nausea, leg pain and chest pain since receiving the janssen shot.
1210100	4/14/2021	NV	48	F	3/23/2021	3/23/2021	On 03-23-2021, 5pm. my symptoms started with chills and lethargic by 530p had chest pain and i felt burning my body and felt restless. The next day i had pain in my kidney area nd rib cage, was nauseous, my body was still aching, had a bead headaches, had a temperature of 99.87 and my body was so sore. I still had the kidney pain. My fever had jumped to 101.7F. The next day I had fever, chills, dizziness, kidney pain on one side, strange pain under my rib cage and sore teeth and gums. My glands were swelled up in my neck, my taste was a little off. On 3-25-2021, had two large lymph node and my felt I had a ball in my throat. the pain on my right side, I might had a right kidney stone. an ultrasound of the right kidney was performed but I do not have the results yet.

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1210083	4/14/2021	KS	26	F	4/8/2021	4/9/2021	Sudden onset back pain on 04/09/2021, localized to the center of my spine, so bad i thought i was going to vomit. Tylenol was unhelpful but I had also taken my anxiety medication and 25mg of Benedryl, so the fact that it lasted roughly 4 hours is an estimation because i did eventually fall asleep. Chest pain on 04/10/2021, ongoing but only sometimes excruciatingly painful. Had costochondritis about a year ago, it eventually went away. This pain is the same as that. I was told that people who get costochondritis are likely to get it again, so may be unrelated to the vaccine, but thought i would list it anyways. General unwell feeling lasted until 04/13/2021 Unrelenting nausea lasted until 04/13/2021 Diarrhea started today 04/14/2021
1210077	4/14/2021	AZ	30	F	4/7/2021	4/7/2021	Shortness of breath, chills, heat flashes, Body aches, headache, sharp leg pain, sharp arm pain, muscle aches, chest pain, joint pain, ear throbbing in left ear, ringing in right ear, fatigue, dizziness.
1210064	4/14/2021	IL	31	M	4/11/2021	4/11/2021	shortness of breath, wheezing, cough, chest pain, nausea and vomiting
1209602	4/14/2021	KY	46	F	3/8/2021	3/20/2021	3/20 - 3/22 - jaw, neck, shoulder pain and stiffness 3/21- through present date - hip and thigh pain/stiffness 3/23- 3/25- severe jaw/neck pain and stiffness 3/27-4/1 - elbow and below tenderness/pain 4/1 through present date - shoulder/upper arm pain and tenderness 4/4 - 4/8 - chest pain/breastbone pain when breathing, moving, and to touch. ER visit for this side effect in the AM on 4/5 bc later that day was my 2nd vaccine and I wanted to verify nothing serious was happening prior to the admin of the vaccine. Not being able to take ibuprofen after the vaccine really exacerbated the pain and inflammation, making it much worse. I took Advil early on 4/6 which did alleviate the inflammation and reduced the pain significantly. 4/14 - went to the urgent care ctr for treatment of symptoms, was told this type of side effect starting around 2 weeks after 1st vaccination has been common in patients coming to the urgent care ctr. Got an anti-inflammatory shot and a steroid shot to reduce my symptoms.

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1209960	4/14/2021	TX	23	M	4/8/2021	4/17/2021	On Saturday night (4/10) I had some chest pains that seemed to not go away in my upper left chest and left arm. I tried to sleep it off until the pain was unbearable at around 7:00 am on Monday (4/11). I then admitted myself to the ER and was given an ECG and multiple EKG's as well. Upon lab results I had high triponin levels (28) leading the doctors to believe I had a heard attack of some sort, eventually they ruled it as acute pericarditis possibly due to my second dose of the Pfizer vaccine.
1211359	4/14/2021	NV	39	F	4/6/2021	4/6/2021	Immediately at 15 minutes: blurry vision; felt off and felt loopy (out of it); I was dropping food on myself as I was eating. My pupils were really small. I felt out of it. Finally I got home (son drove me). I had mild chest pains and heart racing (had this initially, too). And the chest pains and heart racing kept happening off and on through the night. I had headaches that night and I felt nauseated. Next day, I had to wear sunglasses inside my house as I was light sensitive and my pupils remained small. I still felt body aches and nausea but the eyes were the biggest concern...shining light by my eyes didn't make my pupils bigger. The light that came off my phone aggravated my eyes and my head. Thursday, I still had nausea but headache wasn't bad with Tylenol. Those full two days all I did was sleep. Friday, I felt like things were mild and Tylenol was helping. I called heathline for my eyes. As those still weren't improving. I got into my eye doctor for an exam (4/9). There was no inflammation and he decided to dilate my eyes. Of course, my eyes were blurry and my eyes responded to that dilation. I napped after returning home. My pupils after the nap were finally responding. I still had a little light sensitivity in my eyes but not as much as I had had and pupils were doing what they should with light. So this was 3 1/2 days later. I still do get mild headache and mild chest pain - it comes and it goes. I have a doctor appt - general check up - that was already scheduled for tomorrow and he will examine for chest pain.
1209815	4/14/2021	CA	53	F	4/14/2021	4/14/2021	Nausea, mild headache. VSS. BP 149/78, HR 65, O2sat 100% RA. Denies chest pain, sob, difficulty breathing. Mild nausea, headache improved. Discharged home with spouse in stable condition.

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1209747	4/14/2021	MN	82	F	3/5/2021	3/6/2021	Started feeling weak next day after shot. As days went by I became increasingly short of breath. This continued for over 2 weeks and then started having chest pain. Went to ER and admitted with pericarditis. 2 days later I went into Atrial fib. The next day I had a cardioversion. Home the following day. One week at home not feeling well, I was readmitted with increased chest pain and shortness of breath. Pulse very low and needed a pacemaker which was inserted Easter Sunday. Home now and still not feeling well.
1209730	4/14/2021	NM	43	F	3/24/2021	4/14/2021	Lightheadedness and exhaustion set in 15-25 minutes post injection. Later that same evening, experienced nausea, muscle, bone, and joint aches as well as chest pain that were much reduced by the following morning. Malaise continued as did symptoms of nausea without vomiting. 24 hours post injection, experienced a low grade fever of 99.6 F (for me, this is a low grade temp). Fever broke after another 24 hours. Experienced severe headaches in the middle of the forehead for 8-12 hours on 3/25/2021, 3/29/2021, 4/3/2021. Experienced difficulty breathing 3/30/2021. Woke up from deep sleep feeling starved for oxygen and a sensation that a deep enough breath could not be taken--the lungs could not expand enough. Respiratory rate seemed slightly depressed. It passed after about 30 minutes with focused effort on taking deep, regular breaths. Fell asleep again and did not consult a medical provider about it. The oxygen hunger / breathing issue did not repeat. Medical professionals were not consulted for any of the episodes described above.
1209692	4/14/2021	CO	28	U	4/12/2021	4/12/2021	tasted and smelled shot, chest pains and headache
1209674	4/14/2021	OK	32	M	4/7/2021	4/7/2021	Immediate loss of consciousness. I lost color in my face (pale white) I experienced chills and cold. My hands were shaking for about 4 hours following. From the fall, I developed right shoulder pain, right hip pain, jaw pain, right eye pain, right chest pain, right back pain, and a black eye. All symptoms have lasted a week. I also had fever for about a day, along with generally feeling weak/unwell. I

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1209666	4/14/2021	TX	33	F	3/10/2021	3/10/2021	From 4:00 PM - 5:00 PM my heart rate escalated from 72 bpm to 166 bpm with chest pains, trouble breathing, shortness of breath, nausea, dizziness. For the next 3 days my heart rate was very irregular and high over 115 bpm. I spoke with my supervisor to let him know I was not feeling well and he stated if I did not feel well to seek medical attention. At the time I was immobile and could not stand or walk.
1209978	4/14/2021	CO	49	F	3/20/2021	3/21/2021	I experienced the normal flu like symptoms. Fever, chills, body aches along with that I had chest pain. My chest pain was sharp, stabbing pain that comes and goes, intermittently. I am on day 24 with chest pain. I was referred to the heart doctor, they did an EKG which was normal. MY PCP did a tri-triponent blood test was normal, an also ordered a D-dimmer and it was elevated, i was sent to ER to check for pulmonary embolism which was clear. Another EKG was done and it was normal. My electrolytes were normal. I had stress test this morning 04-14-2021. My PCP ordered platelets due to my left leg pain and heavy feeling and burning feeling that comes and goes. My platelets were normal. My WBC is very low and I have an echocardiogram scheduled on Monday. The ER doctor said that the vaccine caused the inflammation on my body and my chest, having an auto-immune reaction. I still have chest pain.
1210636	4/14/2021	NY	44	F	3/25/2021	3/25/2021	Immediate dizziness and nausea. Became tachycardic within an hour. This is still an issue 3 weeks out. Day after vaccine I felt mild flu symptoms all day and was struck with a severe chest pain and intense nausea in the afternoon. I went to the hospital emergency room and had multiple tests run. No cause was found for the chest pain. It began in the center of my chest and moved to the right side of my back. I have been dizzy, nauseous and extremely fatigued as well as a headache for the last three weeks. The doctor didn't know what caused the pain. He checked me for a pulmonary embolism because my clotting factors were slightly elevated. They have not been rechecked, though I requested my doctor have them and my platelets rechecked. I still do not feel well. My brain is foggy, my vision gets blurry at times, and I still have the dizziness, fatigue and nausea. I am no longer achy and I have not had another chest pain like the one I had on the 26th.

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1204206	4/13/2021	WA	43	F	3/1/2021	4/1/2021	pt. states that since vaccination 3/31/2021, she has had more sx of temperature regulation issues, chest pains, palpitations, gi symptoms, headaches, fatigue, insomnia and dizziness
1203891	4/13/2021	AZ	19	M	4/6/2021	4/6/2021	Massive chest pain that seemed to originate in the lungs. Worse with each inhale. Began about 12 hours after the injection and lasted about 2 hours. Also severe headache, beginning hours after injection, that lasted about 48 hours. Could not attend classes the next day. These symptoms were accompanied by high fever, chills, body aches, which began with the headache and did not dissipate for about 48 hours.
1203936	4/13/2021	CA	45	F	3/11/2021	3/11/2021	Later on that evening I started feeling tired, chills, & fever. This lasted about 4 days on the 2nd or 3rd day I had a swollen lymph node under my left armpit. It lasted just a couple of days. On 3/21/2021 I missed my period I did not get it the month of march. Now on the month of April I first started spotting on April 7th it was very light then it went heavy till this day 4/13/2021 I'm still bleeding which is not normal because my period normally only lasts for 4 days. On 3/31/2021 I also had chest pain that lasted for 4 days then it started subsiding. On 3/12/2021 and on 04/11/2021 I got a weird abdominal pain that lasted for less than 5 minutes.
1203996	4/13/2021	WI	23	F	4/1/2021	4/12/2021	Sudden onset of chills, myalgias, headache, cough, and chest pain throughout the morning. Symptoms worsened throughout the day. Ibuprofen 600mg was taken twice, 5 hours apart, which improved symptoms. I felt feverish, but temperature peaked at 99.9F, although this was after the first course of ibuprofen. The following day, symptoms were significantly improved with some persistent body aches and intermittent chills.

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1204003	4/13/2021	MA	37	F	4/10/2021	4/13/2021	After I got the vaccine my heart rate went over 100 and I had to lay down at the hospital to recover because I was so dizzy. On Saturday night and Sunday I felt some normal side effects like a severe headache, chills, nausea, and fatigue. Monday I felt better than normal and I thought I was in the all clear. Today (Tuesday) I woke up feeling like I had a stroke. I can still lift both arms and both sides of my face, but I can not think and feel like I am dying. I am scared to go to the hospital. I am unable to work. I feel incredibly emotional and unable to think. I feel so tired and the pain at the injection site is now even worse. I am getting chest pains, dizzy spells, really bad headache, and it feel like I am in a dream state unable to do things I normally can do. I am not okay and really regret getting the vaccine. I had no prior health concerns and probably would have survived covid, but it feels like I may never get my mental functioning back again.
1204054	4/13/2021	IL	22	F	3/15/2021	4/13/2021	Pt returned to clinic on 4/13/21 with report of allergic reaction to vaccine received on 3/15/21. Pt states approx 6-8 hours post vaccine she had sudden onset shortness of breath, chest pain, throat discomfort, skin rash, itchiness, facial and hand swelling. She sought medical attention Emergency Department where she was treated with PO steroids, Benadryl and anti-hypertensives. Symptoms resolved same day and she was subsequently discharged home. Pt followed up with PCP who advised her not to receive the second dose
1204133	4/13/2021	TX	89	F	3/18/2021	3/20/2021	came in with chest pain ,coded and died. Family believes it was because of COVID vaccine

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1203037	4/13/2021	AZ	44	F	4/6/2021		<p>BODY ACHES; BRAIN FOG; ARM WAS EXTREMELY SORE FROM SHOULDER TO ELBOW; CHILLS; FEVER; CHEST PAIN; HEAD FELT HOT; RACING HEART; BODY TINGLING; LIGHTHEADED; LIP AND TONGUE TINGLING; LIP SWELLING; FACE FEELS TIGHT; WHOLE BODY NUMBNESS; TONGUE SWELLING; This spontaneous report received from a patient concerned a 44 year old female. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 041A21A, and expiry: 21-JUN-2021) dose was not reported, administered on 06-APR-2021 around 12:15 at left arm for prophylactic vaccination. No concomitant medications were reported. On 06-APR-2021, the subject experienced lip and tongue tingling. On 06-APR-2021, the subject experienced lip swelling. On 06-APR-2021, the subject experienced face feels tight. On 06-APR-2021, the subject experienced whole body numbness. On 06-APR-2021, the subject experienced tongue swelling. On 06-APR-2021 12:30, the subject experienced racing heart. On 06-APR-2021 12:30, the subject experienced body tingling. On 06-APR-2021 12:30, the subject experienced lightheaded. On 06-APR-2021 15:30, the subject experienced head felt hot. On 06-APR-2021 16:30, the subject experienced chest pain. On 07-APR-2021, the subject experienced body aches. On 07-APR-2021, the subject experienced brain fog. On 07-APR-2021, the subject experienced arm was extremely sore from shoulder to elbow. On 07-APR-2021, the subject experienced chills. On 07-APR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) more than 100 F. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from racing heart, body tingling, lightheaded, lip and tongue tingling, lip swelling, face feels tight, whole body numbness, head felt hot, chest pain, and tongue swelling on 06-APR-2021, and had not recovered from fever, body aches, chills, brain fog, and arm was extremely sore from shoulder to elbow. This report was non-serious. This case, from the same reporter is linked to 20210415021.</p>

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1204180	4/13/2021	MI	19	F	4/13/2021	4/13/2021	anxiety, patient was taken to Hospital treated for chest pains
1203858	4/13/2021	RI	62	M	4/13/2021	4/13/2021	Pt presented with substernal chest pain and diaphoresis which started last night. Past medical history of previous MI with stents in place. Allergies - Penicillin. He was placed on stretcher and taken to EMS room for further evaluation. PT states the pressure is a 4/10 non-radiating and made worse when he moves around. PT also stated he started a new blood pressure medication three days ago. First set of vitals were at 13:15hours - HR 84 SPO2 95% BP 192/109 12-lead obtained - normal sinus rhythm Vitals reassessed at 13:20 hours - HR 89 SPO2 94% BP 154/124 Pt states he is still having the substernal chest pain. Upon evaluation pt is hypertensive and given past medical cardiac history 911 was activated for chest pain transport 20G IV was established in left AC Rescue arrived and pt care was transferred over to Rescue Personnel Pt received second dose of Pfizer today.
1204244	4/13/2021	NY	39	M	4/10/2021	4/12/2021	Ears ringing all the time, mild chest pain, and fatigue. This has gone on for two days now
1204279	4/13/2021	NC	62	F	4/13/2021	4/13/2021	Female smoker w/ obesity, insomnia, HL, anxiety, bronchitis, diverticulitis, GERD, OA, COPD, Mix2 and HTN was given her 1st dose of Moderna Covid19 vaccine (lot # 046B21A) at 1310 4/13/21. Patient had hot flash and was fanning herself within 5 minutes of 15 minute observation time. After 15-20 more minutes, patient developed mild chest pain, nausea, diaphoresis and shortness of breath. Patient reported feeling light headed. Patient was moved to the recliner and her legs elevated. Patient found to be hypertensive. Initial BP 162/106. At 1346, BP 180/84. At 1352, NIBP 186/93, pulse 80's and regular. Per NP, bilateral diminished breath sound with wheezes. SaO2 on room air 97-99%, with the labored breathing and chest pain. Placed on oxygen 2L pm via NC. EMS notified for transport to ED. Chest pain increased 8/10. Patient refused nitroglycerin but accepted ondansetron 4mg po for nausea. Also given 324mg aspirin. In ED, EKG and Chest XR obtained. Both were normal. BP still elevated at 1442 171/83. Patient stable.

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1204289	4/13/2021	IN	40	F	3/23/2021	4/5/2021	Woke with nausea, vomiting, climbing fever upto 103, body aches, chills on 4/5/21. Symptoms resolved but felt tired on 4/6/21. Morning of 4/7/21, woke with shortness of breath and chest pain. Negative COVID-19 test. Went to hospital and did a cardiac workup and blood work, CT scan followed that showed several blood clots in lungs. Was given heparin bolus, and continued for an additional day, then switched to Eliquis. Hospitalization duration was 2.5 days.
1204368	4/13/2021	NY	19	F	4/12/2021	4/12/2021	Patient developed complaint of headache and dizziness, "woozy", post vaccination nearly immediately after injection. Stated prone to dizziness when gets shots. Not SOB no rash. Monitored over 30 minutes, given juice, blood sugar 89 BP 129/78, EMS on scene and assessing along with NP. Pt felt better and discharged from vaccination clinic but about an hour later patient called to report dizziness and persistent headache and returned to vaccination clinic for re-evaluation. EMS on scene administered 2L o2 via NC for comfort as pt highly anxious and tearful reporting feeling dizzy and frontal HA. Is not with Shortness of breath or chest pain. Advised transport to ED for further evaluation and management
1204439	4/13/2021	NH	65	F	4/11/2021	4/12/2021	Pt received the Johnson and Johnson shot on Sunday. On monday, she had the "worst headache ever", intermittent chest pain, and left sided facial numbness. Symptoms continue today, was told to present to the ER by her PCP.

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1204466	4/13/2021	CO	31	F	4/12/2021	4/12/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: soon after vaccination patient reported throat itching. Paramedic administered oral diphenhydramine twice at vaccination site. Patient then reported chest pain, shortness of breath, urticaria, and increased throat scratching. Paramedics administered epinephrine twice and methylprednisolone and transported to emergency department (ED). On arrival to the ED patient still reported chest tightness, numbness, and was tachycardic (pulse 122 beats per minute), tachypneic (26 breaths per minute), and hypertensive (blood pressure 139/85). In the ED patient experienced more difficulty breathing and epinephrine continuous infusion was started. Laryngoscopy did not document evidence of airway compromise. Patient diagnosed with possible anaphylaxis and admitted (currently still hospitalized).
1204518	4/13/2021	CA	53	F	4/13/2021	4/13/2021	Client received the 1st dose of COVID vaccine by Pfizer lot #EW0161 and expiration 4/14/2021 at 10:58AM. At 11:30AM client reported to EMT that she felt shaky and anxious. Nurse responded and found client sitting upright and talking to EMT. Client has a history of high blood pressure and diabetes and had COVID during Christmas. Client is taking Lisinopril and bulsgar. Client reports no history of anxiety. Provided client with water and repeated sets of vitals. Client alert and oriented x 4. At 11:30 am the first set of vitals were taken: Blood pressure: 120/70, Pulse: 88, Oxygen 95%. At 11:40 am vital signs were: Oxygen 96%, pulse86 and blood pressure: 115/70. Client reports she had a tightness in her chest at 11am but states it rapidly went away. client reports no headache or chest pain at this time. Client reports she has constant dizziness and blurred vision due to her diabetes. Client reports she sees her provider every three months. Provide client with emergency precautions. At 11:49am last set of vitals taken blood pressure: 115/70, oxygen: 95%, pulse:88 and client reports symptoms resolved and does not want to wait. At 11:50am client left facility with a steady gait.
1204521	4/13/2021	TX	46	F	4/13/2021	4/13/2021	PT stated tingling started on left arm and heaviness on neck and head>Nausea, and sleepiness. Pain in chest
1204139	4/13/2021		59	F	4/1/2021	4/5/2021	chest pain & elevated d-dimer. R/O PE on CT

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1203539	4/13/2021	CA	39	M	4/10/2021	4/10/2021	Patient found sitting in chair when he stated that he felt dizzy. Monitoring identified the patient to be hypotensive and bradycardic. Patient assisted to cot where he could lay down. Patient denied any other medical history. No complaints of shortness of breath, chest pain or any other complaints. Patient stated that he had a "fear of needles" which he feels caused this episode. Vitals stabilized. Patient refused transport to hospital and signed a refusal form and was discharged to home.
1206254	4/13/2021	FL	40	F	4/6/2021	4/6/2021	day of vaccine experienced body aches, cough, congestion, sore throat, clogged ears, subjective fevers and chills which resolved after 24 hours. 4/11 began with diffuse chest pain and left calf pain. shortness of breath
1203183	4/13/2021			U			Multiple subsegmental pulmonary emboli with no history of DVT/PE. No other risk factors other than tobacco use and recent cataract surgery (<1 hour). PE occurred 9 days after last vaccine. Pt presented with chest pain and SOB.

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1203266	4/13/2021	MA	31	F	4/3/2021	4/4/2021	All regular side effects on day 1 + day 2. (Fever, chills, bone and muscle aches, headache). Shortness of breath started the next day on Sunday , extreme, far beyond normal asthma or any asthma attack. Went to urgent care on Tuesday- they said it was likely a side effect of j &J and tested me for COVID, kidney disease other things, all came back negtative. Apparently I wasn?t the first person they had seen with shortness of breath. Blood in cough and spit on Wednesday after 2.5 days of shortness of breath. Dizziness (extreme) throughout and chest pain, sternum hurt, chest tightness. Went to Er. They ran a lot of tests and they too said they had seen others with shortness of breath from j and j. They ruled out many things like pneumonia, a birth control blood clot, any lung diseases with X-rays and blood tests. I was given torkeril to ease the chest pain and tightness which it did. Blood stopped coming up in tissues. Doctor said likely inflammatory reaction to the vaccine in lungs, (I have a piece of paper proving that) and cartilage and sternum., which hurt extremely when he touched it. Blood was likely from burst capillaries from overcompensation from trying to breathe. Recommended I return if more blood came up, which it hasn?t. Shortness of breath has not subsided. I can?t even hold a phone app without being winded. So email back, don?t call.
1203313	4/13/2021	TX	44	M	3/13/2021	4/12/2021	PT EXP SHORTNESS OF BREATH AND CHEST PAIN; SELF REFERRED TO ER. D-DIMER ELEVATED. CHEST CTA SHOWS SOLITARY RIGHT UPPER LOBE PULMONARY ARTERY PULMONARY EMBOLISM. BILATERAL LOWER EXTREMITY ULTRA SOUND SHOWS THROMBOSIS FEMURAL ARTERY NO PERSONAL OR FAMILY HISTORY OF BLOOD CLOTS AND NO HISTORY OF BLEEDING EPISODES OR LONG TRAVEL OR SEDENTARYNESS.
1203348	4/13/2021	MS	54	F	4/6/2021	4/6/2021	On 4/06/2021, Pt received 1st dose Moderna vaccine in L deltoid at 3:20pm. Approx 3:25pm, pt c/o central chest pain rating pain 5 on a 1-10 pain scale. No SOB noted. Pt denied any SOB . Stated has history of allergies to 3 medications history of 3 stent placements in past. Nurse and ambulance personnel on site. VS obtained B/P 144/86, HR 64, O2AT 100% Benadryl 25mg PO administered per nurse pt observed. Refused ambulance transport to ER stated chest pain had subsided left side.

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1203358	4/13/2021	TN	50	M	4/12/2021	4/13/2021	tachycardia, chest pain, shortness of breath, extreme fatigue
1203378	4/13/2021	NC	25	F	2/13/2021	2/13/2021	headaches, body aches, chest pain, trouble breathing, signs/symptoms of pneumonia
1203884	4/13/2021		38	F	4/7/2021	4/8/2021	Had 2nd Pfizer vaccine on 4/7/21 and developed left upper chest pain with exertion, and deep breath. Continues to also have ringing in the ears from her first vaccine on 3/13/21. (separate report filed)
1203532	4/13/2021	NJ	28	F	4/7/2021	4/9/2021	Chest Pains 24 hours after vaccine. Lasted two days. No Treatment. Went away on its own. Sharp Stomach Cramps 48 hours after vaccine- 04/09-No Treatment. Ended 04/13. Irregular Menstrual Cycle. Period not due for 3 weeks and started in middle of birth control packet (Lo Loestrin Fe (doesn't usually have a normal flow of blood on birth control)- 04/11 coupled with fatigue and headache. It is 04/13 and am currently still bleeding.
1203881	4/13/2021	IL	35	M	4/5/2021	4/5/2021	Chest pain developed 12 hours following administration . Presented to hospital on 4/13/21 diagnosed with pulmonary embolus.
1203568	4/13/2021	NC	54	F	4/9/2021	4/9/2021	patient reports lightheaded, short of breath and chest pain
1203656	4/13/2021	TX	39	F	4/5/2021	4/5/2021	Fever, dizziness, vomiting, chills, stomach cramps, fatigue, joint and muscle aches/pain, chest pain, slow breathing and mouth numbness for 2 days. fatigue lasted 5 days
1203697	4/13/2021		90	F	2/20/2021	2/28/2021	Patient started with chest pain on 02/28/2021 and subsequently went to the hospital on 03/01/2021 and was diagnosed with a STEMI.
1203727	4/13/2021	CA	56	F	4/7/2021	4/8/2021	Started with headache, moved quickly to temperature of 102.7, numbness in face, chills, severe chest pain, heart racing at 131bpm though I was laying down, difficulty breathing, nausea, difficulty swallowing, extreme fatigue, paralysis of arms, hands, legs, feet, inability to speak or move mouth to form words. All of these things occurred within 30 minutes of starting, from 1:30-2:00pm. Ambulance was called for me as I was unable to breathe well or speak, losing consciousness.

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1203742	4/13/2021	PA	19	M	4/12/2021	4/13/2021	I woke up around 1 am so sick that I could not sleep. My head was throbbing with every single heart beat. I had a fever of 102 and was constantly switching between chills and sweating through my sheets. The room felt like it was spinning and I felt like I was going to puke. Lastly I started to get chest pain which was by far the most concerning part to me. I still have a headache and chills but the fever is gone, and I am recovering
1203758	4/13/2021	FL	49	M	1/21/2021	1/21/2021	Patient was seen in hospital after receiving 2nd Moderna vaccine at 8am on 1/21/2021. He developed left sided chest pain a few hours earlier. Presented to hospital next day with multiple bilateral pulmonary emboli
1203796	4/13/2021	MD	63	F	4/9/2021	4/10/2021	Chest pains/ shortness of breath

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1204693	4/13/2021	OR	49	F	3/12/2021	4/8/2021	<p>presents with progressively worsening dyspnea on exertion for the last few weeks, much worse over the last one day. Patient reports feeling fatigued, having cough, and feeling more short of breath for the last day, and has developed central chest pain which is pleuritic in the emergency department. She reports that the chest pain is 4/10 in severity and does not radiate. Her caregiver at bedside reports that the patient has had worsening dyspnea on exertion for the last 3 or so weeks. Of note, she becomes dyspneic with limited exertion, such as going up a flight of stairs, at baseline. She had a fever of 101.4 °F at home earlier today, but denies chills or diaphoresis. He had 1 episode of nonbloody vomiting earlier today. Denies nausea at this time. She received her second dose of the Moderna COVID vaccine yesterday, 4 weeks after the first. They note that approximately 5 years ago, she had a prolonged admission for which she was transferred to OHSU and was on ECMO for a time before making a nearly full recovery. She has had the baseline dyspnea on exertion since that time. Review of Systems Constitutional: Positive for fever and malaise/fatigue. Negative for chills. HENT: Negative for sore throat. Eyes: Negative for blurred vision. Respiratory: Positive for cough and shortness of breath. Negative for hemoptysis, sputum production and wheezing. Cardiovascular: Positive for chest pain. Gastrointestinal: Negative for abdominal pain, diarrhea and vomiting. Genitourinary: Negative for dysuria and frequency. Musculoskeletal: Negative for back pain. Skin: Negative for rash. Neurological: Positive for weakness. Negative for tingling, sensory change and focal weakness. Endo/Heme/Allergies: Does not bruise/bleed easily. Psychiatric/Behavioral: The patient is nervous/anxious. Past Medical History: Past Medical History: Diagnosis Date ? Developmental delay, moderate since birth Functional equivalent to 10-12 year old, no formal testing done otherwise. ? DVT (deep venous thrombosis) (HCC) 1/2016 while on ECMO ? Personal history of ECMO 1/2016 - ARDS after unknown viral illness Past Surgical History: Procedure Laterality Date ? LUNG BIOPSY Left 1995 Mass noted following an MVA, was benign ? MASS EXCISION Right 2006 Growth removed from right knee ? PROCEDURE N/A 1/20/2021 Procedure: LAPAROSCOPIC CHOLECYSTECTOMY;</p>

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CHOLANGIOGRAMS; Service: Procedures; Laterality: N/A; POSSIBLE COMMON BILE DUCT ? PROCEDURE N/A 1/20/2021 Procedure: RIGID ESOPHAGOGASTRODUODENOSCOPY; Service: Procedures; Laterality: N/A; Medications administered in the ED: Medications doxycycline (VIBRAMYCIN) 100 mg in sodium chloride 0.9 % (NS) 100 mL IVPB (100 mg Intravenous New Bag 4/9/21 2235) ceftriaxone (ROCEPHIN) 1 g in 50 mL SNAP IVPB (0 g Intravenous Stopped 4/9/21 2234) Physical Examination: GEN: Very pleasant female sitting up in bed in NAD. Slightly anxious appearing. HENT: Moist mucous membranes. No posterior oropharyngeal erythema or exudates. NECK: Supple. No cervical or supraclavicular lymphadenopathy. CARDIOVASCULAR: Tachycardic rate and regular rhythm. No murmurs, rubs, or gallops. No pain with palpation of chest wall. PULM: Normal effort. No use of accessory muscles. Clear to auscultation bilaterally. No wheezes or crackles. ABD: Soft. Non tender. Non distended. EXT: No lower extremity edema. SKIN: No suspicious lesions noted on the exposed skin. EKG: 04/09/21 Rhythm: Sinus tachycardia Rate: 111 Axis: normal Intervals: normal Concern for possible inferior infarct noted, but felt less consistent with true ST depression Recent Imaging: Chest x-ray, 04/09/21: FINDINGS: LUNGS: Slightly low lung volumes. There is hazy reticulonodular interstitial opacity seen within the left mid and both lower lung zones suspicious for interstitial pulmonary edema. CARDIAC: Slightly worsened mild cardiomegaly. MEDIASTINUM: Normal. PLEURA: No pleural effusion or pneumothorax. LINES/TUBES: None. BONES: There is mild rightward convexity curvature of the thoracic spine along with minimal multilevel degenerative change. OTHER: Surgical clips overlie the left lung apex medially and the right upper abdominal quadrant. IMPRESSION: 1. See above. CT angiogram pulmonary: FINDINGS: Motion degrades image quality slightly. No pulmonary arterial filling defects are identified. Mild lower lobe predominant atelectasis and/or scarring. A single small bulla is present in the left lower lobe of the lung. Lungs are otherwise clear. Large airways are patent. Small bilateral dependent pleural effusions which are new relative to the comparison examination. No pneumothorax. Heart is normal in size. Relatively low

attenuation pericardial effusion is present which is new relative to the comparison examination. Pericardial fluid measures up to 1.7 cm in thickness. No thoracic aortic aneurysm or dissection. No mediastinal mass or lymphadenopathy. Two small enhancing foci are present in the liver, larger 1.8 in length which are similar to the comparison examination. Interval cholecystectomy. Visualized upper abdominal contents are otherwise without significant abnormality. There has been partial resection of the left 5th rib. Osseous structures are otherwise intact. IMPRESSION: 1. No evidence of pulmonary embolism. 2. Pericardial effusion and small bilateral pleural effusions which are new relative to comparison examination. 3. Two small enhancing liver lesions which are not further characterized by this examination but are similar to comparison examination. These could potentially represent hemangiomas. Assessment / Plan a 49 y.o. female with history of hypertension, developmental delay, DVT x1 not currently on anticoagulation, GERD, and anxiety who is being admitted for acute hypoxic respiratory failure, felt likely secondary to fluid overload from cardiomyopathy from pericarditis with associated pericardial effusion. #Acute hypoxic respiratory failure #Elevated Pro BNP #Cardiomegaly #Dyspnea on exertion #Pleuritic chest pain #Elevated D-Dimer Acute. Hemodynamically stable. On room air at home, and requiring 3 L via NC here. Considerations include new onset CHF, PE, PNA, PTX, pericarditis, pericardial effusion. Presentation most concerning for new onset CHF/cardiomyopathy from pericarditis with associated pericardial effusion, as demonstrated on CT angiogram. She has significantly elevated CRP which further supports pericarditis, and onset of symptoms approximately 7 to 10 days after receiving her first COVID-19 vaccine dose 4 weeks ago, which may be associated. Also possible viral or idiopathic. Mildly elevated BNP and pleural effusions suggesting cardiomyopathy. Patient had a fever to 101.4 °F earlier today, per caregiver at bedside, and has had shortness of breath and cough, and thus pulmonary infectious process strongly considered, though clinically I feel infection less likely. She has a chronic leukocytosis and WBC is 21 today. She received ceftriaxone and doxycycline for pneumonia today in the ED, and may

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1203412	4/13/2021	MD	25	F	4/12/2021	4/12/2021	<p>consider continuing these tomorrow. No evidence to suggest tamponade on bedside POCUS. - Admit to PCU with tele - Echo in AM - Ibuprofen 800 mg 3 times daily and colchicine 0.6 mg daily for treatment of pericarditis - Diuresis: 40 mg IV Lasix given at 0037 - Respiratory support as needed, wean as tolerated - RTDP - Incentive spirometry - Consider continuing antibiotics pending clinical status in AM #Leukocytosis Acute. WBC 21.5 on admit, increased from 15.1 two and a half months ago, but that was at end of admission for cholecystitis. Potentially due to inflammation, possibly infectious process. See discussion above. - Trend with CBC #Hypertension Chronic, presumed well controlled. - Continue home hydrochlorothiazide and losartan #Thrombocytosis Acute. Suspect reactive thrombocytosis due to inflammation from pericarditis. - Daily CBC while inpatient #Elevated AST and ALT Acute, mild. Most likely secondary to congestive hepatopathy. Will trend. - AM CMP #Hypoosmolar hyponatremia Acute, mild. Considerations include beer potomania, hypothyroidism, SIADH, low solute diet ("tea and toast"), increased free water intake, medication induced (SSRIs, thiazides). Suspect low solute diet. SIADH from pulmonary pathology is also possible. - Repeat BMP #Anxiety Chronic, presumed stable. - Continue home sertraline Ppx: Lovenox Central Lines/IVs/Tubes/Drains: PIV CODE: Full Dispo: PCU with tele Active Hospital Problems Diagnosis SNOMED CT(R) Date Noted ? Elevated brain natriuretic peptide (BNP) level HORMONE LEVEL - FINDING 04/09/2021 ? Cardiomegaly CARDIOMEGALY 04/09/2021 ? Leukocytosis LEUKOCYTOSIS 04/09/2021 ? Acute respiratory failure with hypoxia (HCC) ACUTE RESPIRATORY FAILURE 04/09/2021 ? Dyspnea on exertion DYSPNEA ON EXERTION 12/21/2015</p> <p>Difficulty breathing, severe chest pain, trembling, migraine, severe body aches, tingling and numbness in fingers, chills, fever, ear pain, stomach pain, sensitive senses, pain at injection site, fatigue.</p>

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1205882	4/13/2021	OR	67	F	4/2/2021	4/3/2021	On 2nd day: Very bad headache, almost fainted, took Tylenol (6/day of 500mg), drank fluids, blood pressure low. Better on day3, only slight headache. On 9th day: felt soreness in right calf muscle, no swelling or redness. Thought it was due to low physical activity. No stamina. Tire very easily and get sweaty upon little exertion On 10th day: felt sharp jabbing pain in chest when taking deep breath or yawning. No actual shortness of breath. On 11th day (today): decided to start taking full strength aspirin in case it is a blood clot. Took 1 in a.m. 1 in p.m.

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1204541	4/13/2021	OK	41	F	4/1/2021	4/1/2021	<p>P/C from patient. States she took the vaccine on 4/1/21 @ 1:30 PM. When she heard of the issues that were in the news about the vaccine she thought she should call.</p> <p>4/1/21 Thursday: That evening around 6 PM she started to have a rash. It started on her L arm where she got her vaccination traveled up her neck, covered her face and trunk. It started out as an itchy red rash but became raised hives. It resolved on it's own and on Saturday she did not have the rash anymore. Never had any difficulty with breathing. Her left arm where she received her vaccination still has some discoloration. States on Thursday evening she started having a "brain fog".</p> <p>4/2/21 Friday: The next morning she woke up and was unable to finish a sentence, states she was confused, "felt like I was on pain medication, like I was drugged". States she was confused, could not think and could not remember anything. Cried all day over nothing. Would tell her daughter something and then immediately ask what did I just say as she couldn't remember what she said. She was working on the graduation hooding ceremony and scribbled all over her papers like a 3 year old and the papers were strewn all over the floor. She reports that she had a mild headache all over her head dull pain and pressure 4/10. Took tylenol but that didn't help at all. Denies having any visual problems, trouble breathing or chest pain. Did have some abdominal dull cramping with nausea and even though it felt like she was going to have diarrhea there was no diarrhea or vomiting . The abdominal pain went away after friday but the nausea stayed through Sunday. She states she got lightheaded if she stood up too fast or turned her head too fast. This just happened on Friday. Denies having any weakness, lack of coordination, or speech issues. She states she was crying and could not stop all day on Friday. She told her boss she was having a mental breakdown and had to go home. 4/3/21 Saturday: Patient states she felt stupid, could not think, could not remember anything she said. States that the horrible headache came on Saturday. It was so bad she had to lay down in a dark room with a wet washcloth over her eyes. The horrible headache lasted about 1 hour at a 10/10 level. Took some more tylenol but does not think it helped. Went to sleep and when she woke up the headache was still there at a rete of 4/10. She was still nauseate but the crying had resolved. 4/4/21 Sunday: Again, had a</p>

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severe migraine when she woke up. 7/10, not as bad as the one on Saturday. It lasted a couple of hours and then went back to the 4/10 headache that has persisted at the 3-4/10 level the entire time since she got her vaccination. The headache never stops hurting and stays 3-4/10. 4/5/21 Monday: Had a regular headache 3-4/10. Still felt "loopy" and with brain fog. Went to work on Monday and told her boss about it and that she still says she can't think straight. Her boss has been very supportive and has helped her to complete her assignments to get them in on time. 4/6/21 Tuesday: Still had a headache, It has been continuous ever since Friday. Still taking Tylenol and it doesn't seem to help. Yesterday she even tried Ibuprofen and it didn't help. 4/13/21 Today is day 13 and she still can't think straight. still has 3-4/10 headache, still all over her head. Feels that she still has brain fog, but not as "loopy". Feels like she can remember what she has said better. She called the nurse line at her husband's work. They told her that it was just a reaction to the vaccine. The patient didn't think to report it to the Health Center. She got the vaccine from the Health Center (she asked if employees could get the vaccine and said she would prefer that) She is not pregnant. She has no chronic health conditions and takes no medications routinely. She denies being allergic to any medications and states she has taken the Flu shot without any reaction in the past. NOTE: Tested positive for COVID on 2/4/21 and was told it was OK to get the vaccine. She lost her taste and smell and said she felt she had a mild flu for a couple of days. Has regained her sense of taste and smell and has had no residual symptoms. Instructed patient to go to the ER for an exam. She needs a full neuro exam and at least a C_T scan of the head. She would like to contact her Primary Care Provider. States she hasn't seen him for a couple of years but feels like he would want to know. Instructed patient to call me with the outcome of her visit to her PCP or the ER. Patient verbalized understanding of and agreement with plan. Signed by: APRN-CNP on Apr-13-2021 at 04:04 PM Locked by: APRN-CNP on Apr-13-2021 at 04:04 PM

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1205463	4/13/2021	CA	37	M	4/13/2021	4/13/2021	client complained of dizziness after receiving 1st Pfizer Covid Vaccine (lot#EW0161 Exp. 4/17/21). Client alerted EMT he was feeling dizzy, nauseous, and sweaty. PHN and PHN joined EMT. Upon arrival client was sitting on chair, pale, diaphoretic, holding emesis bag. Alert and oriented. Client stated had been sitting approximately 13 mins when he started feeling tingling sensation to both arms below elbow, dizziness, nausea, and chills. Client denied chest pain, shortness of breath, headache or blurry vision. Vitals 1515: blood pressure: 132/90, pulse 60. Client transferred to gravity chair and given water. 1521 client stated tingling sensation was improving, chills were improving, and nausea had resolved. Medical history: sleep apnea. Medications: for gastritis, name not available, per client has not taken in a couple weeks. Vitals 1523: blood pressure: 130/84, pulse 68. Skin color improving, per client dizziness, chills, nausea all resolved. 1530 client stated tingling sensation had resolved. PHN slowly began to reposition client back to a straight chair position. Vitals 1532: blood pressure 132/85, pulse 60. No complaints, everything resolved. Client back in straight sitting position without complaints. Client advised to speak to provider prior to second dose. Last vitals at 1543: blood pressure 130/84, pulse 60. Per client feeling fine, ready to leave. Able to stand up with no dizziness. ER precautions given. Client left facility with steady gait at 1546.
1205482	4/13/2021	NV	35	M	4/12/2021	4/12/2021	My son states that he started to experience SOB, HA, tachypnea with shallow breathing, chest pain and weakness with general malaise. Fatigue. Started at 2100 hrs with no relief with albuterol given at 1 am. Was taken to ER arriving at 3 am. Upon arrival was diaphoretic, tachypnic, tachycardia with c/o HA, and difficulty in taking a deep breath. At 6 am was admitted to hospital for further observation. Chest X-ray and CAT scan of chest all negative. Remains on O2 via nasal cannula. Pulse ox I on arrival was 92%.
1205534	4/13/2021	CT	23	F	3/12/2021	3/14/2021	Pulmonary embolism- Shortness of breath, chest pain

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1205605	4/13/2021	FL	64	F	3/23/2021	3/24/2021	On Wednesday, March 24th approximately 4:00 PM I started having severe chest pain, shortness of breath and tingling in my face. After about 40 minutes of severe chest pains and shortness of breath and tingling in my face I took 2 81 mg baby aspirin called 911 was advised to take two more 81 mg baby aspirin. Transported to ER.
1205651	4/13/2021	CA	20	M	4/5/2021	4/5/2021	Experienced syncopal episode; ground level fall; PHN witnessed from vaccination station and provided assistance along with NP on-site. Recipient was lying on side and assisted to supine position; assessed skin pallor, bilateral hands cool to the touch; denied SOB, denied chest pain; no swelling noted; alert & conversing; stated "I can't hear from my right ear"; d/t fall skull examined and small raised area noted with no skin break. Spanish interpreter utilized. 911 called. Denied any h/o of allergies or medical condition; remained alert until arrival of emergency responders. BP taken supine WNL; informed by responders hypotensive standing. Reported hearing returned back to normal. Recipient was taken to local ER for further evaluation. Patient returned to mobile vaccine site after discharge from ED to discuss vaccine and stated ER physician indicated episode was possibly d/t vaccine.
1205863	4/13/2021	KY	73	M	1/9/2021	2/5/2021	Died from Pulmonary Embolism. No leg pain, no leg swelling to indicate DVT in leg. Also was thrombocytopenic at the time of emergency/ER visit/treatment. He suddenly complained of very bad chest pain, could hardly speak to tell symptoms. Immediate resuscitation was started by family member and 911 was called. Ambulance detected tech, tried to electroconvert, but was not successful. Chest compression and bagging was done until patient got the hospital. There full resuscitation effort. Unsuccessful. Troponin normal, D-dimer sky high.
1205412	4/13/2021	MA	58	F	4/12/2021	4/12/2021	1st vaccine. Developed heart racing, palpitations, fluttering, nausea. Pulse:84 Denies chest pain, SOB; No Tx. Told Pt to present to ER
1205874	4/13/2021	SC	69	F	4/12/2021	4/13/2021	headache, body aches, chest pain, nausea, GI disturbance

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1205354	4/13/2021	CA	17	M	4/7/2021	4/9/2021	Pt's father called on 4/9/21 afternoon and stated patient received dose 1 of Pfizer vaccine on 4/7/21 at stadium. On 4/8/21 pt.'s father states pt has fever, chills, some SOB and chest pain but feels better today (4/9/21). Pt's father also state patient took Tylenol for fever. Advised pt.'s father to take pt to the ED for evaluation and contact PCP. Pt's father verbalized understanding.
1205963	4/13/2021	GA	43	F	3/17/2021	3/18/2021	Day 1-3 severe headache, fever, fatigue, body aches I was in the bed for 2.5 days. Day 5 - severe chest pain landed me in the ER at Hospital - pericarditis caused by the vaccine. Day 21- finally got into see a cardiologist, started colchicine to try to reduce the inflammation around my heart and prevent it from coming back. An echocardiogram is going to be performed on 4/14/21. Also, right upper quadrant pain when taking a deep breath, a ct scan is being scheduled. Ive not been able to sleep laying down since day 5 following the vaccine. Chest pain, shortness of breath and right upper quadrant pain are all a result of the vaccine.
1205986	4/13/2021	CA	36	F	4/11/2021	4/12/2021	Fever, aches, chills, slight chest pain one day after vaccine Mild chest pain, shortness of breath two days after vaccine
1205997	4/13/2021	CA	23	F	4/11/2021	4/11/2021	Approximately 4 hours after receiving the injection, I started developing a fever, within an hour it had reached 103.3 F. At this point I took 400 mg of over the counter ibuprofen which helped drop my temperature slightly to approximately 102.2 F. This fever continued into the night. I took another dose of ibuprofen before sleeping, about 6 hours after the first dose. Along with fever I experienced strong shaking/chills, muscle and joint soreness, headache, dizziness, confusion, and chest pain/feeling of pressure on the chest. The day after vaccination I continued to have a low-grade fever of approximately 100 F which subsided by evening. All other symptoms subsided as well except for the chest pain. On the second day post-vaccination my only remaining symptom is the chest pain.

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1206038	4/13/2021	CO	77	F	3/7/2021	3/14/2021	explosive loose bowel movements with burning anus for two weeks (burning elemenations continue still); head ache on top of head - several days; puffy face; Brief Chest pain on 4/4/21 with fatigue following for several hours and balance problems. pain in left plantar fascia and discomfort in right Siatic nerve area and upper thigh 4/13 Cough - productive; patient is mostly recovered from adverse reactions with exception of burning bowel movements

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1206044	4/13/2021	WA	39	F	4/13/2021	4/13/2021	39 y.o. female with history of asthma but no previous anaphylaxis to vaccines received covid-19 vaccine (Moderna) at 4:15pm today and within a few minutes developed tachycardia, nausea and vomiting No shortness of breath, no wheezing, speaking in full sentences No chest pain She has a history of asthma and hives to terbutaline, and anxiety reaction to gabepentin. No history of intubation or serious reaction from asthma Transferred to the procedure room by RN with my assistance Blood pressure 132/82 pulse of 135, O2 sat 100% on RA, speaking full sentences, stating she had some chills lungs clear, tachycardic, and moving air well, no wheezing. Patient stated said she had to the bathroom right away, was going to have diarrhea. Said she could walk, and was walked across hall with assistance to bathroom, where I stayed with patient. I accompanied patient to bathroom, she had one episode of diarrhea, and dry heaving, returned to procedure room, lied supine, IV started, NS bag hung. RN present, additional ARNP present, staff aware, anaphylaxis kit present. Patient tachycardic and continued with normal O2 sat and good air movement, EMS with request for ALS activated due to reaction to vaccine. I made decision to give epinephrine with her tachycardia and continued nausea with diagnosis of anaphylaxis, and as preparing epinephrine, patient stated she started to feel tight in chest, epinephrine given 0.3mg of 1:1000 IM. Lungs notable for reduced air movement lung bases. Patient denied throat tightening, rash, lip swelling, but she continued to have dry heaves, and stated she had a "sore throat". EMS had already been activated before first epinephrine dose. Awaiting medics, patient given Solumedrol 125mg IV, benadryl 50mg IV, and zofran 4mg IV Patient also given four puffs of albuterol MDI with spacer. Medics arrived, patient still feeling tight in chest, blood pressure 125/70, O2 sat 100%, lungs still tight with reduced air movement Patient given second dose of epinephrine 0.3mg, 1:1000 IM, approximately 7-8 min after the first dose. EMS transferred patient to gurney with transport to PEMC Patient alert during entire reaction. PEMC notified. To ED via ALS PEMC notified Timeline of anaphylactic reaction: 1615: Covid Moderna 2nd injection given RN notified of patient feeling rapid heart rate and nausea. Patient pulled back to procedure room. 1631: Vitals: BP 132/82, HR 135,

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							Temp 97.1, O2 sat 100% 1637: IV start in LAC, NS running 1645: 0.3 mg IM Epi - administered by RN 1648: 4 mg IV Zofran - administered by ARNP 1650: 4 puff Albuterol sulfate 90 mcg given via spacer - administered by MD 1651: 50 mg IV Benadryl - administered by ARNP 1652: 125 mg IV Solumedrol - administered by ARNP 1653: 0.3 mg IM Epi - administered by RN
1206199	4/13/2021	OK	16	M	4/10/2021	4/12/2021	complained of chest pain similar to heartburn he had in the past. Also complained of pain in teeth and jaw.. Pain was mostly constant for 16 hrs. Took tums, pepcid, then pepto-bismuth. Also took Tylenol. BP was WNL. HR WNL.
1206207	4/13/2021	MN	18	M	4/13/2021	4/13/2021	Patient called today, received the vaccine at a pharmacy, at 11 am. At 10pm now feeling like he cannot swallow, pale, chest pain, irritated throat. Was dispositioned by On call Provider Dr to seen medical care in the ED.
1206231	4/13/2021	TX	71	F	4/2/2021	4/3/2021	Felt moderately crappy, rested a lot in bed, checked my pulse and was in a fib for a few hours or more. I have not experienced a fib since sometime in 2020. This event lasted for a couple of hours or more. I didn?t think to check my pulse because there was no chest pain or other symptoms.
1205873	4/13/2021		66	M	2/24/2021	3/10/2021	right leg pain starting 1-2 weeks after first Moderna COVID vaccine (admin 2/24/21). 2-3 days after second COVID vaccine (admin 3/24/21) right leg pain intensified and was followed by right pleuritic chest pain On 3/29/21 ultrasound showed right superficial femoral DVT. CTA showed bilateral pulmonary emboli
1205089	4/13/2021		55	F	4/13/2021	4/13/2021	Chest pain and tingling on legs

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1202977	4/13/2021	NY	31	U		4/2/2021	CHEST PAIN/CHEST TIGHTNESS; BLOOD PRESSURE HIGH; This spontaneous report received from a pharmacist concerned a 31 year old of unspecified sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042A21A, and expiry: 06-JUN-2021) dose was not reported, 1 total administered on 02-APR-2021 to left arm for prophylactic vaccination. No concomitant medications were reported. On 02-APR-2021, the patient experienced chest pain/chest tightness and blood pressure high. On 05-APR-2021, Laboratory data included: Blood pressure (NR: not provided) 147/104 mmHg at 08:30, 138/84 mmHg at 11:30 and 134/74 mmHg at 13:00. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the chest pain/chest tightness and blood pressure high was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210410658-covid-19 vaccine ad26.cov2.s-chest pain/chest tightness, blood pressure high. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
1204713	4/13/2021	CA	44	F	4/12/2021	4/12/2021	PATIENT RECEIVED VACCINE IN THE MORNING AND AT NIGHT HAD NUMBNESS IN ARM AND CHEST PAIN. PATIENT WENT TO SLEEP AND WOKE UP THE NEXT MORNING WITH CONTINUED CHEST PAIN AND THEN CALLED PHARMACY. WAS ADVISED TO GO STRAIGHT TO EMERGENCY ROOM

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1204755	4/13/2021	MI	80	F	3/4/2021	3/1/2021	could hardly breathe/hurts me to breath; Right side of chest hurt/pain on right side of the chest like muscle pulled; two weeks ago had dysentery; This spontaneous case was reported by a consumer and describes the occurrence of DYSENTERY (two weeks ago had dysentery) in an 80-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Diabetes mellitus and Blood pressure high. On 04-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. In March 2021, the patient experienced DYSENTERY (two weeks ago had dysentery) (seriousness criterion medically significant). On 31-Mar-2021, the patient experienced DYSPNOEA (could hardly breathe/hurts me to breath) and CHEST PAIN (Right side of chest hurt/pain on right side of the chest like muscle pulled). At the time of the report, DYSENTERY (two weeks ago had dysentery), DYSPNOEA (could hardly breathe/hurts me to breath) and CHEST PAIN (Right side of chest hurt/pain on right side of the chest like muscle pulled) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. At first she didn't feel bad but last night 31Mar2021, she could hardly breathe, right side of chest hurt, hurts me to breathe, pain on right side of chest like I pulled a muscle, two weeks ago had dysentery. Treatment included ointment. Patient didn't want to call doctor as her doctor would just tell her to go to the hospital. Doctor told her to get tested for COVID. Based on the known etiology of dysentery as being if infective origin, causality with mRNA-1273 is assessed as unlikely. Although a temporal association exist, it is not enough to assess the other reported events as related to the administration of mRNA-1273. Additional information has been requested as causality is cofounded by the patient's concurrent history of diabetes.; Sender's Comments: Based on the known etiology of dysentery as being if infective origin, causality with mRNA-1273 is assessed as unlikely. Although a temporal association exist, it is not enough to assess the other reported events as related to the administration of mRNA-1273. Additional information has been requested as causality is

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cofounded by the patient's concurrent history of diabetes.

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1204757	4/13/2021	SD	19	F	1/19/2021	1/19/2021	fatigue; difficulty swallowing.; allergic reaction; chest pain; shortness of breath; not feeling good; Weakness in Lower half of body; Difficulty breathing, brain is foggy, swelling in throat, excessive sweating, puffy face, having difficulty talking and her face became puffy; Feverish; This spontaneous case was reported by a consumer and describes the occurrence of ANAPHYLACTIC REACTION (Difficulty breathing, brain is foggy, swelling in throat, excessive sweating, puffy face, having difficulty talking and her face became puffy), CHEST PAIN (chest pain), DYSPNOEA (shortness of breath) and FEELING ABNORMAL (not feeling good) in a 19-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 041L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No reported medical history). Concomitant products included ISOTRETINOIN (ACCUTANE) and ESCITALOPRAM OXALATE (LEXAPRO) for an unknown indication. On 19-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Jan-2021, the patient experienced ANAPHYLACTIC REACTION (Difficulty breathing, brain is foggy, swelling in throat, excessive sweating, puffy face, having difficulty talking and her face became puffy) (seriousness criteria medically significant and life threatening), MUSCULAR WEAKNESS (Weakness in Lower half of body) and PYREXIA (Feverish). On 21-Jan-2021, the patient experienced CHEST PAIN (chest pain) (seriousness criterion medically significant), DYSPNOEA (shortness of breath) (seriousness criterion medically significant), FEELING ABNORMAL (not feeling good) (seriousness criterion medically significant) and HYPERSENSITIVITY (allergic reaction). On 22-Jan-2021, the patient experienced DYSPHAGIA (difficulty swallowing.). On an unknown date, the patient experienced FATIGUE (fatigue). At the time of the report, ANAPHYLACTIC REACTION (Difficulty breathing, brain is foggy, swelling in throat, excessive sweating, puffy face, having difficulty talking and her face became puffy), CHEST PAIN (chest pain), DYSPNOEA (shortness of breath), FEELING ABNORMAL (not feeling good), MUSCULAR WEAKNESS (Weakness in Lower half of body), HYPERSENSITIVITY (allergic reaction),

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DYSPHAGIA (difficulty swallowing.), FATIGUE (fatigue) and PYREXIA (Feverish) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant product included birth control. Treatment information included anti nausea pills, aspirin, epiPen, benadryl, tylenol, injection for breathing and surmonside. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.;
Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1204759	4/13/2021	WI	83	F		4/1/2021	really sick; chest pains; will not take the second shot; pretty bad cold; This spontaneous case was reported by a consumer and describes the occurrence of MALAISE (really sick) and CHEST PAIN (chest pains) in an 83-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Asthma. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 01-Apr-2021, the patient experienced NASOPHARYNGITIS (pretty bad cold). On an unknown date, the patient experienced MALAISE (really sick) (seriousness criterion hospitalization), CHEST PAIN (chest pains) (seriousness criterion hospitalization) and TREATMENT NONCOMPLIANCE (will not take the second shot). At the time of the report, MALAISE (really sick), CHEST PAIN (chest pains), TREATMENT NONCOMPLIANCE (will not take the second shot) and NASOPHARYNGITIS (pretty bad cold) outcome was unknown. Not provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. The patient's weight is 170 (units not reported). Whilst hospitalized, all laboratory tests (unspecified) were normal. Concomitant medication included unspecified medication for asthma. Treatment information was not provided. Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.
1204816	4/13/2021	CA	51	M	4/7/2021	4/10/2021	Patient came back to the pharmacy on 4.13.21 approximately at 2:40pm describing on going chest pain and grasped his right side of his chest. Pain first started on Saturday 04/10/21 and has not subsided. Advised patient to seek medical attention/ closest ER to rule out any major SE of Janssen vaccine.

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1204916	4/13/2021	CA	61	F	4/13/2021	4/13/2021	Patient developed chest pain, palpitations, SOB and "feeling like throat closing" approximately 10 minutes after receiving vaccine. Hx of anaphylaxis from penicillin and cipro. Pt was given oxygen via non rebreather mask, EpiPen and transported to ED via paramedics.
1205424	4/13/2021	MT	61	F	4/1/2021	4/4/2021	Left chest pain no MI, PE....acute crisis with clot ruled out CBC showed giant platelets and variant leukocytes which have not been present before
1205057	4/13/2021	OK	31	F	4/8/2021	4/9/2021	Friday 4/9 Shortness of breath Hard to breathe Sore arm Saturday 4/10 Bad headache Sound wheezy MONDAY 4/12 Shortness of breath Left shoulder/chest pain
1204558	4/13/2021	OH	16	F	4/10/2021	4/10/2021	Dizziness, bad chest pain, headache
1205098	4/13/2021	CA	39	F	4/13/2021	4/13/2021	After 15 minutes of observation, patient complained of localized chest pain, described as pressure, pain level at 8/10.
1205103	4/13/2021	MA	81	M	2/4/2021	2/20/2021	On February 20, 2021 in the early evening my husband began to experience chest pain and pressure, took Tylenol, however did not relay the symptoms to me. About 6:50 AM on February 21, 2021 told me that he did not feel well, had chest pain and pressure in his chest. An ambulance was called and my husband was transported to the Hospital. I was contacted by the treating physician and was told that my husband suffered with a Pulmonary Embolism (sp?). He was started on Heparin and admitted to the hospital. Later that evening his medication was changed to Eloquis. He was released from hospital the following evening. He has since followed up with his primary care.

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1205136	4/13/2021	NH	73	M	1/12/2021	1/14/2021	Chest pain heaviness in chest; Chest pain heaviness in chest; High blood pressure; This is a spontaneous report from a contactable consumer (patient). A 73-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: E13246), via unspecified route of administration in left arm on 12Jan2021 at 11:00 (at the age of 73-year-old) as a single dose for COVID-19 immunization. The patient medical history included COPD (Chronic obstructive pulmonary disease). Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not have any known allergies. The patient concomitant medication included influenza vaccine on 11Dec2020 for immunization, irbesartan and celecoxib (CELEBREX). On 14Jan2021, the patient experienced chest pain, heaviness in chest. The patient visited emergency room and hospitalised on 14Jan2021 for the events chest pain and heaviness in chest. The patient had undergone angiogram and the results were unknown on an unknown date in Jan2021. The patient also experienced high blood pressure on an unknown date. It was reported that therapeutic measures were taken for all the events. The patient was hospitalised for one day for the events chest pain and heaviness in chest. The outcome of the events chest pain and heaviness in chest was recovered on an unknown date in 2021 while for high blood pressure was unknown.

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1205169	4/13/2021	CA	73	M	3/22/2021	3/22/2021	COVID-19 nasal swab test that was positive; COVID-19 nasal swab test that was positive; Shortness of breath; Angina; chest pain; Fatigue; Diarrhea; Weight loss; Will and desire gone; No appetite; This is a spontaneous report from a contactable consumer (patient). A 73-year-old male patient received BNT162B2 (PFIZER-BINTECH COVID-19 VACCINE), via an unspecified route of administration in right arm, the first dose (Lot Number: EM9809) on 01Mar2021 and the second dose (Lot Number: EN6203) on 22Mar2021 at 13:30 (01:30 PM), both at a single dose, for COVID-19 immunization. The patient's medical history included heart attack, three stents, and diabetes. The patient's concomitant medications were not reported. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID-19 vaccine. The most recent COVID-19 vaccine was administered in a hospital facility. On 22Mar2021 at 16:00, the patient experienced shortness of breath, angina, fatigue, diarrhea, weight loss, chest pains, will and desire gone, and no appetite. The patient underwent COVID-19 nasal swab test that was negative on 20Mar2021 and positive on 25Mar2021. The patient was hospitalized in Mar2021 for all events for 2 days. It was unknown if treatment was received for the adverse events. The patient had not recovered from the events.

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1205276	4/13/2021	CA	37	M	4/13/2021	4/13/2021	client complained of dizziness after receiving 1st Pfizer Covid Vaccine (lot#EW0161 Exp. 4/17/21). Client alerted EMT he was feeling dizzy, nauseous, and sweaty. Other medical staff joined EMT. Upon arrival client was sitting on chair, pale, diaphoretic, holding emesis bag. Alert and oriented. Client stated had been sitting approximately 13 mins when he started feeling tingling sensation to both arms below elbow, dizziness, nausea, and chills. Client denied chest pain, shortness of breath, headache or blurry vision. Vitals 1515: blood pressure: 132/90, pulse 60. Client transferred to gravity chair and given water. 1521 client stated tingling sensation was improving, chills were improving, and nausea had resolved. Medical history: sleep apnea. Medications: for gastritis, name not available, per client has not taken in a couple weeks. Vitals 1523: blood pressure: 130/84, pulse 68. Skin color improving, per client dizziness, chills, nausea all resolved. 1530 client stated tingling sensation had resolved. Medical staff slowly began to reposition client back to a straight chair position. Vitals 1532: blood pressure 132/85, pulse 60. No complaints, everything resolved. Client back in straight sitting position without complaints. Client advised to speak to provider prior to second dose. Last vitals at 1543: blood pressure 130/84, pulse 60. Per client feeling fine, ready to leave. Able to stand up with no dizziness. ER precautions given. Client left facility with steady gait at 1546
1205311	4/13/2021	CA	22	F	4/9/2021	4/9/2021	15 MINS AFTER SHOT I STARTED FEELING DIZZY, REALLY BAD HEADACHE, FATIGUE, AND ON AND OFF CHEST PAINS. HAD TO LAY DOWN. STARTED GETTING TREMORS, DIDN'T FEEL ANY BETTER AFTER ANOTHER 20 MINS AND THEN THE DOC CALLED THE AMBULANCE TO TAKE ME TO ER.
1205319	4/13/2021	MN	27	F	4/12/2021	4/12/2021	reports she had dizziness, warm sensation, tongue numbness, decreased appetite, decreased sense of taste, vomiting x1, sore throat, myalgias, and intermittent shortness of breath and chest pain. of note had Covid in December 2020

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1205322	4/13/2021		64	F	4/13/2021	4/13/2021	Female caucasian client 64 years old in a wheelchair came with husband at 2:00 PM to get her 1st dose of the Covid 19 Vaccine. Husband reported patient passed out before when they were drawing her blood out years ago. LVN called on site MD to the table to consult with patient and husband on the best way on how to prevent client for passing out. MD advice client to drink fluids first and position patient head leaning down to prevent from passing out. At 2:14 PM Covid 19 Vaccine EW0158 administered to patient left arm Intramuscularly by LVN. Client reported she was having chest pain at around 2:24 PM. Immediately 911 was called and on site EMT's. Patient vitals signs are stable
1205022	4/13/2021	TN	45	F	3/5/2021	3/5/2021	After getting vaccine, that same evening I started having severe heartburn, chest pain, nausea, headache, fatigue. Then I got Strep throat and the severe heartburn and burning in throat and chest has continued ever since. I have lost 10-15 pounds since vaccination related to burning in throat/neck/chest.
1201413	4/13/2021	MO	65	F	3/2/2021	3/2/2021	Client received Covid 19 vaccine at approx. 1530 to Rt. delt. Per Client at approximately 1900 with a dry tight throat then started shaking uncontrollable like being cold. Per client felt the same way when I had a reaction to prednisone. Then after an hour extreme headache and increase blood pressure, chest pain, shortness of breath, body aches and fatigue. Client voiced going to CMH ER around 1900. Client voiced IV fluids given and no dx of allergic reaction with Covid vaccine was given from Dr. in ER. Client refusal for 2nd dose- covid vaccine due to reaction from 1st vaccine. Client does believe her MS that was in remission has flared back up since being vaccinated with Covid.
1201800	4/13/2021	AL	30	F	4/9/2021	4/13/2021	Patient stated after the vaccine she had a fever and was nauseous but all resolved after 24 hours. She woke up today with chest pain/ tightness and stated it is painful to breathe. She was advised to go to the ER.
1201048	4/13/2021	ME	66	F	3/22/2021	3/26/2021	four days after second shot, severe stomach pain, fevers, trouble urinating, chest pain, . turned into kidney infection, blood infection and having AFIB, need for pace paker.

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1201105	4/13/2021	IL	52	F	3/28/2021	3/28/2021	Vaccine Side Effects - [] Pain in right arm(shot in left) - [] Heat/warmth felt inside left knee area - [] Pain in lower back on the right side - [] Chills - [] Both hands are numb - [] Pain at injection site - [] Lower back pain (full back) - [] Headache - [] Dizziness - [] Nauseous - [] Chest pain
1201229	4/13/2021	AL	71	F	3/12/2021	3/26/2021	SOB, DOE, pleuritic chest pain x2 weeks progressively worsened, the patient presented to hospital and was later transferred to secondary hospital.
1201233	4/13/2021	CO	24	M	4/7/2021	4/8/2021	Developed high fever, chills, body aches, fatigue, headache, shortness of breath, chest pain
1201275	4/13/2021	CA	31	F	4/1/2021	4/6/2021	i have been experiencing chest pain, chills and 101-102fever since april 6. my arm joint are warm to touch. cramping on my stomach. still experiencing it today April 13th
1201320	4/13/2021	IN	34	F	4/2/2021	4/2/2021	I received the vaccination 4/2/21 at 11am and at about 6pm the same day - I felt a sudden flush and felt like I was going to faint in the middle of Grocery store. Got very clammy and sweaty and weak - immediately left the store and started projectile vomiting outside the store and all night the first night. Had extremely joint/bone pain throughout my entire body for 4 days straight in bed, very weak, chills and night sweats, day 2 I had a little energy and drove about an hour and immediately started vomiting again for day 2-day 5. Day 5 I woke up with swollen eye lids and hands and thought it was an allergic reaction to something in my house so took benedryl, but didn't help. The swelling went down on day 6. I've had no energy and very foggy brain and been very down. My chest has felt like an anxiety attack 24/7 all week. I am on day 10 since the vaccination and my chest pain has increased. I still have foggy brain and been very out of it and weak still. I vomited day 1-day 5. Really bad pain in my hips and arm where I received the shot.
1200981	4/13/2021	TX	48	F	4/7/2021	4/7/2021	Horrible Headache Dizziness Chest Pains Shortness of Breath STILL ALMOST A WEEK LATER
1201406	4/13/2021	NY	19	M	4/8/2021	4/8/2021	Light fever, diarrhea, body aches, back pain, chest pain, headache, chills, vivid dreams, Lasted for 48 hours

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1200929	4/13/2021	CT	52	F	4/6/2021	4/9/2021	Chest pain/heartburn, pressure in left ear with blood rushing to head, dizziness, nausea. Went to ER on 4/10. Released after EKG and cardiac enzymes ruled out MI, CT scan no PE. Told to follow up with primary care doctor. Still experiencing chest tightness, blood rushing to left side head/tingling and now tingling left leg. Seeing doctor this afternoon.
1201473	4/13/2021	VA	51	F	3/9/2021	3/15/2021	I was dizzy and could not keep my balance or walk. I was having chest pains and felt a heavy feeling in my chest. My husband took me to the ER. They ran blood work and did a CT Scan and chest x-ray. I told the ER that I had the covid vaccination the Tuesday prior but they said I would have already had symptoms. They didn't ask which vaccination. They said they thought I had vertigo and gave me Antivert. They said I should follow up with an ENT, Cardiologist and Gastroenterologist. When I went for the follow-up with a Cardiologist, they scheduled a stress test (May 21st) and an Echocardiogram (May 11th). The Gastro doctor wants an endoscopic and colonoscopy but won't schedule until I have clearance from the Cardiologist.
1201478	4/13/2021	AZ	29	F	3/27/2021	4/3/2021	I was having intense chest pain, weakness/faintness feeling a few days after second dose of Moderna vaccine. I went into the ER after 4th day of pain. ER did a CT scan and found a couple blood clots in my right lung (pulmonary embolisms) along with tissue on lung. An ultrasound of my heart and legs were done to find the source of these blood clots and neither tests found blood clots or indicators that this is where they originated. I am currently on blood thinners in order to reduce the clots.
1201559	4/13/2021	CA	43	M	4/7/2021	4/12/2021	Numbness and weird feeling in left arm (injected in left arm) started like 8pm got worse. Also still felt awful comes and goes cold and feverish again. Felt good a day and a half. Then bad again but was at work. Woke up 2am with pain in chest and arm felt numbness and very strange and pain in chest - which did subside but almost called 911. Will go to urgent care today to get checked out. Took BP at home and it was normal/ took an aspirin at 2am as well/
1201586	4/13/2021	MS	55	F	4/1/2021	4/1/2021	C/O middle line mild chest pain for above 1 minutes and went away. No c/o short of breath

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1201597	4/13/2021	WA	76	F	3/8/2021	4/2/2021	is here today for ED follow-up on A-fib. Patient stated she is not taking Eliquis. She had no side effects from her first COVID-19 vaccine. After the 2nd one she had muscle aches, headache, freezing cold, and "weird", and felt really badly then at 9:30 PM, 32 hrs after the 2nd vaccine dose she felt the a-fib started. She had not been in a-fib in many years. Cardiology had already recommended eliquis but she was holding off. She had diltiazem from 2017 that she tried but with out relief. They rate controlled her but she remained in a-fib, started eliquis, and she went home. For 2.5 weeks she had headache and chest pain, other muscle pain, felt horrible, until she stopped the Eliquis. Since stopping the Eliquis, she still has occasional mild chest pain, and headache, and flushing. Her current chest pain is left chest, not radiating. The quality varies, stabbing pain in a very small location at times, may be associated with eating. She did have a stress test years ago and was "fine". She had a dental appointment planned that she had to cancel, she has moved it to May 4th.
1201661	4/13/2021	IN	19	M	4/6/2021	4/7/2021	Seizure-like symptoms for around 3 minutes. Struggled to breath, move, talk, intense pain in chest and head. Fever and headache for several days after.
1201712	4/13/2021	CA	24	M	4/9/2021	4/11/2021	pressure like chest pain, no change with exertion or posture starting on 4/11/2021, resolved morning of 4/12/2021, also preceded by expected flu like symptoms on 4/10/2021 with vaccine administered on 4/9/2021

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1203141	4/13/2021	AL	68	F	2/16/2021		chest pain; dizzy-headed; runny nose; slight headache; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (chest pain) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Heart disorder and Lupus erythematosus. Concomitant products included CLONAZEPAM (KLONOPIN) for an unknown indication. On 16-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 16-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced CHEST PAIN (chest pain) (seriousness criterion hospitalization), DIZZINESS (dizzy-headed), RHINORRHOEA (runny nose) and HEADACHE (slight headache). At the time of the report, CHEST PAIN (chest pain), DIZZINESS (dizzy-headed), RHINORRHOEA (runny nose) and HEADACHE (slight headache) outcome was unknown. Concomitant product included heart medication. Treatment information included Tylenol. This case was linked to MOD-2021-060644 (Patient Link). Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1201397	4/13/2021		38	F	4/13/2021	4/20/2021	Dizziness, shortness of breath, chest pain
1200325	4/13/2021	LA	60	M	3/30/2021	4/11/2021	Left arm tingling and numbness from hand to shoulder. Aching. No injection site redness or swelling. No palsy or other symptoms. Symptoms began on Day 10 post injection and continue. Had brief, faint chest pains last night, 4/12, while walking to car after restaurant prepared sea bass meal. This morning my arm is tingling and aches like it has been slept on or is not receiving proper blood flow. Right arm is fine. BP normal. Breathing normal. No other issues.
1199648	4/13/2021	SD	32	M	4/8/2021	4/12/2021	Chest pain/pressure

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1199684	4/13/2021		26	M	4/6/2021	4/9/2021	fever,headache,bodyache. c/o subjective fever, chills, and body aches after receiving 2nd dose of Moderna COVID vaccine yesterday around 0830. Pt took 2 tabs of tylenol with some improvement of syptoms. Pt concerned for ability to perform duties at work.HPI: 26yo M presenting to ED for above complaints after receiving the second MODERNA COVID vaccine yesterday. He has no focal neuro deficits, no dyspnea or chest pain, or any other complaints.
1199686	4/13/2021		32	M	4/8/2021	4/9/2021	c/o subjective fever, N/V, h/a, chills, and generalized body aches after receiving 2nd dose of Moderna COVID vaccine yesterday AM. HPI: 32yo M presenting to ED for generalized malaise and HA. He received MODERNA COVID #2 vaccine yesterday. HA is not first/worst/max at onset, no chest pain or dyspnea, no focal neuro deficits. Pt has no acute neuro findings- unlikely CVA. Not likely PE/DVT, no evidence of dysrhythmias, unlikely anaphylaxis. F/u and return precautions discussed.
1199690	4/13/2021		26	M	4/10/2021	4/10/2021	J&J vaccinated @1030 today. HA, chills, fever and bodyache started @1600. Took tylenol 325mg po x4. Denies difficult breathing, chest pain or cough. History: pt here for fever of 104F at home since 1600. Had J&J COVID vaccine in the morning today. Has body ache, headache, light sensitivity, slight nausea. Denies any symptoms before vaccine and denies vomit/diarrhea, rash, cough, runny nose, ear pain, recent illness/injury, recent sick contact, recent procedure, prior co-morbidities. Took 4 tylenol pills at around 1830. Ibuprofen or NSAIDs make pt's throat swell up.
1199697	4/13/2021	WA	54	F	3/30/2021	3/30/2021	Two hours after injection I felt a fast heart rate and checked with an oximeter and my heart rate was over 100 up to 105. Then on 3/31 I recorded my heart rate throughout the day because I was getting scared feeling chest pain and feeling my heart pounding. I had readings of 115 to 120 and my normal is in the 70s. I tried to limit my activities, even walking, because my heart rate would increase when I was active. Again on 4/6 I was still having a fast heart rate of 113 to 115. Throughout this time my heart rate is staying higher than normal and I can feel it when it is beating too fast and strong. I have checked my heart rate with an oximeter today and it is still in the 90s, but better than it was a week ago.

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1199753	4/13/2021	VA	52	F	3/8/2021	3/8/2021	Within 15-20 minutes of receiving vaccine, I felt something in my chest. A slight pain or pang for a few seconds then it went away. The next day, I had noticeable visible swelling of my left breast and lymph nodes under my left armpit even though injection was on rt arm. This was checked out by radiologist with a mammogram/ultrasound and lefts side looked fine, right side was suspicious of a legion which was biopsies and turned out to be fibrosis. Don?t know if there?s a connection to vaccine or not. What was equally if not more concerning were the chest pains which returned a few more times getting stronger that first week after the vaccine. It was a pulling sensation on the left side of my chest that, if 10x stronger, would feel (or be?) a heart attack. And that was after the 1st dose, so I am extremely hesitant to take the 2nd dose should those particular side effects intensify. I have googled it and can find no information about chest pains after the vaccine. On a side note, my first cousin went into cardiac arrest after receiving his vaccination. He was dead and they brought him back. I?d like to avoid this.
1199820	4/13/2021	CA	32	F	4/7/2021	4/7/2021	Chest pain for four hours after vaccine and worsening heart palpitations. No doctor was seen.
1201003	4/13/2021	VA	49	M	4/8/2021	4/8/2021	Fever 102, pain, chest tightness, chest pain, difficulty breathing, unable to move limbs or sit up, general pain in muscles, joints, bones, acute pain in wrist
1200312	4/13/2021	OH	77	M	3/12/2021	3/27/2021	On March 27, 2021 the patient developed some pleuritic chest pain and shortness of breath. he went to the Emergency Department at Hospital.
1201810	4/13/2021	NE	76	M	3/16/2021	4/12/2021	Admitted for acute kidney injury after having chest pain and coming to ED
1200490	4/13/2021	CA	51	F	4/4/2021	4/10/2021	Admitted into hospital for chest pain, can?t breathe, high fever, chills, muscle/joint pain, headache, exhaustion.

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1200536	4/13/2021	AZ	56	F	4/11/2021	4/11/2021	at 6:00 pm. i started with light headedness and eyes blurred. by 830pm,started get cold and hot sweats together. i felt like my bones were going to break especially in toes. i was afraid to stand up, also it felt like my breathing was effected if i laid down, id cough and than get a sharp headache pain, so around 1230am, with still freezing and sweating started with sharp pains in left lower stomach and top left chest stabbing pains, felt like i have to vomit and go to the bathroom. ended up just vial vomit .this lasted until 0700am took a hour nap woke up sweating was drenched, continuing day on with left side stomach and chest pains and back shoulder pain. with nervousness. on 4-13-21 woke up to diarrhea and shaking still
1200583	4/13/2021		57	F	3/31/2021	4/10/2021	Patient received 1st dose of Pfizer COVID vaccine on 3/31/21. Patient developed COVID symptoms ~ 4/3 and tested positive for COVID on 4/9/21. Patient was exposed to someone who was also found to be COVID positive. Patient presented to the ER with fever, cough, congestion, chest pain, body aches, and shortness of breath on 4/10/21 and was admitted to the hospital for COVID treatment.
1200645	4/13/2021		42	F	4/1/2021	4/11/2021	Patient received 1st dose of Pfizer COVID vaccine on 4/1/21. Patient developed shortness of breath, chest pain, cough, headache, body aches, and low grade fevers shortly after vaccination. She was tested for COVID on ~4/2/21 and on 4/11/21, and both tests came back positive. Patient presented to the ER on 4/11/21 and was admitted for COVID treatment.

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1200649	4/13/2021	MD	82	F	1/22/2021	1/22/2021	On 1/27/21, after receiving Dose 1, I had some chest pains, shortness of breath and a pulse rate as high as 190. I (foolishly) did not do anything but suffered through these symptoms at varying degrees of pain/discomfort for about an hour and a half. Recently on 4/9/21, I experienced these same symptoms. My heart felt like it was pounding out of my chest; pulse rate was up to 170 and BP was 190/86. I also had intermittent chest pains at different levels of severity. Called 911, ambulance took me to healthcare facility where I was advised that I had Atrial Fibrillation. I don't know if this is related to the Covid shots but I feel it should be documented. While I have had high blood pressure for years and I am an older adult, I have never had any heart problems, per se. I also know it would not be unusual for someone with my characteristics to develop Atrial Fibrillation, however, it is suspicious that this occurred only after the covid vaccines were administered. Pregnancy History; 1 child.
1200707	4/13/2021	NJ	39	U	4/6/2021	4/10/2021	I started having chest pain palpitation Tuesday night and wasn't able to sleep. Wednesday, body ache, and headache all day. Thursday headache still there but manageable. Friday no problem. Saturday, felt differently but ok... Sat around 5:50pm started to feel lightheaded, I tried to walk to my bed to lay down and fainted and hit the floor. I woke up on the floor confused and realized on what had happened. Chest tightness continues and back of the head still hurts as of today and exhaustion persists, Tuesday 4/13.
1200714	4/13/2021	IN	32	F	4/1/2021	4/1/2021	Immediate feeling of nausea and headache after receiving shot. Within 30 minutes those symptoms increased. By next morning on 4/2, symptoms were migraine headache, sensitivity to light and sound, full body aches, joint pain, decreased appetite, chest pain, shortness of breath, fatigue. The symptoms gradually decreased and then resolved over the next 5 days.
1200851	4/13/2021		68	M	2/6/2021	3/10/2021	Acute hypoxemic respiratory failure (CMS/HCC) Chest pain sepsis Death
1200267	4/13/2021	FL	57	F	3/9/2021	3/9/2021	Heart racing, Chest pain & back pain, heart pounding in chest. Entire body head to toe felt burning flush

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1202532	4/13/2021	PA	66	M	3/8/2021	3/9/2021	Noticeable increase in chest pain and discomfort as well as noticeable increase in breathing problems.
1201792	4/13/2021	CO	41	F	4/2/2021	4/2/2021	Fever, pain all over the body, extreme fatigue and brain fog for the first 24 hrs, then fever and pain lessened a bit but remained until 4/9/21. Brain fog and fatigue for 4/10-11. Started to feel better, but asthma symptoms and very mild chest pain came on 4/12/21 at 7p. Still in brain fog and fatigue. Peeing much more often, during this whole time. Can't seem to stay hydrated.
1202397	4/13/2021	CA	57	M	4/10/2021	4/12/2021	4/10 - after 4 hours, (14:00) felt hot and my face was in red color. Generally OK 4/11 - Generally felt hot, red face, and then around 16:00, arm and let joints started to ache and mild pain occurred. 4/12 - After having a dinner around 17:00, with in 30min, chest pain started at left chest. felt more like heart burn sensation. 19:00 pain stopped by drinking some hot tea. 22:00 took my meds, Brilinta, Carvedilol and Atorvastatin 23:30 chest pain came back instead of left side, in the center of chest. took some tums and drank some hot water 26:00 no more pain and was able to go sleep. 4/13 - 07:00 no pain but off and on with discomfort in the chest area from last night chest pain.
1202398	4/13/2021	AL	62	F	4/9/2021	4/10/2021	Headache. Chest pain Muscle cramps. Fever
1202428	4/13/2021	PA	25	F	3/7/2021	3/22/2021	From Monday (3/22/21) to Friday, I could hardly breathe. My resting heart rate was around 110-120bpm. On Wednesday I went to the Hospital and for chest pain (when I would breathe in), shortness of breath, rapid heart rate, and a fever (on Monday). They ran many tests with chest scans and found all to be clear except I had a ?extremely elevated? white blood cell count. They said they ran blood tests and did not think I had blood clots and they did an MRI and chest x-ray and could not find anything. They sent me home to rest. The rest of the week I had trouble breathing and it slowly started getting better on Friday.
1202465	4/13/2021	MS	59	F	4/7/2021	4/8/2021	Presented to the ER with chest pain lasting 2 hours

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1202490	4/13/2021	NH	47	F	4/7/2021	4/11/2021	CHIEF COMPLAINT: R facial droop, numbness, dysarthria HISTORY OF PRESENT ILLNESS: 47 yo F with PMH of insulin-dependent diabetes, hypertension, hyperlipidemia presents with right facial droop numbness and dysarthria for the last 2 hours. Last known normal was 2 hours prior to arrival. Patient recently received COVID-19 vaccine 4 days ago. This morning while driving she noted facial droop dysarthria and numbness of the face. She has also noticed decreased sensation of the right arm and subjective weakness of the right arm. Denies chest pain, shortness of breath, fevers chills, dysuria, hematuria, nausea vomiting diarrhea, abdominal pain. ASSESSMENT/PLAN: Consulted Teleneuro, thought symptoms most consistent with Bell's palsy with involvement of the forehead and R eye Patient has subjective symptoms of R arm weakness that is not appreciable on exam Not tPA candidate as this is not likely a stroke, though given subjective R arm complaints will admit for obs and MRI brain in the AM DIAGNOSIS: Bell's Palsy, possible CVA DISPOSITION: admitted CONDITION: improved
1202509	4/13/2021	MA	34	F	4/10/2021	4/11/2021	Intermittent chest pain and shortness of breath, headache with blurred vision
1202284	4/13/2021		53	F	3/9/2021	3/10/2021	-Patient reports SOB/dyspnea with some mild chest pain beginning 1 day after vaccine that persisted for 4 to 5 days. After that time, symptoms began to resolve. -3 to 4 weeks after vaccination, symptoms recurred in addition to having soreness in arm at injection site. Symptoms resolved again. -4/11/21 - patient didn't have any significant SOB but did have temporary visual field loss in right eye which resolved. -4/12/21 - patient reported some SOB during the night while trying to sleep - 4/13/21 - patient contacted the hospital for follow up on symptoms. patient advised to come to ED for workup of symptoms. awaiting results and follow through at the time of this report.

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1202531	4/13/2021	MN	35	M	4/8/2021	4/8/2021	Patient reports shortness of breath and chest pain 7 hours after vaccine. Patient stating he has had ongoing shortness of breath with any exertion. Chest tightness in left side with breath in. Stating breathing feels "heavier." Ongoing headaches. Symptoms starting 7 hours after vaccine. Headache intermittent. Reporting breathing intermittently feels heavier.
1202274	4/13/2021	NY	24	F	4/7/2021	4/8/2021	Sharp chest pain that was attributed to heartburn/acid reflux from 1 day after injection until present (04/08/2021-04/13/2021). Fever and chills 1-2 days after injection (04/08/2021-04/09/2021) Muscle pain at injection site 0-3 days after injection (04/07/2021-04/10/2021)
1202547	4/13/2021	NC	33	M	4/10/2021	4/10/2021	33yr old patient with unknown PMH and allergies, presented to office for COVID-19 injection on 4/10. CMA administered JANSSEN COVID19 VACC (LOT # 207A21A, exp 6/23/21) IM to patient's right deltoid at 0841. Immediately following injection, patient's arm began to shake which continued past 5min. Patient endorsed seeing black spots, then nausea. Patient denied shortness of breath, difficulty swallowing, chest pain or other symptoms. Patient noted to be pale, diaphoretic, and fainted upon sitting down. Reporter observed patient shaking. Patient admitted to urgent care for further follow up. At 0904, BP 136/82, HR 79, 98% RA. At 0947, BP 93/61. Patient given NS 500mL bolus IV. At 1025, patient denied dizziness, weakness, or nausea. Patient denied dizziness, weakness, or nausea. Patient changed to sitting position with mild nausea. VS remained stable. At 1035, patient ambulating without issues. Patient discharged home in stable condition. Patient noted he had not eaten prior to injection. Urgent care provider indicated per physical exam consistent with vasovagal reaction to vaccine. POC = 142, given crackers and water x 2.
1202551	4/13/2021	TN	54	M	3/10/2021	3/16/2021	I suffered two heart attacks. First heart attack was on the 6th day after the vaccine, second heart attack was on the 9th day of vaccine. Both heart attacks woke me up from sleep. I went to the emergency room and was hospitalized each time. I suffered chest pain prior to each heart attack but have never suffered chest pain before. I am continuing to suffer from periods of chest pain at rest.

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1202583	4/13/2021	LA	32	F	3/15/2021	4/6/2021	4/12/21 Patient presented to the emergency room with left side intermittent chest pain x1 week. Patient reports "feels like heart beating out of chest" yesterday. Workup was consistent with pulmonary embolism. Patient was admitted and Lovenox for pulmonary embolism treatment was started. Pain controlled, hypertension controlled.
1202615	4/13/2021	OH	56	F	4/8/2021	4/10/2021	After receiving the vaccine on 4/8/21 patient experienced nausea, staff took her blood pressure and she was hypertensive. Paramedics was called and reports her blood pressure as 300/160. She denied blurred vision, headache and chest pain at this time . She was then admitted to the hospital. Two days later while hospitalized (4/10/21) around 12:30pm a stroke alert was called on the patient. Patient reported to having blurry vision and slurred speech. Her systolic blood pressure at the time of the event was around 170. CT scan was unremarkable, MRI of the brain showed an acute infarct in the right occipital lobe.
1202776	4/13/2021	MN	45	M	4/8/2021	4/8/2021	States that he got the J&J COVID vaccine Thursday 4/8/21 States that he had immediate muscle pain right away and a cough right away Upper chest is painful and he is having trouble breathing Chest pain has started yesterday- reports the pain has gotten worse States that he exercises every day and ran this AM States that today the chest pain has gotten worse and his breathing has gotten worse as well States that he works around chemicals in a woodworking shop but doesn't think that this is the cause of his chest pain Chest pain is located at the top of his sternum States that he feels queasy and unwell over all Advised that with current symptoms that he needs to be evaluated urgently and advised calling 911 if he did not have someone to bring him in. Patient refuses 911 but agrees to be seen in the ER. Will go to his closest ER now.
1202779	4/13/2021	TX	62	F	3/6/2021	3/6/2021	I had sudden chest pains and could not breath felt as if i was having a heart attack. It lasted about 1 hour and 50 minutes and then it gradually went away.

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1202788	4/13/2021		37	F	4/10/2021	4/13/2021	<p>4/10 - vaccine administered 4/12 - Per patient, "I started the amlodipine and my legs and feet got so swollen and painful." changed from amlodipine to hydrochlorothiazide</p> <p>4/13: Per patient, "Hi, I had my covid vaccine on 4/10/21 I had the Johnson & Johnson (Janssen) Lot# 201A21A Exp date: 6/23/21. If it could be added to my immunization list. Also I had terrible side effects including high fever which finally subsided yesterday, however my stomach feels like it is being twisted in knots. I'm having terrible cramping pains since Saturday and continues. I have been taking Motrin and Tylenol since Saturday for fever but the stomach pains are unbearable. 4/13 - Presented to ER: 37-year-old female presents emergency department for complaints of right lower leg pain and severe abdominal pain. Reported the patient had her Johnson & Johnson vaccine on Saturday a.m. several hours afterwards developed severe abdominal pain and tenderness with nausea. Denies any other specific reason for why this would have occurred. The patient states that the pain has been increasing since its onset and she is try to tough it at home taking Tylenol. Patient denies difficulty moving her bowel or bladder. Patient states in addition to this she developed right lower calf pain and tenderness and is concerned about a DVT. Patient denies any history of DVT. Patient otherwise denies any chest pain or shortness of breath. The patient relates that she has had a fever that was noted on Saturday as well and believes it was just sensitivity to the vaccine. She states she last noted the fever yesterday with T-max of 101. Review of Systems Constitutional: Positive for fatigue and fever. Respiratory: Negative for cough and shortness of breath. Gastrointestinal: Positive for abdominal pain and nausea. Negative for constipation and diarrhea. Genitourinary: Negative for difficulty urinating, flank pain and frequency. Psychiatric/Behavioral: The patient is nervous/anxious. All other systems reviewed and are negative. Physical Exam BP 132/82 Pulse 86 Temp (Src) 97.9 (Oral) Resp 18 Ht 5' 7" (1.70m) Wt 210 lb (95.3kg) SpO2 100% LMP 01/25/2021 BMI 32.88 kg/(m^2). O2 Therapy: Room Air Physical Exam Vitals and nursing note reviewed. Constitutional: Appearance: Normal appearance. HENT: Head: Normocephalic and atraumatic. Eyes: General: No scleral icterus. Pupils: Pupils are equal, round, and</p>

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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							<p>reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: There is no distension. Palpations: There is no mass. Tenderness: There is abdominal tenderness. There is no guarding or rebound. Hernia: No hernia is present. Musculoskeletal: General: Tenderness present. Right lower leg: No edema. Left lower leg: No edema. Comments: Right calf pain Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal.</p>
1202801	4/13/2021		56	F	4/8/2021	4/8/2021	<p>Thought I should let you know I was vaccinated on April 8 with Janssen (J&J). I had a severe reaction - chest pain and back pain for the entire day. I alerted Drs., but I'm sure it should be reported. I took my ZyrtecD prior to vaccine, which I'm sure helped in some manner. I was better on Friday with lingering back pain. Today I am down with bad headache and stomach pain, but I am aware there is a current stomach bug.</p>
1202516	4/13/2021	TX	40	F	4/11/2021	4/11/2021	<p>104 degree temperature, EXTREME headache, chest pain, heartburn, chills, heart palpitations, restless leg that still has not subsided. I had covid in December and this was 100 times worse and I had pretty tough symptoms then. The headache is still affecting me now.</p>

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1201979	4/13/2021	PA	16	M	4/8/2021	4/8/2021	EMS providers approached by 17 y/o pt complaining of rash local to injection site. Pt stated that he received the first dose of the Pfizer COVID vaccine at 17:21hrs today. Pt denied feeling any itching or pain at the site, and only noticed the rash upon visual inspection of the site. Pt denied chest pain, shortness of breath, nausea, vomiting or diarrhea. Upon inspection, (R) upper arm found to have slight, non-raised rash, warm to the touch. Full assessment performed and vital signs obtained. GCS 15, P 76 regular, RR 18 non-labored, B/P 146/P, PERRL, SpO2 99% RA. No other associated symptoms found. Pt administered Diphenhydramine 25mg IM in RA. Pt monitored and denied any worsening of condition. (See Attached)
1201837	4/13/2021	MI	67	F	4/12/2021	4/12/2021	Chest pain, hot flashes, swallowing legs, feet and eyes.
1201850	4/13/2021	NE	41	M	4/1/2021	4/12/2021	Headache, diarehhia, fatigue, muscle and joint pain, swollen lymph nodes (arm pit on side of injection), chest pain

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1201896	4/13/2021	MO	30	F	4/9/2021	4/9/2021	<p>This is a 30-year-old female with no significant past medical history who presents to RMC ED with complaints of acute onset headache and left-sided weakness shortly after receiving her first Pfizer COVID-19 vaccine today. Patient states that after the injection she immediately had a headache and several minutes later she developed left-sided numbness tingling and subsequent weakness. She was activated as a code stroke. CT head, CTA head and neck were unremarkable. Patient was evaluated neurology was thought that her symptoms are likely related to vaccine reaction as opposed to acute CVA she is not given TPA. Upon my assessment patient states that she continues to have left-sided weakness both her arm and her leg. She has decreased sensation on her left side. She is able to move her left extremities however she states that they feel heavy and weak. Patient was given Benadryl IV as well as famotidine in the ED. She will be given Solu-Medrol as well. Patient denies any history of any vaccine reactions in the past, to penicillin and seasonal allergies otherwise denies any sensitivities. Denies any history of autoimmune diseases. Patient denies any HA, dizziness, vision changes, chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, fevers chills, dysuria.</p> <p>This is a 30-year-old female with no significant past medical history who presents to RMC ED with complaints of acute onset headache and left-sided weakness shortly after receiving her first Pfizer COVID-19 vaccine 4/9/21. Patient states that after the injection she immediately had a headache and several minutes later she developed left-sided numbness tingling and subsequent weakness. She was activated as a code stroke. CT head, CTA head and neck were unremarkable. Patient was evaluated neurology was thought that her symptoms are likely related to vaccine reaction as opposed to acute CVA she is not given TPA. Admitting physician felt she has decreased sensation on her left side. She is able to move her left extremities however she states that they feel heavy and weak. Patient was given Benadryl IV as well as famotidine in the ED. She will be given Solu-Medrol as well. Patient denies any history of any vaccine reactions in the past, to penicillin and seasonal allergies otherwise denies any sensitivities. Denies any history of autoimmune diseases. Pt has improved. She is able to move her LUE and LLE now. " Does not feel like</p>

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							moving bricks " Her tingling has decreased and she is able to feel things again with her left hand and leg. Pt had c/o chest pain 4/11/21. Her trop have been neg. EKG neg. D-dimer within normal limits. Will give dose of mobic 7.5 mg. Will try lidoderm patches for pain. Pt will follow up with pcp in 1-2 weeks.
1201899	4/13/2021	KY	64	F	3/26/2021	4/1/2021	Had systems of fatigue and chest pain. Went to hospital of 4/12/2021 . Learned that had blood clots in lungs that I previously did not
1201914	4/13/2021	UT	51	F	3/11/2021	3/12/2021	I received the vaccine around 12:00pm. That evening I had severe chills and very bad chest pains. I also had body aches. The chest pains are the main thing I want to report. It lasted through the next day. I thought it was just me but my daughter's friend said the her friends mother also experience really bad chest pains the next day after her covid vaccine. Also, my husband just received a different covid vaccine and experienced chest pains. I thought it was worth reporting. Several weeks later I received my second dose of Shingles vaccine and also experienced chest pains the next day. This didn't happen with the first dose. I thought maybe they have similar ingredients?
1201931	4/13/2021	NV	61	F	3/31/2021	4/1/2021	Nausea, chest pain, diarrhea, headache, body aches, and fatigue. Symptoms start the next morning and lasted for 5 days. As of this writing, no symptoms persistent at this time.
1201956	4/13/2021	IL	64	F	4/1/2021	4/2/2021	Beginning the following morning after my vaccination, at approximately 8:30 am, I began having severe stabbing chest pains. Feeling as though I was being stabbed dead center of my chest and it came out my back. I had trouble breathing or felt like it hurt more when I tried to take a deep breath. This was very severe for about 2 hours then eased off and was off and on for about two days. My arm did not get sore until the third day after my vaccination and remains sore still. I've experienced a headache in severity ranging from a nuisance to temple throbbing since the day after vaccination. I have taken my naproxen for the chest pain and headache. I ran a temp of 99-100 occasionally but never for a long period of time. I'm still experiencing some chest pain occasionally but nothing as severe as the first two days.

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1202295	4/13/2021	FL	36	F	3/29/2021	3/29/2021	My right arm was swollen and in a lot of pain, my stomach hurt, and I started to get very itchy. I was lethargic and had no energy. I went to the Urgent Care listed above, and I was given a steroid shot. However, I was diagnosed with a double ear infection and pneumonia after complaining of chest pain. I made a Teledoc appointment, and they couldn't decipher if I had Covid or a reaction from the vaccine.
1201965	4/13/2021	OK	43	M	4/5/2021	4/10/2021	Headache will not go away , shortness of and trouble with breathing , weak after a short time of physical anything , chest pains , veins in legs are showing. These all came on a few days ago and the headache last night was almost unbrarible and i never have headaches
1205865	4/13/2021	OH	26	F	4/9/2021	4/9/2021	Pt reported "pain in chest like you just run" @ 1130 VS OxSat 98%, HR 82, BP 120/82. Pt was monitored for 30 min. Pt stated she felt better, pt was D/C
1202026	4/13/2021	MO	56	F	4/8/2021	4/8/2021	Rash all over, redness, fever, chest pain and heaviness, fainting, severe itching, sore throat with blisters in mouth, Migraine, and HBP. Treatment: ER-IV Solu-medrol X1, Pepcid x1, Fiorcet x1, Toradol x1, Caffeine pill by mouth.

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1202033	4/13/2021	GA	22	F	3/23/2021	3/23/2021	<p>March 5, 2021: 1st dose of Pfizer vaccine. Severe site pain. March 23, 2021: 2nd dose of Pfizer vaccine. Felt very restless and sick during night, by the next morning symptoms really sat in. March 24, 2021: Went to Urgent Care due to fever. Had COVID-19 test (negative). Very close to passing out there (put head between knees and did not). Was sent to emergency room immediately due to heart rate (high 140s-150s. Highest known was 152 BPM). ER performed following: portable chest x-ray, blood tests, urine tests, EKG. Was told results were all normal with the exception of EKG (not told anything about it, form listed as abnormal). Passed out 2x at hospital. Was given one IV rehydration solution and released that night. Symptoms below lasted for several days: Headache Aches Nausea Aggressive shakes Shortness of breath Confusion Dizziness Site pain (also developed bump under arm) Fever - 103.8 (after 2 Advil, 2 Tylenol, 3 ice packs and eating frozen grapes) Heavy sweats Racing heart Restless March 30, 2021: Still having frequent heart palpitations (they come and go but happen several times during the day. Keep having very high heart rates). Went to doctor. While there, nurse noted irregular heartbeat that sounded like it was ?skipping a beat? and heart rate was also jumping all over the place (high pace, low pace, high, etc.). It was clear something was abnormal. Doctor gave EKG approximately 20 minutes later, EKG looked normal. Was told to come back next morning for blood work and to cut out caffeine. March 31, 2021: Came in for blood work to check thyroid. April 6, 2021: Thyroid results were normal. Still having palpitations among other symptoms (see April 12 for more info) so was told to come in. Was given ?work from home? note and referred to cardiologist. April 12, 2021: Appointment at cardiologist. Still having severe palpitations, occasional dizziness/ lightheadedness, nausea, shortness of breath, exhaustion and chest pain. Heart rate was recorded this day to have gotten up to 139 BPM-- was very high majority of the day. EKG was normal (with exception of high heart rate) but 30 mins later doctor observed high heart rate and abnormal rhythm. Was told to come back in a week and one day for a heart ultrasound and heart monitoring for three days. Still no caffeine intake since 3/30/21. Previous heart rates taken at doctor's visits over the years for comparison below. Never had any prior</p>

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							heart problems whatsoever: 8/29/18: 70 BPM 9/17/18: 88 BPM 10/17/18: 64 BPM 10/31/18: 73 BPM 1/21/19: 78 BPM Note: At this point, I have missed over a week and a half of work, and worked from home for over a week. I'm not any better heart wise at all over the course of three weeks post vaccine.
1202123	4/13/2021	VA	68	F	3/26/2021	4/7/2021	She presented to the ER on 04/07/21 with chest pain. Her niece was nurse, took her blood pressure and that was running high with chest pain and high blood pressure and some back pain that was going on for 2 days. She decided to seek help. The substernal pain was radiating to her shoulders, but also got worse with deep breathing and was quite intense. At the hospital, she developed worsening back pain and difficulty with ambulating. Over the next day or so, her neurological weakness got worse with ascending up to her legs, and then she also had progressive facial weakness with trouble swallowing and speaking.
1202127	4/13/2021		33	F	4/13/2021	4/13/2021	Dizziness - no focal weakness, numbness, headache, visual changes, chest pain, SOB, rash or pruritus. No abdominal pain History of asthma denies taking any medications. Reports she did not eat today VS: 120/79, HR 77 bpm, O2 Sat 95%, PERRL, heart and lungs clear to auscultation. Oropharyngeal clear with no swelling Pt resolved completely with rest and leg elevation. Pt was advised to seek immediate re-evaluation if symptoms return
1202184	4/13/2021	UT	64	M	3/17/2021	3/22/2021	Blood clots in both lungs. Admitted to the hospital with severe pain in chest, trouble breathing, within 5 days of vaccination. Put on blood thinners to help get rid of the clots. Extreme fatigue before admittance to the hospital as well as ongoing extreme fatigue.
1202228	4/13/2021	AL	19	M	4/9/2021	4/10/2021	PATIENT HAD VACCINE ON 04/09. ON 04/10 DEVELOPED A FEVER, COUGH AND SHORTNESS OF BREATH THAT GOT WORSE DURING THE DAY ALONG WITH SHARP SUBSTERNAL AND PRESSURE LIKE CHEST PAIN. ARRIVED TO ER ON 04/11@1851.

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1202236	4/13/2021	CA	28	F	4/11/2021	4/11/2021	Sense of panic, couldn't sleep, dizzy, nauseous, chest pain with shortness of breath (lasted 2 days), chills started at around 10 PM, then switched to body feeling very very hot, profuse sweating and feeling like body was burning without a fever (started at ~12am and lasted about 10 hours, it was about 50 F that night, so it wasn't the temperature)
1202247	4/13/2021	FL	17	F	4/6/2021	4/6/2021	Heavy sleeping, sore and stiffness in arm that was injected, chest pains and tightness of chest, nose bleeds and severe headaches
1201961	4/13/2021	MN	31	M	3/10/2021	3/20/2021	10 after I received the Janssen Covid-19 vaccine, I admitted myself to the emergency room with severe chest pain and very difficult time breathing. They ran CT scans and found multiple blood clots in both lungs, pulmonary embolism. They put me on blood thinners and transferred me to another hospital. There they monitored me for a couple days and released me with a prescription for blood thinners.
1205819	4/13/2021	PA	44	F	3/10/2021	3/25/2021	Had chest pain on and off for 5 days (started Thursday 3/25), which I thought was related to acid reflux. On Tuesday 3/30 when it became worse and was no longer managed with ibuprofen I went to patient 1st. I was given an ekg which was abnormal and then sent to ER. There it was determined that I had a blood clot and 100% blockage in my right coronary artery. That night I had surgery and they placed a stent.

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1198038	4/12/2021	CA		U			<p>client complained of nausea, tingling and numbness to both arms after receiving 1st dose of Pfizer. Client had been sitting on waiting room approximately 5 mins after vaccine when she alerted EMT she was feeling nauseous. EMT gave emesis bag to client and PHN joined shortly after. Per client has history of anxiety and felt an episode occurring. First vitals at 1100: blood pressure 150/100, pulse 75. Client stated nausea had resolved, but now was starting to feel numbness and tingling to both arms down to fingers. Client stated room felt claustrophobic. Walked client over to patio door for fresh air. Client alert and oriented, history of anxiety, type 2 diabetes and only medication she takes is Metformin. No known allergies. PHN assessed for sensory and motor on both arms. Client denied chest pain, numbness radiating anywhere past shoulders, or shortness or breath. 1105 per client fresh air was helping, could feel her anxiety was improving. 1108 vitals: blood pressure 130/90, pulse 82, oxygen 98%. Per client was feeling better, wanted to leave facility. Client advised be best to complete 30min observation. Client stated she was fine and wanted to leave, had someone waiting outside and would drive. ER precautions given. Client left facility with steady gait at 1110.</p>

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1196479	4/12/2021	VA	59	F	4/9/2021	4/9/2021	Returned home around 4:30 PM from vaccine and felt a bit tired & not hungry for dinner. Iced my arm and took 2 Tylenol as my head began hurting. I went to bed at 9:00 PM and woke up around 1:00 AM with an excruciating headache and felt nauseous I took 2 more Tylenol, but could not fall back asleep. I felt very nauseous and was unable to go back to sleep. Oddly, I was sitting up wide awake and for a period of about 30 minutes, I began seeing brightly colored images that looked like they were floating in front of me. It was extremely odd as my eyes were open and I was awake. I finally fell back asleep around 5:30 AM and had horrifying vivid nightmares. When I woke up around 8:00 AM my headache was still there and I felt somewhat nauseous but not as bad as during the night. My headache continued through the day on Saturday and I continued to take Tylenol about every 6 hours. I attempted to go to bed around 9 PM when I experienced horrible chest pain that radiated through my chest and into the left side of my throat. This was frightening because the pain did not let up for 7 to 8 hours, even after taking a Tagamet. I've never suffered from heartburn previously other than when I was 8 months pregnant with twins. I was lucky to have any medication at home and that was only because my husband suffered from heartburn frequently. I finally fell asleep around 6:00 am for just a few hours and woke up feeling tired, but no headache or chest pain. Other than feeling tired, the symptoms appeared to all be gone. On a positive note, my arm never became sore!
1197646	4/12/2021	CO	57	M	3/7/2021	4/11/2021	4/11/21 pt with pleurtic chest pain and worsening hypoxia. chest x-ray w/ bilateral pulmonary infiltrates. covid pcr + 4/11. pt admitted to hospital on 4/7 for alcohol withdrawal, minimal o2 requirements on admit. on 4/10 pt with low grade temperature and O2 requirements were increasing then, started on azithro 500mg daily x 3 days, patient did have chest ray that day with bilateral opacities.
1197801	4/12/2021	NC	18	M	4/7/2021	4/9/2021	Patient began having chills, fevers and sweats within 12 hours of receiving the vaccine. 2 days later he had severe chest pain prompting him to present to the hospital.

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1197816	4/12/2021	MS	60	F	3/23/2021	3/23/2021	3/23/2021 @ Vaccination drive through- pt received 1st dose of Moderna vaccine in L deltoid. Approx. 5 minutes after vaccination @ 11:00am, pt reported R side chest pain increasing suddenly on pain scale 5-10. EMS personnel onsite assessed pt VS 153/90, HR 66, r -16 Pt stated she had not taken her b/p meds in AM. PT'S pain subsided. refused to be transported to hospital. Pt continued to to be observed during the next hour. No c/o chest pain upon leaving vaccination site.
1197826	4/12/2021	CA	17	M	4/8/2021	4/11/2021	Chest pain developed 3 days following vaccine administration. Presented to ED the morning of 4/11/2021, and was found to have diffuse ST elevation on ECG, and troponin level of 0.52. Received dose of aspirin, and then was transferred to Hospital for treatment and monitoring of pericarditis the afternoon of 4/11. Echo at Hospital with good LV function. Repeat EKG demonstrated ST elevation again, and he was started on ibuprofen 600 mg every 6 hours. Chest pain recurred in the evening of 4/11, but resolved some time after administration of ibuprofen. Troponin level upon arrival to Hospital were 3.92 at 17:11 on 4/11, then rose 8.68 at 23:42 on 4/11 at the time of his worsening chest pain. Chest pain still resolved by morning of 4/12, and troponin level downtrended to 5.87 at 6:22 on 4/12. Diagnosis consistent with myopericarditis.
1197629	4/12/2021	OH	50	F	4/10/2021	4/10/2021	Patient reports numbness to left thumb-the same side she had the vaccine administered. Patient denies chest pain, shortness of breath, abdominal pain, dizziness. Vital signs obtained: BP 182/110, 160/98, HR 84, 78; RR 18, 18, SpO2 98% on RA. Patient monitored for 15 minutes with no changes reported.
1198027	4/12/2021	CA	36	M	4/11/2021	4/12/2021	I started experiencing chest pain when I woke up. Also, right foot and arm were tingling. This is from the second dose of the Pzifer Vaccine.

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1197620	4/12/2021	NC	28	M	3/24/2021	3/25/2021	<p>Significant elevation of troponin of 12; chest pain; Vaccine induced myocardial injury; headache; myalgia; fever; This is a spontaneous report from a contactable physician. A 28-year-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection, Lot Number: EN6205), intramuscular, administered in left arm on 24Mar2021 at 1:00 pm as single dose for covid-19 immunization. The patient medical history was not reported. Concomitant medication(s) included keppra, lamictal same dose for more than 5 years. The patient previously took bnt162b2 on 03Mar2021 for covid-19 immunization at the age of 28-year-old at 1:00 pm. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient stated 1-2 days after vaccine he developed headache, myalgia, fever, chest pain. Chest pain progressively worsened. He was presented to the hospital 3 days after onset. There was significant elevation of troponin of 12, ECG unremarkable. No prior history of hypertension/hyperlipidemia or diabetes. On 25Mar2021, the patient was diagnosed with vaccine induced myocardial injury. Treatment for events was inpatient monitoring, Heparin infusion while awaiting results of cardiac work up. Outcome of events was recovering. Follow up attempts are needed and Information on lot/batch number was available.; Sender's Comments: Based on temporal association and profile of the product, the contributory role of the suspect product bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection, Lot Number: EN6205), to reported events is possible.</p>

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1198068	4/12/2021	IN	23	M	4/12/2021	4/12/2021	The patient reported feeling like his throat was closing up 15 minutes after receiving the vaccine. Reports he has h/o anaphylaxis to oysters in past 4 different times with h/o anaphylaxis. Pt refused epi-pen multiple times. He asked for oral medication. Reviewed risks/benefits. Vitals were stable with BP 150/84, Pulse-99, O2-97%. Pt without any swelling, SOB, chest pain, no rash, no tongue or lip swelling, no respiratory distress. He was given 25 mg Benadryl per pt request - reviewed risks. States that it was helping. Was taken by EMS to hospital via ambulance - pt was able to walk with them without issues. Was taken for observation.
1198100	4/12/2021	MS	25	M	4/11/2021	4/11/2021	It felt like I had contacted the virus all over again except worse than last time. Body aches, chills, fever, nausea, severe headache, fatigue, slight cough, balance and coordination problems, chest pains. Literally the only things I don't have are the loss of taste and smell.
1198129	4/12/2021	OH	58	F	4/10/2021	4/10/2021	Following the administration of COVID vaccine, the patient reported she felt flushed, similar to when she had "hot flashes" per patient. Vital signs obtained: BP 224/110, 238/114; HR 71, RR 20, SpO2 96% on RA, Skin WNL. Patient found to have a hypertensive episode. Patient stated she has a history of HTN and she self administered her prescription BP medication at 8:30AM. EMS contacted by paramedic. Patient evaluated by EMS and recommended to be transported by ambulance to hospital. Patient alert and oriented X4, GCS 15. Patient denies chest pain, denies shortness of breath, denies dizziness, denies abdominal pain. Patient refuses ambulance transport to hospital. Patient understood and signed all necessary documentation required for refusal of ambulance transport. Patient remained in medically supervised area of clinic for 30 minutes with no further reaction to the vaccine. Patient released to care of her husband. Patient advised to home monitor her BP and contact her PCP. Patient also advised to contact 911 if any changes occur.
1198150	4/12/2021	IN	64	F	3/3/2021	3/4/2021	1st dose - fatigue, SOB, chest pain, nausea - 2nd dose - flu like symptoms for 36 hours - fever over 101, chills, headache

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1198197	4/12/2021	MO	80	M	2/27/2021	3/3/2021	Patient, of 80-year-old male, with significant past medical history of hypertension, paroxysmal atrial fibrillation, hyperlipidemia, coronary artery disease s/p stent, and BPH. Patient comes from urgent care after being found hypoxic. He refers that for the last 3 weeks felt weak, with loss of appetite and poor oral intake. He went to a to the urgent care to get it evaluated and he could get some IV fluid because he felt dehydrated. Patient refers that in the past when he gets severely dehydrated had episodes loss of conscious and this time he wanted to avoid that. He states that on February 4th got tested positive for COVID-19 because his fiancée tested positive the previous day. He quarantined and was asymptomatic. On February 27nd got first dose of COVID-19 vaccine. But since he tested positive feels that has no energy. Besides this patient denies fever chills shortness of breath, chest pain, abdominal pain, diarrhea nausea, vomiting, headache, lightheadedness, loss of sense of smell or taste.
1198008	4/12/2021	MO	69	M	3/11/2021	4/6/2021	Patient is a 69 year old male with a PMH significant for CKD, DM, CAD, HTN, HLD and GERD presents for shortness of breath, fevers, and malaise. States symptoms started on Friday and have gotten progressively worse. He reports contact with a granddaughter who was subsequently Covid positive. He does report Covid vaccination approximately 1 month ago. He denies loss of taste or smell. No nausea vomiting diarrhea. No chest pain. Noted to be 92-94 percent the emergency room

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1196832	4/12/2021	IL	61	F	3/17/2021	4/12/2021	61 y.o. female who presents with chest pain and syncope. Patient reports she began feeling ill around 6:00 p.m. last night. Patient reports she was having nausea, vomiting, and diarrhea. She denies any hematemesis or hematochezia. Patient states she awoke around 11:00 p.m. and felt like she was needing to vomit so she went to the bathroom. Patient reports that upon getting up she noticed pain across her chest. She described her pain as a midsternal pain with radiation across the chest. She described as a dull pressure. She currently reports no chest pain upon arrival to ER. Patient reports associated shortness of breath, lightheadedness, nausea, vomiting, and diaphoresis with the pain. Patient's cardiac risk factors include hypertension, smoking, age, obesity, and family history. Once patient was in to bathroom, she states she began having nausea, vomiting, and diarrhea. Patient subsequently passed out and hit her head on the bathtub. Patient had slight nose bleed. Patient's family found her lying in the floor and call 911. Patient was unsure of how long she was out during her syncopal episode. admitted to hospital Observation dx chst pain, vasovagal syncope
1196533	4/12/2021		51	M	4/9/2021	4/9/2021	After getting his first Covid- 19 immunization, pt noticed his heart racing. Here was no SOB, chest pain or dizziness. Vitals were b/p 123/73, pulse 67 and SaO2 98%. He felt better after eating and drinking. He was monitored and discharged stable Tachycardia
1196557	4/12/2021	CO	45	F	4/8/2021	4/8/2021	4 afters after - severe chest pain that lasted for 2 hours. 12 hours after, face swelling - started on left cheek/lip and migrated across face. Resolved after 24 hours. Continuing random hives. High fever - 102.5, and all the other effects that are more common.

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1196689	4/12/2021	MO	52	M	4/8/2021	4/8/2021	Pt arrives at 9:45am for Vaccine. Observed for 15 minutes and returns to car. Enters back into the facility at 10:10am and states, "My face feels numb. The feeling you get when numb at the dentist but in my face. I don't think that's normal." Pt states, "My face is numb, especially up by my eyes. They feel a little swollen too." Patient denies any shortness of breath, chest pain, other numbness or tingling. Pt also denies any feeling of swelling or numbness in mouth or throat. No facial drooping noted and patient able to follow commands, wrinkle nose, smile, stick tongue out. Patient A&Ox3 and able to communicate without difficulty. 10:15 Patient given 25mg IM Benadryl in RT Deltoid. 10:30 patient denies any improvement or worsening of symptoms. EMS called to further evaluate. EMS arrives at 11:00am for further work-up.
1196739	4/12/2021	LA	40	F	4/9/2021	4/9/2021	throat pain and chest tightness that began shortly after 2nd covid vaccine; sx started 5 minutes after vaccine administered. Given 50mg of IM Benadryl in office but O2 sat was still 89%. Clinic called EMS to transport pt to ER. Upon arrival to ER, patient discovered she was pregnant. She presented with sore throat and feeling of pressure and palpitations but denied any chest pain, lightheadedness, etc to ER physician. Pt was released home.
1196740	4/12/2021	NY	18	F	4/12/2021	4/12/2021	Patient received dose at 11:30am, proceeded to obs area. Within minutes, she experienced c/o nausea, lightheaded feeling, and headache. Denies SOB, chest pain, or pain otherwise in body. Denies feeling of weakness. Patient reports exact symptoms with first dose, lasting all day. 11:45 BP 110/75, pulse 75 steady. Clinically stable, symptoms no worse. Patient mother agreed to transport patient home to recover, plans on calling provider re: mast cell activation and symptom management. Patient transported to personal vehicle via wheelchair without incident. NP

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1197645	4/12/2021	CA	25	F	4/10/2021	4/10/2021	<p>HPI: Patient is a * year old * who presents following administration of a single dose of J&J COVID19 vaccine in the left deltoid. Patient states she started to experience ocular burning and tearing about 20 minutes following administration of the vaccine. She denies ocular pain. Patient denies wearing contacts, eye makeup, and face products at this time. She relates that she spent most of her day outside in the sun today but has never experienced these symptoms in the past. She reports an allergy to amoxicillin and numerous food sensitivities. She has never required epinephrine for treatment of aforementioned allergies. She denies a history of seasonal allergies. She relates that she has a past medical history of PCOS. She does not take medication on a daily basis. She denies chest pain, difficulty breathing, swelling of the face/lips/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting. Exam (update as needed): GEN: Alert and oriented x 4, NAD. HEAD: NCAT EYES: Conjunctival injection bilaterally. Tearing noted in the bilateral eyes. No purulence noted. No foreign body noted. Surrounding tissue nonedematous. Visual acuity grossly intact. PERRL, EOMI ENT: Ears normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g PULM: Clear to auscultation bilaterally, no accessory muscle use ABD: Soft, no tenderness. SKIN: No rashes, skin warm and dry. No erythema or edema of the injection site. MSK: FROM, MS 5/5 NEURO: Alert and oriented x 4, CN 2-12 grossly intact, no ataxia, gait steady Clinical Impression/Field Tx: Possible allergic conjunctivitis, bilateral eyes. Patient not displaying active signs or symptoms of anaphylaxis, to include facial edema and patient demonstrated ability to control airway. No foreign body was noted in the orbi to explain symptomst, nor was purulence noted, thus decreasing likelihood of infection origin. Visual acuity was not compromised at the time of exam. Conjunctival injection and epiphora, in addition to consistent sun and wind exposure, makes an allergic conjunctivitis more likely. Instructed patient to consult their PCP or follow up with urgent care regarding the post-vaccination reaction. Also instructed patient to consult an ophthalmologist if they are able to should the eye symptoms not improve. Recommended patient utilize visine or other normal saline eye drops for burning</p>

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							sensation relief, in addition to OTC antihistamine medication per package directions.. Patient instructed to go to emergency department should they develop chest pain, difficulty breathing, swelling of the face/lips/mouth/tongue/throat, or cramping abdominal pain with nausea/vomiting, as these are signs of possible anaphylaxis that requires immediate intervention. Medications administered: None Disposition: Home
1196788	4/12/2021	OH	19	F	4/10/2021	4/10/2021	Syncope 1 minute witnessed by clinic staff in monitoring area approximately 10 minutes after vaccine administered. Patient denied chest pain, shortness of breath, abdominal pain and dizziness. Patient's skin assessment: pale, cool, diaphoretic. Vital signs obtained: BP 110/60, HR 84, Pulse Ox: 99%, RR 18. Patient remained in medical monitoring area for 30 minutes with no further reaction. Patient given fruit snacks and juice. Patient's skin color returned to normal, stated she felt better after lying down and eating.
1198243	4/12/2021	TN	58	M	3/30/2021	4/5/2021	Pt reports beginning to feel ill on 4/5/21 with flu-like symptoms (body aches, muscle pain, fatigue, and chest pain when deep breathing). Saw PCP on 4/6/21 and was sent to hospital for chest X-ray. Pt states that X-ray was normal but PCP treated for pneumonia with antibiotics based on symptoms.
1196921	4/12/2021	ME	39	F	4/6/2021	4/6/2021	DIZZINESS/CHEST PAIN - 12LEAD EKG - 325MG ASA - IV PLACED AND TRANSPORTED TO MEDICAL CENTER EMERGENCY DEPARTMENT.
1196987	4/12/2021	ME	50	F	4/1/2021	4/1/2021	ITCHY EYE(S), NOSE AND OROPHARYNX WITHOUT REDNESS, SWELLING OR DYSPNEA - ADMINISTERED 25MG DIPHENHYDRAMINE BY IM ROUTE LEFT DELTOID: NEG CHEST PAIN, BLEEDING, RESTRICTIVE BREATHING B/P 142/80mmHg, O2 sat 99%, HR 101, RR 18 - resolved in 30 minutes sent home feeling better - and to pretreat 25mg Benadryl/20mg Pepcid 30-45minute before second Covid vaccine and to ask for (Name)
1197002	4/12/2021	TN	32	F	4/3/2021	4/4/2021	FEVER, CHEST PAIN THAT HAS NOW LASTED 8 DAYS, SOB THAT HAS NOW LASTED 8 DAYS, CHEST TIGHTNESS THAT HAS NOW LASTED 8 DAYS. HEADACHE

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1197275	4/12/2021	WI	22	M	4/6/2021	4/7/2021	22 Y male with past medical history of environmental allergies presents with a chief complaint of abdominal pain and nausea/ vomiting. He states that on 4/7 he had some nausea and one episode of non bloody nonbilious emesis that morning. He had previously received his first dose of the Moderna COVID vaccine on 4/6. He states this morning he awoke and had significant nausea and abdominal pain and then had approximately 10 episodes of non bloody emesis that eventually became bilious. He did have some diaphoresis. He states that he eventually did have some chest pain that he attributed to all of the vomiting. He went to urgent care and did receive Zofran but this did not alleviate his symptoms. He denies shortness of breath, cough, fever, chills, diarrhea, melena, hematochezia, genitourinary symptoms, or other pain. He states that he has been having a few episodes of loose stools, but did not have any bowel movements today. In urgent care CT was performed and was suspicious for pneumomediastinum within the partially imaged lower chest and a CT esophagram was recommended. Patient presented here for CT esophagram. He is admitted for further treatment, and required a three day admission with IVF, and IV narcotics and antiemetics to control his nausea and Abd symptoms. He denied dyspnea. On 4/11 the patient was tolerating a diet and stable to dc home.
1197284	4/12/2021	WV	51	F	3/25/2021	3/25/2021	PT REPORTED ON 4/12/21 THAT DURING THE 15 MINUTE WAIT SHE WAS EXPERIENCING CHEST PAIN AND ELEVATED HEART RATE. HER HUSBAND TOLD HER IT WAS HER ANXIETY. ABOUT TWO HOURS LATER SHE DEVELOPED DIZZINESS AND COLD SWEARS. SHE IS ALSO EXPERIENCING LYMPH NODE PAIN.
1197353	4/12/2021	MS	60	F	3/23/2021	3/23/2021	3/23/2021 @ Vaccination drive through- pt received 1st dose Moderna vaccine in L deltoid. Approx. 5 minutes after vaccination @ 11:00 am, pt reported R side chest pain increasing suddenly on pain scale 5-10. EMS personnel onsite Assessed pt VS 153/90 HR 66. R-16 in AM pt's pain subsided. Refused to be transported to hospital. Pt continued to be observed during the next hour. No c/o chest pain upon leaving vaccination site

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1196763	4/12/2021	NY	79	M	3/19/2021	3/20/2021	Shortness of Breath and Chest pain went to Hospital found with rapid a fib
1198685	4/12/2021	OK	58	F	4/12/2021	4/12/2021	Client in clinic for second dose of Moderna vaccine. Moderna vaccine administered at 13:52. Client reports feeling like "her heart is clenching down" starting at 14:00. Client did not report symptoms to nurse until 14:15. 14:15- Reports pain level 6 out of 10. Denies shortness of breath. Breathing unlabored, and no diaphoresis noted. Chest Pain protocol implemented. Vital signs within normal limits, aspirin administered, and oxygen applied via mask at 8 liters, 911 called. 14:30- Paramedics arrived. EKG obtained. Per Paramedic report: EKG within normal limits, vital signs remain within normal limits. Pain level decreased to 4 out of 10. Client refused to be transported to hospital by ambulance, she stated she would prefer her sister take her if she didn't start to feel better. Paramedics released client to care for self. Client's sister to health department to pick her up. Sister stated she will take client to ER.
1199598	4/12/2021	TX	27	F	3/20/2021	3/20/2021	Fever, chills, body aches for 2 days then some chest pains the Monday morning after
1199583	4/12/2021	CA	95	F	2/15/2021	2/20/2021	02/20/21 5 days later after shot started reporting complaints. Hospital Visit with chest pains and confusion. 03/07-03/14 2021 hospital stay with encephalopathy, delirium?s, confusion. 03/20/-03/29 2021 hospital stay with hallucinations , staring and continued decline in health.
1199486	4/12/2021	IL	56	F	4/9/2021	4/10/2021	Beginning after 12 hours from time of injection and lasting for 16 hours - fever of 102 degrees, chills, exhaustion, headache, chest pain, achy body Bed rest, fluids, Tylenol
1199455	4/12/2021	WI	17	F	4/2/2021	4/10/2021	Patient reported difficulty breathing and chest pain; suffered cardiac arrest and death

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1199306	4/12/2021	CT	28	M	4/9/2021	4/10/2021	These were the symptoms I was feeling: - Arm pain - Chills - Fever - Headache - Muscle Spasms - Rigidity - Facial Numbness - Chest Pain Treatment: - Went to emergency room after facial numbness and chest pain. Muscles in both arms were extremely tight and no control of my fingers as it was painful to extend them beyond a fist. Could barely walk and stand for more than 20 seconds as well. - Took tylenol and benadryl before going to hospital but had little to no effect. - Arrived at the hospital at 9:30 with severe pain throughout my body and the effects subsided by 12:30am.
1199302	4/12/2021	PA	48	F	4/9/2021	4/10/2021	12midnight severe chills started. Excessive urination once an hour although I wasn't taking in any fluids. 630am 4/10/21 headache (felt like a sinus headache on steroids) chest pain when breathing. Excessive tiredness and body aches.

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1199225	4/12/2021	MI	59	F	3/23/2021	3/24/2021	<p>Patient reported: Difficulty breathing; severe headaches, vomiting/nauseous for 3 weeks and counting, plus chills. Went to Urgent Care 4.1.21. Back to Urgent Care 4.9.21 - this time with symptoms above plus cough, SOB, N/V. CXR (-) COVID (-). Patient received dose J&J vaccine 3.23.21. HISTORY OF PRESENT ILLNESS: Patient is a 59 y.o. female who presents to the Urgent Care with COVID-19 (sick after receiving COVID vaccine x1week ago. Vomiting, headaches, nausea, chills) HPI: Patient presents today with complaints of nausea, vomiting, headache and chills intermittently over the past 1 week after receiving her 1st COVID 19 vaccination. She states that she got the Johnson Johnson COVID-19 vaccine. She states of then she has had an episode of vomiting daily some nausea. She has also had a headache every single day as well as some constipation. She denies any numbness or tingling, abdominal pain, diarrhea. She states that she has been taking ibuprofen, Pepto-Bismol, and Tylenol for her symptoms with minimal relief. She is drinking a lot of water as well. Medical Decision Making: No concerns for acute abdomen or neurological deficits are noted on exam today. Patient is reporting some symptomatic relief after receiving the Toradol injection today in urgent care. Educated the patient on the following: Zofran for nausea and vomiting. MiraLax and senna for any constipation symptoms. Motrin and Tylenol for pain or fever. Drink plenty of fluids. Follow up with PCP as needed. If symptoms worsen go to the emergency room such as you are not able to keep fluids down while taking the Zofran, if you develop any bloody stools, bloody vomit, or increasing abdominal pain. HISTORY OF PRESENT ILLNESS Patient is a 59 y.o. female who presents to the Urgent Care with COUGH (cough, SOB, congestion, vomiting everyday until about 1PM. headache off and on. x 2 weeks (since covid vaccine)) HPI: Patient is a 59 y.o. female who presents to the urgent care with cough, shortness of breath, congestion, nausea and vomiting and intermittent headaches over the past 2 weeks. Patient states that the symptoms started the day of her COVID vaccine. She states that she receive the Johnson&Johnson 1 time dose. She states later that day after receiving the vaccination she had a significant headache that developed. She states that since then she has had a dry nonproductive cough with intermittent</p>

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shortness of breath and morning nausea and vomiting that last till about 1:00 p.m.. She states that the headaches have resolved at this time but the cough, intermittent shortness of breath and nausea and vomiting have persisted. She denies any abdominal pain, chest pain, chest pressure or chest tightness. She states that she has not been experiencing any dizziness, vision changes or lightheadedness. She was seen in the urgent care about a week ago and was prescribed Zofran to assist with the nausea. She states that she was taking it twice in the morning and has now been able to only take it once, does feel that the nausea is improving but was out of the medication today, states that she was not able to take anything today and did have an episode of nonbloody nonbilious vomiting. She states that she was having some constipation she feels that this was related to the over-the-counter pain medications that she was taking for the headaches. She states that she was advised to take MiraLax at her last urgent care visit which she has been taking, had a normal bowel movement yesterday. She states that she has had pneumonia in the past, no history of asthma or chronic obstructive pulmonary disease. With the continued symptoms came to the urgent care for evaluation. She states that there have been to other coworkers who have had exposure or have now tested positive for COVID-19. Medical Decision Making: 59-year-old well-appearing female who presents to the urgent care with cough and nausea and vomiting over the past 2 weeks. Reviewed patient's previous urgent care notes as well as immunization record. Her vital signs are stable in the urgent care today and exam is largely benign. Given her history and current complaints did obtain a chest x-ray which appears negative, formal interpretation was pending at time of discharge. She was provided Zofran in the urgent care today which she did state helps with the nausea. Discussed with patient that I do feel that COVID-19 testing should be collected as at the time of her symptoms and given her continued symptoms she has not had full immunity from the vaccination and this could still be a COVID-19 infection. She is in agreeance and COVID testing is pending. Prescribed refill of her Zofran as well as Tessalon for cough relief and advised continued symptomatic measures and close follow-up with PCP for any persistent symptoms. She was

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							provided a work note given her symptoms and COVID-19 testing she was provided the standard COVID-19 work letter. Patient educated on warning signs and symptoms that would prompt immediate reevaluation. They conveyed understanding and were agreeable to this plan of care. All questions addressed at this time. Pt was non toxic appearing and not in any acute distress upon discharge.
1199156	4/12/2021	CO	31	F	4/8/2021	4/9/2021	Reports to ED day after 2nd covid vaccine with chest pain. EKG and trop normal.
1199144	4/12/2021	CO	31	F	4/12/2021	4/12/2021	31 year-old Hispanic female who post vaccination developed urticaria on the neck, face, eyes, chest, arms thighs and legs. 13:45 25 mg oral Benadryl with observation. Signs and symptoms were still progressing so at 1350 additional 25 mg of oral Benadryl was administered. Symptoms were still progressing and patient starting complaining of shortness of breath and chest tightness so at 13:55 0.3 mg of 1:0000 Epinephrine was administered with improvement of symptoms. At 14::21 the patient started relapsing with SOB, Chest pain and urticaria along with increase in itchiness.. An addition 0.3 mg of Epinephrine was administered. Vitals remained stable throughout event 140/79, Resp Rate 24, pulse rate varies between 100-140 and patient oxygen saturation remained 96-100% FIO2 on room air. Patient was transported to

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1199109	4/12/2021	CA	35	F	4/12/2021	4/12/2021	<p>client complained of nausea, vomit and headache after receiving 2st dose Moderna Covid Vaccine. (Lot# 042B21A, Exp 5/7/21. Client returned from restroom and approached EMTs to inform them she had vomited twice. EMTs guided client to sit down, gave emesis bag and water. Vitals at 1252: blood pressure 124/70, pulse 71, oxygen 99%. PHN joined EMTs. Client alert and oriented and sitting on chair upon arrival. Per client had been sitting approximately 10 mins prior to feeling nauseous. Per client fist Moderna dose went well, no complaints. Client stated she has been having intermittent nausea, her primary provider is aware and is following up to her appointments. Client stated has not had nausea episode in 2 weeks. Client brought Zofran 4mg oral medication with her today and took one at 1307. Vitals rechecked at 1310: blood pressure 126/72, pulse 76, oxygen 99%. Client reported headache 7/10. Nausea slightly better. Vitals at 1320: blood pressure 130/80, pulse 75, oxygen 98%. Per client nausea had improved, headache still 6/10 pain. Client denied blurry vision, chest pain, shortness of breath. Client wanted to leave, stated she would contact provider today. Client drove herself today, client did not want to call for someone to pick her up. At 1322 client stated she felt okay to drive. Nausea greatly improved, headache the same. ER precautions given. Client left facility with steady gait at 1325.</p>

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1198912	4/12/2021	CA	20	M	4/8/2021	4/8/2021	5 minutes after receiving vaccine, patient lost consciousness, vasovagal reaction. Sternal rub applied, patient aroused, A&O x 4, diaphoretic, pale, stated did not eat or drink fluids today, denied SOB, itching, swelling, chest pain, HA, dizziness. Patient laid supine with feet up. Vitals supine: B/P: 114/73, HR: 99, SPO2: 97% RA., lungs CTAB, no adventitious heart sounds. 5 minutes later, manual HR: 53, 5 minutes later HR: 58. Patient provided private room, laid supine, given oral water, snacks and breath coaching. 15 minutes later: B/P: 101/65, HR: 50 supine. Patient continued to lay supine, denied all symptoms. 40 minutes after vaccine: B/P: 105/62, HR: 56 manual, SPO2: 99% RA. Patient monitored for total of 1 hour, final vitals: B/P: 112/74, HR: 54 manual, SPO2: 98% RA. Patient stated feeling better, is an athlete. Per consult with MD, patient may go home, rest, fluids, & f/u with PCP. Advised patient to make appt with PCP and discuss 2nd dose. Also advised if develops SOB, facial swelling, hives to go to ER. Patient verbalized agreement.
1198899	4/12/2021	MA	31	F	4/7/2021	4/7/2021	Body itchininess within a few hours, then nausea and chills by hour 9, then fever, fatigue, body aches, joint pain. Fever unresponsive to Tylenol. Constipation, then diarrhea on day 3. Day 3 felt fine. Then Day 4 got all respiratory and heart symptoms; tight chest, shortness of breath, chest pain, bronchial cough
1198888	4/12/2021	OH	61	M	4/10/2021	4/10/2021	The patient called today to inform us he has adverse events on Saturday evening, 40 minutes after getting the Covid Vaccine, he had a sensation of floating, and 4 hours later sharp chest pain which occurred every 3 minutes , lasting 10-15 seconds for a duration of 3 hours, he could not move. then at 2am Sunday morning, he woke up gasping for air, he drank some water and tried drinking coffee which he spilled and blacked out, by Sunday afternoon he felt better, and today he is feeling a lot better

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1198229	4/12/2021	VA	60	F	4/5/2021	4/5/2021	Patient reports shortness of breath, fevers, chills, diffuse myalgias along with right-sided back and chest pain since receiving the COVID vaccine. Symptoms began a few hours after receiving the vaccine. She reports localized pain to the injection site but denies redness or swelling. She reports she had fevers for 2 to 3 days, highest being of 101. She presented to the ED on 4/10/21 because of worsening shortness of breath with mild cough and pain in her back. This is exertional along with pleuritic. She reports she has overall improved from the myalgias but is generally not feeling well and continues to have dyspnea.
1198523	4/12/2021	CA	40	F	3/15/2021	3/17/2021	Approximately 48 hours after receiving Pfizer Covid-19 mRNA vaccine, patient starting immediately throwing up with diarrhea and then developed chest pain and breaking out into hives, then her face started swelling on R side, phlegm in her throat, rashes on her feet; had full blown panic attack once she saw the face swelling; was too nervous to use her epinephrine pens. Took Xanax, Zyrtec and Benadryl.
1198240	4/12/2021	FL	30	F	4/6/2021	4/7/2021	30 minutes after shot, I was dizzy and headache. Starting at midnight until 9am my heart was racing between 114-124 bpm all night long while laying still in bed. Normal sleeping heart rate is low 60's. Chest pain and racing was obvious. Extreme headache, pain in legs, etc. lasted for 2 days. Fever hit 100.5
1198283	4/12/2021	PR	58	F	4/10/2021	4/11/2021	Severe pain and numbness on my arm. Chest pain, I thought it was a heart attack.

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1198323	4/12/2021	TX	23	M	4/12/2021	4/12/2021	Janssen COVID-19 Vaccine: Vaccine administered by pharmacy staff at 1320, patient was observed for 15 minutes without complaint or concern. Upon check-out he stated he was "starting to feel sweaty". He denied dizziness, difficulty breathing, chest pain or other concerns. Systolic blood pressure was 76/40 (manual), heart rate 70. He remained awake, alert, skin pale, clammy, & cool. Sweat noted on forehead, in no acute distress. He was transferred to supine position and given cold water. BP increased to 124/82, heart rate 88, pulse ox 98%. He verbalized he felt much better, stated he began to have concerns about a reaction when he began to feel sweaty. He was unsure if it was anxiety or a reaction to the vaccine as the feelings began to escalate. He has no history of similar reactions but "doesn't like shots". He has no medical history, takes no medications/supplements and is otherwise "healthy". He ate lunch prior to appointment. Additional BP readings remained within normal limits, skin warm/dry, back to baseline. Observed for an additional 45 minutes and returned to work. Discharge vitals: 116/84, 90, 98%, 16.
1198357	4/12/2021	CA	30	F	4/12/2021	4/12/2021	Patient complains of left chest pain when moving her left arm. Feels tender. Pain scale 5/10 when left alone. Pain scale 8/10 when she moves her arm. Paramedics responded. Vitals stable. No known allergies to any medications. Takes levothyroxine for hypothyroidism. Refused medical transport and signed AMA form

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1198447	4/12/2021	CA	29	M	4/12/2021	4/12/2021	client complained of dizziness after receiving 1st dose of Moderna Covid Vaccine. Client was sitting in post vaccine waiting room when he alerted EMTs he was feeling dizzy. EMTs did first assessment. Vitals 0958: blood pressure 110/50, pulse 92, oxygen 97%. Client diaphoretic, face flushed. EMT gave client water. Vitals 1003: blood pressure 130/70, pulse 94, oxygen 97%. Per client feeling better. joined EMTs. Per client no pertinent medical history or current medications. No history of allergies. Per client had completed 15min waiting time and was getting ready to leave when he felt dizzy. At this time dizziness improving, flushing resolved. Vitals at 1008: blood pressure 140/90, pulse 92, oxygen 97%. PHN asked client if he has hypertension, per client does not regularly follow up with provider. Client alert and oriented, denied chest pain, headache, dizziness improving. 1015 vitals: blood pressure 140/90, pulse 103, oxygen 98%. Per client no complaints, previous symptoms all resolved. Last vitals at 1024: blood pressure 140/70, pulse 104, oxygen 98%. Client alert and oriented, feeling fine, ready to leave. Client did not drive, here with family. Client advised to see primary doctor to follow up on blood pressure and to follow up with them prior to second dose. ER precautions given as well. Client left facility at 1025 with steady gait.

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1198825	4/12/2021	CA	49	F	4/12/2021	4/12/2021	client complained of dizziness after receiving 1st dose of Moderna. Client was sitting in post vaccine waiting room when he alerted EMTs he was feeling dizzy. EMTs did first assessment. Vitals 0958: blood pressure 110/50, pulse 92, oxygen 97%. Client diaphoretic, face flushed. EMT gave client water. Vitals 1003: blood pressure 130/70, pulse 94, oxygen 97%. Per client feeling better. joined EMTs. Per client no pertinent medical history or current medications. No history of allergies. Per client had completed 15min waiting time and was getting ready to leave when he felt dizzy. At this time dizziness improving, flushing resolved. Vitals at 1008: blood pressure 140/90, pulse 92, oxygen 97%. PHN asked client if he has hypertension, per client does not regularly follow up with provider. Client alert and oriented, denied chest pain, headache, dizziness improving. 1015 vitals: blood pressure 140/90, pulse 103, oxygen 98%. Per client no complaints, previous symptoms all resolved. Last vitals at 1024: blood pressure 140/70, pulse 104, oxygen 98%. Client alert and oriented, feeling fine, ready to leave. Client did not drive, here with family. Client advised to see primary doctor to follow up on blood pressure and to follow up with them prior to second dose. ER precautions given as well. Client left facility at 1025 with steady gait.
1198509	4/12/2021	IL	28	F	4/9/2021	4/9/2021	C/O tongue and throat swelling, chest pain 15 minutes after injection; tachy, BP 132/84; Hx of anaphylactic reaction to bee stings. Carries own epi. Epi and Benadryl given at 30 minutes after injection. 911 called when pt. reported no change in s/s. Was seen in ER and tx with solumedrol.
1198727	4/12/2021		68	F	4/9/2021	4/10/2021	Patient reports that the morning following vaccination, she awoke with chest pain and palpitations. She took a nitroglycerin and a baby aspirin, upon which the pain subsided. She was fine for the remainder of the day. The next morning she had chest pains again to a much lesser degree; they resolved in the same manner after treatment. She has been in contact with her cardiologist for a follow-up, unsure if related to vaccination or a flare up of her pre-existing condition.

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1198554	4/12/2021		39	F	4/8/2021	4/8/2021	Hypertensive episode with tachycardia, chest pain, dizziness. 2 episodes within 30 minutes. Patient did not eat or drink today. Observed for 45 minutes - given food and drink. Felt fine.
1198611	4/12/2021	CA	74	F	3/9/2021	3/10/2021	The day after the vaccine, I experienced fever, chills, nausea and fatigue. Symptoms continued for 12 days. Fever ranged from 100.2 to 102.3. On Day 12 went to Urgent Care. Chest x-ray showed atypical pneumonia in both lungs, similar to covid pattern of pneumonia. Was admitted to hospital for 5 days on IV antibiotics. Tested 3 times for covid, all negative. I never had a bad cough or mucus or chest pain.
1198615	4/12/2021	WI	28	F	3/26/2021	4/1/2021	Received Moderna COVID vaccine on 2/26/2021 and 3/26/2021. After initial dose she was fatigued. had also taken Plan B 3/1/2021. Fatigue lasted 1 month. 5-6 days after second dose she developed shortness of breath and chest pain. and 9-10 days later noticed a prominent vein in the leg. Called physician office 4/8/2021 and sent to urgent care then ER, found to have superficial thrombosis in leg and multiple bilateral segmental and subsegmental pulmonary emboli.
1198619	4/12/2021	PA	20	M	4/10/2021	4/10/2021	Around approximately 9:30PM on April 10th, I started to experience chills that got progressively worse throughout the night. No amount of layers seemed to help. Approximately 30min later I began to have a fever and a rapid heart beat started which led to chest pains. The chest pains subsided throughout the night, but the fever and chills lasted to around 11:00 AM, April 11th. I also had a bad headache from approximately 7AM to 10AM. These symptoms stopped around 11:00AM April 11th. Around 12 hours later I started experiencing chills and a fever again, however, these symptoms were less severe than the night before and subsided throughout the night.
1198683	4/12/2021		39	F	4/12/2021	4/12/2021	Chest Pain, Headache, Dizziness, Blurry Vision; BP 124/65; HR 90, RR 32, O2 100%; Fingerstick 83. Pt observed for ~20 minutes, as per patient symptoms persist.

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1198237	4/12/2021	OH	43	F	3/24/2021	3/24/2021	3/24/21 - Spreading heat up left shoulder to left side of Neck 5 mins 3/24/21 - pricking on left elbow slightly itchy 3/24/21 - 5:05PM - Intense pricking around browbone and cheekbone on face - tightening of skin on cheeks with heat feelings 3/24/21 - pricking on elbows Left and Right- skin sensitization over body- random pricking on various areas of body 3/25/21 - Continues - tingling begins in both forearms and legs; Chest pain right pectoral area 3/26/21 to date - numbness on face; tingling of entire left leg; pinpricks across shouldrs upper chest Pain on forerms ; fullness in ears Weakness and heaviness in both arms; fatigue
1198487	4/12/2021	OH	39	F	4/11/2021	4/12/2021	Muscle aches. Intense at night, then lessening and continuing for 24+ hours Fever Chills Aches Diarrhea Nausea Fatigue Loss of appetite Chest pain for 5 min following day
1195564	4/12/2021	MN	31	F	1/13/2021	1/13/2021	Muscle stiffness in chest, chest pain, pain with breathing, palpitations.
1198276	4/12/2021	TN	19	F	3/22/2021	3/24/2021	A few days after getting the vaccine, I was dizzy, light-headed, nauseated, short of breath, and had bad chest pains. It has been three weeks and my symptoms have not gotten any better.
1196471	4/12/2021	MD	25	M	1/7/2021	1/7/2021	Dizziness, unable to walk, swelling of the throat, chest pain, shortness of breathe all within 10 minutes after vaccine was administered
1195557	4/12/2021	IL	62	F	4/1/2021	4/10/2021	Terrible chest pain next afternoon!
1195613	4/12/2021		48	M	4/9/2021	4/9/2021	Symptoms for Moderna's COVID-19 vaccine: Day 1: pain on site of vaccine/feverish/headache/felt delirious; Day 2: arm, neck & chest pain on side of vaccine/headache/feverish with chills & body aches/headache persists; Day 3: Much improved; arm still stiff and sore; all other symptoms absence.
1195632	4/12/2021	WI	71	F	3/24/2021	4/11/2021	right sided pleuritic chest pain started 04/11/2021.
1195640	4/12/2021	FL	29	F	4/10/2021	4/10/2021	Body aches and chills (8 hours after) fever, nausea, chills, body aches, dizziness, and chest pain (12 hours after)

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1196329	4/12/2021	IL	31	F	1/11/2021	1/11/2021	After patient received the first dose of COVID vaccine she had left arm pain related to site injection. She also had costochondritis that seems to be related to the vaccine. Presenting for the second episode of intermittent chest pain and left arm pain. Patient saw MD for the first time on 2/4/21 for 2 weeks of intermittent chest pain and left arm pain after getting first dose. pain was pleuritic in nature and associated with exercise so got an EKG, Trop and D dimer which were all reassuring. Chest pain likely costochondritis and left arm pain nerve irritation from vaccine. Symptoms improved and not a problem with the second vaccine on 2/8/21. On 2/28/21 patient started having left arm pain and chest pain again-similar to prior but a little higher along sternum and its constant. Left arm feels weak and constant pain in left deltoid and radiates to left pinky. Could not sleep on left or right side after this started. Also reports that pain is radiating to left upper back and left neck. Also had left leg pain that has since resolved.
1195946	4/12/2021	KY	44	F	4/9/2021	4/9/2021	On 4/9/2021 five minutes after receiving second Moderna COVID vaccine patient became dizzy and had shortness of breath along with chest pain. EMS was called to the location and the patient was transported to the ER. There she felt jittery and lightheaded. Symptoms did resolve and the patient was discharge from the ER approximately 3 hours after arrival.

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1196058	4/12/2021	MI	56	F	4/9/2021	4/9/2021	<p>Patient reported side effects - Onset: 45 minutes after getting vaccine; Severity: moderate; Symptoms: Dizziness for 2 hours, can't think clearly. Second Pfizer vaccine -- Got shot at 8:20 AM and started to feel warm at 9 AM, and got dizzy with vertigo. Feels foggy, needs to hold onto furniture to walk. No fever. (With 2nd shingles shot -- next morning achy, exhausted, low grade fever. Only time has ever reacted before). Other symptoms = Ringing ears, fogginess in thought. HISTORY OF PRESENT ILLNESS A 56 y.o. female who presents regarding a potential concern for an adverse reaction to the COVID-19 vaccine. Second Dose in Series: Vaccine was obtained from the following clinic/location: on the date of: 4/9 and approximate time of 8:15 AM Vaccine was administered to patient's: Left Deltoid Vaccine manufacture was: Pfizer Past Reaction to other immunizations- yes: symptoms: second dose of shingles causing flu like symptoms Known COVID Exposure since receiving vaccination?: No Patient notes the following symptoms: disiens, tight throat, scratchy voice, ringing ears. Modifying Factors or additional details: by the time got home after vaccine today - dizzy, ears ringing and symptoms haven't improved. Denies lightheadedness or feeling like she is going to pass out. Voice sounds scratchy, feeling unbalanced. Denies history of vertigo. Throat feels tighter but denies difficulty breathing. Denies tongue or lip swelling. Did take atarax one hour after without relief. Dramamine as needed - Benadryl at night - may make you sleepy -Daily antihistamine (e.g Claritin) -Increase rest and fluids Signs and symptoms that require an Emergency Room Evaluation-rapid breathing, using accessory muscles to breathe, difficulty breathing, severe wheezing, tongue/lip/airway swelling, altered mental status, weakness, visual changes, lightheadedness, not eating or drinking, severe headache, chest pain, neck pain or stiffness, the development of high fevers/chills/overall feeling unwell despite medications, or any new concerning symptom. -Follow up with PCP if no improvement over the next three days</p>

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1196209	4/12/2021	MI	82	M	2/11/2021	3/31/2021	Patient was admitted to hospital for chest pain and was found to have a NSTEMI. Upon screening for hospital admission, was found to be COVID-19 positive. He was asymptomatic and was not treated for infection.
1196466	4/12/2021	MI	44	M	4/8/2021	4/10/2021	Chest pains- 8 hours after administration for little less than 48 hours; in addition to migraines, extreme fatigue, shortness of breath and sensitive to light.
1196286	4/12/2021	NY	28	M	4/5/2021	4/10/2021	Extreme fatigue (starting day after shot) Nausea (starting immediately after shot) Ear ache (approximately 36 hours after shot) Chest pain/dizziness (5 days after shot) Trouble breathing (5 days after shot) Artery damage (discovered in ER) Fainting (1 day and 5 days after shot) Treated at hospital ER - hospitalized for observation
1195902	4/12/2021	MI	76	F	3/18/2021	3/29/2021	Presented to emergency department with chest pain, report symptoms a few days prior to presentation. Reported mild shortness of breath, chills, and hot flashes. Was found to be COVID-19 positive upon admission to hospital floor. Symptoms are believed to not be related to COVID-19 infection and was not treated for infection.
1192692	4/11/2021	AZ	37	F	4/5/2021	4/6/2021	5-10min post injection: metallic taste in mouth 1 hr post injection: sudden dry skin, increased thirst, increased urination, pulse at mid 80s, oxygen saturation at 98 12hrs post injection: diarrhea for 1 hr 18hrs post injection: fever/chills , headache, dizziness & nausea develop; pulse increases to high 90s and oxygen dropped to low 90s 24hrs post injection: fever at 102.4-102.8, increased pulse, oxygen dropped to high 80s. 28-33 hrs post injection: pulse at low 100s, oxygen saturation between 86-90, squeezing chest pain on some beats, handheld ekg monitor detects multiple possible vpb RonT , blood pressure 128/68 45 hrs post injection: oxygen saturation in low-mid 90s, fever dropped to 100-101, No abnormal beats detected on EKG monitor. Nausea gone. 48-54 hrs post injection: fever drops to 99.
1192685	4/11/2021	MI	29	F	4/9/2021	4/9/2021	Full body aches, fever, chills, chest pain, shortness of breath, headache, nausea

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1192793	4/11/2021	FL	56	F	3/10/2021	3/13/2021	sinking sense of doom-death; high heart rate; BP is spiking to 165/100; mile fever; sore arm; Severe headache; blood sugar spikes of 200 fasting; Increased tahycardial suffer from that) but it was more frequent and severe; chest pains; This is a spontaneous report received from a contactable consumer (patient) reported for herself. A 56-year-old female patient (patient was not pregnant at the time of vaccination) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number: EM6199) via an unspecified route of administration, administered in Arm Left on 10Mar2021 at 12:00 at a single dose for covid-19 immunisation. Medical history included had covid from 30Jun2020. Concomitant medication patient received within 2 weeks of vaccination included Metoprolol ER 25 mg cyclic, Armour Thyroid 30 mg cyclic. The patient previously took fluoroquinolones and experienced known allergies. The patient reported that on 13Mar2021 on Day 3 of vaccine BP starts to go up. My average is 100/50. By day 4 BP is spiking to 165/100 with a mile fever and sore arm, and a sinking sense of doom-death). Severe headache and continued blood pressure spikes throughout week along with blood sugar spikes of 200 fasting. I'm not diabetic. Increased tahycardial suffer from that) but it was more frequent and severe. Blood pressure spiked to 187/167, I took extra BP meds (which was low dose more for my tachycardia)to help with insane BP. Went to hospital and stayed for 2 days. No heart attack, Just insane BP with chest pains and high heart rate. Day 18 after shot and BP is going down and so is blood sugar. Every once in a while, it will spike to 160/100--last for about 1 hour and then drop to my normal BP before the shot. The events were considered serious with seriousness criteria hospitalization and medically significant. The patient was hospitalized for 2 days. Adverse events resulted in Emergency room/department or urgent care, Hospitalization. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. No treatment was received for the adverse event. The patient underwent lab tests and procedures which included Nasal Swab: negative on 23Mar2021. The patient was recovering from all the events. Follow up

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1193374	4/11/2021	NY	29	F	4/11/2021	4/11/2021	needed, further information has been requested.
1193437	4/11/2021	FL	86	F	3/13/2021	3/14/2021	10:20am- patient c/o itching, burning sensation on bilateral upper arms. Pt severely allergic as above, including dogs. Service dog entered OBS tent after patient reported above, decision made to move her outside to fresh air. I administered 25 mg Benadryl PO liquid for symptoms as described. Patient traveled today with mother driving. Patient left area with mother feeling well, denied worsening complaints. cold packs applied to right ear (redness noted, c/o itching) Patient denied SOB, chest pain, difficulty with gait. Discussed consult with allergist prior to second dose for medication and management recommendations. Patient left with mother at 10:45am feeling well, ambulating normally. NP
1193443	4/11/2021	TN	40	M	3/25/2021	3/25/2021	Orange sized bruised arm Chest pains x6 lasting approx 6minutes over 7 days Very fatigued
1193444	4/11/2021	IL	26	M	3/19/2021	3/19/2021	Thursday, March 25th at 3:10pm I received my 2nd dose of the Pfizer vaccine. Thursday, March 25th at 9pm I had cold chills, headache, low grade fever, diarrhea, and fatigue. These symptoms lasted Thursday night, Friday, Saturday (March 25th - March 28th). Sunday, March 29th at 4am I woke up with severe chest pains, shortness of breath and light headed. At this time I went to the emergency room.
1193458	4/11/2021	FL	62	F	4/7/2021	4/10/2021	Fever (Tm 102.5), headache, malaise/fatigue, and body aches along with non-reproducible, non-radiating, left-sided chest pain.
1193713	4/11/2021	ME	47	M	4/8/2021	4/8/2021	Woke up at around 5am to severe chest pain and difficulty breathing (shortness of breath). The condition continued through out the day requiring me to sit in a way that it would alleviate the pain and reduce the shortness of breath.
							Fever ranging from 100.4 to 101.2 and lasting from approximately 4 pm on 04/08 until about Noon on 04/09. An accelerated heart rate with occasional minor chest pain was also experienced during this time.

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1193539	4/11/2021		77	M	1/22/2021	1/22/2021	The use of telehealth was discussed with the patient who understands that telehealth services are provided by an Emergency provider at a distant site, not in the same room with the patient. The patient understands that his/her medical information will be discussed during the telehealth service. The patient consents to any additional persons on the patient?s end of the service hearing this information and is aware that he/she may exclude persons on their end of the communication if they so wish. The patient understands that at times the information and assessment gathered during a telehealth service may be insufficient given the nature of being remote from the patient, and that there could be equipment failures or security failures leading to a breach in privacy. A written consent was not obtained due to the nature of this telehealth visit as screening for COVID-19. Patient Location: ED Waiting Verbal consent obtained: Yes Patient Location: ED Waiting HPI and Screening Patient is a 77 y.o. male who presents asthma, pneumonia, sarcoid, on home oxygen, dm, htn, ttp, ulcer, presents after going to receive a Covid vaccine. After taking the Covid check he began to have central chest pain. He describes the pain primarily as discomfort or burning. This is his first Covid shot. Felt like when he had contrast dye in the past. He does have a documented contrast allergy. He states that his breathing in general is better today. But that was prior to vaccine administration. No itching hives difficulty swallowing. His speech is normal. No fevers chills sweats cough or cold no loss of taste or smell. Nausea vomiting or diarrhea.

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1193684	4/11/2021	NY	20	F	4/11/2021	4/11/2021	Otherwise healthy 20 yo female presented to observation area after her first vaccine dose. Within first 5 mins while seated, talking on phone to Mom he then fainted, falling on floor. Fall witnessed, witnesses deny patient hitting head. Patient immediately regained consciousness, and appeared to be shaking. Placed in WC, while in med eval tent vitals: P 88, R16, BP 120/75, Glucose via fingerstick glucometer is 98. Patient alert, oriented. drinking apple juice. Patient admits to history of fainting after procedures such as injections. Advised her to inform healthcare personnel before vaccines or blood draws. Denies Chest pain, SOB, nausea, or pain anywhere. Denies visual changes. Patient felt well enough at 12:45, stood and walked without difficulty. Departed with friend without incident, who drove her back to dorm.
1193311	4/11/2021	TN	32	F	4/6/2021	4/7/2021	Sharp chest pain came on suddenly about 27 hours after second vaccine does. Sharp pain caused shortness of breath due to discomfort. Unable to sit/stand up straight due to discomfort. Continued for 3 hours until laid down to rest/go to bed. Symptoms returned shortly after waking up around 8:30am the next day (4/8) and continued all day long until bed around 10pm.
1193036	4/11/2021	IN	63	F	4/8/2021	4/8/2021	Light-headiness, chest pain on evening of injection, along with high blood pressure (155/88). High blood pressure lasted through the evening of the injection plus 2 days, with readings decreasing each day. This morning (4/11) was my first (almost) normal blood pressure reading.
1193481	4/11/2021		78	F	4/10/2021	4/10/2021	Pt reported sharp, pinching 2/10 pain in chest. Patient reported nervousness and a history of similar episode when stressed. Pt vitals assessed. BP 164/78, HR 56, 98% SpO2. Patient denied itchiness, rashes, hives, and difficulty breathing. Pt given water. Pt advised to stay for further observation. Pt reassessed at 1625. BP 162/78, HR 59, 97% SpO2. Pt denied difficulty breathing, itchiness, rashes, and hives. Patient offered transportation. Patient declined transportation. Patient left facility at approx. 1630 with steady gait and unlabored respirations.
1193195	4/11/2021	WI	30	M	4/6/2021	4/9/2021	Chest pain, highly elevated troponin, no ACS; likely Myocarditis

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1193189	4/11/2021	GA	22	M	4/7/2021	4/8/2021	Chest pain, tightness, shortness of breath, and coughing. Symptoms progressively cleared after a couple days. Pain started on Thursday the day after the vaccine, and continued until Saturday morning.
1193185	4/11/2021	CA	46	F	4/2/2021	4/10/2021	7 days after the second Covid vaccine shot, painful burning feet woke me up in the middle of the night, it wouldn't go away,, with pins and needles itching all day. Then again the following night (last night) my feet burned all night. In hindsight, I had had a very bad reaction after the second shot on 4/2 that started the night of the shot, when I woke up at 3 am feeling like my feet, legs and entire body was burning, then Saturday I had a high fever all day, 103.8, chills, burning sensation on and off, chest pain, heart pain, which I treated first with Tylenol then Motrin. It was a horrible two nights, but by Sunday 4/4 I was fine. I have been fatigued all week but didn't think much about it. Then Friday night into Saturday of exactly a week after the second shot, this has happened. The burning sensation on my feet is intolerable and I haven't slept for two nights.
1193132	4/11/2021	NC	48	F	4/10/2021	4/10/2021	The patient received her second dose of the Pfizer vaccine at 1607, was directed to the observation area to be monitored for 15 minutes per pre-vaccination screening, and complained of dizziness during her discharge at approximately 1625. First responders were onsite , vital signs were obtained and found to be WNL. Patient was discharged at this time and advised to have her spouse come pick her up due to dizziness, which she verbalized understanding and agreement. Prior to spouse arriving, patient began to c/o chest pain and difficulty breathing. VS at 1645 were B/P 167/80, HR 75, and O2 sat 98%. Due to responders having left the vaccine site , 911 was called at this time. After assessment and evaluation of the patient by EMS, it was agreed on by patient, spouse, and EMS that patient would be transferred to the Medical Center ED via ambulance for further evaluation and was discharged from the facility at 1700.
1193129	4/11/2021	VA	38	M	4/1/2021	4/8/2021	Fainting, pale hands, numbness on left arm, chest pain, clammy, hospitalization, elevated ALT, elevated AST, elevated Lipase, tachycardia, palpitations.

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1193724	4/11/2021	NY	23	F	4/10/2021	4/10/2021	Patient complains of fevers tmax 102, chills, body aches, chest pains, nausea, vomiting. Relieved by tylenol.
1193065	4/11/2021		48	F	3/9/2021	3/9/2021	48 y.o. female with a history of migraine and HTN (unmedicated) presents to the ED with multiple complaints after receiving the first dose of the Pfizer COVID-19 vaccine. She states that while she felt well before the vaccine, approximately 15 minutes after receiving the vaccine, she began to feel dizzy and light-headed, like she was going to faint. Soon after, the patient describes, her tongue started "feeling funny" intermittently, she began to have an intermittent headache, she felt neck pain that radiates to her shoulders, and felt "tight" chest pain localized in her upper left chest. Currently, she states that her combined pain is rated 8/10. The patient notes that she gets itchy after taking amoxicillin or levaquin, but denies a history of symptoms after being vaccinated in the past.
1194232	4/11/2021	MN	51	F	4/7/2021	4/8/2021	Acute onset of chest pain at 2:00 am on 4/8/21. Arrived at ER via ambulance at 4:30 am. Chest pain was extreme pressure, in chest radiating up through neck and lower left chest. Constant, worse when lying down or breathing deeply. Evaluated in ER and subsequently admitted to the hospital. Diagnosed: Acute Idiopathic Pericarditis.
1193021	4/11/2021	NY	29	F	4/7/2021	4/8/2021	chest pain/pressure in middle of chest
1193004	4/11/2021	NJ	51	F	4/3/2021	4/7/2021	Sore throat, coughing, chest pain, sneezing, runny nose,severe headaches, soreness at injection site

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1192997	4/11/2021		34	F	4/10/2021	4/10/2021	1630: Participant presented after getting stuck twice by vaccinator and questioned if she received two doses of the vaccine. Per the vaccinators, this participant was the sixth and final dose of the vial. Vaccinator initially went to administer the dose and noted that there was nothing in the syringe when he went to push the plunger. After reviewing the vial with the pharmacy staff, there is still vaccine in the vial with enough volume for a possible seventh dose. With this information I discussed with the participant that participant did not receive two doses. Participant started crying and developing chest pain which prompted an evaluation by EMS team in house at the vaccination center. Due to chest pain, she was given nitroglycerin x 1, and sent to local hospital via ambulance for further evaluation. We received report from hospital that participant had an MI and was sent to catheterization lab.
1192988	4/11/2021	SC	50	M	4/9/2021	4/9/2021	Vaccine administered 9.20am. Fatigue shortly after vaccine was administered - slept most of afternoon. Injection site pain - feels like been punched in arm. Headache in the evening. Night chills and complained of "tight" (not acute) chest pain... but no breathing problems. Morning fever of 101F. Headache, Dizzy, Fatigue, Muscle Pain (esp in legs, asif he had "run a marathon"). He spent most of the day "resting". Evening on day two, we noticed a large bump under his vaccinated arm. Radius about 5cm - larger than what I know swollen lymph nodes to look like - almost looks like a bicep between his armpit and nipple. Tender to touch. Morning of day three (48 hours after vaccine) bump under his arm remains and all other symptoms seem milder.
1192940	4/11/2021	MN	42	F	3/19/2021	3/19/2021	Within 2 minutes of getting the vaccine I got the cold chill, light headed and dizziness,some trouble breathing, chest felt little tight and some chest pains not too bad, throat felt little constricted but not severe, cold chills lasted 2-3 days and head dizziness and chest for like 3-4 days
1193087	4/11/2021	WI	18	M	4/8/2021	4/8/2021	Soreness, Fatigue, Nausea, Headaches Severe Chest Pain lasting for between 1-2 hours at a time
1194635	4/11/2021	CA	25	M	4/6/2021	4/8/2021	Sever chest pain followed by numbness in right arm and face, headache

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1195408	4/11/2021	IL	36	F	4/7/2021	4/7/2021	Metallic taste in mouth as soon as it was given and has continued. By 8pm on 4/7 every bone and muscle ached along with cold chills , off and on right chest pains and a headache that I've never experienced before. Woke up tired but better until Saturday when the headache, cold chills, body aches, pain in right chest area, extremely congested, sore/raw throat along with diarrhea.
1195360	4/11/2021	NC	48	F	4/7/2021	4/8/2021	Fever/body aches and inability to sleep the first night (Wednesday into Thursday) , slight fever (99.7) with injection site pain all day on Thursday treated with Tylenol. Severe headache Friday night (around 1:30am.). Headache was gone by morning. Numbness and tingling in my left hand, face and injection site throughout Saturday am. I thought I was having a stroke. Severe Chest pains at 1:30am (Sunday early morning) with nausea and slight fever(99.7). I thought I was having a heart attack. Almost went to the ER but vitals were within normal range when take at home. Ended up taking famotidine and Tylenol and feel fairly normal today (Sunday).
1195276	4/11/2021	CA	64	M	4/7/2021	4/8/2021	Severe burning chest pains extending to arms and upper body on days 2 and 3. Body aches, low grade fever on days 3 and 4.
1195205	4/11/2021	PR	72	M	4/6/2021	4/6/2021	In addition to CDC expected symptoms (swelling of the face, tiredness, headache, muscle pain, chills, diarrhea) the patients experienced chest pain, loss of taste, sore throat, runny nose, face muscle spam and unable to stand and dizziness.
1195067	4/11/2021	TN	50	F	4/11/2021	4/11/2021	MILD ITCHING BEGAN 10 MINUTES AFTER RECEIVING INJECTION, PROGRESSIVELY WORSENING. DENIES DIZZINESS, WEAKNESS, SHORTNESS OF BREATH, CHEST PAIN OR DISCOMFORT, NAUSEA, VOMITING, WHEEZING. NO RASH, SWELLING OF FACE OR THROAT, OR BODY, NO FAST HEART BEAT OR DIFFICULTY BREATHING.

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1195013	4/11/2021	NY	45	F	4/11/2021	4/11/2021	45 y/o F with PMHx of vasovagal with seizure c/o not feeling well around 1:14 pm (which was 14 minutes after receiving her second dose of Pfizer vaccine). She began having a tonic-clonic seizure at 1:15 pm lasting around 90 seconds. Patient was post-ictal for approximately 1-2 minutes. When EMS and Clinical Leads were notified, patient was not actively seizing. Patient was not responsive to verbal stimuli while post-ictal. After ~3min pt was able to respond and follow verbal and tactile commands. Pt was c/o feeling tired / nauseous. Pt was AOx3 and able to follow commands. Patient was assessed by EMS and clin leads, she was placed on a stretcher, attached to monitor, vitals and BGM taken, 18g IV started on right hand and 20g IV access point attained on left hand. 15L NRB O2, 250mL NS bolus, 1L NS bolus Pt remained stable and transport was called, pt was transferred to hospital for further evaluation/workup. Pt's father accompanied pt to vaccination site and followed EMS to the hospital. 15L NRB O2, 250mL NS bolus, 1L NS bolus, 1L NS bolus started via transport Denies HA, numbness, weakness, parathesias, tingling, trauma, hitting her head, erythema/induration at injection site, palpitations, chest pain/tightness/heaviness, SOB, dyspnea, wheezing, facial or peripheral edema, cyanosis, hives, pruritis 2nd Pfizer dose administered @13:00pm, symptoms began @13:14pm, seizing began @13:15pm @1:25pm: HR 80bpm, SpO2: 100% NRB @15L @1:28pm: 3 lead: sinus arrhythmia with notched R waves in leads I, II, III, avR, avL, avF (unspecific QRS abnormality), notched p-waves in all leads, EKG not acutely concerning and patient is not actively infarcting @1:29pm: IV access with 18g @1:30pm: BGM: 99 @1:31pm: 12 lead @1:37pm: BP: 102/70 (manual large cuff on left arm) @1:42pm: BP: 80/50 (automatic large cuff on left arm) Lungs: clear to auscultation b/l, no respiratory distress, no wheezing, no rales cardiac: normal S1S2, rate, rhythm Eyes: PERRLA Throat: airway patent, no trismus Neuro: AOx3, sensation/motor/strength intact in all 4 extremities, Motor 5/5, DP/PT 2+ B/L

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1194987	4/11/2021	MN	51	F	4/7/2021	4/8/2021	Developed chest pain and pressure which woke patient up from sleep. Clinical history suggestive of pericarditis. Patient had previously had COVID-19 in 8/2020. Treated with prednisone and colchicine, pain improving on time of discharge.
1194968	4/11/2021	WA	20	M	4/6/2021	4/6/2021	COVID VACCINE BY JANSSEN LOT# 1808982 EXP JUNE 23/2021 IN ADDITION TO REGULAR SIDE EFFECTS - PAIN AT INJECTION SITE, FEELING UNWELL, HOT AND COLD CHILDS, TIRED, NAUSEA - THE PTNT ALSO HAS CHEST PAIN AND VOMITING. PHARMACIST ADVISED PTNT TO GO TO ER - PTNT WAS RELEASED UNCR FATHER CARE. ADVERSE EFFECTS AND SYMTPONS IMPROVED AND WERE GONE BY DAY 5.
1194851	4/11/2021	CA	54	F	4/9/2021	4/9/2021	Dizziness, fast heartbeat, swollen lips and throat, chest pain. called health care provider, was told to go to emergency.
1194799	4/11/2021	AL	56	F	4/7/2021	4/8/2021	SOB, Chest Pain, Extreme debilitating joint swelling, debilitating headache. Lasted 5-6 hours. Joint swelling, shortness of breath, and very lethargic until 4/10/21.
1194178	4/11/2021	TN	50	F	4/2/2021	4/2/2021	An immediate burning sensation at the vaccination site as the vaccine was being injected. The burning sensation spread from the injection site upward to my neck all the way to my right ear. The burning sensation then started from my injection site down to my elbow. The burning sensation stopped after a few minutes, then I felt silently nauseous and lightheaded. After waiting 15 minutes I felt fine enough to go home. However, the pain and stiffness in my neck was ongoing throughout the following day and night and was only slightly relieved with 500mg doses of Tylenol every 4-5 hours. On a couple of occasions the day of and the day following the vaccination I did feel fleeting chest pain, but not enough pain or intensity to warrant a trip to the doctor. This morning (4-11/21) the aching sensation in my neck and arm (primarily neck) have lessened, but still present.
1194740	4/11/2021	CO	23	M	4/10/2021	4/11/2021	Fever, headache, chill, fatigue and chest pain

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1193782	4/11/2021	SC	79	F	2/8/2021	2/10/2021	Shortness of breath and chest pain began on Wednesday 02/10/2021 (2 days after vaccine given), Breathing and chest pain severe enough to go to Emergency Room on Saturday 02/13/2021 (5 days after vaccine given). CT scan in Hospital showed blood clotting in both lungs. Was kept overnight in hospital and released on 02/14/2021 with prescription for Eliquis (blood thinner).
1194573	4/11/2021	OR	40	F	4/7/2021	4/8/2021	Patient had covid19 vaccine yesterday in her left arm. Today, she noted some swelling at the base of her neck on the left and it is quite tender to touch. The upper arm is only mildly tender. The vaccine was Johnson and Johnson. She has no breathing difficulties and no trouble swallowing. No fever, chills or myalgia. No chest pain. Acute onset. Stable. She has no evidence of airway compromise or difficulty swallowing. This does not appear to be lymphadenopathy. I want her to monitor closely. Apply ice to area as directed on after visit summary. Acetaminophen for pain. If enlarges with any evidence of airway compromise at all, she must go directly to Emergency Department or call 911. I encouraged her to report this on VAERS site for adverse vaccine reaction. As of 4/11 1:41pm pain at collarbone is same, but swelling is down a bit. Injection site is now very tender/ painful to touch.
1194533	4/11/2021	GA	75	F	4/6/2021	4/6/2021	Patient stated on questionnaire that they had not received any previous vaccinations. J/J vaccine given. No reaction noted during 15 minute wait time. When entering vaccine information into immunization registry, it was discovered that patient completed the two-shot series of Moderna about a month earlier. Called CDC for guidance, then called patient and notified them to F/U with MD if they develop symptoms that last more than 3 days or to go to ER if they develop SOB, difficulty breathing, or chest pain.

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1194513	4/11/2021	GA	79	M	4/6/2021	4/6/2021	Patient stated on questionnaire that they had not received any previous vaccinations. J/J vaccine given. No reaction noted during 15 minute wait time. When entering vaccine information into immunization registry, it was discovered that patient completed the two-shot series of Moderna about a month earlier. Called CDC for guidance, then called patient and notified them to F/U with MD if they develop symptoms that last more than 3 days or to go to ER if they develop SOB, difficulty breathing, or chest pain.
1194428	4/11/2021	IN	24	M	4/9/2021	4/10/2021	102.7 degree fever at its peak, vomiting, & loss of appetite, accompanied by minor chest pains (could be due to the vomiting). Started on April 10th & is still currently ongoing.
1194369	4/11/2021	IL	25	F	4/10/2021	4/10/2021	Began with spasming of throat, difficulty breathing, violent body shakes, hot followed by cold temperature, headache, light headedness, aches, and chest pain. Lasted about 3 hours while in ER until some relief. ER stated some feelings could come back later in the evening. Headache, aches, and chest pain came back later in the evening with an overall sick feeling.

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1192831	4/11/2021	NY		M		3/31/2021	HEART RACING; SWEATING; CHEST PAIN TIGHTNESS; BRAIN FOG; FLU-LIKE SYMPTOMS SWEATS, HEADACHE, BODY ACHES, WEAKNESS, JOINT PAIN, MUSCLES ACHES, FATIGUE; This spontaneous report received from a patient concerned a male of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included high blood pressure, seasonal allergy, and contrast dye allergy. The patient experienced drug allergy when treated with ciprofloxacin for drug used for unknown indication. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042A21A, expiry: 21/JUN/2021) dose was not reported, administered on 31-MAR-2021 in left arm for prophylactic vaccination. No concomitant medications were reported. On 31-MAR-2021, the subject experienced heart racing. On 31-MAR-2021, the subject experienced sweating. On 31-MAR-2021, the subject experienced chest pain tightness. On 31-MAR-2021, the subject experienced brain fog. On 31-MAR-2021, the subject experienced flu-like symptoms sweats, headache, body aches, weakness, joint pain, muscles aches, fatigue. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from heart racing, and sweating on 31-MAR-2021, was recovering from flu-like symptoms sweats, headache, body aches, weakness, joint pain, muscles aches, fatigue, and had not recovered from chest pain tightness, and brain fog. This report was non-serious.

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1194143	4/11/2021	WI	60	F	3/31/2021	3/31/2021	Nearly fainted twice on the bathroom floor; Postural hypotension; Left lower quadrant abdominal pain which continued for 24 hours; Dumping water from her rectum for approximately 24 hours; swelling of the lymph nodes on right side that increased to the size of a foot ball; Unable to move arm due to swelling in the lymph nodes; stabbing pains in chest that lasted from one to five minutes/pains on left lateral/Pain in chest wall and into heck on the lymph track; Throat was swelling with irregular heart beats; full compensatory pause when the patient was listening to heartbeat with her stethoscope; This spontaneous case was reported by a nurse (subsequently medically confirmed) and describes the occurrence of SYNCOPÉ (Nearly fainted twice on the bathroom floor) and ARRHYTHMIA (full compensatory pause when the patient was listening to heartbeat with her stethoscope) in a 60-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 040A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event. On 31-Mar-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 31-Mar-2021, the patient experienced ARRHYTHMIA (full compensatory pause when the patient was listening to heartbeat with her stethoscope) (seriousness criterion medically significant), CHEST PAIN (stabbing pains in chest that lasted from one to five minutes/pains on left lateral/Pain in chest wall and into heck on the lymph track) and PHARYNGEAL SWELLING (Throat was swelling with irregular heart beats). On 01-Apr-2021, the patient experienced LYMPHADENOPATHY (swelling of the lymph nodes on right side that increased to the size of a foot ball) and HYPOKINESIA (Unable to move arm due to swelling in the lymph nodes). On 04-Apr-2021, the patient experienced ORTHOSTATIC HYPOTENSION (Postural hypotension), ABDOMINAL PAIN (Left lower quadrant abdominal pain which continued for 24 hours) and DIARRHOEA (Dumping water from her rectum for approximately 24 hours). On 05-Apr-2021, the patient experienced SYNCOPÉ (Nearly fainted twice on the bathroom floor) (seriousness criterion medically significant). At the time of the report, SYNCOPÉ (Nearly fainted twice on the bathroom floor), ARRHYTHMIA (full

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compensatory pause when the patient was listening to heartbeat with her stethoscope), ORTHOSTATIC HYPOTENSION (Postural hypotension), CHEST PAIN (stabbing pains in chest that lasted from one to five minutes/pains on left lateral/Pain in chest wall and into neck on the lymph track), PHARYNGEAL SWELLING (Throat was swelling with irregular heart beats), LYMPHADENOPATHY (swelling of the lymph nodes on right side that increased to the size of a foot ball), HYPOKINESIA (Unable to move arm due to swelling in the lymph nodes), ABDOMINAL PAIN (Left lower quadrant abdominal pain which continued for 24 hours) and DIARRHOEA (Dumping water from her rectum for approximately 24 hours) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Treatment was not reported/ unknown. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.

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1194139	4/11/2021			F	3/24/2021	3/24/2021	left arm is tingling numb; droopy face; headache; nausea; left arm began bothering her and it was aching; vibration of the feet; left arm is tingling numb; sharp chest pain; dry mouth; metallic taste in mouth; dizzy; right hand got weak; prickly itch everywhere, and was on her chest and under neck; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of FACIAL PARALYSIS (droopy face) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event. On 24-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-Mar-2021, the patient experienced VIBRATORY SENSE INCREASED (vibration of the feet), VACCINATION SITE ANAESTHESIA (left arm is tingling numb), CHEST PAIN (sharp chest pain), DRY MOUTH (dry mouth), DYSGEUSIA (metallic taste in mouth), DIZZINESS (dizzy), MUSCULAR WEAKNESS (right hand got weak), PARAESTHESIA (prickly itch everywhere, and was on her chest and under neck), NAUSEA (nausea) and VACCINATION SITE PAIN (left arm began bothering her and it was aching). On an unknown date, the patient experienced FACIAL PARALYSIS (droopy face) (seriousness criterion medically significant), VACCINATION SITE PARAESTHESIA (left arm is tingling numb) and HEADACHE (headache). At the time of the report, FACIAL PARALYSIS (droopy face), VIBRATORY SENSE INCREASED (vibration of the feet), VACCINATION SITE PARAESTHESIA (left arm is tingling numb), VACCINATION SITE ANAESTHESIA (left arm is tingling numb), CHEST PAIN (sharp chest pain), DRY MOUTH (dry mouth), DYSGEUSIA (metallic taste in mouth), DIZZINESS (dizzy), MUSCULAR WEAKNESS (right hand got weak), PARAESTHESIA (prickly itch everywhere, and was on her chest and under neck), HEADACHE (headache), NAUSEA (nausea) and VACCINATION SITE PAIN (left arm began bothering her and it was aching) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown Route) was unknown. Concomitant medications were not provided.Treatment

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information were not provided. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1194111	4/11/2021	CA		F	3/3/2021		<p>ANAPHYLAXIS REACTION; Shortness of breath; Chest hurt; Hypertension/blood pressure was has been on 151/91; Headache; Difficulty speaking; Foggy brain; Left hand numbness; Face numbness; Injection site lump; Injection site swollen, sore; Injection site swollen, sore; injection site red; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of ANAPHYLACTIC REACTION (ANAPHYLAXIS REACTION) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Anaphylactic reaction to food. Previously administered products included for an unreported indication: FLU VACCINE VII. Concurrent medical conditions included Food allergy (Food allergy to dairy, beef and cantaloupes). On 03-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced ANAPHYLACTIC REACTION (ANAPHYLAXIS REACTION) (seriousness criterion medically significant), DYSPNOEA (Shortness of breath), CHEST PAIN (Chest hurt), HYPERTENSION (Hypertension/blood pressure was has been on 151/91), HEADACHE (Headache), DYSARTHRIA (Difficulty speaking), FEELING ABNORMAL (Foggy brain), HYPOAESTHESIA (Left hand numbness), HYPOAESTHESIA (Face numbness), VACCINATION SITE MASS (Injection site lump), VACCINATION SITE SWELLING (Injection site swollen, sore), VACCINATION SITE PAIN (Injection site swollen, sore) and VACCINATION SITE ERYTHEMA (injection site red). At the time of the report, ANAPHYLACTIC REACTION (ANAPHYLAXIS REACTION), DYSPNOEA (Shortness of breath), CHEST PAIN (Chest hurt), HYPERTENSION (Hypertension/blood pressure was has been on 151/91), HEADACHE (Headache), DYSARTHRIA (Difficulty speaking), FEELING ABNORMAL (Foggy brain), HYPOAESTHESIA (Left hand numbness), HYPOAESTHESIA (Face numbness), VACCINATION SITE MASS (Injection site lump), VACCINATION SITE SWELLING (Injection site swollen, sore), VACCINATION SITE PAIN (Injection site swollen, sore) and VACCINATION SITE ERYTHEMA (injection</p>

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site red) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood pressure measurement: 151/91 mmHg (abnormal) 151/91 mmHg. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No concomitant medicines were reported. Treatment medicines includes epinephrine pen, and benadryl; Sender's Comments: This case concerns a 46-year-old female with serious expected event of anaphylactic reaction, along with nonserious unexpected dyspnea, chest pain, hypertension, dysarthria, hypoesthesia, vaccination site mass, and expected headache, vaccination site pain, vaccination site swelling, vaccination site erythema. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1194039	4/11/2021	DC		F		3/1/2021	LOSS OF SMELL; LOSS OF TASTE; NECK STIFFNESS; VOMITING; LIGHTEADEDNESS; LOW POTASSIUM; BACK STIFFNESS; MIGRAINE WITH LIGHT SENSITIVITY; INTERMITTENT COUGHING; BURPING; CHEST PAIN; FATIGUE; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included the patient had no known medical issues or known low potassium prior to receiving vaccine. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805022, expiry: UNKNOWN) dose was not reported, administered on left deltoid muscle on 06-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On MAR-2021, the subject experienced loss of smell. On MAR-2021, the subject experienced loss of taste. On MAR-2021, the subject experienced neck stiffness. On MAR-2021, the subject experienced vomiting. On MAR-2021, the subject experienced lightheadedness. On MAR-2021, the subject experienced low potassium. On MAR-2021, the subject experienced back stiffness. On MAR-2021, the subject experienced migraine with light sensitivity. On MAR-2021, the subject experienced intermittent coughing. On MAR-2021, the subject experienced burping. On MAR-2021, the subject experienced chest pain. On MAR-2021, the subject experienced fatigue. Laboratory data included: Potassium (NR: not provided) low. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from loss of smell, and loss of taste on 2021, and the outcome of neck stiffness, intermittent coughing, vomiting, lightheadedness, fatigue, burping, low potassium, back stiffness, chest pain and migraine with light sensitivity was not reported. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required as per standard procedure as the case assessed as non-serious.

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1194747	4/11/2021	KS	41	M	4/8/2021	4/11/2021	on 4/11/2021 approximately 1pm , just left home from lunch and went back to work. started having chest tightness, chest pain, called wife -- he felt clammy and all around not feeling well and above symptoms. Advised him to come home- stayed on phone with him til he arrived home. took his blood pressure with wrist bp machine while sitting at dining table and it was 171/85 and pulse was 85 so called EMS.
1190495	4/10/2021	CA	60	F	4/10/2021	4/10/2021	pt c/o tingling hands and arms, chest pain 6/10 described as tightness and pressure; pt self medicated with Nitroglycerin SL 1 tab 0.6mg; advised by on site physician to go to the hospital, pt did not want to and sign AMA

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1189618	4/10/2021	FL	71	M	2/12/2021	2/22/2021	cardiac issue; Chest pain; elevated troponin level; This spontaneous case was reported by an other caregiver (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Chest pain), CARDIAC DISORDER (cardiac issue) and TROPONIN INCREASED (elevated troponin level) in a 71-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Heart attack (was in hospital for 6 days) on 23-May-2020 and Quintuple coronary bypass (Had five bypass, two arteries they took) on 23-Oct-2020. Concurrent medical conditions included Diabetes and Chest pain since 2020. Concomitant products included CLOPIDOGREL BISULFATE (PLAVIX) and ACETYLSALICYLIC ACID for Anticoagulant therapy, AMLODIPINE, LISINAPRIL and METOPROLOL for Blood pressure abnormal, FISH OIL for Cardiac disorder NOS, ATORVASTATIN for Cholesterol, INSULIN for Diabetes, TIMOLOL MALEATE (TIMOPTIC) for Glaucoma, ISOSORBIDE for Heart disorder, PROGESTERONE (LUTEINA [PROGESTERONE]) for Retinal disorder NOS, MULTIVITAMIN [VITAMINS NOS] for an unknown indication. On 12-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 12-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 22-Feb-2021, the patient experienced TROPONIN INCREASED (elevated troponin level) (seriousness criterion hospitalization prolonged). On 25-Mar-2021, the patient experienced CHEST PAIN (Chest pain) (seriousness criterion hospitalization prolonged) and CARDIAC DISORDER (cardiac issue) (seriousness criterion hospitalization). The patient was hospitalized on 25-Mar-2021 due to CARDIAC DISORDER and CHEST PAIN. On 27-Feb-2021, TROPONIN INCREASED (elevated troponin level) had resolved. At the time of the report, CHEST PAIN (Chest pain) and CARDIAC DISORDER (cardiac issue) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 25-Mar-2021, Troponin: not elevated (normal) not elevated. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments.

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							Very limited information regarding these events has been provided at this time. Patient's advanced age along with underlying conditions and concomitant medications may have been contributory for the occurrence of the events. Further information has been requested. This case was linked to MOD-2021-027718 (Patient Link).; Sender's Comments: Very limited information regarding these events has been provided at this time. Patient's advanced age along with underlying conditions and concomitant medications may have been contributory for the occurrence of the events. Further information has been requested.
1189900	4/10/2021	KS	39	F	4/9/2021	4/9/2021	Racing heartbeat, extreme sweating (I've had to shower twice since 9pm), chest pains, shortness of breath, muscle tension and spasms
1189924	4/10/2021	OR	51	F	4/9/2021	4/9/2021	Approximately 5 hours after shot started getting sharp chest pain in left side of chest. The pain would come and go every few minutes. Felt nauseous as well. After a couple hours went to urgent care. When they took my vitals my blood pressure was very elevated 186/120. Usually it's low. EKG was normal. Felt lightheaded. They sent me to the ER. The hospital did another EKG, chest X-ray and blood panel. After a while blood pressure went back to normal and all tests came back fine. No explanation of what happened. Arm is extremely painful as well.
1189925	4/10/2021	PA	42	F	4/5/2021	4/5/2021	About 3 hours after the vaccine was given, I had chest pains and started running a fever. I had acute lower back pain and felt overall very lethargic. The fever continued through the night and broke around 3am. The next morning I felt okay but by 10am started to run a fever again for the remainder of the day and chest pains and headache/body aches were now VERY present. It is now 5 days after the shot and I'm just starting to feel like myself again. The headaches and overall body aches lasted for days. I also had blurry vision on and off during this time. My husband and I workout every day and eat very well. We're not overweight and don't smoke. The injection site is still sore 5 days later. I will complete another form for my husband but he experienced the EXACT SAME reactions....every one of them.

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1189927	4/10/2021	VA	34	F	4/9/2021	4/9/2021	Patient was given her second dose of PFIZER covid vaccine lot number ER8732. Patient has a history of SLE, Breast CA and Autoimmune hepatitis. After the first dose of vaccine patient had felt unwell. 15 minutes after 2nd dose patient stated that she felt like her neck glands felt like they were swelling. At this time she was placed on the exam table. BP 100/65 P70. As patient was experiencing symptoms she was given 0.3mg IM Epinephrine and 50mg IM Benadryl. Patient was continuously monitored and after 20 minutes patient stated that symptoms had subsided. Patient denied any chest pain or SOB during this period. Repeat BP 120/80 HR 95. After a further 15 minutes no symptoms so patient was released with instructions to dial 911 if symptoms return. Advised patient have someone drive her home but no one in area. Patient was A and O X 3 with no drowsiness, ambulating well so discharged home.
1189949	4/10/2021	OH	62	F	4/5/2021	4/6/2021	On April 6th I awoke with fever, aches, weakness and a headache. The headache persisted all day. On April 7th beginning at 6:20 pm had chest pain radiating under my arms which prompted me to go to the ER. At the ER I had elevated cardiac enzymes which prompted admission to the hospital.
1189951	4/10/2021	PA	39	M	4/5/2021	4/5/2021	Chest pain, fever, body aches, headaches, blurry vision. All seemed to last about 5 days. Pain at injection is still sore. Wife had same exact adverse effects.

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1189617	4/10/2021	TX	21	F	3/3/2021	4/1/2021	fainted; HR - 46-48 beats per minute; cold sweats; chest pains localized in the apex of her heart; inflammation in the left upper arm extending to the back; hard time breathing; weak; This spontaneous case was reported by a nurse and describes the occurrence of SYNCOPE (fainted) and HEART RATE DECREASED (HR - 46-48 beats per minute) in a 21-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 017B21A and 074M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). On 03-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 31-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 01-Apr-2021, the patient experienced SYNCOPE (fainted) (seriousness criterion medically significant), HEART RATE DECREASED (HR - 46-48 beats per minute) (seriousness criterion medically significant), COLD SWEAT (cold sweats), CHEST PAIN (chest pains localized in the apex of her heart), VACCINATION SITE INFLAMMATION (inflammation in the left upper arm extending to the back), DYSPNOEA (hard time breathing) and ASTHENIA (weak). On 01-Apr-2021, SYNCOPE (fainted), HEART RATE DECREASED (HR - 46-48 beats per minute), COLD SWEAT (cold sweats), CHEST PAIN (chest pains localized in the apex of her heart) and DYSPNOEA (hard time breathing) had resolved. At the time of the report, VACCINATION SITE INFLAMMATION (inflammation in the left upper arm extending to the back) and ASTHENIA (weak) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1190403	4/10/2021	OR	21	F	4/8/2021	4/8/2021	Headache started around 7 pm and progressively got worse. Took two Aleve which didn't help in mitigating pain. Chills around the same time, eventually developing a fever around 10. Used ice packs to try and help bring the fever down. Woke up in the middle of the night sweating through my shirt. Dizziness upon standing, leg pain and chest pain.
1189520	4/10/2021	VA	24	F	3/27/2021	3/27/2021	High fever for longer than 24 hours (101°+), shortness of breath with O2 dropping to 90%, chest pain 9/10 threshold, general weakness, fatigue/exhaustion. Chest pain and shortness of breath remaining 2 weeks post injection.
1190500	4/10/2021	UT	33	F	4/7/2021	4/7/2021	Fever, Chills, Nausea, Diarrhea, Lightheadedness, headache, body aches, chest pain.
1190512	4/10/2021		56	F	4/10/2021	4/10/2021	lightheaded, dizzy, chest pain, pain near injection site, pt recovered
1190530	4/10/2021	MD	57	F	4/10/2021	4/10/2021	Patient felt the hives on her face that she already had upon presentation appeared worse. Her face felt warmer noting her upper lip felt the most warm. This occurred soon after injection was given. No lip or tongue swelling, no SOB, chest pain, palpitations or other symptoms noted.

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1190573	4/10/2021	CA	22	F	4/10/2021	4/10/2021	HPI: Patient is a * year old * who presents following administration of a single dose of J&J COVID19 vaccine in the left deltoid. About 20 minutes following administration of the vaccine, the patient started to experience numbness in the left shoulder to the left neck and post auricular region. Patient denies allergies to medication, food, and other vaccines. She states she has never had a similar experience. She declares a past medical history of asthma that is controlled with rescue inhaler and oral medication. She has not taken the medication for the past week and uses her rescue inhaler 2-3 times per week, particularly when she exercises or coughs too much. She affirms numbness of the left neck, left shoulder, She denies chest pain, difficulty breathing, swelling of the face/lips/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting. Exam (update as needed): GEN: Alert and oriented x 4, NAD. HEAD: NCAT EYES: PERRL, EOMI ENT: Decreased touch sensation in the left post auricular region and left posterior neck region. Normal ROM and 5/5 strength of the neck. Right ear normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g PULM: Clear to auscultation bilaterally, no accessory muscle use ABD: Soft, no tenderness. SKIN: No rashes, skin warm and dry. No erythema or edema of the injection site. MSK: FROM of the bilateral upper extremities and neck, MS 5/5 bilaterally NEURO: Alert and oriented x 4, CN 2-12 grossly intact, no ataxia, gait steady. Decreased sensation of the left post auricular region, left posterior neck region, left shoulder, left bicep compared to the contralateral side. Clinical Impression/Field Tx: Possible peripheral nerve injury secondary to vaccine administration. Patient not displaying active signs and symptoms of anaphylaxis. Patient demonstrated ability to adequately control airway and secretions. The patient was experiencing decreased sensation on the ipsilateral side of the vaccine site compared to the contralateral side. Muscle strength was 5/5 bilaterally. CN II-XII were grossly intact. Patient offered further evaluation by EMS, however, patient declined as she has an appointment with her PCP on Monday and would prefer to address it there. Instructed patient to consult their PCP regarding the post-vaccination reaction. Patient states she has an appointment on Monday. Patient instructed to go to

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1189967	4/10/2021	GA	28	F	4/4/2021	4/4/2021	emergency department should the area of decreased sensation increase in size or if they develop chest pain, difficulty breathing, difficulty swallowing, swelling of the face/lips/mouth/tongue/throat, or cramping abdominal pain with nausea/vomiting, as these are signs of possible anaphylaxis that requires immediate intervention. Medications administered: None Disposition: Home
1189012	4/10/2021	NY	26	M	4/9/2021	4/9/2021	Fever ranging from 100-103 for approximately 4 days (now gone) Chills that last for 5-10 minutes for approximately 4 days (now gone) Intense muscle and joint pain throughout body still ongoing; affecting ability to do nearly anything but go to the bathroom Inability to keep most food down Intermittent chest pains Difficulty breathing Gas Nausea Treatment has been with the use of Tylenol to reduce fever and manage pain, Tums to assist with the gas-related issue.
1188511	4/10/2021	NM	35	M	2/24/2021	2/24/2021	Shaking cold chills, body soreness, headache, chest pain and fever. Taking Tylenol for it
							Resting heart rate jumped to 100bpm when normal resting rate 8s 58 to 60bpm. Normal heart rate returned after 4 minutes. Jaw line, nose, back of the head and upper back went numb for 6+ hours after 1st vaccine. Second vaccine administered on March 18th at 1130. Jaw line and nose went numb for entire day. Woke up next morning and it was back to normal. A cough and chest pain started March 20th and it still is present today(April 9th) Primary doctor is useless and can't help.

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1188524	4/10/2021	CA	63	F	4/2/2021	4/2/2021	extreme difficulty swallowing within 15 min after getting the shot, dizziness/lightheadedness, rapid heart rate and BP 150/60 (normally 90/60), chest tightness (relieved by 2 puffs albuterol), and left chest pain. Received 25 mg Benadryl PO, then wheeled to ER where I received 125 mg IV Solumedrol and 20 mg famotidine. Gradually improved swelling in throat over the next several hours. Prednisone 60 mg next day, weaned to 40, 30, 20, 10 then swelling of throat returned along with left subclavicular pain, numbness of left arm, ear, and face; swelling of left parotid and synovitis of the cervical spine blamed for this (by CT scan of head and neck). Back on Prednisone slow wean and improving at 7 days post-vaccine finally. Throat swelling recurs on the left when Prednisone dose is dropped too quickly.
1188548	4/10/2021	CA	47	F	4/9/2021	4/9/2021	chest pain, palpitations, dyspnea, anxiety

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1188631	4/10/2021	IL	21	F	3/10/2021		<p>CHILLS; HEADACHE; INJECTION SITE SORENESS; CHEST PAIN; SORE ARM; FATIGUE; SLIGHT FEVER; This spontaneous report received from a patient concerned a 21 year old female. The patient's weight was 190 pounds, and height was 158.49 centimeters. The patient's concurrent conditions included smoking, and alcohol user, and other pre-existing medical conditions included patient was not pregnant at the time of reporting and has no history of illicit drug abuse and drug allergy. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number: 1805025 expiry: UNKNOWN) dose was not reported, administered on 09-MAR-2021 16:30 to left arm for prophylactic vaccination. Non-company suspect drugs included: amfetamine aspartate/amfetamine sulfate/dexamfetamine saccharate/dexamfetamine sulfate (form of admin, route of admin, and batch number were not reported) 15 mg, 2 times every 1 day, therapy dates were not reported for an unspecified indication; and drospirenone/ethinylestradiol (form of admin, route of admin, and batch number were not reported) dose, frequency, and therapy dates were not reported for an unspecified indication. No concomitant medications were reported. On 10-MAR-2021, the subject experienced chest pain. On 10-MAR-2021, the subject experienced sore arm. On 10-MAR-2021, the subject experienced fatigue. On 10-MAR-2021, the subject experienced slight fever. On an unspecified date, the subject experienced chills, headache, and injection site soreness. Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from fatigue, slight fever, and chest pain, and the outcome of sore arm, headache, chills and injection site soreness was not reported. This report was non-serious.</p>

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1188711	4/10/2021			F		4/1/2021	CHEST PAIN; SHORTNESS OF BREATH; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unk) dose was not reported, administered on MAR-2021 for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers No concomitant medications were reported. On 01-APR-2021, the subject experienced chest pain. On 01-APR-2021, the subject experienced shortness of breath. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from chest pain, and shortness of breath. This report was non-serious.

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1189605	4/10/2021	FL		F	2/27/2021	2/27/2021	having bad pains in the middle of her chest; has a sore throat; she is dizzy all the time; sweaty; foot doctor who told her she did not look good; fatigue, she spent a whole week in bed; her blood pressure elevated to 220/120 mmHg; heart started racing; This spontaneous case was reported by a consumer and describes the occurrence of HYPERTENSION (her blood pressure elevated to 220/120 mmHg) in a 67-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030MZ0A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Feb-2021, the patient experienced HYPERTENSION (her blood pressure elevated to 220/120 mmHg) (seriousness criterion medically significant) and PALPITATIONS (heart started racing). On an unknown date, the patient experienced CHEST PAIN (having bad pains in the middle of her chest), OROPHARYNGEAL PAIN (has a sore throat), DIZZINESS (she is dizzy all the time), HYPERHIDROSIS (sweaty), GENERAL PHYSICAL CONDITION ABNORMAL (foot doctor who told her she did not look good) and FATIGUE (fatigue, she spent a whole week in bed). At the time of the report, HYPERTENSION (her blood pressure elevated to 220/120 mmHg), PALPITATIONS (heart started racing), CHEST PAIN (having bad pains in the middle of her chest), OROPHARYNGEAL PAIN (has a sore throat), DIZZINESS (she is dizzy all the time), HYPERHIDROSIS (sweaty), GENERAL PHYSICAL CONDITION ABNORMAL (foot doctor who told her she did not look good) and FATIGUE (fatigue, she spent a whole week in bed) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. This case concerns a 67-year-old female with a serious unexpected event of hypertension, and nonserious unexpected general physical condition abnormal, dizziness, hyperhidrosis, chest pain, palpitations, oropharyngeal pain, and expected fatigue. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship

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cannot be excluded.; Sender's Comments: This case concerns a 67-year-old female with a serious unexpected event of hypertension, and nonserious unexpected general physical condition abnormal, dizziness, hyperhidrosis, chest pain, palpitations, oropharyngeal pain, and expected fatigue. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1188819	4/10/2021	LA	61	F	2/18/2021	3/1/2021	Fever; chills; Hyperexpanded lungs; Inflamed lungs; Pleural Effusion; Trouble breathing; Pain in her chest when taking deep breath; Liver numbers elevated; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of LUNG HYPERINFLATION (Hyperexpanded lungs), PNEUMONITIS (Inflamed lungs), PLEURAL EFFUSION (Pleural Effusion), DYSPNOEA (Trouble breathing) and NON-CARDIAC CHEST PAIN (Pain in her chest when taking deep breath) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 007M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included COVID-19 in April 2020. Concurrent medical conditions included Hypertension and Cholesterol (Takes cholesterol medicine.). On 18-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In March 2021, the patient experienced LUNG HYPERINFLATION (Hyperexpanded lungs) (seriousness criterion medically significant), PNEUMONITIS (Inflamed lungs) (seriousness criterion medically significant), PLEURAL EFFUSION (Pleural Effusion) (seriousness criterion medically significant), DYSPNOEA (Trouble breathing) (seriousness criterion medically significant), NON-CARDIAC CHEST PAIN (Pain in her chest when taking deep breath) (seriousness criterion medically significant) and LIVER FUNCTION TEST INCREASED (Liver numbers elevated). On 18-Mar-2021, the patient experienced PYREXIA (Fever) and CHILLS (chills). On 20-Mar-2021, PYREXIA (Fever) and CHILLS (chills) had resolved. At the time of the report, LUNG HYPERINFLATION (Hyperexpanded lungs), PNEUMONITIS (Inflamed lungs), PLEURAL EFFUSION (Pleural Effusion) and NON-CARDIAC CHEST PAIN (Pain in her chest when taking deep breath) had resolved and DYSPNOEA (Trouble breathing) and LIVER FUNCTION TEST INCREASED (Liver numbers elevated) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In March 2021, Chest X-ray: pleural effusion, inflamed and hyperexpanded lungs (abnormal) Pleural effusion, inflamed and hyperexpanded lungs. In March 2021, Liver

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1190811	4/10/2021	CA	25	F	2/24/2021	2/24/2021	function test: increased (Inconclusive) Increased. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant products known to have been used by the patient, within two weeks prior to the event included high blood pressure medication and cholesterol medication. Treatment for the events included acetaminophen. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1189017	4/10/2021	VA	69	F	4/8/2021	4/9/2021	heart palpitations; chest pain; shortness of breath; Shaky/light Headed; Chest pain moved from left side, to arm; This is a spontaneous report received from a contactable consumer via e-mail forwarded by Medical Information Team. A 25-years-old non-pregnant female patient received first dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot Number: EN6203 and Expiration Date was not reported) via an unspecified route of administration in left arm on 24Feb2021 09:00 as single dose for COVID-19 immunization. Medical history included Asthma, allergies, CREST and known allergies. Morphine reaction at age 2. Concomitant medication(s) included fluticasone propionate (FLONASE [FLUTICASONE PROPIONATE]); montelukast sodium (SINGULAIR); nortriptylin; multivi and neddy pot all taken for an unspecified indication. Patient did not have covid prior vaccination. It was reported that 40 minutes after receiving it, patient started to get heart palpitations, chest pain, and shortness of breath. Shaky/light headed when standing. Chest pain moved from left side, to arm, to middle of chest. As result patient goes to Emergency room/department or urgent care. Patient received the treatment of Ativan to help with the heart rate. The outcome of the events was recovering.
							Chest pains at the pain level of 7. Lasted 2 hours. Okay now.

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1189208	4/10/2021	WI	59	F	3/26/2021	3/26/2021	Jansen I had chills, headache, nausea, this started around 3:00 day of on 3/26/2021, and the next morning I had headache, chills not as bad and ALSO had chest pain right in middle of my chest all morning also very wiped out and tired from the night of and all next day.
1189326	4/10/2021		23	F	4/9/2021	4/9/2021	started having left arm pain and chest pain . EKG normal, pt sent home
1189433	4/10/2021	CO	54	M		4/2/2021	ELEVATED BLOOD PRESSURE; CHEST PAIN; SHORTNESS OF BREATH; VOMITING; NAUSEA; HEADACHE MIGRAINE; This spontaneous report received from a consumer concerned a 54 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included high blood pressure, and tension headache, and other pre-existing medical conditions included the patient had no known allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808980, and expiry: 20-JUN-2021) dose was not reported, administered to left arm, on 02-APR-2021 13:40 for prophylactic vaccination. Concomitant medications included atenolol for high blood pressure. On 02-APR-2021, the subject experienced headache migraine. On 03-APR-2021, the subject experienced elevated blood pressure. On 03-APR-2021, the subject experienced chest pain. On 03-APR-2021, the subject experienced shortness of breath. On 03-APR-2021, the subject experienced vomiting. On 03-APR-2021, the subject experienced nausea. Laboratory data included: Blood pressure (NR: not provided) 180/110 mmHg, and EKG (NR: not provided) unknown. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from elevated blood pressure, chest pain, shortness of breath, vomiting, headache migraine, and nausea on 03-APR-2021. This report was non-serious.

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1188816	4/10/2021	NY	41	F	2/6/2021	3/6/2021	This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (Chest Pain), CHEST DISCOMFORT (Chest Tightness), LIP SWELLING (Swollen Lips) and ADVERSE REACTION (allergic reaction to the vaccine) in a 41-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event. Concomitant products included LEVOTHYROXINE SODIUM (SYNTHROID) for an unknown indication. On 06-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 06-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 06-Feb-2021, the patient experienced PAIN (Body Aches) and PYREXIA (fever). On 06-Mar-2021, the patient experienced CHILLS (Chills). On 15-Mar-2021, the patient experienced PRURITUS (Itchiness), ERYTHEMA (Redness) and URTICARIA (Hives). On 20-Mar-2021, the patient experienced CHEST PAIN (Chest Pain) (seriousness criterion hospitalization), CHEST DISCOMFORT (Chest Tightness) (seriousness criterion hospitalization) and LIP SWELLING (Swollen Lips) (seriousness criterion hospitalization). On an unknown date, the patient experienced ADVERSE REACTION (allergic reaction to the vaccine) (seriousness criterion hospitalization). The patient was hospitalized on 20-Mar-2021 due to ADVERSE REACTION, CHEST DISCOMFORT, CHEST PAIN and LIP SWELLING. At the time of the report, CHEST PAIN (Chest Pain), CHEST DISCOMFORT (Chest Tightness), LIP SWELLING (Swollen Lips), PAIN (Body Aches), PRURITUS (Itchiness), ERYTHEMA (Redness), URTICARIA (Hives), ADVERSE REACTION (allergic reaction to the vaccine), PYREXIA (fever) and CHILLS (Chills) outcome was unknown. Following the first dose of the vaccine, the patient experienced fever, chills and body aches that lasted for 24-36 hours and then subsided. Following the second dose of the vaccine, the patient initially experienced the similar side effects of fever, chills and body aches that lasted for a similar time frame. Then, on 15 Mar 2021, the patient began to have full body itchiness. No rash was present, but wherever

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she would itch would turn red and break out into hives. This continued and then on 20 Mar 2021, the patient was taken to the Emergency Room because she experienced tightness in her chest, chest pains and swelling in her lips. There she was treated for an allergic reaction to the vaccine. Some symptoms have improved but all are still present at the time of the report. Treatment details included Pepcid, Claritin D, Mailax, Prednisone, and Benadryl.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1189540	4/10/2021			F	2/26/2021		<p>pain in heart; rapid heart rate; weakness; sore arm; shortness of breath /panting; tightness in chest; occasional chest pain; so weak she can't walk; headache; nausea; This spontaneous case was reported by a consumer and describes the occurrence of ANGINA PECTORIS (pain in heart) and HEART RATE INCREASED (rapid heart rate) in a 70-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 027A21A) for COVID-19 immunisation. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Fibromyalgia since an unknown date, Headache since an unknown date, Paralysis since an unknown date, Neuromuscular pain since an unknown date, Fatigue since an unknown date, Weakness since an unknown date and Nausea since an unknown date. Concurrent medical conditions included Mosquito bite (patient had underlying condition of West Nile Virus 5). On 26-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced ANGINA PECTORIS (pain in heart) (seriousness criterion medically significant), HEART RATE INCREASED (rapid heart rate) (seriousness criterion medically significant), ASTHENIA (weakness), PAIN IN EXTREMITY (sore arm), DYSPNOEA (shortness of breath /panting), CHEST DISCOMFORT (tightness in chest), CHEST PAIN (occasional chest pain), GAIT DISTURBANCE (so weak she can't walk), HEADACHE (headache) and NAUSEA (nausea). At the time of the report, ANGINA PECTORIS (pain in heart), HEART RATE INCREASED (rapid heart rate), ASTHENIA (weakness), PAIN IN EXTREMITY (sore arm), DYSPNOEA (shortness of breath /panting), CHEST DISCOMFORT (tightness in chest), GAIT DISTURBANCE (so weak she can't walk), HEADACHE (headache) and NAUSEA (nausea) outcome was unknown and CHEST PAIN (occasional chest pain) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. This case concerns a 70-year-old female with serious unexpected events of angina pectoris and heart rate increased, and nonserious unexpected chest pain, chest discomfort, dyspnea, asthenia, gait disturbance, and pain in extremity and expected</p>

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headache, nausea. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: This case concerns a 70-year-old female with serious unexpected events of angina pectoris and heart rate increased, and nonserious unexpected chest pain, chest discomfort, dyspnea, asthenia, gait disturbance, and pain in extremity and expected headache, nausea. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1188815	4/10/2021	FL	73	F	2/13/2021	2/13/2021	<p>mild anaphylactic shock; nauseated; about to pass out; bolt of tightness in her chest and across from her shoulder; pain in her chest; shortness of breath; dizzy/lightheadness; This spontaneous case was reported by a consumer and describes the occurrence of ANAPHYLACTIC SHOCK (mild anaphylactic shock) and LOSS OF CONSCIOUSNESS (about to pass out) in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 015M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (no medical history reported). On 13-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 13-Feb-2021, the patient experienced LOSS OF CONSCIOUSNESS (about to pass out) (seriousness criterion medically significant), CHEST DISCOMFORT (bolt of tightness in her chest and across from her shoulder), CHEST PAIN (pain in her chest), DYSPNOEA (shortness of breath) and DIZZINESS (dizzy/lightheadness). On an unknown date, the patient experienced ANAPHYLACTIC SHOCK (mild anaphylactic shock) (seriousness criterion medically significant) and NAUSEA (nauseated). On 13-Feb-2021, LOSS OF CONSCIOUSNESS (about to pass out), CHEST DISCOMFORT (bolt of tightness in her chest and across from her shoulder), CHEST PAIN (pain in her chest), DYSPNOEA (shortness of breath) and DIZZINESS (dizzy/lightheadness) had resolved. At the time of the report, ANAPHYLACTIC SHOCK (mild anaphylactic shock) and NAUSEA (nauseated) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No other relevant medication was reported. No treatment information was reported. This case concerns a 73-year-old female with serious unexpected events of anaphylactic shock and loss of consciousness, and nonserious unexpected chest pain, chest discomfort, dyspnea, dizziness, and expected nausea. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: This case concerns a 73-year-old female with serious unexpected events of anaphylactic</p>

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shock and loss of consciousness, and nonserious unexpected chest pain, chest discomfort, dyspnea, dizziness, and expected nausea. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1192239	4/10/2021	IL	26	F	4/8/2021	4/8/2021	26-year-old female with past medical history of asthma and anxiety, and syncopal episode after her first Covid vaccination, presents to the emergency department after syncopal episode after her second Covid vaccination. Patient states she received her shot, and about 45 seconds later started feeling similar to the way she felt during the first syncopal episode. She started having tunnel vision, and her mom who is with her this time, notes that she was getting more pale. Mom notes that patient was talking about what she was feeling and was slowing down, until she passed out for about 30 seconds. During her LOC, she was shrugging her shoulders repeatedly, and after she awoke, she returned to her baseline mental status after about a minute or 2. As she was returning to her baseline mental status, she was talking about how she was feeling and it was appropriate. No urinary incontinence or tongue biting. Denies any recent chest pain, shortness of breath, other episodes of lightheadedness or syncope. She is not had syncopal episodes after shots before. After her last injection, she had a syncopal episode and fell flat on her face, thus had a CT head. At the time her CT head is negative, she had a D-dimer that was also negative. Her labs at the time were notable for hypokalemia 3.3, and in preparation for that she states she has been eating a lot of bananas this week. At this time she does not want any lab work, and feels as if this was a similar vasovagal episode similar to last time. syncopal episode right after a COVID vax. Same thing happened with the first dose. Prior to passing out felt sweaty, lightheaded, body tingling then passed out. Didn't fall this time as she was expecting it. Never had fear of needles before. No abd pain, back pain, chest pain. No h/o PE, DVT, OCPs, calf pain, SOB. No cough, SOB, palpit, diaph, chest pain/pressure, headache. No abd pain, no back pain, no vomit, no diar. No urinary complaints. No rash. No numb/weakness. No URI Sx. Mom noted a few shoulder twitches but not GTC type symptoms. rapid response called, pt went to emergency department
1191964	4/10/2021	FL	60	F	4/10/2021	4/10/2021	Pt reported feeling dizzy, blurry vision, chest pain directly after vaccine administration, while sitting in chair, 911 called, , ambulance arrived, pt refused ER transfer. Pt reported feeling better and went home with husband.

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1192028	4/10/2021	FL	70	M	3/24/2021	3/28/2021	Mid Scapular Stabbing Pain; Shortness of Breath; Chest Pain; diagnosed with Bilateral PEs; Headache; Fatigue; This is a spontaneous report received from a contactable consumer (patient). A 70-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot Number: ER8727), via an unspecified route of administration in the right arm, on 24Mar2021 (at the age of 70-years-old) as a single dose for COVID-19 immunisation. Medical history included pancreatic cancer from 2015, bilateral pulmonary embolism (PE) from 2015, and mild chronic obstructive pulmonary disease (COPD). Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient had no known allergies to medications, food, or other products. Concomitant medications, taken within 2 weeks of vaccination, included citalopram hydrochloride (CELEXA), umecclidinium bromide, vilanterol trifenate (ANORO ELLIPTA), and azelastine hydrochloride (ASTEPRO). The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot number: EN6198), in the left arm, on 03Mar2021 at 11:30 (at the age of 70-years-old) for COVID-19 immunization and experienced intense left sided neck pain and stiffness. The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient experienced headache and fatigue on 28Mar2021 and mid scapular stabbing pain, shortness of breath, chest pain, and diagnosed with bilateral PEs on 30Mar2021. The patient was hospitalized for all of the events from 30Mar2021 to 01Apr2021 for two days and the events were reported as life-threatening. It was reported that the bilateral PEs were diagnosed in the emergency department (ED). Therapeutic measures were taken as a result of all of the events, which included heparin (MANUFACTURER UNKNOWN) drip during inpatient stay and then transitioned to an unspecified treatment. The clinical outcome of headache, fatigue, mid scapular stabbing pain, shortness of breath, chest pain, and diagnosed with bilateral PEs was recovering. It was also reported that since the vaccination, the patient had not been tested for COVID-19.

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1192054	4/10/2021	MA	37	M	3/20/2021	3/20/2021	<p>moderate heart attack; myocarditis; my heart to get inflamed; Monday evening, 22Mar, I started getting pain in my upper chest; getting pain in my upper chest and throat; I had full body chills; I had full body chills and aches; This is a spontaneous report from a contactable consumer. A 37-years-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), , administered in Arm Left on 20Mar2021 (Batch/Lot Number: ER2613) as SINGLE DOSE for covid-19 immunisation. Age at vaccination :37 years.The patient received the first dose on 27Feb2021 (Brand Pfizer,Lot number EN6203 , administration time 12:00 PM, Vaccine location Left arm).Medical history included none. There were no concomitant medications.The clinical course was reported as follows: "I received my second covid vaccine shot Saturday at noon, 20Mar. I had full body chills and aches Saturday and Sunday night. Monday evening, 22Mar, I started getting pain in my upper chest and throat. I woke up at 2:00am with severe chest pain. I called # and rode in an ambulance to the hospital. I spent 3 days in the hospital. I was diagnosed with myocarditis. The cardiologist believes my auto immune response to the vaccine attached my heart and caused my heart to get inflamed. I had a moderate heart attack from the vaccine".Th Adeverse events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event.The patient received treatments for the events (ae treatment medication, cardiac MRI, cardiac catheterization).The patient was recovered with sequel from all events.No Covid prior vaccination , No Covid tested post vaccination: Yes (covid test type post vaccination Nasal Swab on 23Mar2021:Negative)</p>

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1192055	4/10/2021	GA	62	F	3/8/2021	3/8/2021	03/08/2021 (Symptoms began 45 minutes after shot): sore arm down to fingers, stuffy nose, watery eyes, headache, light headed, slight balance issues, malaise, no appetite, slight nausea, tight chest, arm soreness down to fingers became worst & was accompanied by arm swelling which included the fingers, 2 hives, tingle around mouth & nose, asthma feeling progressed to shortness of breath upon exertion, slight face swelling, Temp 102, chills. 03/09/2021 same symptoms as 03/08/2021 but minus the hives & the addition of the following symptoms: Temp 101, shaking so bad from chills couldn't hold anything, runny nose & eyes, extreme fatigue, small chest pain, skin cold like had been in freezer, lips & fingers slightly purple. 03/10/2021 same symptoms as 03/08/2021 & 03/09/2021 but minus the hives, slight face swelling, severe chills, lips & fingers barely purple & the addition of the following symptoms: Temp 100. 03/11/2021 symptoms include: Temp 99.7, sore arm down to fingers, stuffy nose, watery eyes, headache, slight balance issues, malaise, no appetite, slight nausea, tight chest, shortness of breath upon exertion, runny nose & eyes, extreme fatigue, & small chest pain. 03/12/2021 symptoms include: Temp 98.7, sore arm down to fingers, slight headache, slight balance issues, malaise, no appetite, slight nausea, slight tight chest, shortness of breath upon exertion, runny nose & eyes, extreme fatigue. 03/13/2021 symptoms include: Temp 97.7 (my normal), sore arm down to fingers, malaise, no appetite, slight nausea, slight tight chest, slight shortness of breath upon exertion, runny nose & eyes, extreme fatigue. 03/14/2021 symptoms include: Temp 97.7 (my normal), sore arm down to fingers, malaise, slight appetite, slight nausea, slight tight chest, slight runny nose & eyes, extreme fatigue. 03/15/2021 symptoms include: Temp 97.7 (my normal), sore arm down to fingers, malaise, slight tight chest, slight runny nose & eyes, extreme fatigue. 03/15/2021- 04/10/2021 symptoms include: Temp 97.7 (my normal), fatigue & slight malaise at times.

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1192061	4/10/2021	RI	47	F	4/10/2021	4/10/2021	EMS was summoned to a 47 year old female patient for an elevated heart rate. On arrival at patients side. EMS found a 47 year old female patient AOx4, skin warm, pink and dry. Patient was complaining of feeling light headed, and feels anxious. On assessment patient looks fatigued and diaphoretic. Patient was asked if she would like to be further evaluated out of the public eye. Patient was escorted where EMS did a thorough evaluation. Patient complains of feeling anxious and says she has history of anxiety attacks and arrhythmia that she says is prolonged QT Interval. Patient normally takes Klonopin for anxiety but did not take it today because she did not feel comfortable with how it would interact with her Moderna Vaccination. Patient is not complaining of any chest pain, no shortness of breath, no uticaria or decreased blood pressure. Patients vital signs were stable BP: 124/84 Pulse: 84 Irregular, Oxygen saturation 97% and RR: 16. Patient was observed for a total time of 40 minutes. Patient said she feels a lot better after she was able to sit and relax. Patient was asked if she would like to be transported to the hospital. Patient is refusing to be transported at this time. When patient left the care EMS patients diaphoresis was gone, she said her anxiety has subsided and feels much better. Patient was left in her own care and left with her husband.

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1192114	4/10/2021	IA	52	F	3/31/2021	3/31/2021	got extremely weak, very weak in the shower and didn't know if she will be able to keep standing up; chest pain in my right side; my left leg started aching; my toes tingle like they have fallen asleep on that left side; heart was beating faster than what it should have been, they said she was tachycardic and her heart was racing; heart was beating faster than what it should have been, they said she was tachycardic and her heart was racing; Redness; back was all red, really red; The initial case was missing the following minimum criteria: unspecified product. Upon receipt of follow-up information on 01Apr2021, this case now contains all required information to be considered valid. This is a spontaneous report from a contactable consumer reporting for herself. This 52 years old female patient received the first single dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot EP7533) on 31Mar2021 at 09:30, for COVID-19 immunisation. Medical history and concomitant medications were not reported. The patient received the vaccine on 31Mar2021 at 9:30 and was fine all day until 7 o'clock at night. She went to take her shower and got extremely weak, very weak in the shower and didn't know if she will be able to keep standing up, so she got out of the shower, went upstairs; the weakness persisted and then she started feeling chest pain in her right side, her left leg started aching and her toes tingled like they had fallen asleep on that left side so she got scared and went to the emergency room where they kept her overnight. Her heart was beating faster than what it should have been, they said she was tachycardic and her heart was racing and that was why they kept her at the hospital. She also had redness, her back was all red, really red. They did lots of lab work and blood work, a stress test, an ultrasound on her left leg for blood clot and a CAT scan on her heart, all with unknown results. When probed about hospitalization, she stated to stay overnight. She was hospitalized on 31May2021 at about 19:30 and did not get out until 13:30 on 01Apr2021. Events outcome was unknown.

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1191836	4/10/2021			F	1/11/2021	2/9/2021	chest pain; pain under arm pits; pain under arm pits, up neck, and down her arms; dizziness; pain is now in hands, elbows; pain is now in face; Pain in neck and throat; pain is now in upper pallet; different taste in her mouth; lips, tongue, and mouth numbness; tingling; shortness of breath; pain in her joints/elbows; This is a spontaneous report received from a contactable other HCP (Nurse, patient). This female patient of unspecified age reported that she received second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number: UNKNOWN), via an unspecified route of administration on 11Jan2021 as a single dose for COVID-19 vaccination. The Patient was completely healthy before this with no history. The concomitant medications included zolofit, steroids, tylenol and protonix. On 9Feb2021 she began having the following symptoms: chest pain, pain under arm pits, up neck, and down her arms. She had visited the physician several times and everything was normal. symptoms got worse with dizziness, pain is now in hands, elbows, face, upper pallet, neck and throat. It did not go away. She has a different taste in her mouth. She has lips, tongue, and mouth numbness and tingling that comes and goes. She has shortness of breath and pain in her joints. At one point she was admitted to the hospital for 6 days- all labs, scans, xrays, MRI's were normal. She would see a rheumatologist and getting out lab tests done. She said her Rheumatologist was treating another nurse that now has paralysis due to the vaccine. The patient receive treatment for the events. The outcomes of events are unknown. Information on Batch number/Lot number can not be obtained.; Sender's Comments: Based on the information provided and plausible temporal association, the causality between the suspect drug and the events cannot be completely excluded. This impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

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1192162	4/10/2021	WA	48	M	4/10/2021	4/10/2021	Pt received 1st dose Pfizer vaccine, completed 15 min observation and then started to feel intermittent dull chest pain. Pt denies SOB, non diaphoretic, denied any other health conditions, alert and oriented. Pt ambulated with steady gait. Medics called to assess Pt and was cleared to go home by EMTs after evaluation. Per EMTs Pt asymptomatic upon release. Vitals 1505 BP 142/94 HR 69 RR 18 Temp 97.4F temporal O2 sat 98% on RA
1192371	4/10/2021	CA	45	F	4/10/2021	4/10/2021	Client complained of shortness of breath and chest pain. ALS was called, MD and Paramedics on site assessed client. Symptoms self resolved. Client left medical facility did not want to go to the hospital.
1192315	4/10/2021	NY	22	F	4/10/2021	4/10/2021	Patient was sitting in observation area 5 minutes post vaccination, scheduled to be observed for 30 minutes total due to history of anaphylaxis. She was seated in the recliner She reported to have itchy watery eyes, chest tightness. Breath sounds were clear, with good air movement bilaterally, no wheezing or crackles, no accessory muscle use, normal speech. Patient's boyfriend noted her tongue and eyelids to appear slightly swollen compared to baseline. Patient denied dizziness, chest pain, shortness of breath, body rash or itching. Patient maintained normal speech and normal unlabored respirations. BP was checked and noted to be normal. O2 sat 99%. Patient received benadryl 50mg PO. She was observed for about 10 minutes before her tongue appeared more swollen and she complained of difficulty breathing. At this point, the patient appeared pale, 911 was activated. EPI-pen was administered via autoinjector in the left lateral thigh. O2 sat was 99%. Patient has increased chest tightness and new onset shortness of breath for which she was given an Albuterol nebulizer. Breath sounds were clear, no wheezing. O2 sat reassessed which decreased to 73%, she had bilateral cramping of hands and digits. Non-rebreather was applied, oxygen saturation improved and hand cramps resolved. 911 was called for a second time to report rapid desaturation. Patient's O2 saturation and HR fluctuated, BP remained stable throughout. EMS arrived. A right AC IV was placed, Solumedrol 125mg IVP was administered by EMS. Patient was transferred onto EMS stretcher, still requiring nonrebreather. Patient was escorted to ED for further management of anaphylxis post Moderna vaccine.

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1192381	4/10/2021	CA	49	M	4/6/2021	4/6/2021	Flu like symptoms within 6 hours of being vaccinated, extreme fatigue lasting 4 days - 3 days bedridden, chest pain, cough, headache, neck ache, hard to breath, muscular aches, aches in armpits, sore back, stiff legs, face hurts, tingling in head, Still feeling sick on day 4 from vaccine. Would have not gotten the vaccine if I knew I would be this sick
1192447	4/10/2021	PA	36	F	4/7/2021	4/8/2021	Chest pain and chest heaviness
1192529	4/10/2021	MD	19	F	4/7/2021	4/7/2021	Experienced the following after 7 minutes of the vaccine: shortness of breath, lightheadedness, dizziness, chills, and fast heart beat. Symptoms began to subside after 5 minutes and nausea and chest pain began After another five minutes, another episode of shortness of breath, lightheadedness, dizziness, chills, and fast heart beat Symptoms slightly bettered and was taken to emergency room Fast heart rate still continues, along with lightheadedness, shortness of breath, and occasional dizziness

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1190896	4/10/2021	CA	68	F	3/20/2021	3/21/2021	<p>Cold; Chest pain/Chest soreness under left breast to back and side, hurt like heck when she moved; Chills and feeling cold; Chills and feeling cold; Horrible nausea to the point where she feels weak and has no strength, the nausea took her appetite too; headache; Feeling unwell/sick; Horrible nausea to the point where she feels weak and has no strength, the nausea took her appetite too; Horrible nausea to the point where she feels weak and has no strength, the nausea took her appetite too; She needs something for her stomach, it is upset; couldn't even wake up sleeping more than usual- Hard for her to wake up because she was feeling sick; This is a spontaneous report from a contactable consumer (patient). A 68-years-old female patient received the first dose of BNT162B2 Pfizer-BioNTech COVID-19 mRNA Vaccine at Pharmacy, via an unspecified route of administration, in left arm on 20Mar2021 around 11:30-12:00, at 68 years of age, (Batch/Lot number EP6955) as single dose (0.3 dosage units unknown, injection) for COVID-19 immunization. Medical history included allergies - she had them all her life and she let her doctor know before receiving the vaccine: she was highly allergic to second hand smoke and severely allergic to cats since an unknown date, hypersensitivity from 2020 and ongoing, diabetes mellitus from 2005 and ongoing, hypertension from 2005 and ongoing and she had a family medical history of high blood pressure. Concomitant medications included metformin for blood glucose increased from 2005 and ongoing; glimepiride for diabetes mellitus from 2005 and ongoing; atenolol taken for hypertension from 2005, amlodipine for hypertension from 2020 (they switched her from another unknown medication - they no longer use that one anymore), all taken by oral route, and vitamins. On 21Mar2021 in the morning the patient woke up with the headache and nausea, she experienced chills (with no fever) and feeling cold, horrible nausea to the point where she feels weak and had no strength, the nausea took her appetite too, she had headache, was feeling unwell/sick, she needed something for her stomach as it was upset and she couldn't even wake up, she was sleeping more than usual, it was hard for her to wake up because she was feeling sick (caller explained when she gets sick and doesn't have the strength she needs, she does a lot of sleeping) and suffered from chest soreness</p>

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under left breast to back and side, it "hurt like heck" when she moved. On the same day at around 16:00 the patient experienced chest pain that hit her so bad that she thought she was having a heart attack. Moreover, on an unspecified date, she experienced cold. The patient clarified she did not have a rash, redness, or itching - none of that. The patient didn't go to the Emergency Room or physician office. The patient reported that she called the doctor and he told her to wait it out for a week and if it gets worse or doesn't subside by the end of the week, then go to Emergency Room. The patient stated that she does not like to take pain pills, but that headache got her. She did not take anything, but she drank some ginger tea to help her stomach. The events "chest pain" and "chest soreness under left breast to back and side, hurt like heck when she moved" resolved on 22Mar2021 but the patient explained that when her chest pain subsided, it hurt her to move. The caller clarified she hasn't had that episode since Sunday [21Mar2021] and explained the only thing that lasted was the soreness and hurting to move, but the next day she didn't have that problem; no chest pain or soreness the next day (the next day, it was still a little sore, but as the day progressed she didn't feel it anymore, the soreness was very mild on 22Mar2021); the events "chills and feeling cold", "horrible nausea to the point where she feels weak and has no strength, the nausea took her appetite too", "headache" and "feeling unwell/sick" had not resolved yet at the time of the report (she feels like nausea was leveling out; it's not getting worse and it's basically balanced; she is hoping the nausea will subside as she doesn't like this), the event "she couldn't even wake up, she was sleeping more than usual, it was hard for her to wake up" was recovering and outcome of the events "needed something for her stomach as it was upset" and "cold" was unknown. Follow-up activities were performed for additional information.

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1188814	4/10/2021	PA	63	U	2/12/2021	2/12/2021	Chest pain; Dizzy; Spasm; Memory loss; Ringing ears; Off balance; Headache; Sleepy; A spontaneous report was received from a consumer who was also a 63-years-old, patient of unknown gender who received Moderna's COVID-19 Vaccine (mRNA-1273) and who felt dizzy/dizziness, off balance/balance disorder, sleepy/somnolence, memory loss/amnesia, chest pain/non-cardiac chest pain, headache, ears ringing/tinnitus and spasm/muscle spasms. The patient's medical history included reflux, spasm and erosion gastritis. Concomitant product use was not provided by the reporter. On 12 Feb 2021, prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 (Batch number: 030M20A) intramuscularly for prophylaxis of COVID-19 infection. On 12 Feb 2021, the patient had chest pain, dizzy and spasm for which the patient had to take an ambulance to the hospital. No further details regarding hospitalization provided at time of report. The patient also had memory loss, ringing ears, sleepy, off balance and headache. Treatment for the event included pepsid, doxycycline at 100 milligram 2 dose a day and baby aspirin. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events was not reported.; Reporter's Comments: Very limited information regarding the events has been provided at this time. Further information has been requested. The events were consistent with increased risk of complications associated with history of comorbidities and confounded by age of patient. Company assessed the events to be unlikely related to company product.
1192153	4/10/2021	CA	71	M	4/9/2021	4/9/2021	shortness of breath, dizziness and chest pain 7 minutes after injection

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1191193	4/10/2021	RI	33	F	4/10/2021	4/10/2021	EMS was called over to patient information table for a 33 year old female patient not feeling well. EMS found the patient sitting in the chair AOX4 , skin warm, pink and dry. Patient complains of feeling light headed with slight shortness of breath. Patient is not complaining of any nausea or chest pain. Patient is not on any medications at this time and only has a history of an ovarian cyst. Patient denies any allergies and no known drug allergies. Patient was transfered over from the chair to a wheel chair by standing and pivoting . Patient was then brought to a back hallway 100ft away to be further evaluated. Patient blood pressure was 120/90, heart rate 80, spo2 99%. Patient was put on oxygen via nasal cannula at 4lpm. Patients said her breathing started to improve. Patient then started to say her throat was feeling dry and described a lump forming in her throat. Patient had sip of water to see if she could swallow. Respiratory rate increased to hyperventilating 40 breaths per minute. Vitals were attempted to be reassessed, but then the patient began to experience nausea and dry heaving. At this time a paramedic who is administering vaccinations to patients stepped in to help administer epinephrine 1:1,000 .3mg intramuscular on the left thigh. Providence Fire/Rescue showed up and patient was then transferred from wheel chair to Providence Fire/Rescue stretcher with 2 EMT limb lift. Patient was then put on a Non-Rebreather at 15lpm of oxygen. Patient care was transferred over to Providence Fire/Rescue. Personnel on Providence Fire/Rescue names were not obtained and no signature was obtained.

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1190950	4/10/2021	CA	46	M	3/19/2021	3/19/2021	headache; Shortness of breath; Chest pain; Difficulty breathing; Heart palpitations; Aches; Extreme fatigue/fatigue; This is a spontaneous report received from a contactable consumer. A 46-year-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot/Batch ER2613), via an unspecified route of administration in left arm on 19Mar2021 09:45 AM at single dose for covid-19 immunisation. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No any other medications the patient received within 2 weeks of vaccination. Medical history: hodgkins lymphoma survivor (1996), splenectomy. Concomitant medication was not reported. Prior to vaccination, was the patient was not diagnosed with COVID-19. Since the vaccination, has the patient been tested for COVID-19. The patient experienced extreme fatigue on 19Mar2021 at 07:00 PM, aches on 20Mar2021, chest pain, difficulty breathing and heart palpitations on 22Mar2021, first episode of shortness of breath and headache on 24Mar2021. The patient assessed events as non-serious. Treatment received for the adverse event was unknown. Test Name: RT-PCR. Facility where the most recent COVID-19 vaccine was administered: Public Health Clinic/Veterans Administration facility. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 24Mar2021. The patient was recovered from the event headache where not recovered from the events extreme fatigue, aches, chest pain, difficulty breathing, heart palpitations and first episode of shortness of breath.

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1190960	4/10/2021	CO	18	M	3/22/2021	3/23/2021	feeling unwell; sick to stomach; vomiting; chest pains; hard to breath; chills/freezing; weak; 104 fever; sore arm; sore muscles; This is a spontaneous report received from a contactable consumer (patient's mother). A 18-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), dose 1 via an unspecified route of administration, administered in Arm Right on 22Mar2021 14:00 (02:00 PM) (Lot Number: EP6955) at the age of 18 years old as single dose for covid-19 immunisation. Medical history included Known allergies Morphine and sulfa antibiotics; Marphans syndrome, autistic, severe scoliosis & kyphosis. The patient's concomitant medications received within 2 weeks of vaccination included too many to put down here not enuf room. Facility where the most recent COVID-19 vaccine was administered at Hospital. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The mother took care of the patient due to his sever disability iam filling this out for his as he was unable so he received shot (pending clarification), registered with v-safe, 22Mar2021 2pm. Fine, health check next 23Mar2021 day sore arm, kinda sore muscles, 24Mar2021, sore arm still sore muscles, 25Mar2021 13:00 (1pm), feeling unwell, sick to stomach started vomiting, chest pains, hard to breath, called 911 EMS advised him to stay home after vitals ok due to not wanting to expose the patient to actual Covid virus. At the time no fever 30 min after EMS left 104 fever sever chills, freezing coming in waves so weak. He can't get up to go to the bathroom. The reporter was worried and closely monitoring him. Treatment was received for the adverse event included Medication for vomiting, doctor apt in morning. The events were non-serious per the reporter. The patient underwent lab tests and procedures which included body temperature: no fever 25Mar2021, 104 30 min after EMS left on 25Mar2021. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The outcome of the events was not recovered.
1192424	4/10/2021	TX	21	F	4/8/2021	4/9/2021	Deep chest pain, trouble breathing, aches all over particularly in upper body.

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1191828	4/10/2021	NY	44	F			nausea; vomiting; chest pain; myocarditis; thrombocytopenia; This is a Literature-spontaneous report 2021, 1-4; entitled Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 vaccination. A 44-year-old woman was hospitalized for nausea, vomiting and chest pain on the day that she received the Pfizer vaccine (BNT162B2) via an unspecified route of administration on an unspecified date (Batch/Lot number unknown) at single dose (at 44-year-old) for COVID-19 immunization. Her laboratory values included a platelet count of 85 x 109/L and a peak troponin level of 4 ng/mL (normal < = 0.04 ng/mL). The patient was diagnosed with myocarditis but did not require treatment for thrombocytopenia. Her platelets were 61 x 109/L on discharge, but subsequent platelet counts were not reported. The outcome of the events was unknown. No follow-up attempts are needed. Information on Lot/batch number cannot be obtained.; Sender's Comments: The causal association cannot be excluded between the reported events and BNT162B2 vaccine use. The impact of this report on the benefit-risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for AE. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, ethics committees and investigators, as appropriate.
1191070	4/10/2021	IN	28	F	4/8/2021	4/9/2021	About 14 hrs after injection, I got really bad chills for a couple of hours, then got very hot and had a 3 timepoints of chest pains (I assume I had a fever at this time but didn't verify). By 7am when I got out of bed, it felt like a truck hit me. I had a major headache, very fatigue, fever (checked at this point and it was 101), nausea, hotness/chills. By 12pm, I had an 100 degree fever, chills/hotness, and headache. By 6pm, I was only tired. Next day, I was back to normal with a little soreness in my injection arm.

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1191182	4/10/2021	CA	44	F	4/7/2021	4/7/2021	Client c/o chest pain in the right side upon inspiration; denied past medical hx of MI or angina. Has aspirin allergy. V/S taken every 5 mins. At 12:50pm c/o feeling cold and "head hurts, feel dizzy." Water offered and accepted. At 1:00pm c/o throat tightness. Liquid Benadryl 25mgx2 offered and accepted by client. RN observer offered to call EMS at 12:34 but client's husband stated "let's wait a little." EMS offered again @ 12:54pm and was accepted. EMS fire arrived at 1:17pm and took over. followed up with client on 4/10/21. Client reported labs were done, x-ray and blood draw. All normal acc. to client. Was advised by hospital it was likely d/t aspirin allergy. Client recovered and was d/c same day as incident (4/7/21).
1191351	4/10/2021	IN	45	F	4/5/2021	4/9/2021	I reported previously that the day of the shot (that evening at close to midnight) I fainted. I woke up on my bathroom floor. I walked down my hall and saw black dots and felt dizzy with nausea. The next thing I knew I was on the bathroom floor and didn't remember how I had gotten there. It is Friday and I now am experiencing shooting pains in the side of my head. I also have been experiencing pains in my calf muscles and some chest pains. I am still extremely tired and having abdominal pain. I have contacted my doctor's office about the fainting but I am going to call Monday to get an appointment to get checked out. I am concerned about possible blood clots.
1191358	4/10/2021	OH	67	F	4/1/2021	4/9/2021	My adverse reaction began 1 hr post vaccine with sharp chest pain, dizziness, then headache, blurry vision, and hypertension. Was 165/107 at highest. Pulse reg 66-88. As RN I managed these symptoms with my heart meds(prn too), ASA 1 tab in eve and one in AM, Tylenol ES at night for headahe, I used complimentary health measures: Frequency Specific Microcurrent a lot and Emotional Freedom Techniques....helped alot. 24 hours after shot still hypertensive but mild 139/96. Angina stopped around mid day 4-10-21.All symptoms were moderate-severe for 20 hrs. Cont page not working. .Meds: Estradiol, Progesterone,, Valacycolvir prn., Supplements taken: Quercetin/Bromalain, Biotin, Mg, K,
1191700	4/10/2021	PR	63	F	4/10/2021	4/10/2021	Chest pain High blood pressure (200/140 mmhg Tachycardia Dyspnea

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1191449	4/10/2021	FL	55	M	4/10/2021	4/10/2021	Pt c/o "feeling of something flowing down across his upper back"... lasting 1 minute and then dissipated. Pt denied dizziness, headache, chest pain or shortness of breath or any other symptoms. Pt assessed, vital signs stable. Pt consumed fluids. Reassessed-vs remained stable, no further c/o received and pt released.

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1191824	4/10/2021	MI	78	F	3/11/2021	3/12/2021	it began working up her arm with arm pain and chest pain which persisted and she went to the hospital and was admitted for 23 hours; it began working up her arm with arm pain and chest pain which persisted and she went to the hospital and was admitted for 23 hours; blood pressure went up to 198/203; still has tiredness; difficulty swallowing like her throat is still tight; difficulty swallowing like her throat is still tight; short of breath; This is a spontaneous report received from a contactable consumer (patient). A 78-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot Number: EN6205), first dose via an unspecified route of administration, administered in Arm Right on 11Mar2021 11:00, single dose for covid-19 immunisation. Medical history included silent heart attack, ongoing Barrett's oesophagus from 2008, fall she had over two months (2021), eye surgery on an unknown date. She does not get any shots and can't have shots even for the flu shot because she had problems with two flu shots she had; states she had a problem with each one of the flu shots and does not know the names of the flu shots and has no lot numbers to provide for them; states she had the flu shots in the early 1990's and worked in healthcare and had to have them and they told her back then if she wanted to work she had to have the flu shots and then she got sick with both of the flu shots and they said they guessed they would not force her to have the flu shots. The patient's concomitant medications were not reported. Patient had the first dose administered and then about 14 hours after (12Mar2021) that she had no problems until it began working up her arm with arm pain and chest pain which persisted and she went to the hospital and was admitted for 23 hours. She does not know what to do about getting the 2nd dose of the vaccine and was at her cardiologist's this week and he said he is not familiar with the Pfizer vaccine causing chest pain; caller states she has a history of silent heart attacks. She still has tiredness and difficulty swallowing like her throat is still tight and they told her to mention if she does go for the second dose of the vaccine to mention that she had this situation. The chest pain and arm pain began 12Mar2021 and the arm pain is in her right arm where the vaccine was administered and the arm pain and chest pain have resolved; states the arm pain and chest pain stopped and she thinks that lasted

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about an hour and a half and she called a family member to take her to the hospital; states about 2:30am that same day she was admitted the morning of 12Mar2021 and was discharged on 13Mar2021. They ran every test known to the patient and for a while her blood pressure went up to 198/203 in the emergency room (12Mar2021) and she is not on any medication; caller states she does have Crestor but has not started on it and has not taken it yet. The tiredness and difficulty swallowing like her throat is still tight began the same time she was having the chest pain and she is not having any chest pain or anything like that right now but the tiredness and difficulty swallowing like her throat is still tight is still ongoing; states she did go get cardiac clearance to make sure which was this past week and she does not feel well and like for her the tiredness is bugging her. The tiredness and difficulty swallowing are better but she knows they are there and she tries to swallow something and is like boy her throat is still tight. They did an ultrasound in her left leg because she was limping from a fall she had over two months ago but still has a sore ankle from that and they sent her down for the ultrasound and a CT looking for blood clots in her lungs because she was short of breath (12Mar2021); caller states she thinks they were running everything they could to rule out things; states everything was negative for the CT and ultrasound and she believes the CT and ultrasound were done on 12Mar2021. She has no idea when she was diagnosed with silent heart attacks but they kept asking her about this when she went in for eye surgery and asked her when she had a heart attack and she said she had never had one and they said yes she had and she never knew. She just set up a HCP appointment after the reported events with a gastroenterologist because she has Barrett's and because of the esophagus she did not know if it flared up by the Pfizer vaccine and that caused the pain because the two pains of the heart and esophagus mimic each other with pain going up into the jaw so they were ruling out which one it was; states she went out as an atypical chest pain and called the cardiologist and went in and went over her records from the hospital with the cardiologist. She does not know what caused what in terms of the pain. The outcome of the event blood pressure increased was unknown, chest pain and pain in arm was recovered, other events was recovering.

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1191636	4/10/2021	GA	31	M	4/7/2021	4/7/2021	Weakness, Dizziness, server headache, chest pain, Blood pressure went down to 90/52 . I'm going to see primary care physician Monday.
1191737	4/10/2021	MT	72	F	3/24/2021	3/24/2021	Vomiting , pain in chest which migrated to left shoulder. Across my back to right shoulder.
1191672	4/10/2021	LA	40	F	4/9/2021	4/9/2021	I suddenly became lightheaded and had extreme weakness, then collapsed, then immediately began having chest pain and pressure, shortness of breath, arm numbness, and uncontrollable shaking. All of these symptoms happened at the same time. We called the paramedics but all my vitals were totally normal. The severe symptoms passed after about three hours. I continued to have chest pain and pressure, but was able to breathe normally and had 100% oxygen saturation. I am not a smoker and don't have asthma or any breathing issues so the sudden inability to breathe coupled with the other symptoms all at once was very alarming.
1191681	4/10/2021	MA	19	M	4/7/2021	4/7/2021	Total loss of taste on the tongue. The (very few) taste buds in the other areas of the mouth remained minimally functional. For a point of reference, I can barely taste anything when I swish mouthwash around in my mouth. Pre-existing minimal chest pain (related to history of vaping) flared up to an extreme extent the night of the day I was vaccinated. Hurt more than the joint pain or headache I also have (but those are common side effects).
1191714	4/10/2021	IL	52	F	3/23/2021	3/23/2021	Immediately after injection, my heart raced, I got a metallic taste in my mouth, and my fingers got cold and tingly. The next day, I developed chest pain, racing heart, shortness of breath, and insomnia. I continue to have chest pain. On 04/08/2021, without injury or anything that I did, my right middle finger swelled and turned purple and it's still purple. The ER doctor said it was a hematoma.

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1185220	4/9/2021	NE	71	F	4/7/2021	4/7/2021	She received her 2nd Covid vaccine on 04/07/2021. She reports when walking to her chair to sit for the 15 min. evaluation time she began to feel like she was SOB. She was monitored by a Nurse at the clinic. Pt reports that her saturations were between 85-95% and that her blood pressure was stable. Pt. reported that she felt like that she could not get her breath and was directed to be seen in the ER. Pt. presented with c/o SOB. Denied chest pain, wheezing, sore throat/swelling, denied feeling dizzy or lightheaded, nausea, vomiting, no rash, itching or abd. pain noted. Pt. reports that she has a hx. of dyspnea had a recent work-up and is currently being treated with albuterol inhaler and pulmonary rehab. Pt. denies any issues after receiving the 1st Covid vaccine.
1185178	4/9/2021	MA	26	F	4/9/2021	4/9/2021	Pt experienced the sensation of having a "lump" in her throat, symptoms resolved on their own without treatment shortly after the symptoms developed. The patient denied difficulty breathing, wheezing, chest pain/tightness. Pt denied any swelling to the throat, tongues, eyes, lips or difficulty breathing.
1185145	4/9/2021	CO	22	M	4/2/2021	4/2/2021	Patient described chest pain, requested transfer to ED due to complex medical history. Patient was treated with benadryl and "discharged quickly" per patient
1185125	4/9/2021	MI	72	F	2/4/2021	2/4/2021	Patient had chest pain,non-cardiac . Onsite EMS was called vitals HR 84 BP 152/80 99% O2. Patient refused evaluation or care. Released against medical advise.
1185121	4/9/2021	MT	66	F	4/5/2021	4/7/2021	Presented with chest pain and found to have Takotsubo cardiomyopathy
1185072	4/9/2021	TX	57	F	2/24/2021	2/24/2021	2/24/21 Problem: Left side neck pain. Left side chest tightness. Notes: 1350 Pt received 1st Moderna vaccine Lot# 012A21A. Exp 8/17/21. 1353 Pt states " she started experiencing sharp pain to left side of neck. Pt States her chest feels heavy but she has a hx of panic attacks, COPD. BP 141/93 R arm, HR 87, which iis a little high from pt normal baseline 112/66. O2 sat 98% Room Air. Encouraged pt to take deep breathe. Offered pt water. Observed pt for 30 mins. Reassessed pt. Pt states " she is feeling better." Informed pt to seek medical attention , if she begins to experience chest pains when she returns home. No other complaints voiced at this time.

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1185107	4/9/2021	CA	40	F	4/8/2021	4/9/2021	Chest pain, difficulty getting enough breath, facial swelling.
1184939	4/9/2021	TN	74	M	3/26/2021	3/26/2021	Patient taken to hospital for chest pain, underwent cardiac cath procedure with stent.
1185079	4/9/2021	IA	49	F	4/8/2021	4/9/2021	Patient received the first dose of the two part Pfizer COVID 19 vaccine series on 4/8/21 around 3PM. Patient arrives to the Emergency room on the morning of 4/9/21 with a chief complaint of "heart racing". Patient reports her symptoms started around 7AM on 4/9/21. She reports that her heart feels like it starts beating really fast, and then will slow down, and then starts beating really fast again. She also reports that she feels short of breath and reports that she has difficulty finishing sentences due to this shortness of breath. Patient reports that she also has been having chest pain, but reports that she often has heart burn, so is unsure if this is related to that. Patient also reports that she feels generally weak and dizzy, with a headache. Patient reports all of these symptoms started around 7AM on 4/8/21. ** At time of submission of report, patient is still admitted to emergency department and patient's current medical status is to be determined**
1185320	4/9/2021	OH	34	M	4/9/2021	4/9/2021	Patient reported chest pain during the 15 minute monitoring time following the injection.
1186016	4/9/2021	NY	19	M	4/9/2021	4/9/2021	Approximately 5 minutes after receiving vaccine, patient approached EMT complaining of palpitations. Found to be tachycardic to 100-130 and hypertensive with BP 160/110. Heart rate regular, satting at 99% on room air. Endorsed mild dyspnea, but denied feeling anxious, and denied chest pain, headache or other symptoms. Denied history of hypertension, and said his resting heart rate (as per his apple watch) was in the 80s. Patient was observed over 30 minutes, and remained hypertensive and tachycardic. Rhythm strip showed sinus tach. Patient was sent to the ED for evaluation.
1184970	4/9/2021	CO	63	F	4/6/2021	4/6/2021	Janssen COVID-19 Vaccine EUA, chest pain in ribs right side below breast, diminished after 3 days.

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1184943	4/9/2021	MD	56	F	3/9/2021	3/9/2021	Severe arm pain within a couple hours after shot then difficulty breathing/chest pains within 8 hours after shot which subsided after a few hours, headache started next day and has been on going sine the vaccine, rash developed a few days later and broke out in hives, which subsided after a couple days. Arm pain worsened and pain went up into left shoulder and side of neck by day 10 and has persisted and has now traveled to my left ear and shooting pains into my head. Took Advil and muscle relaxer as prescribed by family physician.
1185108	4/9/2021	IA	37	F	3/25/2021	3/26/2021	Fever, chills, soreness and swelling at injection site, chest pains (felt like heart attack,) vomiting, diarrhea, felt like I was going to pass out while seated, achy, lethargic, headache-most were on and off for a week after vaccination.
1185383	4/9/2021	TX	64	F	4/9/2021	4/9/2021	Patient reports chest tightness, pain is 5/10, EMS assessed patient and performed EKG (normal), BP: 217/108, second reading 178/101, pulse:85, patient reports chest pain continues 4-5/10 , Patient was transported to emergency room by ambulance.
1185470	4/9/2021	NY	56	F	4/9/2021	4/9/2021	57 y/o with Past Medical History of Rheumatoid Arthritis on Methotrexate and a biologic medication completed her 15 minute observation period post administration of her 2nd Pfizer COVID vaccination. As she walked out and she began listing to the right side. She sat down, confused, and complaining of chest pain. She also noted pruritus over her face and scalp. No c/o Shortness of Breath, wheezing or nausea. She was immediately evaluated by me and EMT's . Vital signs demonstrated a HR of 74 in sinus rhythm, O2 Sat of 98% and BP was 192/104. She did not have a rash but was scratching at pruritic areas on scalp and face. See continuation page...
1185550	4/9/2021	TX	40	F	4/9/2021	4/9/2021	Neck pain - moderate to severe Left arm pain - severe Headache - moderate Chest pain, left side - moderate

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1185910	4/9/2021	NC	43	F	4/7/2021	4/7/2021	PER PATIENT: APPROXIMATELY 1 HOUR POST-VACCINATION, A.C. STARTED TO EXPERIENCE NAUSEA, NUMBNESS AND TINGLY SENSATIONS, RASH ON ARMS, LEGS, SWELLING IN ELBOWS, KNEES, CHEST PAIN, CHILLS, SLIGHT SHORTNESS OF BREATH. THESE SIDE EFFECTS PROGRESSED AND WERE WORSE 4 HOURS POST-VACCINATION. THE DAY AFTER VACCINATION, AFTER REGISTERING WITH V-SAFE, A REPRESENTATIVE CALLED A.C. AND TOLD HER TO TAKE 75 MG DIPHENHYDRAMINE. THE REPRESENTATIVE STATED THAT A.C. WAS HAVING A MODERATE REACTION TO THE VACCINE (A.C. DID NOT EXPERIENCE ANAPHYLAXIS). MOST OF THESE ADVERSE REACTIONS IMPROVED AFTER TAKING THE DIPHENHYDRAMINE. TODAY, 2 DAYS POST-VACCINATION, A.C. IS NO LONGER HAVING ANY SIDE EFFECTS AND IS RECOVERED.
1185944	4/9/2021	WA	70	F	4/8/2021	4/8/2021	Severe muscle pain throughout body, legs and arms weak to the point of not being able to walk or get to the bathroom, chest pain, severe head/face pain, dizziness/vertigo, chills, fever, vomiting. Was so bad that I thought about calling 911. 15 hours later - muscle pain remains, head exploding pain, dizzy.
1185996	4/9/2021	PA	68	M	3/27/2021	3/29/2021	My father complained of chest pains and then died two days after receiving the vaccine.
1186039	4/9/2021	CA	84	M	2/26/2021	2/27/2021	On 2/27/2021 at 12:46 pm, the patient developed chest pain. Not helped by nitroglycerin x 2. He was transported to the hospital where he died.
1186058	4/9/2021	ID	33	F	4/8/2021	4/9/2021	Chest pain/ chest muscle spasms - shortness of breath for brief period after the spasm

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1186092	4/9/2021	NC	45	M	4/8/2021	4/8/2021	EMS dispatched to the Vaccine Clinic for the syncopal. Found male supine in vehicle ico event paramedic. Stated male received a Johnson and Johnson vaccine. Stated he drove his car to the medical monitoring location. Stated he had a syncopal episode with muscle rigidity. IV established. Fluids administered. Vitals noted to be hypotensive. Patient-stretcher-ambulance. Patient stated he felt dizzy. Muscle rigidity present. Patient stated he feels his whole body cramping. Stated he remember events that occurred. Denies chest pain. Denies SOB. Denies ABD pain. Denies N/V. Stated he felt healthy prior to the vaccine. No incident during transport. Muscle rigidity resolved PTA at the ER. Patient received 900cc NS. Transfer of care to ER nurse w/ report.
1184886	4/9/2021	MN	42	F	4/8/2021	4/8/2021	pt states she developed chest pain and pressure last evening after receiving Johnson and Johnson covid vaccine and worse today -- pressure and sharp pains - and hurts to breathe
1183943	4/9/2021	ME	29	M	3/24/2021	3/25/2021	Felt like passing out at 12:30p the next afternoon; temperature of 95 degrees; Headaches; fatigue; dizziness; minor chest pain; shortness of breath; This is a spontaneous report from a contactable consumer, the patient. A 29-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Lot number: ER8727), via an unspecified route of administration in left arm on 24Mar2021 16:30 PM (at the age of 29-years-old) as a single dose for COVID-19 immunization. Medical history was not reported. Concomitant medications were not reported. Prior to vaccination, patient diagnosed with COVID-19. On 25Mar2021 at 12:30 PM, the patient experienced felt like passing out, temperature of 95 degrees, headaches, fatigue, dizziness, minor chest pain and shortness of breath. Felt like passing out at 12:30 PM the next afternoon, temperature of 95 degrees at that time and experienced headaches, fatigue, dizziness, minor chest pain and shortness of breath since that day. The patient did not receive any treatment for the events. The clinical outcomes of the felt like passing out, temperature of 95 degrees, headaches, fatigue, dizziness, minor chest pain and shortness of breath were resolved with sequel. No follow-up attempts are possible. No further information is expected.

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1186128	4/9/2021	NC	63	F	4/8/2021	4/8/2021	Patient is found with secondary provider reporting the patient had an episode of syncope and hypotension. Patient reports that she is hot, diaphoretic and dizzy after receiving J&J Vaccine. A 12 lead ECG is completed as noted in chart. Patient's vitals are taken as noted in chart. Patient reports that she is beginning to feel better, patient continues to be monitored by EMS. Patient is found A&O x4, flushed warm and diaphoretic. Patient has no noted neurological deficits, pupils are PERRL. No trauma is noted to patient's face. Airway is patent, respirations are as noted. No JVD is noted, trachea is midline. Patient has equal chest rise/fall, lung sounds are equal bi-laterally. Patient denies chest pain, shortness of breath. Abdomen is soft/non tender. Patient denies abdominal pain, no GI/GU Symptoms are noted. Patient has no deficits noted to extremities, pulses are strong. Patient denies covid 19 concerns, other injuries or illness. 12 lead ECG is taken showing sinus rhythm as noted in chart
1186189	4/9/2021	WV	51	F	4/9/2021	4/9/2021	Patient called office on 4/9/21 approximately 1430 complaining of chest pain. Patient states that she had some mild chest pain after her first COVID-19 vaccine in March, which lasted 30 minutes, then went away and she was fine. She states that 30 minutes after the vaccine today, approximately 1100, she began having chest pain in the middle part of her chest. She also states she has had shortness of breath, more than her normal. The chest pain has continued for several hours and not let up, worse when up and moving around, as well as the shortness of breath. Denies any other symptom. Patient states she also does have anxiety, which she attributed the chest pain after the first vaccine to. Advised patient that she should call the squad to get to the ER asap. Pt. agrees.

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1185987	4/9/2021	IL	53	M	4/6/2021	4/9/2021	PT PRESENTS BY WHEELCHAIR WITH C/O OF FALLS. PT REPORTS 2ND COVID VACCINE TUESDAY. PT REPORTS TODAY HAS BEEN HAVING INCREASED WEAKNESS. PT REPORTS WHEN HE STANDS HAS INCREASED WEAKNESS IN LEFT LEG. PT REPORTS DECREASED FEELING IN LEGS. PT DENIES SOB OR CHEST PAIN. PT DENIES PAIN IN LEGS. PT REPORTS "I CAN STAND AND TRY TO WALK THEN MY LEGS GIVE OUT". NO S/SX OF DISTRESS NOTED. PT IS AFEBRILE. PT DENIES ANY PAIN. NO FURTHER COMPLAINTS, COMMENTS OR CONCERNS REPORTED AT THIS TIME.
1184213	4/9/2021	NC	28	M	4/7/2021	4/7/2021	On 04/07/21, 28 yo presented to clinic for immunization. Pt's documented allergies include codeine (rxn: rash; severity: low) since 02/06/2018. Pt had no previously documented encounters. Pt was seen at another institution on 02/06/18 for Generalized Anxiety Disorder and was prescribed sertraline 25 mg PO daily. Unknown if pt continues on this medication. On 04/07/21 at 1141, pt was administered COVID-19 J&J (Janssen) Vaccine 0.5 mL in left deltoid (Lot #043A21A; Exp: 6/21/2021; NDC #59676-580-15). Immediately after injection, pt became lightheaded, dizzy, diaphoretic and "felt like his vision was closing in". Vitals assessed at 1145 were BP: 94/55, P: 42, O2 sats: 98%. Pt placed in Trendelenburg position with vitals BP: 116/75, HR: 43, O2 sats: 98%. Pt denied any chest pain, shortness of breath, throat swelling, skin itching or hives. Pt reported no previous reactions to vaccines and no h/o anaphylaxis. Pt did report a similar event during a previous blood draw. Pt remained in Trendelenburg x 10 minutes. At 1159, pt was repositioned to sitting with BP: 120/80, HR: 48. Pt reported a low baseline HR. After a total observation of ~20 minutes, pt was reassessed by MD and permitted to leave. Event noted as "Symptoms are most consistent with a vasovagal reaction after J&J Covid vaccine.~~

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1186464	4/9/2021	CO	40	F	2/16/2021	2/17/2021	Patient presents to ED one day after receiving Pfizer COVID-19 vaccine at outside facility with tachycardia. Seen earlier that day at an outside facility ED. Denies chest pain, shortness of breath, nausea, vomiting, abdominal pain. Breathing comfortably. Only other symptom is body aches. Has not needed any medications prior to arrival. Administered acetaminophen and ibuprofen and discharged home medically stable. No escalation of care.
1186205	4/9/2021	NC	37	F	4/8/2021	4/8/2021	Pt was CAO x 4 upon EMS arrival. EMS 3 stated pt experienced a syncopal episode after getting her COVID vaccine. Pt had a brief LOC and was initially hypotensive. IV was initiated by EMS 3 and NS was started. VS were WNL upon EMS arrival. Pt skin was still pale and clammy during assessment. Pt stated this has happened in the past with shots and blood draws, however, she has never fully lost consciousness. Pt was still c/o dizziness. Pt requested transport to REX ER. Pt was on the cardiac monitor upon EMS 14 arrival and a sinus rhythm was noted. 12 lead revealed a sinus rhythm with no STEMI criteria met. Pt was able to stand and pivot onto the stretcher without incident. Pt secured via straps and loaded into the unit. Once in the unit, VS reassessed. NS was reduced to a KVO rate due to improvement in BP. Pt had received approx 200mL of NS at the time. Pt denied any chest pain, SOB, N/V, or abd pain. Pt only complaint was dizziness. Pt was initially very anxious and was coached through breathing techniques which improved her anxiety. EMS left en route to REX ER. Pt was monitored during transport with improvement in her condition. Pt skin color and condition improved and her VS remained WNL. Pt denied any complaints during transport other than dizziness which she reported was improving. EMS arrived at REX ER. Pt was taken into the ER triage area and was able to stand and pivot onto a wheel chair. NS DC'd, pt received approx 300mL total. Report given to the triage RN and care transferred to same.

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1183538	4/9/2021	AZ	52	F	3/25/2021	4/8/2021	Cyanosis to fingers and hands bilaterally with blueness noted lasting an hour on two separate occasions - 4/5/2021 and 4/8/2021. Patient monitored with no signs of central cyanosis or other problems. Discharged home to follow-up with PCP. Patient also reported chest pain and dyspnea on 3/28/2021, 3 days after vaccine with no emergent findings.
1183553	4/9/2021	CA	21	F	4/8/2021	4/8/2021	Pt received her dose of Janssen Cover 19 vaccine administered to left arm intramuscularly by RN given at 06:54 PM. Pt was seated for observation when scribe noticed pt being pale and sweaty. Scribe asked pt how is she, pt stated that she is dizzy, warm and nauseous. Scribe called RN to assess pt. Pt is alert oriented to self, time, date and location. Initial vital signs was taken by RN at 07:00 PM and it was 145/110mmhg, PR 138 ppm, RR20 cpm, Temp 98.1, Oxygen saturation of 99% at room air. RN assisted pt to lay patient down safely. No SOB and chest pain noted. Pt stated feeling better upon laying down for couple of minutes and stated that her dizziness comes and goes. Pt had no allergic reactions to any other vaccination but pt also stated that she has been feeling dizzy couple of times as her history. No history of elevated BP as well was stated by pt. Pt continuous to complain on and off dizziness, NP assess pt and Called 911 for further assistance. Repeat vitals check done by RN BP 135/100 mmhm, PR 81 ppm, RR 20 cpm, oxygen saturation 98% at room air. EMT came at 07:45 PM came assess pt, checked her vitals, pt requested if she could walk and have the EMT assist her to evaluate herself, no complaints of dizziness reported. EMT offered to bring pt to hospital for further evaluation, pt refused to go to hospital. Pt was advised to go to hospital if episode of dizziness happens again. EMT walked the pt to her car and have her sister drive. Pt left facility at 08:00 PM without any complaints. VAERS was filed and education provider RN was reported.

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1183602	4/9/2021	HI	51	F	4/6/2021	4/6/2021	51 year old female patient, with a history of migraines and eczema, presents to ED with complaints of an allergic reaction. Approximately ten minutes after receiving her first Pfizer COVID-19 vaccination dose at the Vaccination Clinic (around 4:20 PM), patient developed swelling to her tongue, mild hoarseness of her voice, and very mild shortness of breath. Patient was not given any medications while in the vaccination clinic and was brought into the ED immediately. She only has one known medication allergy to Percocet. Patient has no other associated symptoms including cough, wheezing, chest pain, nausea, vomiting, diarrhea, or rash. She has no other pertinent past medical history. There are no other medical complaints at this time.
1183604	4/9/2021	HI	42	F	4/1/2021	4/1/2021	The patient is a 42-year-old female with a history of extensive allergies who presents for a possible allergic reaction status-post receiving her 1st dose of the Pfizer COVID vaccine 30 minutes ago. She notes symptoms of tongue numbness and an itchy throat. She reports a history of anaphylaxis secondary to a bee sting and contrast dye, but denies reactions to prior immunizations. The patient also has a history of Factor V Leiden blood disorder, but denies taking daily medications. She denies shortness of breath, nausea, vomiting, diarrhea, abdominal pain, chest pain or rash.
1183609	4/9/2021	HI	55	F	4/1/2021	4/1/2021	The patient is a 55-year-old female who presents for a possible allergic reaction status-post receiving her 1st COVID vaccination at 1820 this evening. Approximately 15 minutes after receiving the injection, she developed palpitations, tongue swelling, and tongue tingling. The patient reports an improvement in her tongue swelling, but the tingling still persists. She denies difficulties with breathing. No rash. She reports normal urination and bowel movements.. The onset was 2 hours ago. The course/duration of symptoms is constant. Location: face. The character of symptoms is tingling. The degree at onset was minimal. The degree at present is minimal. Risk factors consist of none. Therapy today: none. Associated symptoms: denies chest pain, denies abdominal pain, denies nausea, denies vomiting and denies shortness of breath

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1183762	4/9/2021	GA		M		4/3/2021	<p>CHEST PAIN; INJECT SITE PAIN; FEELING WARM; This spontaneous report received from a patient concerned an 18 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included patient was asthmatic. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 043A21A, and batch number: 043A21A expiry: UNKNOWN) dose was not reported, administered on 03-APR-2021 on right arm for prophylactic vaccination. No concomitant medications were reported. On 03-APR-2021, the subject experienced chest pain. On 03-APR-2021, the subject experienced inject site pain. On 03-APR-2021, the subject experienced feeling warm. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from inject site pain, and feeling warm on 03-APR-2021, and had not recovered from chest pain. This report was non-serious.</p>

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1183830	4/9/2021	NJ	52	F	1/27/2021	1/27/2021	Injection site pain; tiredness; headache; chills; Chest pain; Chest tightness; congestion; Stomach pain; joint pain; fever; feeling very unwell; muscle pain; This is a spontaneous report from a contactable consumer (Patient herself). A 52-years-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation Solution for injection, Lot Number: EK9231, expiration date not reported), via an unspecified route of administration at deltoid left on 27Jan2021 08:40 and first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, lot number EL0140, expiration date not reported) via an unspecified route of administration at deltoid left on 05Jan2021 08:40 both as single dose for immunization. Medical history included asthma from 2007 and ongoing Verbatim: Asthma , irritable bowel syndrom from 2018 and ongoing Verbatim: Irritable bowel syndrome , fibromyalgia from 2012 and ongoing Verbatim: Fibromyalgia , vertigo from 1994 and ongoing Verbatim: Vertigo , gastrooesophageal reflux disease from 2018 and ongoing Verbatim: GERD , ventricular extrasystoles from 2015 and ongoing Verbatim: Premature ventricular contractions , drug hypersensitivity from an unknown date and unknown if ongoing , migraine from an unknown date and unknown if ongoing , reynold's syndrome from an unknown date and unknown if ongoing. Patient's allergic history included Cipro, an antibiotic (experienced Hives), sulfa (experienced hives), pencillin(experienced hives, when she was a kid), anaprox (If taken for more than 1 week she becomes short of breath), Nonsteroidal anti-inflammatory drugs (If taken for more than 1 week she becomes short of breath), Kenalog(hives), Depo-Medrol (Hives, reacted within seconds), Zofran ODT(Migraines), Savella (Hives). No family medical history was reported. Prior to vaccinations, patient was not taken any medication within 4 weeks. Concomitant medications included levocetirizine dihydrochloride (XYZAL) taken for drug hypersensitivity from an unspecified start date and ongoing; verapamil hydrochloride (VERAPAMIL HCL) taken for reynold's syndrome from Mar2020 and ongoing; magnesium oxide (MAGNESIUM OXIDE) taken for migraine from an unspecified start date and ongoing; colecalciferol (VITAMIN D [COLECALCIFEROL]) taken for an unspecified indication from an unspecified start

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					<p>date and ongoing; tocopherol (VITAMIN E [TOCOPHEROL]) taken for an unspecified indication from an unspecified start date and ongoing; cyanocobalamin (VITAMIN B12 [CYANOCOBALAMIN]) taken for an unspecified indication from an unspecified start date and ongoing; botulinum toxin type a (BOTOX) taken for migraine from 2015 and ongoing. On 27Jan2021, the patient experienced stomach pain, chest pain and chest tightness, Injection site pain; tiredness; headache; muscle pain; chills. At 19:00, joint pain, fever, congestion, feeling very unwell and she had recovered completely from all side effects except for headache when she woke up at 05:00. Her headache was ongoing until around 11:30 and when she again woke up, recovered completely from headache as well. Therapeutic measures were taken included Tylenol. Patient did not undergo any lab tests. Outcome of the vents was recovered as of 29Jan2021.</p>
1183907	4/9/2021	IL	40	M	<p>2/19/2021 2/23/2021</p> <p>My feet are cold as well feeling of left foot tingling when sitting or laying down.; Chest pains; Lightheadedness; My feet are cold as well feeling of left foot tingling when sitting or laying down.; This is a spontaneous report from a contactable consumer (patient). A 40-year-old male patient received first dose of bnt162b2 (BNT162B2, Solution for injection, Lot number: EM9810, Expiration date was not reported), via an unspecified route of administration, in left arm on 19Feb2021 12:45 as single dose for covid-19 immunisation. Medical history included gout. Concomitant medication included allopurinol taken for an unspecified indication, start and stop date were not reported. The patient previously took codeine and experienced Known allergy. Patient did not receive other vaccine in four weeks. Patient did not have COVID prior vaccination. Patient did not test COVID post vaccination. Patient experienced chest pains lasting 2 hours with light headedness, slow talking as well. Patient went to ER for this and when inlaid down the chest pain went away. ECG was normal as well as all blood work. Still feeling slight light headedness, the following day sporadically and my feet are cold as well feeling of left foot tingling when sitting or laying down on 23Feb2021 08:00 AM. Patient did not receive treatment for adverse events. The outcome of the events was recovering.</p>

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1183915	4/9/2021			F	3/17/2021	3/1/2021	Nosebleed; Upper and lower back pain; Chest pain; Knee pain; Nausea; This is a spontaneous case received from a contactable consumer (patient). A 76-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, lot number: Not reported), via an unspecified route of administration on 17Mar2021 at single dose for COVID-19 immunisation. The patient's medical history included COPD, insulin dependent diabetic, past drug event allergies on lisinopril, that made her coma for 3 days, coma. Concomitant medications were not reported. On an unspecified date, the patient experienced nosebleed, upper and lower back pain, chest pain, knee pain and nausea. She had experienced nosebleed for trice on an unspecified date. Patient asked if the side-effects would be worse after taking second dose. She was informed that no information about nosebleed during the clinical study of the vaccine was seen. The outcome of the events was unknown. Information on the lot/batch number has been requested
1184085	4/9/2021	NY	61	F	3/30/2021	3/30/2021	most severe: -headache-sharp and painful off and on - very red hot face along with cold hands -sever joint pain in hips and knees -loss of feeling in my legs, tried to walk to the bathroom and had a hard time, looked down and my legs were not working right and they were crossed and i was loosing control of them -fever, chills -sharp chest pains -pressure in the chest -shoulder and across the back pain -exhaustion -trouble breathing -nausea - foggy thinking -swollen glands
1184121	4/9/2021	IN	85	M	4/8/2021	4/8/2021	Shortness of breath, fever, chills, body aches, chest pain, Low oxygen level,.
1184813	4/9/2021	TN	40	M	4/6/2021	4/8/2021	3 days sustained fever over 102, cardiac arrest Thursday night, back & chest pain, vomiting, difficulty breathing. Went to ER, admitted to ICU, currently in ICU at hospital.
1184222	4/9/2021	OH	21	F	4/8/2021	4/8/2021	Body aches, dizziness, insomnia related to the pain, nausea, weakness, restlessness, headache, injection site pain, chest pains.

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1184352	4/9/2021	IA	53	F	4/8/2021	4/8/2021	Syncopal patient had her first Covid vaccination today waited 15 minutes stood up to leave and had a syncopal event she really did not have any prodrome with this she was not aware of feeling nauseated and awoke on the floor. She did not strike her head. On awakening she had chest pain that is typical of her known coronary artery disease and she presents here by ambulance for further evaluation. Patient does have periodic angina although this is been worse pain and longer duration than is typical for her. Patient had her last stenting done in late 2020. Transported to hospital for evaluation. Troponin and EKG negative. Discharged to follow up with cardiologist.
1184363	4/9/2021	IN	16	F	4/7/2021	4/7/2021	By 4:30 started having chest pains and could not take deep breaths, by 7:00 she was running a high fever of 102, body aches and extreme fatigue. She had a fever all day on 8th and experienced severe fatigue. She is still weak, having body aches and a low grade fever on Friday the 9th. Her chest pains stopped on Thursday.
1184374	4/9/2021	IN	31	F	3/30/2021	3/30/2021	Immediate arm pain and muscle cramping around left side of body specifically the diaphragm. Twelve hours past vaccination: Chills, Extreme Body Aches, Muscle Pain, Chest Pain, Shortness of Breath, Headache, Dizziness, Nausea, Extreme Fatigue, Burning Hot but no registered fever.
1184428	4/9/2021	PA	67	F	4/1/2021	4/8/2021	Diagnosed with multiple pulmonary emboli after presenting to ED with pleuritic chest pain and DOE. Unclear time of onset of symptoms, possibly preceding 2nd dose of vaccine by about 1 month. unclear temporal relation to initial vaccine dose.
1184454	4/9/2021	CA	68	M	4/7/2021	4/7/2021	muscle pain,cognitive impairment,severe headache, fever, joint pain,chills, shaking,drenching sweat,fatigue,chest pain,eye pain,nausea
1184522	4/9/2021	MI	23	F	3/1/2021	3/23/2021	Chest pains, low blood pressure, increased heartrate, fatigue, headache, bruising, fever, redness around injection site

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1184676	4/9/2021	IA	63	M	4/8/2021	4/8/2021	Patient presents with history of noticing some tachycardia. Symptoms started 5 to 7 minutes after he got the first Covid vaccine. He has a history of A. fib. He denies any chest pain. Has also had TIA in the past. EKG completed and no a-fib. HR 62 and BP 130/92. Patient offered further evaluation at ER and refused.
1184693	4/9/2021	FL	27	F	4/8/2021	4/8/2021	Client returned after 15 minutes observation. Client reported chest pain, warmth and fatigue. Fire Rescue First Responded. Client was further observed and client stated that she felt good. Per Fire Rescue, no further evaluation was needed. Client was released to go home at 2:35pm.
1184741	4/9/2021	MD	30	F	4/2/2021	4/3/2021	I got slightly picquerism and it was light green. 5 hours after felt mild fatigue. 7 hours after had headache and muscle ache. 12 hours after felt feverish and arm pain in my hands, finger, and shoulder. Still had bad headache. 13 hours later took Tylenol 1000MG. Next day at 4:16PM I still had headache, fever, and muscle ache. Took another Tylenol pill. Then I felt a little better. I had right sided chest pain.
1184764	4/9/2021	CA	65	F	4/8/2021	4/8/2021	Pt developed dizziness only upon standing approx 30 min after receiving vaccination. Denies SOB, difficulty breathing, chest pain, headache, lightheadedness. BP 170/90, repeat 146/82. HR 98. O2sat 96 RA. No symptoms while sitting. Discharged home with daughter and spouse in stable condition.

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1184808	4/9/2021	FL	43	M	3/29/2021	3/30/2021	Patient recieved vaccine on Monday 3/29/21 around 9:30am, he started to feel itchy same day around belly button but as the week went by the rash increased (looks like bumps and no puss), looks like a hives rash some places looks worse than others and looks patchy. He also c/o bilateral swelling in hands/fingers. No c/o fever, bodyaches, chills, headache, SOB. As of 4/7/21 @3:45pm swelling has subsided but the itchy and rash is not getting better. Patient took Benadryl, and applied Triamcinolone cream, and also took Xyzal. Advised patient to continue with the Benadryl/Xyzal to help with the allergic reaction. He may also apply benadryl cream and hydrocortisone cream to help. Informed patients wife that if he experiences any fever/body aches/chills to take Tylenol or Ibuprofen but if he experiences any SOB or chest pain then proceed to the Urgent Care or ER. The brother in law is a Dermatologist which he prescribed him the Triamcinolone cream. 4/9-Follow up: Patients wife called back and stated that patient is still itchy (almost 2 weeks) but it's drying up now. She stated he is still taking benadryl and applying the triamincinolone cream. Advised to continue with the Benadryl/Xyal and benadryl cream. Will follow back up on 4/12/21.
1184022	4/9/2021	VA	57	F	4/8/2021	4/8/2021	Fever and chills, nausea, headache, pain at injection site, brief chest pain
1188035	4/9/2021	CA	43	F	4/9/2021	4/9/2021	As patient was starting to leave observation area, she became lightheaded and felt dizzy. She had no SOB, chest pain, rash or other symptoms. She returned to observation area and reclined on cot. Oxygen started at 4L per NC. VS: O2 sat 98% P 76 B/P 110/60. Given water to drink. VS remained stable. She drank a bottle of water and final VS at 4:30 B/ P 130/80, P 82, O2 sat 98%. Patient left ambulating without difficulty. Symptoms completely resolved

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1186979	4/9/2021	CA	64	F	4/9/2021	4/9/2021	Pt started having feeling of "flutter feeling on her heart," 5 mins after vaccination. 2 episodes of flutter like feeling, 1st one lasted 15-20 mins. after 5 minutes resolved then started having the flutter feeling on her heart again. Patient did not have chest pain, SOB, dizziness, swelling of lips/tongue, throat. HR was elevated to 114 initially and 2nd episode with 119 bpm. otherwise, rest of vital sign stable. Action: vital signs and observation Called clinician of the day Dr. and recommended sending patient to Emergency Department for higher level of care. Paramedics came and patient went to Emergency Department.
1186984	4/9/2021	GA	60	F	4/9/2021	4/9/2021	Dizziness and Chest Pain

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1187025	4/9/2021	CA	53	F	4/9/2021	4/9/2021	<p>Patient received first dose of Pfizer at 12:50 pm on left deltoid, lot # ER8731, expiration date on 07/2021. Patient has a history of rheumatoid arthritis and asthma, both of which are controlled with medication. Patient waited in outdoor EMT waiting area for approximately 20 minutes. At 12:09 pm, patient entered indoor EMT waiting area and asked the lead nurse, if she could check her blood pressure. Upon assessment, patient was alert, oriented X4, clear speech. The patient's primary complaint was "feeling tired". The patient sat down in a chair in the observation area while RN took her blood pressure. At 12:09 pm, the patient's BP 156/102 sitting, HR 68, SpO2 97% RA, RR 17 res/min unlabored. Patient denies tightness in chest or throat, difficulty breathing, or trouble swallowing. Patient states she did not drink water today. RN gave patient a water. Patient consumed 16 oz of water at 1:13pm. Patient reports she is "feeling better" at 1:13 pm. At 1:16 pm, the patient's BP 156/102 sitting, HR 75, RR 18 res/min unlabored. Patient states her blood pressure "is usually low" because she runs daily, but she "can't remember" her usual range. At 1:20 pm, BP 150/100 sitting, HR 66, RR 18 res/min unlabored. Patient states she is "feeling tired and cold". Patient was transferred to anti-gravity chair at 1:25 pm with assistance from EMT. At 1:25 pm, patient's BP 167/115, RR 20 res/min, HR 64. At 1:32 pm, patient called her brother to come pick her up. Patient was provided with education related to signs and symptoms of allergic reaction, such as tightness in throat, tingling of tongue, and shortness of breath. Patient denies experiencing such symptoms. At 1:32 pm, BP 150/90, HR 70, Spo2 at 99%, RR 20 res/min. Patient states "I felt like something bad was going to happen" after receiving her vaccine. EMT talked with patient calmly and encouraged deep breathing. At 1:39 pm, BP 164/88, HR 84, Spo2 at 98%, RR 20 res/min. At 1:42, the patient requested to leave. Lead RN, advised patient to stay laying down and deep breath to help her blood pressure go down. Patient states "I want to leave". Patient was provided with education about normal blood pressure ranges. Patient verbalizes understanding and states she is aware she needs to call her doctor if she is experiencing headaches, vision changes, and/or chest pain. At 1:45 pm, patient got up out of chair and followed by EMT to car. Patient's gait was steady and balanced. Patient states she is "okay to</p>

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drive". Patient declined having more vitals taken. Patient left with brother in passenger seat of car at 1:47 pm.

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1187061	4/9/2021	CA	35	M	4/9/2021	4/9/2021	<p>HPI: Patient is a 35 year old male who presents following administration of a single dose of J&J COVID19 vaccine in the left deltoid. Patient started to feel light headed and nauseous while walking to his car. About 20 minutes following vaccination, a vaccinator had walked passed his vehicle and noted that he was unconscious. Patient was still unconscious upon medical response team arrival and unresponsive to stimuli. Once the patient awoke about 30 seconds later, he continued to state that he was nauseated and "did not feel good." Patient was unaware that he had lost consciousness. He further disclosed that he had been working in the sun planting trees all day and had not consumed any food or beverage. He denied allergies to medication, food, and other vaccines. He relayed that he had passed out from vaccinations in the past as a child. He affirms lightheadedness and nausea. He denies chest pain, difficulty breathing, swelling of the face/lips/tongue/throat, skin rash/itching, cramping abdominal pain, and vomiting. Exam (update as needed): GEN: Upon arrival, patient unconscious and not responsive to stimuli HEAD: NCAT EYES: pupils unreactive and mydriatic ENT: Ears normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g, palpable strong radial pulse PULM: Clear to auscultation bilaterally, no accessory muscle use ABD: Soft, no tenderness. SKIN: Skin pale, cool, and clammy. No rashes. No erythema or edema of the injection site. MSK: FROM, MS 5/5 NEURO: Patient unconscious upon arrival. CN 2-12 grossly intact, no ataxia, gait steady Clinical Impression/Field Tx: Vasovagal syncope. EMS called immediately to respond to the site for further evaluation. Patient placed into a reclined position. Patient not displaying active signs or symptoms of anaphylaxis. Upon regaining consciousness, patient was alert and oriented x4. Once the patient demonstrated ability to control airway, he was given candy and water. EMS arrived and an EKG and BGL were performed, both of which were normal. Vital signs were stable. Instructed patient to consult their PCP regarding the post-vaccination reaction. Patient instructed to go to emergency department should they develop chest pain, difficulty breathing, swelling of the face/lips/mouth/tongue/throat, or cramping abdominal pain with nausea/vomiting, as these are signs of possible</p>

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1187082	4/9/2021	CA	45	M	4/7/2021	4/7/2021	<p>anaphylaxis that requires immediate intervention. Medications administered: None Disposition: FD EMS called to the scene for further evaluation. Patient elected to go home after evaluation by EMS.</p> <p>my husband has asthma and this shot made him very sick. today is day 4 and he still has fever, chills, is perspiring profusely. an hour after his shot was administered, he started to feel cold, shortly after, he was having chest pains, not long after his fever spiked to 104. his side effects were, fever, chills, vomiting, chest pains, perspiring, asthma attaches, sever body aches, head aches.</p>

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1187395	4/9/2021	CA	25	F	4/9/2021	4/9/2021	11:15am patient is a 25 year old female who has completed a 15-minute observation period with the following signs and symptoms of an adverse reaction: other - diffused pruritis . Pfizer-BioNTech COVID-19 vaccine # 1 in series administered. Patient states 15 minutes after she received the vaccine, she started feeling itchy on her right arm where the vaccine was given. Then itchiness has gradually moved to her left arm and now her face. Concerned that she has facial itching as this is new to her. She reports no difficulty breathing, shortness of breath, chest pain, dizziness, headache. States she does have a hx of mild seafood allergy, has never needed to use an epi pen. BP 114/76 Pulse 97 Resp 16 SpO2 96% General: alert, well appearing, no acute distress Eyes: no erythema or discharge Mouth/Throat: no erythema or lesions, no signs of angioedema Neck: supple, no significant adenopathy Lungs: clear to auscultation, no wheezes CV: normal, regular rate and rhythm, regular rhythm, no murmur Skin: no hives, + generalized Eczematous patches throughout both arms 11:45am Spoke with MD from Urgent Care - agree to monitor for 30-45 minutes with administering benadryl po. If Patient symptoms worsen, will transfer to EMERGENCY DEPARTMENT for observation. Action(s) taken: Another drug administered - Benadryl 50 mg Allergy to COVID-19 vaccine documented in Allergies activity: No, Referred to Advice MD Allergy 12:25 PM Patient states pruritis has improved and ready to go home. Patient is alert , awake and oriented. She is no distress, no angioedema, no visible rash or hives. Vitals within normal limits. I discussed the possible sedative effects of benadryl- states she is not drowsy and able to drive herself home. EMERGENCY DEPARTMENT precautions discussed- if symptoms worsen, call 911 or EMERGENCY DEPARTMENT.

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1187450	4/9/2021	RI	35	F	4/9/2021	4/9/2021	pt arrived approx. 30min after vaccine adminstartion with complaints of congestion. pt denied any complaints of throat swelling sob, nausea vomiting head ache chest pain. pt vitals were taken multiple times. pt bp 130/93 hr 96 spo2 100%ra rr 18. pt wanted to be reevaluted just to "make sure I am ok". pt appeared to be stable and not suffering from any anaphylaxis. pt refused treatment and transport. pt report can be found through agency pcr
1187463	4/9/2021	ID	25	F	4/9/2021	4/9/2021	About 5-10 minutes after vaccination, patient felt suddenly "dizzy like the room was spinning and felt lightheaded." Shortly after right eye started itching and was red. Then at 20 minutes after, patient started sneezing and reported itchy nose. At 30 minutes, she reported genralized itching on face, arms, and chest. No chest pain, shortness of breath, rashes or tongue swelling. Benedryl 50 mg IM was given at 30 minutes post vaccination. Vital signs normal throughout entire episode. Patient reported resolution of symptoms and was released to go home.
1187747	4/9/2021	MA	39	F	3/22/2021	3/22/2021	Immediate nausea, Fainting 10 minutes after, vomiting and chest pain after awakening, sore arm radiating from injection area. the next day, worsening headaches and felt weak. The next night fever 100.6, chills , muscle aches and swollen joints, fatigue.
1187823	4/9/2021	CA	22	M	4/3/2021	4/3/2021	Chills for 2-3 hours of duration following 5 hours after vaccination, nausea, The following morning: 10/10 non-radiating chest pain of pleuritic feeling, tingling in limbs, syncope, SOB Tachycardia(108 bpm)

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1187893	4/9/2021	GA	49	F	3/31/2021	3/31/2021	0213A21A -(The lot number is hard to read and it could be this number or the one above.) Wednesday, Thursday and Friday - I had headaches and I had extra fatigue (I already do have fatigue because I have insomnia). My arm soreness was on the other arm not on the one that I had an injection. Friday and up until yesterday, I had nausea. Saturday, I had headache and being tired. Sunday, I had chest pain (woke up with it) like a burning in my chest. My left arm, I felt a tingling down my arm to my legs - it almost felt like a blood clot was there in my arm. I had to put heat on and then ice. I couldn't extend arm because it hurt. Midnight on Monday, the burning and the chest pain was too much and I was getting worried. The only thing I have is asthma, otherwise I'm healthy. I went to ER - they gave a Cocktail of Lidocaine; Malex and something else to see if it would help with the burning in my chest. Monday, I took Tylenol. Tuesday, the chest pains were more intense. 03:00 on Wednesday am - I went back to ER. They brought me to a full chest x-ray - front, side and back and a CAT SCAN and gave me another Cocktail and also put something in my IV. This time, they sent me home with four different medicines. The meds are: Generic of Nexium; Aspirin low dose of 81 mg - bayers children - one a day; Generic version of Bentil Triacetin - I take this when I want to be still; Generic version of Valium - they gave me four of these - and I have one left that I will take tonight so I can sleep. I am taking Vit D. I haven't taken Tylenol since getting on these. I try to stay hydrated. I still have a really really funny feeling inside me. Last night, I was very restless and couldn't sleep. It makes me on borderline and dizzy and my heart starts palpitating. It's a scary feeling in my chest.
1186922	4/9/2021	NJ	44	M	2/28/2021	2/28/2021	Pt c/o of chest pain. Works out a lot. Point tenderness, very anxious. Vital signs at 10:45am 160/98, HR 133, RR 22. Rechecked at 11:00am, BP 140/92, HR 90. Refused to allow calling his wife. Pt transported to hospital. Follow up call made but no answer.
1187986	4/9/2021	CA	31	F	4/9/2021	4/9/2021	C/O DIZZYNESS AND FEELS LIKE PASSING OUT PROCEEDED WITH L ARM PAIN AND CHEST PAIN. EMS CALLED AND ADMITED BUT DISCHARGED OUT OF THE EMERGENCY ROOM.

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1188233	4/9/2021	TX	56	F	4/8/2021	4/8/2021	Chills, fever, headache, tiredness, nausea and chest pain to the left side, frequent urination, sweats
1188050	4/9/2021	MA	22	F	4/3/2021	4/10/2021	Fever- 101.6 F High heart rate - 160bpm Nausea Chest pain
1188056	4/9/2021	NC	19	F	4/8/2021	4/8/2021	Symptoms started around 9:15pm on 4/8 ??Mild Arm Soreness initially ??Fever of 100.0 at 10pm. 101.4 at 11:30pm, 99.6 at 4am ??Chills/Tremors: Stop and Start after a couple minutes. Did not stop until 2am ??Hot Breath; Felt like fire after cold water ??Extra Discomfort on lower back/sides ??Jaw Pain after chills stopped around 11:50pm. Took Advil to help Symptoms for 4/9 ??Sharp pain in chest when breathe in too hard at 4:50pm ??Fatigue all day. Only got out of bed to pick up mail and use the bathroom ??Diarrhea at 6pm. Couldn't keep anything solid down except oranges and bone broth ??Chest Pain after 8:30pm: Put ice pack on chest and it relieved pressure. It feels like something is stuck down my esophagus, even though I have not been able to eat anything solid.
1188082	4/9/2021	CT	27	F	4/7/2021	4/7/2021	At time of vaccine (04/07 11:45 AM) was light-headed and had shoulder pain at injection site but no other adverse effects during observation period. While driving home, had some tingling/numbness in left arm and knees with persistent pain in shoulder. Felt fine other than shoulder pain and slight headache until that night. I went running after finishing work (around 7 pm) and started experiencing intense tingling/numbness all down left arm to hand as well as intense knee pain not typical during running, at which point I stopped running and went home. When I got home I noticed my left index finger had lost circulation (was white). That night I experienced moderate but increasing fatigue as well as chest pain and tightness. My hands both felt numb like they fell asleep/lost circulation, as well as my left arm and feet. The next morning I felt better but the fatigue and numbness in my hands and feet started up again around 10 am and lasted for several hours. I had some chest pain that night (around 11 pm) and a headache on and off throughout the day. Today (04/09) I felt completely fine. I did start my period the day before my vaccine (04/06) and was having heavy bleeding/cramps that day and a bit throughout the time described above.

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1188168	4/9/2021	OH	38	F	3/29/2021	3/30/2021	Severe anxiety and what we think was a significant panic attack. Began with tingling hands, light headedness and fatigue. Turned to chest pains and nausea. Lasted from 8:30 PM to 11:00 PM
1186206	4/9/2021	FL	59	F	4/1/2021	4/2/2021	fever 101.7, nausea, fatigue, chest pain, couldn't walk
1188267	4/9/2021	WA	40	F	12/21/2020	3/9/2021	Received covid vaccine in December and January, I developed bilateral pulmonary embolisms, diagnosed in March. Very healthy person, started getting shortness of breath and chest pain but absolutely no signs of DVT in my legs...
1186453	4/9/2021	NJ	23	M	3/25/2021	3/25/2021	Pt fell faint. Anxious about vaccine. Did not hurt his head. Landed on his buttocks. No complaint of headache, dizziness, chest pain or shortness of breath. Patient alert, awake, oriented. Vital signs were taken, 11:20 blood pressure 113/82, heart rate 76, spO2 98%.
1188326	4/9/2021	VA	35	F	4/1/2021	4/1/2021	VIIS ID: 11344242 Moderna COVID-19 Vaccine Vaccine Lot Number: 018B21A first dose. Reaction at injection site, mild. denies SOB, chest pain. Administered 25mg diphenhydramine oral @ 11:25hrs. 11:40 consult with healthcare provider. Lungs clear, denies: itch throat, throat swell, swallow and speech. 27 weeks pregnant with 3rd child. Allergy: sulfa. vaccine given at 11:07; reaction 11:15. EMS called 11:17; 11:22 P 82; 11:30 100/59 P 85.
1188352	4/9/2021	CO	36	U	4/2/2021	4/3/2021	Extreme chest pain, shortness of breath, elevated heart rate, increased d-dimer results in blood test, swollen lymph nodes on injection site, acid reflux/GERD-like symptoms
1188362	4/9/2021	CA	70	M	4/9/2021	4/9/2021	chest pain, shortness of breath, sense of throat closing. onset 10 min after vaccine, resolved after one hour.
1188389	4/9/2021	FL	38	F	4/7/2021	4/8/2021	Chest pain, tightness, palpitations mimicking symptoms of heart attack

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1188416	4/9/2021	IL	24	M	4/7/2021	4/7/2021	First nausea, then vomiting, fever and headache during the day, took 400mg ibuprofen around 1PM. At night: chest pain, night sweats, continued nausea, fever and headache, took 500mg acetaminophen. Second day: headache and nausea continued, took 400mg ibuprofen. Second night: extreme night sweats.
1187971	4/9/2021	CA	23	F	4/9/2021	4/9/2021	23 yo FM who received first dose of Pfizer vaccine and then was noted to have shortness of breath and complaining tongue closing sensation immediately after at Vaccine Clinic --I was called to evaluate the patient. When I arrived patient was laying down on a chair with a friend, shaking with seizure like activity but alert and oriented to person place and time. Upon my arrival she was shaking, vomited x 1 and then complained about chest pain. Vitals upon my arrival: HR 58, o2 100% RR appeared to be around 22-24 (hyperventilating) BP 88 systolic (manual)--repeated by medics upon arrival minutes later 110/72. Given throat closing sensation, vomiting, shortness of breath I advised to call 911 and ordered Epinephrine x 1 which was given by RN immediately. Pt was then placed on the gown chin up, she continued to shake throughout entire body but continued to be alert and oriented. Medics then arrived on scene, started an IV, glucose by medics 84, IVF started by medics. Pt was transported to ER via medics. Pt is not a patient, last visit 2017. Pt did state she has hx of POTS and DRESS syndrome to Lamictal. Reports taking cetirizine this AM, Zofran and Oxycodone and Baclofen (prescribed by external PCP?). Prior to transport to ER pt continued to be alert oriented, but shaking and twitching throughout her body. MD verbally communicated to patient to not receive the 2nd dose given her severe anaphylaxis like reaction to the first dose of the vaccine. Pt can be referred to allergist after ER follow up by PCP. Denied pregnancy.

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1186328	4/9/2021	NC	41	F	4/8/2021	4/8/2021	41 YO FEMALE CONSCIOUS AND ALERT WITH A GCS OF 15 COMPLAINING OF HER THROAT FEELING LIKE IT WAS CLOSING UP. PT JUST RECIEVED HER COVID 19 VACINATION. PT DENIED CHEST PAIN, SOB, N/V/D, HEAD NECK AND BACK PAIN, BLURRED VISION, DIZZINESS. PT HAD A PATENT AIRWAY WITH EQUAL CHEST RISE AND FALL. PT HAD NO NOTED HIVES OR RASH, PT WAS EXCHANGING AIR AT 98% SATURATION. PT HAD NO OTHER NOTED DCAPBTLs, HEENT WAS UNREMARKABLE. PT VITALS WERE TAKEN AND RECORDED. PT WAS GIVEN 50 MG OF BENEDRYL PO BY PARAMEDIC. PT WAS OFFERED TRANSPORT TO THE LOCAL HOSPITAL FOR FURTHER EVALUATION. PT REFUSED
1188307	4/9/2021	IL	51	F	4/3/2021	4/4/2021	tingling in right arm and leg, pain in left arm and leg, weakness in left arm and leg, swollen right side of face, chest pain, and fatigue
1186909	4/9/2021	VA	36	F	4/7/2021	4/8/2021	Day 1: dizziness, nausea, vomiting, diarrhea, chills, fatigue, fever, tingling and burning in both arms (lasted 2 hours) Day 2: chest pain, facial twitching, muscle spasms, weakness, fast heart rate, fatigue, nausea, dizziness Day 3: chest pain, facial twitching, muscle spasms, nausea, fast heart rate
1186236	4/9/2021	NJ	48	F	4/7/2021	4/7/2021	FEVER, HEADACHES, BODY HURTS, HEART BID, CHEST PAIN AND SKIN REACTION (RASH) FOR 2 DAYS
1186267	4/9/2021	PA	26	M	4/9/2021	4/9/2021	few minutes after injection, developed chest pain with tightness. brought to obs, resting on stretcher, given water, states 6/10 chest pain initially. 1020a bp 158/89 hr 63 rr 18 sats 97% on ra. denies hx of htn. 1025a bp 154/89 hr 67 rr 18 sats 99% on ra, states cp and tightness improving to 4/10. denies other s/s. 1035a bp 138/82 hr 72 rr 18 sats 99% on ra. improving s/s per patient. 1055a bp 147/86 hr 62 rr 18 sats 99%. says feeling much better and tightness/pain almost completely resolved. 1056 standing bp 155/89 hr 60 rr 20 sats 99% on ra. discussed further eval at ed but patient resistant. instructed to seek futher intervention if s/s return or worsen. escorted to private vehicle without issues.

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1186298	4/9/2021	NC	42	F	4/8/2021	4/8/2021	Upon arrival subject is CAOx4. Subject is found sitting in her car, after receive her COVID vaccine. Subject stated that she would like to be checked out. Subject stated that she does not having any symptoms, but would like to double check everything is okay. Subject's skin warm/dry, respiratory rate/ effort normal, pulse rate fast/regular, mucous membrane pink/dry. EMS note subject's Spo2 is in the upper 90's, subject is noted to be tachycardic. Subject stated that she normally has a fast heart rate when she is getting an examination done. Rhythm showed Sinus Tachycardia with no significant ST elevation. Subject stated that she feels fine. Subject denied any shortness of breath, chest pain, blurry vision, headache, N/V/D. EMS monitored the subject for a moment to see if heart rate would come down. After approximately 10 minutes EMS not that subject's heart started to come down. EMS offer transport to the hospital to the subject. Subject stated that she feels okay and does not wish to go to the hospital. EMS explains the risk of not being further evaluated. Subject stated that she understands and does not wish to go to the hospital.
1186361	4/9/2021	NC	34	M	4/8/2021	4/8/2021	34 YO MALE WAS COMPLAINING OF HIS LEFT ARM AND SIDE OF HIS FACE STARTED TO FEEL NUMB AFTER GETTING IS COVID 19 VACINATION. PT DENIED CHEST PAIN, SOB, N/V/D, HEAD NECK AND BACK PAIN, BLURRED VISION, DIZZINESS. PT HAD A PATENT AIRWAY WITH EQUAL CHEST RISE AND FALL. PT HAD NO NOTED SWELLING TO THE LEFT SIDE OF HIS FACE AND HAD FULL PMS AND ROM TO THE LEFT ARM. PT HAD NO OTHER NOTED DCAPBTLS, HEENT WAS UNREMARKABLE. PT VIATLS WERE TAKEN AND RECORDED. PT OFFERED TRANSPORT TO THE LOCAL HOSPITAL FOR FUTHER EVALUATION. PT REFUSED

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1186389	4/9/2021	NC	22	F	4/8/2021	4/8/2021	20 YO FEMALE CONSCIOUS AND ALERT WITH A GCS OF 15 COMPLAINING OF HAVING ITCHING AND HIVES TO THE LEFT FOREARM. PT WAS JUST GIVEN HER COVID 19 SHOT. PT DENIED CHEST PAIN, N/V/D, SHORTNESS OF BREATH, BLURRED VISION, DIZZINESS. PT HAD A PATENT AIRWAY WITH EQUAL CHEST RISE AND FALL. PT HAD SOME HIVES TO THE LEFT FOREARM. PT HAD NO DIFFICULTY BREATHING OR RASH ANY WHERE ELSE. PT HAD NO OTHER DCAPBTLs. HEENT WAS UNREMARKABLE. PT VITALS WERE TAKEN AND RECORDED. PT WAS GIVEN 50 MG OF BENEDRYL PO BY EMT. PT WAS OFFERED TRANSPORT TO THE LOCAL HOSPITAL FOR FURTHER EVALUATION. PT REFUSED
1186418	4/9/2021	NE	54	F	4/9/2021	4/9/2021	After waiting the required 15 minutes after vaccine administration, patient states she felt nauseous and light headed. She was placed in chair, blood pressure taken and questions answered regarding food/drink consumed today, medical history, etc. Co-workers notified, one of which was a nurse. Patient was advised to rest in her office w/supervision and at any time if she felt she needed to leave work, she was free to do so or assistance would be provided if needed. She voiced understanding and agreed. Later, hospital staff was notified that patient had arranged for a family member to pick her up and take her home for the remainder of her work day, as the symptoms had not yet resolved. Follow up call made at 1444. Patient reports mild nausea and fatigue. She was advised to continue to rest and hydrate. If symptoms worsen, chest pain develops, etc., she is to report to ED for eval.
1186419	4/9/2021	NC	33	F	4/8/2021	4/8/2021	Pt alert, oriented. Pt rcv'd J&J vaccine and approx 6 minutes later felt tingling in both of her hands. Pt reports hx of sesame seed allergic reaction (anaphylaxis), and she was concerned that this may progress to that point so she just wanted to be checked. Pt declines chest pain, diff breathing, dizziness, syncope, N/V, diaphoresis. Speaking in full sentences. V/S as shown. Pt remained in monitoring area until parking area was released.. Pt stated she felt better and left.

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1186436	4/9/2021	WV	24	F	4/8/2021	4/8/2021	Severe abdominal cramps, severe chest pain, neck pain and headache, severe joint pain, muscle aches and weakness and shakiness. Started 6 hours after receiving vaccine and is ongoing at 30 hours post vaccination.
1186441	4/9/2021	NC	47	M	4/8/2021	4/8/2021	47 YO MALE CONSCIOUS AND ALERT WITH A GCS OF 15 COMPLAINING OF FEELING NAUSEAUS. PT JUST RECIEVED HIS COVID 19 VACINATION. PT DENIED CHEST PAIN, SOB, V/D, HEAD NECK AND BACK PAIN, BLURRED VISION, DIZZINESS. PT HAD A PATENT AIRWAY WITH EQUAL CHEST RISE AND FALL. PT HAD NO NOTED DCAPBTLs, HEENT WAS UNREMARKABLE. PT VITALS WERE TAKEN AND RECORDED. PT WAS OFFERED TRANSPORT TO THE LOCAL HOSPITAL FOR FURTHER EVALUATION. PT REFUSED
1186454	4/9/2021	NY	48	M	2/24/2021	2/25/2021	After second dose, tired, very fatigued, whole body was sore, chest rash, injection site pain, this was the day after the shot and last for about 4 days. Felt bad for weeks after 2nd dose. On 3/23/21, Syncope and collapse, 3 days in hospital. Dr's could not find the cause of syncope and collapse, they ran many tests. On 3/23/21, woke up with severe chest pains and collapsed, large gash on my head, taken to hospital by ambulance. Dr's did not think it was from 2nd dose, but they could not find another reason for Syncope and collapse.
1186735	4/9/2021	IL	18	F	4/8/2021	4/8/2021	Patient received vaccine at 14:22, waited the 30 minute observation period. Patient returned to clinic at 15:35 with reports of chest pain and c/o throat closing. She did not use her epi pen, but had it during the observation period after her injection. Nurse met patient in waiting room and escorted directly to ED. Patient was seen by ED physician and was given albuterol, solumedrol and benadryl. Was discharged home in good and improved condition at 17:33.
1186873	4/9/2021	TX	27	F	4/8/2021	4/8/2021	Chest pain, disorientation, dizziness, nausea, brain fog, muscle spasms, inflammatory response in prior surgical sites (from 6 months to 2 years old), and fatigue

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1186297	4/9/2021	NC	34	F	4/7/2021	4/7/2021	34yr old female with shellfish allergy (reaction: anaphylaxis), exercise induced asthma, previous issues with injections/blood draws (reaction: dizziness) and other comorbidities presented for COVID-19 J&J vaccine on 4/7/21. CMA administered the JANSSEN COVID19 VACC (LOT # 043A21A, exp 6/21/21) IM in patient's left deltoid at 1318. Within 2 minutes of administration, patient became lightheaded and shortly after passed out. Patient had one convulsion (arching back, tense limbs) lasting 5-6 seconds. Once relaxed, patient was arousable. Patient denied hives, shortness of breath, throat swelling, or chest pain. At 1325, BP 48/31, MAP 76, HR 79. Patient assisted to Trendelenburg position and remained lying for 20m. Patient developed chills and tremors during this time stating she was cold. At unknown time later, patient endorsed feeling better and was lifted to sitting position and allowed to sit for another 10minutes. At 1346, final BP 105/58, HR 73. Patient endorsed feeling back at baseline. Provider released patient and patient discharged. Of note, provider notes patient with vasovagal syncope and convulsions after receiving J&J COVID vaccine. Patient has history of vasovagal reactions.

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1186494	4/9/2021	IL	74	F	2/22/2021	4/8/2021	3/8: Admitted to hospital dx chest pain; 3/9 transferred to a different hospital, dx gallbladder necrosis. Hospital course: 74 y.o. female admitted on 4/8/2021 for abdominal pain. Notable PMHx: aortic valve replacement, HTN. On morning of admission, patient woke up with severe epigastric pain. Describes pain as a pressure. Has had vomiting. Had bowel movement after pain started. Patient came to the emergency room. Patient received an antiemetic and Demerol. Patient has continued to have pain in got a dose of morphine as well. Pain eased some but was still 7/10. In the ER, blood pressure was very elevated with systolic in 200s. Cardiac enzymes negative. EKG look good with normal sinus rhythm. Patient has aortic valve replacement and is on Coumadin with INR goal of 2.5-3.5. INR was elevated at 4.3. D-dimer was negative. Amylase and lipase negative. Creatinine normal at 0.9. Chest x-ray done which showed no acute disease. On the floor, we ordered a CT abdomen. It did show gallstones, but nonobstructing. It showed kidney stones in the renal pelvis, but none obstructing. No other inflammation or signs of bleeding. Blood pressure came down after medicines in the ER. Did have some lower blood pressures through the afternoon evening which was felt to be a combination of blood pressure low in medicines in the ER and pain medication. From 11:00 p.m. onward blood pressures were controlled. Patient continued to have severe abdominal pain. Hemoglobin down to 9.0 from prior 12.4 yesterday. Creatinine up from 0.9 yesterday to 1.8. White count up from 8.3 yesterday to 14.4. INR from 4.3 yesterday to 4.2. Coumadin was held yesterday. CT abdomen was repeated. CT abdomen was read as worrisome for necrotic gallbladder and small bile leak. Contacted transfer line at hospital. Surgery accepted and wanted transfer to go through the ER. Patient has PCN allergy. Surgery said that if reaction was not severe, they wanted Invanz given before she left. Patient says that she had a itching rash in the 70s. No trouble breathing or swallowing. No other reaction. Dose of Invanz ordered. IVF were increased. HPI from hospital: 74 y.o. female who presents with Chief Complaint Patient presents with? Abnormal Scan Patient presents via EMS as a medical transfer from hospital after having gallbladder necrosis seen on CT imaging. She was given IV Invanz there. General

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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1186809	4/9/2021	CA	35	M	4/9/2021	4/9/2021	surgeon was contacted by that facility and he accepted the patient for transfer to this facility. Apparently, the patient began having abdominal pain yesterday. Timing of onset was gradual. Severity is rated as severe at maximum intensity. Quality is described as aching abdominal pain. Symptoms have been improved after IV pain medicine. Symptoms worsen with nothing, and improve with IV pain medicine. History was provided by patient, EMS, transfer paperwork and EMR, and I spoke with treating doctor in general surgery who accepted the patient for transfer.
1186900	4/9/2021		57	F	4/9/2021	4/9/2021	Client was sitting in a 15 minute observation when he reported feeling lightheaded and dizzy. Stated he felt the room was darkening. Denied any other symptoms such as chest pain, dyspnea, urticaria or nausea. Client was observed for an additional 30 minutes and vitals signs were taken which were all within normal range. Client stated he feels this way when he is dehydrated and that he hadn't enough water. Client was offered a water bottle which he drank. At the end of the observation he stated symptoms were resolved and he left the site by self ambulation with a steady gait.
1186781	4/9/2021	TX	35	F	2/5/2021	2/6/2021	Approximately 2 hours following vaccine administration, patient began to feel short of breath and had chest pain, so they returned to the vaccine clinic. From there, she was taken to the ED. Was observed for 45 minutes following the vaccine without any signs or symptoms of reaction. On arrival to the ED, she had redness without hives on the anterior portion of her neck. At that time, patient denied shortness of breath or chest pain. Given 25 mg diphenhydramine po in the ED. Discharged home with instructions for use of Benadryl if needed.
							Rapid heart rate, chest pain, shortness of breath, heart palpitations

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1186680	4/9/2021	MN	22	F	4/8/2021	4/8/2021	Around 5 hours (8:15) after receiving the vaccine, swift onset of chills, nausea, and fever. Symptoms progressively worsened and by 10pm experience rapid heart rate (110 to 130) and chest pain at rest and had trouble breathing deeply. Could not fall asleep due to difficulty breathing and headache and chest pain. At 11pm, began self-administering diphenhydramine (50mg) and Ibuprofen (400mg) every 4 hours. Was able to fall asleep at 4am. Symptoms improved upon waking at 8am, but chest pain and breathing difficulty remains as of 3:30pm April 9th (24 hours since injection)
1186649	4/9/2021	MI	61	F	4/7/2021	4/7/2021	I have hx of episodes of sudden elevation of BP and pulse with accompanying other symptoms from possible adrenaline surges. When I sat down for my observation period, it felt like the start of one of those episodes except I had tingling in my hands which was different and a metallic taste in my mouth. Pulse and respirations were normal. Took many slow deep breaths to help calm the possible adrenaline surge I thought I was starting to experience. Felt ok by the time I was released from the 15 minute observation area. After driving about 5 minutes towards home, I started to get chest tightness and my throat felt strange and swallowing was not normal. I didn't feel well in general. No rash or hives. Breathing was ok. When I got home, I took 2 Benadryl. After two hours I felt much better except for the chest pain which felt like my "normal" atypical chest pain and lasted a little while longer. The chest tightness was gone though and the throat and swallowing had improved also.
1186648	4/9/2021	AZ	62	M	4/2/2021	4/4/2021	Chest pains, shortness of breath, started 24 hours after 2nd injection, has continued for past 5 days
1186587	4/9/2021	CO	61	F	3/20/2021	3/23/2021	Patient presents to ED three days after receiving Moderna COVID-19 vaccine dose #1 at ER vaccien clinic reporting palpitations and lightheadedness. ECG similar to prior ECG. No chest pain, diaphoresis, nausea, or exertional symptoms. Blood pressure 139/96 mmHg, other vital signs within normal ranges. Patient discharged to home stable with symptom improvement.

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1186561	4/9/2021	IL	64	F	2/19/2021	4/9/2021	65 y.o. female who presents with possible stroke-like symptoms. Patient reports a prior history of a CVA approximately 6 months ago. Patient states she has been left with some mild decreased grip strength in the right hand due to that stroke. Patient reports she went to bed feeling weak and fatigued last night. She reports she woke up at 3:00 a.m. and noticed her lips were numb and tingly. She stated she then noticed her right hand was slightly tingly as well. She states she went into the bathroom and looked at herself in the mirror. She did not observe any facial droop or slurring of her speech. Patient denies any headache, chest pain, or palpitations. Patient reports her symptoms are improving. Her right hand tingling has resolved and the numbness and tingling to her lips are much better. Patient does report she has been under a lot of stress and worry lately. She is uncertain that the symptoms are stroke related or due to stress and anxiety.
1186676	4/9/2021		60	M	3/6/2021	3/8/2021	chest pain, intermittent for 2-3 weeks, did not call covid clinic until day after 2nd dose with chest pain complaints, chest pain was a new onset, evaluated for cardiac workup in EC and discharged home
1186555	4/9/2021		20	F	4/6/2021	4/9/2021	Pt. states she received her vaccination on 04/06/2021. She states she was experience soreness at the vaccination site and fatigue for 2 days. Today she is experiencing chest pain on inspiration and was unsure if this could be related to the vaccine. Advised patient to go to urgent care/ED or contact primary care physician
1180492	4/8/2021	NY	26	F	4/8/2021	4/8/2021	Otherwise healthy 26 yo female presented to observation area after her first vaccine dose. Within first 5 mins she experienced some flushing and was lightheaded. She elected to walk to first aid bay, but then had a syncopal episode with +LOC for about 10 seconds. She was diaphoretic. She was not post ictal. She recovered and was alert and oriented x 3. BP 114/80, HR 58 with repeat 10 mins later 120/80, 71. She denies chest pain, shortness of breath, chest tightness, feelings of throat closure, or itching. She had no rashes.

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1180688	4/8/2021	PA	74	F	4/6/2021	4/6/2021	Patient was vaccinated on 4/6/21 at 9:05 am. Report received that patient was in the car on the way home from the vaccination and had chest pain and shortness of breath. Patient called their primary care doctor who requested reporting to the nearest emergency room immediately. Patient became unresponsive in the car. Patient arrived in cardiac arrest (arrival time noted to be 4/6/21 at 10:54 am, CPR began. Patient was intubated in the ER, and received epinephrine, amiodarone, and was defibrillated several times per ACLS protocol. Patient did not have return of spontaneous circulation and was subsequently pronounced. Per report, it was noted that patient was short of breath prior to receiving vaccination earlier in the day.
1180371	4/8/2021	WI	42	M	3/31/2021	3/31/2021	Patient received covid vaccine at 12:56pm on March 31, 2021. At 1:00pm he sat down on the floor. He remained conscious but complained of feeling dizzy. HR was 40. Staff was able to assist pt into a wheelchair and escort him into a private side room. Pt was assisted onto a cot and his legs were elevated. At 1:05 his BP was 130/75 and HR 60's. Patient's skin at 1:06pm appeared pink and WNL. 1:13pm = BP 115/75 and HR 67. 1:23pm = 130/75 HR 68. Patient denied shortness of breath/chest pain throughout the entire episode and did not lose consciousness. At 1:23 patient stated he no longer feels faint, just a bit weak. At 1:24pm patient dangled on cot. 1:27pm = 130/80, HR 70. 1:33pm = left facility in the care of his mother who is driving. He stated he feels a little weak, but not faint or dizzy. He left ambulatory. He refused transport or the need for additional medical care. Follow up call was placed to pt on Friday, 4/2/21. Pt denied any residual effects and stated he is at baseline.
1180686	4/8/2021	MA	23	F	4/5/2021	4/5/2021	Since I got the vaccine I've been having trouble breathing and a very sharp right side chest pain that doesn't go away.
1180672	4/8/2021	WA	65	M	1/24/2021	1/25/2021	I woke up at night and my heart was racing. I woke up from a dead sleep, I was not short of breath and no chest pain. I just feel my heart racing. I was observed for a 4 hours and discharged the next morning.. My blood Pressure was 158/96. I had had Covid-19 tested positive on 12/29/2021. I had the second dose, and I did not experience the same symptoms.

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1180473	4/8/2021	NJ	29	M	4/7/2021	4/7/2021	Patient was sitting in the observation area after receiving his 1st vaccine. Patient stated he wasn't feeling well. Skin pale, cold and clammy. Patient Diaphoretic. Patient c/o chest pain B/P 130/78 SPO2 85%. 911 called. Patient felt like he was going to vomit and pass out. Non rebreather mask applied at 15 LPM. SPO2 99% HR 77. 10:29AM Patient feeling much better, 911 arrived and transported patient to the hospital
1180393	4/8/2021		55	F	4/5/2021	4/6/2021	Chest pain-mild to moderate. Intermittent pinching and tightness
1181349	4/8/2021		39	F	4/7/2021	4/7/2021	Patient is seen today in triage room for vaccine reaction. Fifteen minutes into the 30 min observation time (due to past hx of chemo reaction), patient reported having a "scratchy throat" and being flushed. Patient had flushing over cheeks, sitting up in recliner, aaox 3, in no acute distress. Vital signs were stable, Blood sugar level was 252. Patient then became warm and clammy. She denied shortness of breath, chest tightness or difficulty swallowing. She was given Benadryl 25 mg oral solution and Famotidine 20 mg tablet. Upon auscultation, heart rhythm was irregular, in monitor by pulse oximeter HR fluctuated in the low 40's, to 90's, 50's, 130's then back to 40's. Patient denied chest pain or palpitation, denied past cardiac history. Patient also denied dehydration symptoms, diarrhea, nausea or vomiting. She did report to RN she was taking 3 different types of herbal supplements; and daily vitamins. Patient verbalized feeling resolution of throat itching. Patient remained calm and cooperative. Of note, patient has history of endometrial cancer, last chemotherapy was 4 years ago. @ 1513 BP 137/69, HR 55, Sat 99% on RA @ 1518 BP 134/71, HR 43, Sat 98% sat on RA Plan: - 911 was called to send patient for further evaluation. EMS arrived, handoff report given. EKG on their portable monitor showed PVCs. Patient left with EMS to Hospital (Other Hospital Emergency was at capacity). - Patient's father was called by RN to inform of transfer. Patient spoke with father as well.

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1180415	4/8/2021	NY	43	M	4/6/2021	4/7/2021	I woke up at 2am, with a fever, flu like symptoms, and a bad headache. I took a nap from 8-10am that morning and woke up at 10am with repeating, recurring chest pain every 2-3 minutes, the pain would only last a second then go away. My BP and pulse were very high. This all continued through out the day. I went to a walk-in urgent care clinic around 4PM, and then to the ER around 6PM.
1180516	4/8/2021	WI	62	F	4/5/2021	4/5/2021	chills, extreme headache, dizziness, nausea, chest pain, racing heart beats, racing thoughts, can't sleep, left inner ear pain, blurred vision, pain in left elbow, numbness in left hand for 12 hours, shortness of breath, general weakness - adverse events have lasted over 48 hours - Advil taken with minimal reduction in symptoms
1180720	4/8/2021	MN	25	F	1/7/2021	1/10/2021	Pulmonary Embolism: presented with chest pain and shortness of breath found to have pulmonary embolism on CT angiogram. Symptoms resolved after 3 weeks of anticoagulation. No evidence of DVT.
1180803	4/8/2021	PR	38	F	3/27/2021	3/27/2021	After 15 minutes from receiving the vaccine, patient complained of pruritus at her face and warm sensation at her upper extremities, oral mucosa was within normal limits. Patient denied chest pain, shortness of breaths, palpitations, nor was sweating, no rash nor skin or mucosal lesions. She was calm able to talk incomplete sentences. Only remarkable previous history of allergy to Aspirin. Patient was send to ER and ER Physician Assessment was pruritus . She was treated at ER with Methylprednisolone and Diphenhydramine IV; symptoms resolved. Discharged home with hydroxyzine as needed for itchiness.
1180859	4/8/2021	CA	32	M	3/18/2021	3/22/2021	At the 3rd day I started to felt some chest pain and some knees and ankle pain, which comes worse a long the days until I had to go to de ER for a bad chesting on March 25th

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1181259	4/8/2021	PR	54	F	3/27/2021	3/27/2021	Patient previous receiving the vaccine shot he alerted the medical staff and nurses since he almost every time he undergoes an injection he develops vasovagal syncope. Medical staff was prepared to deliver attention. Approximately two minutes after having the vaccine, patient developed lightheaded and faint. He had self-limited systemic hypotension , which promptly resolved as well patient mentation and alertness once he regain consciousness. Afterwards patient only complained of mild nauseas that as well resolved previous leaving the observation area of the clinic. Patient previous leaving the vaccination clinic recover himself completely denied any constitutional symptom including chest pain, headaches, nauseas or vomiting. Blood pressures returned to normal limits. No medication nor further test were needed, only vital signs monitoring.
1181332	4/8/2021	OR	59	F	3/28/2021	3/28/2021	nausea, diarrhea, muscle pain in legs and lower spine, fever, lethargic, abdominal pain, I felt like my digestive system wasn't working as I had constipation and pain and I never have that, chest pain on right side, headache, i slept for 3 days off and on, muscle pain and digestive issued lasted for several days, sneezing
1181398	4/8/2021	PR	29	M	3/27/2021	3/27/2021	Approximately two minutes after patient receiving the vaccine shot complained of lightheaded and had self-limited systemic hypotension. Symptom and blood pressures resolved within 15 minutes. Patient later referred he had a similar episode when he donated blood in the past. Patient previous leaving the vaccination clinic recover himself completely denied any constitutional symptom including chest pain, headaches, nauseas or vomiting and vital signs were within normal limits.

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1180364	4/8/2021	KS	59	F	3/31/2021	4/1/2021	I was diagnosed with Covid-19 on 2/4/2021. I had shortness of breath, headaches, chills, sore throat, and fatigue. I was off of work until March 23rd. On March 29th, 30th and 31th, I was able to work 7 hours per day. I got the first dose of the Phizer vaccine on 3/31/2021. I was okay after the vaccine. However, on April 1st the shortness of breath, headache and fatigue started again. On April 5th, the fatigue was significantly worse and I began coughing again. On the evening of April 5th, I started having chest pain sometimes when I good a breath and/or coughed. I did not have the chest pain before the vaccine. I feel like I did four or so weeks ago so I suffered a set-back after the vaccine.
1179755	4/8/2021	NM	50	M	4/5/2021	4/5/2021	Injection sight pain Chills Muscle Aches - day 2 Headache - Day 2 and 3 Fatigue - Day 1,2,3+ Coughing Lung pain Shortness of Breath Chest Pain
1181413	4/8/2021	CA	34	M	3/17/2021	3/17/2021	34 Y male who presents with a chief complaint of allergic reaction. Pt says that about an hour pta, he had the covid vaccine. Felt like his throat has become "tight." No wheezing or sob. No chest pain. No other complaints. Pt with allergic reaction/globus sensation following covid vaccine. Treated with benadryl, solumedrol, pepcid and SQ epi. After 2 hour obs, pt wanting to leave, reporting complete resolution of symptoms. Written for epipen. Agrees to return for any further concerning symptoms. Discussed f/u with pmd for further eval/discouraged 2nd vaccine.
1181438	4/8/2021	WI	17	F	3/19/2021	3/19/2021	Per ER HPI on 3/19/2021: 03/19 21:19 This 17 yrs old - Female presents to ER via Private Vehicle with complaints of Allergic Reaction. 21:19 Patient is a 17-year-old female she presents to the clinic with mom, the concern is that the patient wonders if she is having an allergic reaction, she says she received a Covid vaccine on Wednesday and then today earlier received an HPV vaccine and another vaccine that she cannot remember the name of. She feels like there is a tight sensation in her throat. She denies any chest pain or shortness of breath. Patient denies any abdominal pain. Denies any swelling of her lips, tongue or cheek. Patient denies any other associated signs and symptoms.

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1181307	4/8/2021	FL	40	F	3/22/2021	3/25/2021	Chest pain, palpitations, PAC's, short of breath, chest tightness, tingling in left shoulder/arm/little fingers, high blood pressure. 2 Emergency Room visits, admitted to hospital for monitoring.
1180060	4/8/2021	IA	60	F	3/30/2021	4/5/2021	Sore Throat, runny nose, coughing (could also be allergies) came on 2 days after first shot - still having same symptoms (4/1 - present 4/8) Shoulder and Chest pain on Right Arm/Chest - 3 events in 3 hours, last one lasting 45 minutes
1179947	4/8/2021	CA	30	F	4/7/2021	4/7/2021	Massive Head and body aches. Body chills and nausea. Chest pain. Fatigue.
1181508	4/8/2021	MN	32	F	4/8/2021	4/8/2021	Chest pain, tachycardia up to 140s, difficulty breathing, numbness
1178973	4/8/2021	WA	60	F	4/5/2021	4/5/2021	Fatigue, fever over 100 degrees, nausea, sweating, cramps/diarrhea, vomiting, chest pain, This all lasted about 30 hours total.
1179046	4/8/2021	NY	27	F	3/28/2021	3/28/2021	Fever of 37.5 to 38.5 for 6-7 days every evening and night after the vaccine (starting on 03/28 and stopping by 04/02-04/03) + chills, body aches, headache, nausea. Starting 04/03 chest pain and tightness, back pain between shoulder blades, difficulty breathing when going up the stairs, throat and jaw pain, blood pressure higher than usual. Starting 04/06 warm rash on the injection site and itchy bumps on fingers and toes (chilblains).

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1179253	4/8/2021	FL		F	1/30/2021		arm soreness; She states she is in agony today; This is a spontaneous report from a Pfizer-sponsored program. A contactable consumer (patient) reported that a female patient of unknown age received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection) via unspecified route of administration on 30Jan2021 as a single dose for COVID-19 immunisation. The patients medical history and concomitant medications were not reported. On 30Jan2021, patient received her second covax and had some arm soreness for a few days and then it went away. A week later the soreness returned from elbow to neck left arm, she denies chest pain. She states she put a call in to her HCP and is waiting to hear from them. Patient denies redness or hot to the touch arm. Patient stated she was in agony today. The outcome of the event "arm discomfort" was not recovered and other event was unknown. Information about Lot/batch number has been requested.
1179414	4/8/2021	MI	34	F	4/8/2021	4/8/2021	5-1 minutes after 1st injection patient became very nauseous and had near syncopal episode. She as diaphoretic and complained of feeling very weak and lightheaded. She almost collapsed to the ground. She was severely hypertensive. EMS was called and patient transported to nearest ER. Denied any difficulty in breathing, chest pain, or any other signs of allergic reaction.
1179596	4/8/2021	VA	60	F	4/4/2021	4/5/2021	Patient presented to ED due to sudden onset of chest pain and dyspnea. Symptoms worsened with exertion and relieved with rest. She received 2nd dose of Moderna Covid-19 vaccine on 4/4/21 and began having left calf pain on 4/5/21. She was mildly hypoxic on room air with ambulation and tachycardic. Prior COVID 19 infection in December 2020. CTA showed bilateral moderate burden of disease and was found to have developed bilateral pulmonary emboli.

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1179660	4/8/2021	PA	47	M	4/6/2021	4/6/2021	Approx 10 minutes after patient received vaccine, he began to complain of chest pains, dizziness, and blurry vision. His vitals were stable at BP 133/95, HR 90, Pulse ox 97% on room air. His symptoms persisted so 911 was promptly called. Dr. came and assessed patient and he was found to have clear lungs with no abnormal heart sounds. When EMS arrived, his vitals were very similar and still stable. Patient was taken to Hospital. I spoke with him the following day, 4/7/21, and he reported that his labs were all unremarkable and they treated him for a panic attack and he was feeling well by the time he got home.
1179946	4/8/2021	MN	57	F	3/27/2021	3/27/2021	Passenger in car going home. 30-40 minutes after injection had pounding headache, warm feeling all over, shortness of breath, difficulty breathing, rapid heart rate, chest pain, numbness and tingling in legs and arms
1179948	4/8/2021	PA	37	F	4/7/2021	4/7/2021	Shot given at 3:47- approximately 3-5 minutes later started to experience blurred vision, rapid heart rate, difficulty breathing, and dizziness. Blood pressure was taken and was low 86/52. Pulse rate was 110. Became increasingly dizzy, stabbing chest pain, and lethargic. Was transferred to an ambulance with great assistance, because when I stood up I became so dizzy I couldn't stand. In the ambulance the chest pain/ stabbing became unbearable. I was started on IV fluids, and also had an EKG done, and was put on oxygen. While en route to the hospital I had a horrible feeling of nausea and dry heaving. Upon arriving at the hospital I was worked up for cardiac issues and everything came back normal. I was also given benadryl. Nothing helped the dizziness or nausea and I still felt short of breath when I was discharged. I was able to get some interrupted sleep. This morning I am still feeling very dizzy and light headed. I'm extremely cold and have the worst headache I have ever had. I feel foggy and I am having trouble concentrating. I have been drinking a lot of fluids and also been taking tylenol.

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1180336	4/8/2021	CA	69	F	1/26/2021	2/7/2021	a week after both COVID-19 vaccinations (Pfizer) patient had sudden onset of shortness of breath and chest pain with extreme fatigue and malaise. This happened for 3 days after 1st vaccine. Recovered 90%. Same symptoms onset a week after 2nd COVID-19 vaccine but symptoms were a little worse and did not resolve
1180066	4/8/2021	IL	74	M	3/8/2021	4/6/2021	4/6/12 ER HPI: 74 y.o. male who presents with complaint of shortness of breath that is worse after eating for 3 weeks. Patient said he had received a his copied vaccine 3 weeks ago. No cough, no chest pain, no abdominal pain nausea vomiting, no palpitations and no fever or chills Shortness of Breath: Started 3 weeks ago and getting worse. Received covid vaccine 3 weeks ago and started then. No cough. Dyspnea on exertion. No fever. Early am he has had runny noses. No inhalers or nebs. Not smoker
1180089	4/8/2021	LA	38	M	4/6/2021	4/7/2021	He presented to hospital ED with new onset chest pain. He reports that he woke up this morning nauseous and he vomited after which he has started developing retrosternal chest pressure and some shortness of breath for which he came to the emergency room for assessment. In the emergency room he was given both a GI cocktail and nitropaste with wheeze the symptoms improved. He was transferred to a medical center for higher level of care. At present he is essentially symptoms free. The EKG showed right bundle branch block and all septal myocardial infarction. The right bundle branch block is new compared to his last EKG. The initial troponin was mildly increased at 0.18 and BNP was 118. The renal function is normal with a creatinine of 0.8 and the chest x-ray shows bilateral interstitial opacities which might represent pulmonary edema. He remains admitted
1180104	4/8/2021	NJ	28	F	4/7/2021	4/7/2021	Chest pain, difficulty breathing within 3 hours of shot Body aches, chills within 6 hours of shot Tylenol and advil
1180124	4/8/2021	IL	69	M	2/24/2021	4/3/2021	SUBJECTIVE: He presents today for COPD (Patient states noticed blood with his phelgm for a couple of days. No fever. Short of breath with wheezing at times. Denies any chest pain or tightness in chest. NO exposure of Covid. He has had vaccine.)

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1180220	4/8/2021	NJ	31	M	3/9/2021	3/10/2021	achiness and fatigue followed by chest pain/pressure and extreme shortness of breath. Pt also experiencing urinary retention and pain when urinating
1180269	4/8/2021	TX	44	F	3/18/2021	3/20/2021	CHEST PAIN (LEFT SIDE), SHORTNESS OF BREATH, LOW GRADE FEVER AND HEADACHE
1180285	4/8/2021	TX	44	F	4/7/2021	4/7/2021	CHEST PAIN, SHORTNESS OF BREATH, LOW GRADE FEVER AND HEADACHE
1180288	4/8/2021		51	F	3/2/2021	4/7/2021	Pt received 1st dose of Pfizer vaccine on 3/2/2021. Pt was positive with COVID on 3/22/2021. Pt was admitted to the hospital on 4/7/2021 for chest pain
1180297	4/8/2021	GA	47	M	4/6/2021	4/7/2021	Chest pain just below sternum for over 24 hours. Started about 18 hours after the vaccine and soon after eating breakfast. Checked blood pressure this morning approximately 26 hours after the symptoms began and it is very elevated 155/75. It normally runs 115/65
1179877	4/8/2021	OH	63	F	3/31/2021	3/31/2021	Heart palpitations the evening of my injection and heart palpitations and chest pain the second day of my injection. Day 3 and after no symptoms
1183442	4/8/2021	NY	70	F	3/8/2021	3/8/2021	severe Asthma Attack, wheezing , shortness of breath, coughng chest pain extreme weakness / feeling like i were about to pass out ended up in a steroid , used my inhaler and utilized a nebulizer for over a month
1182556	4/8/2021	IL	98	F	4/8/2021	4/8/2021	patient received the second dose of the Pfizer vaccine at 1618, ten minutes post administration, patient started to feel weakness, dizziness, chest pain

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1182617	4/8/2021	WI	36	F	4/8/2021	4/8/2021	16:30: Pt was standing up to leave when she advised observer in room that she didn't feel right. I had just walked in after she sat back down and pt said she felt difficulty swallowing. We talked a little bit as I asked her about any other symptoms. Pt was given a drink of water and this helped. Pt told me she was 18 months pregnant. She did not have difficulty swallowing water. After a couple of minutes she felt improved. We walked to a separate room. Pt did not develop any other symptoms and was not light-headed. She did not report feeling light-headed or dizzy, had no chest tightness or shortness of breath, no rash/itching, no chest pain, palpitations or tachycardia, nausea or vomiting. Pulse 64, color pink, skin warm and dry. Alert and talkative throughout. Pt rated her swallowing difficulty at 2-3/10. Initially it was 6-7/10. Pt was advised to f/u with her physicians as to whether to have the second Moderna dose. Pt lives across from ambulance service. Driven home by her husband. Continued to feel no worse and was comfortable going home with her husband. At 17:40 pt called in to report she was continuing to improve. Now throat feeling is 1/10. Will call 911 if any worsening. Will sign in to mobile reporting program.
1182631	4/8/2021	ID	32	M	4/6/2021	4/6/2021	Immediately after patient was given the vaccine, patient stated that he was experiencing chest pain in the middle of his chest. Patient appeared very anxious even prior to the vaccine. Vitals were obtained and were within normal limits and patient was observed for additional 15 minutes with no progression. Patient was advised to seek medical care for his chest pain. On 4/8 patient came through Walk In to be seen for body aches.
1182730	4/8/2021	WI	30	M	4/7/2021	4/8/2021	1:22 AM: chest pain, abdominal cramps, chills, difficulty breathing, hyperpnea, bilateral upper extremity trembling VS: pulse 112, respirations 22, temperature 37.0 Celsius, BP 156/103, O2 sat 99% on room air has history of deep vein thrombosis, pulmonary embolism 1:30 AM sent to emergency room via ambulance 4:00 AM report from emergency room: patient is stable and reported feeling better and breathing easier shortly after arriving to ER. Patient received 500cc NS bolus IV. Labs findings unremarkable. INR 2.0, PT 21.3, PTT 31. Last taken VS - BP 127/71, P109, R20, O2 93%RA. Patient will be discharging with Dx: reaction to COVID vaccine.

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1182815	4/8/2021	TX	49	F	4/8/2021	4/8/2021	I had administered the vaccine to the patient today. She stayed in the post-vaccination area for the full 15 minutes after her dose. She then left with her family & went walking around the store to shop. After about 5 minutes she returns to the clinic and let me know that she felt she was reacting to the vaccine. She described her symptoms as if she had just ran a marathon, she had palpitations and felt extremely fatigue suddenly. I sat the patient down in the post-vaccination area and took her blood pressure, with a reading of 188/88 and got her pulse, with a reading of 96. The patient's daughter brought her some water and after some questioning, patient revealed that she had not eaten for the last 8 hours. She was able to eat a protein bar while I was with her and drank some water. I observed her for about 25 minutes, and after then, she felt better, her daughter was going to be driving them home so I then released her, as she felt oriented, alert and her chest pains had subsided.
1182832	4/8/2021	MN	38	M	4/3/2021	4/4/2021	Patient stated that post vaccination on Sunday 4/4/2021, Monday 4/5/2021, and Tuesday 4/6/2021. Patient reported his reaction to clinic staff on Wednesday 04/07/2021 he was experiencing pain going down his arm to his fingers. Patient described it as a sharp burning pain that woke him out of bed for two nights. Patient stated that he also felt pain while trying to move his arm above his shoulder. Hives, rashes, and throat swelling were not noted on the patient. Patient denied difficulty breathing or chest pain. Treatment provided for the patient included using a cold pack for pain relief. Patient reported an improvement in his pain with the use of an ice pack. Patient stated that he would be following up with a physician to report his side effect.
1182956	4/8/2021	NM	56	M	4/8/2021	4/8/2021	Pt had a syncopal or near syncopal episode after vaccine, which he stated was normal after any needle. But this time he had chest pain with the syncopal episode which he stated has never happened. Pt was assessed by ems crew and transport via ambulance
1182976	4/8/2021	IN	33	F	4/7/2021	4/9/2021	Fever, Body aches, Headache, Tightness/pain in chest... Especially whole laying down.

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1182539	4/8/2021	IL	80	F	3/4/2021	3/4/2021	high blood pressure; cholesterol; flutter; her hands were red and felt warm; heart pains; she wakes up groggy; pain in middle of her chest; she felt tired/she feels worse; her arm hurt; her hands were red and felt warm; her legs felt heavy; This is a spontaneous report received from a contactable consumer, the patient. A 79-years-old female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EN6202), via an unspecified route of administration, administered in Arm Left on 04Mar2021 at 17:15 (at the age of 79-years-old) as a single dose for COVID-19 immunisation. Medical history included blood cholesterol increased from 2011 and ongoing; diagnosed 10 years ago, hypertension from 1991 and ongoing; diagnosed 30 years ago, chest pain from an unknown date and unknown if ongoing. Concomitant medications included atenolol taken for blood pressure from an unspecified start date and ongoing; benazepril hydrochloride, hydrochlorothiazide taken for blood pressure from an unspecified start date and ongoing; nifedipine taken for blood pressure from an unspecified start date and ongoing; simvastatin taken for blood cholesterol increased from an unspecified start date and ongoing. The patient experienced she was having issues with her heart/she also has pain in middle of her chest like heart pains/seems like more pressure and sort of constant, her hands were red and felt warm, high blood pressure, cholesterol, flutter, her legs felt heavy on 04Mar2021, she felt tired/she feels worse on 06Mar2021, she wakes up groggy, her arm hurt on 04Mar2021, she was having issues with her heart/she also has pain in middle of her chest like heart pains/seems like more pressure and sort of constant. Her hands were red and felt warm, had high blood pressure, cholesterol, flutter, her legs felt heavy, she felt tired/she feels worse, she wakes up groggy, and her arm hurt. She states that she could hardly sleep on the left side, so she is going to have it on the right next. The chest pains started a few weeks ago and it started before the vaccine but now it seems like more pressure and sort of constant, not a pain, pain but a pressure that she knows is there. Now and then she feels a flutter. Clinical outcome of heart pain was not recovered, for hands were red and felt warm, high blood pressure, cholesterol, flutter, she felt tired, she wakes up groggy, pain in middle of her chest was unknown, her legs felt

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1183110	4/8/2021	CO	33	M	4/5/2021	4/7/2021	heavy, her arm hurt was recovered. The lot number for the vaccine, BNT162b2, was not provided and will be requested during follow up.
1183405	4/8/2021	IL	32	F	4/8/2021	4/8/2021	April 5th sore arm 11:30pm fever of 100.2 on tylenol. Took advil at 3am. Still had fever and sweating. April 6th felt tired and achy. The night of April 7th at 1am had severe chest pain, felt like heart attack. Went to urgent care at 5:55pm April 7th. Had ekg done and was diagnosed with pericarditis. Was treated with ib prophen 800mg 3x a day for one week. Follow up appointment with primary care April 15th.
1183160	4/8/2021	CA	60	M	4/8/2021	4/8/2021	Pt received the vaccine where patient started to have Chest Pain, SOB, and dizziness. Ems was called to pt's bedside. Pts symptoms continue and patient wished to be seen in ER. EMS took patient as requested.
							Patient is a 60 year old male who has completed a 45-minute observation period with the following signs and symptoms of an adverse reaction: tingling and numbness around lips area, left arm and bilateral lower extremities 30 minutes after Janssen/J&J COVID-19 vaccine# 1 in series administered. Action(s) taken: Vital sign at 1626 blood pressure ; 153/95, heart rate: 70, respiration ; 16, Spo2: 98 % Repeat Vital sign at 1635: blood pressure ;148/101, heart rate:69, respiration ; 16, Spo2: 98 % - Patient denies chest pain ,shortness of breath, nausea vomiting, diarrhea, abdominal pain, difficulty swallow, headache, dizziness, or vision changes. Action(s) taken: Transferred to higher level of care/urgent care, report given to doctor. Doctor states that he is going to prescribed benadryl and will observed for 30 minutes. Patient advised to follow up with Primary Care Physician

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1179923	4/8/2021	IN	29	M	4/8/2021	4/8/2021	0910 - Pt. reports smelling something "funny," numbness around mouth, mild pain in RLQ abdomen. Pt. received Pfizer vaccine at 0907 in rt. deltoid muscle IM. Pt. O2sat 99%, heart rate 112, BP 128/88. Pt. remains in vaccination room with nurse at this time. Pt. denies SOA, chest pain, any swelling in face/mouth/throat. Pt. denies desire for eval. in ED at this time. 0915 - O2sat 98%, heart rate now down to 78, pt. reports "feeling better," but admits feelings of anxiousness and history of anxiety and panic attacks. Pt. reports he feels that is what happened (panic attack.) Pts. wife at side. Discussed adverse reactions. Benadryl 25 mg PO discussed and admin. at this time. 0918 - Pt. ambulatory to waiting room with wife, stable condition. Instructed pt. to wait until 0930 before leaving the clinic. Wife will drive pt. home. Reviewed if additional S&S or worsening symptoms including SOA, chest pain, swelling of throat/mouth, call 911 or go to nearest ED. Understanding verb. 0930 - Pt. denies SOA, chest pain, swelling in mouth/throat, no abd. pain. Pt. reports he is starting to feel tired. Reviewed precautions and S&S to report to ED. Pt. and wife verb. understanding. Pt. ambulatory out of clinic in stable condition accompanied by Wife.
1183162	4/8/2021	MA	48	F	4/6/2021	4/7/2021	Low white blood count and elevated D-dimer. Leading up to the blood work was sever chest pain, ultimately diagnosed as acute gastritis (not typical for me at all). Other symptoms were general body aches and fever. CT ruled out blood clot.
1183169	4/8/2021		77	M	3/17/2021	3/17/2021	Patient's chief complaint was feeling tired and shortness of breath. Patient was hypertensive. Denied dizziness and chest pain. Patient was offered oxygen supplementation but refused and stated that he felt okay. All symptoms resolved except fatigue and blood pressure remained slightly elevated.
1183325	4/8/2021	GA	64	M	3/4/2021	3/5/2021	Difficult breathing, hoarseness, shortness of breath, chest pain
1183372	4/8/2021	NJ	23	F	4/7/2021	4/7/2021	Chest pain. Began 8 hours after administration of vaccine at 11pm. Next day no issues until I tried to eat around 4:30pm. Chest pain came in waves like something was stuck way down in my throat in my chest. Swallowing while Drinking or eating was difficult because of the pain

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1183418	4/8/2021	CT	65	F	3/4/2021	4/2/2021	Vaccine breakthrough hospitalization - SOB with O2 sat 50% when EMS arrived. On non-rebreather satting 70%. Chills, fever, cough, and chest pain. BP 152/79, HR 93, RR 20, SpO2 91%. Had been scheduled to receive COVID mAb day of admission, but clinical course worsened. Admitted to Medical ICU for acute respiratory failure with hypoxia and ARDS secondary to COVID-19. Placed on BIPAP and Rx with Remdesivir, dexamethasone, & tocilizumab. Treated for presumed pulmonary embolism with full-dose anticoagulation. Pt expressed wishes to remain DNR/DNI, ultimately she elected to transition to comfort measures only given worsening hypoxia.

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1183438	4/8/2021	AK	46	F	3/23/2021	3/23/2021	16:03: Vaccine Administered 16:13 Patient received there 2nd COVID vaccine and was monitored. After 10 minutes the patient demonstrated that she started the" I feel different, I am having tingling in my throat and it feels very different then it did before." She reported feeling dizzy and nauseous. She declined lying down. Pts vital signs were obtained HR 104, 99% O2, BP 138/88. Pt was given a sip of water and advised that she would remain in the clinic for additional monitoring. I advised the I could administer an Epi-pen and call the paramedics which she stated she didn't want at this time as she has never needed something like that before. 1633 - Patient was reassessed for vitals 132/88 BP, 99% O2 and 87 HR. Pt stated that she feels like her tongue is weird maybe swollen and it still feels weird to swallow, she isn't anxious but has a bit of a groggy mental haze. She stated that she feels weaker then usual and has a pressure in her head. I called Dr. and got permission to administer 25mg of Diphenhydramine orally. Pt stated that she has taken this medication before and that she will be safe to drive after taking this medication. Pt was advised that she would be monitored for another 20 minutes to ensure that the medication kicks in and symptoms start to resolve. 16:52pm 132/92 BP, 99% O2, 88HR. Hoarse voice, scratchy throat tongue is improving doesn't feel as swollen. Pt was evaluated by Dr. 17:26 Patient was discharged and advise to closely monitor her symptoms for the next 3 hours. I received a call saying that patient was having some tingling in her lips and tongue and slight nausea. She was given 25 mg oral Benadryl by the RN. The patient was monitored for approximately an hour with serial vital signs. I briefly assessed this patient. She reports feeling some tingling in her lips with improvements in tingling in her tongue. She also reports feeling warm. Patient states that her throat feels scratchy and she feels like she has to clear her throat. Her heart sounds were normal and she has a normal respiratory effort and lungs clear to auscultation. No tongue swelling or posterior oropharynx swelling. Posterior oropharynx is pink and moist. Patient was advised that she is most likely having a reaction to the COVID vaccine. Patient should continue to monitor her symptoms at home. Patient states there will be someone at home with her. Patient was advised if she has any worsening symptoms such as tongue swelling, shortness

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						of breath, chest pain, palpitations, body wide rash or throat swelling that she should report to the emergency department or call 911. Patient is advised that she can take another Benadryl. She was given 25 mg of Benadryl around 4:00 PM. Patient is advised that if her symptoms do worsen she can take another 25 mg of oral Benadryl in the next four hours. If she is on her way to the hospital or waiting for an ambulance she should take another Benadryl. Patient was also advised to take over-the-counter allergy medicine such as Claritin or Zyrtec for a couple of days. She is to call the clinic with any questions. Patient verbalizes understanding and has no further questions.	
1181629	4/8/2021	IL	44	F	3/26/2021	3/28/2021	Sunday night started having severe shortness of breath. Starting Monday, patient started having chest pains and went to the ER to be evaluated.
1182987	4/8/2021	PA	58	F	4/6/2021	4/6/2021	headache, achy, shivering tremors for 4 hours, crippling pain, elevated heart rate, chest pain, sweats,

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1181786	4/8/2021	NJ	59	F	4/8/2021	4/8/2021	Patient is a 59 year old caucasian female with a PMHx of HTN, MI in 2008 and chronic heartburn that presented approx. 30 minutes post-vaccination with constant midline chest "tightness" without radiation. Patient describes the discomfort as 7/10 in severity. Patient denies shortness of breath, palpitations, nausea, diaphoresis, heartburn, abdominal pain, numbness or tingling, lightheadedness or dizziness and recent illness or fever. On evaluation, patient was visibly anxious and crying with heart rate of 108. States she has a cardiac history to include myocardial infarction in 2008 with 20% blockage. Reports prior history of similar chest pain following an influenza vaccination over 20 years ago and has not had another immunization since then. Patient reports no change in chest pain over course of evaluation and no improvement or worsening with position. Vitals: BP (initial): 152/86mmHg seated BP (follow-up): 150/82mmHg seated HR (initial): 108bpm HR (follow-up): 93bpm RR: 18 SO2: 99% on room air Patient was hooked up to cardiac monitor and found to be in sinus rhythm with a heart rate range of 93-108. On exam, patient was A&Ox3 with appropriate affect in no acute distress and no signs of obvious injury. Patient flushed without diaphoresis. Tachycardic to 108bpm with normal sinus rhythm. No JVP appreciated. Radial and posterior tibial pulses intact, strong and equal bilaterally. Normal respiratory effort without obvious distress. Lungs clear to auscultation bilaterally without wheezing, rales, rhonchi. No stridor appreciated.
1183421	4/8/2021		28	F	4/3/2021	4/3/2021	Chest Pain, shortness of breath, fever, chills (9:00pm-3:00am) chills, body aches (April 4th-April 5th)
1182534	4/8/2021	CA	50	F	3/3/2021	3/3/2021	Within 5 minutes I had sever asthma, coughing, chest pain, headache, dizzy, light headed, over the next 4 hour all these symptoms increased as well as crushing chest pain, arm numbness in both arms . Passing out, muscle tremors. Right king pain a d heart pain. Shaking. Coughing. I?m on my 2nd round of prednisone and 1st round of antibiotic. It?s been 5 weeks . Still having chest/heart pain and arm numbness (not as severe as well as asthma is not under control. Also taking symbacort two puffs twice daily. Still coughing and lethargic

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1181699	4/8/2021		46	F	4/3/2021	4/3/2021	After receiving dose of COVID vaccine, patient reported difficulty breathing and became shaky. Patient was transferred to wheelchair, given water and ice and was transferred by an RN to the ED. Per ED MD, patient developed throat tightness, nausea, fluctuance a shin after COVID vaccine. Concern this could represent of a allergic reaction. Less likely vasovagal reaction as throat tightening would be very atypical. There were no signs of any angioedema, she has no rash, no wheezing, no chest pain. At this time she does not have signs of anaphylaxis. Patient's symptoms have completely resolved by the time of evaluation. Per MD, this could have been allergic reaction to the vaccine and therefore would not recommend that she received a 2nd dose. She is recommend to follow up with her primary care physician for re-evaluation and to discuss other options for vaccine.
1181710	4/8/2021	IA	42	F	4/7/2021	4/7/2021	Pt had vaccination in right arm at 1:30 pm on 04/07/2021, started having pain in arm immediately but otherwise felt fine. At 8-9PM pt started feeling short of breath and having chest pain/ palpitations that would not relieve with rest or medications. Pt also stating she had a fever and chills
1181795	4/8/2021		25	M	4/8/2021	4/8/2021	25 years old in otherwise good health. Presented to observation area and within 5 minutes reported feeling lightheaded to staff member, then almost immediately had a syncopal episode with +LOC. He was caught by staff member and noted to have seizure like jerky movements for about 20 seconds. He regained consciousness and was A&O x 3. He was not post ictal. Brought to 1st aid bay. BP initially 87/47, HR 66. Offered water. BP recheck 104/58, 76. Lungs clear. HRR. No chest tightness, chest pain or SOB. Symptoms completely resolved. He reports episode like this in 7th grade which he think was secondary to anxiety. EMS offered to take to ED for further evaluation but he declined. His father took him home.

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1181846	4/8/2021	VA	48	F	4/2/2021	4/2/2021	Regular adverse events - bedridden from Friday night until Sunday afternoon - chills, joint pain, muscle weakness, chest pain, lung tightness, shortness of breath, hip trying to pop out of socket due to joint weakness - all experienced with covid in January 2021; Irregular adverse event: two seizures at approx. 11:30 p.m. uncontrollable body stiff, shaking, eyes roll back in head, moaning
1181871	4/8/2021	KS	55	M	4/7/2021	4/7/2021	After vaccination patient ambulated with steady gait to waiting area to sit recommended 15 min, after sitting in chair in waiting area (1310) reports feeling "hot & dizzy", skin became pale and diaphoretic, eyes rolled back and didn't respond for a few seconds then was able to answer questions, kept complaining of feeling hot & dizzy, and yawning. EMS was called at 1:12 pm and arrived on scene at 1:18 pm. Patient was responsive, sitting BP 58/22, SaO2 96% on room air. Denies shortness of breath or chest pain/discomfort. 1:23 pm BP 98/60, 1:30 pm BP 108/75, 1:26 pm BP= 116/74; alert and oriented x3, speech clear and appropriate, ambulates 50 feet with steady gait/balance. Refused medical care and treatment. Signed refusal form for EMS. Patient's wife, son and parents present with him. Wife reports that he gets worked up about needles especially with blood draws. Patient leaves ambulatory with steady gait in stable condition accompanied by his wife, son and parents. Followed up via phone on 4/8/21 at 12:30 pm, patient reported he is feeling fine with no problems at present time. Reported that approximately 10 min after leaving he had another feeling of being hot for a few seconds then went away after drinking some water then had no other episodes.

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1181915	4/8/2021		55	F	4/6/2021	4/6/2021	Pt received Janssen vaccine at approx 1040. Within five minutes she began to experience a racing pulse, and c/o a "hot neck." She was taken to a treatment room and a provider was notified. 1049 diphenhydramine 50mg IM given 1053 c/o swollen lips, dry mouth, blurred vision, possible swollen tongue 1109 epinephrine 0.3mg IM given 1111 c/o throat dry, difficulty swallowing 1116 NS 0.9% bolus started 1121 pt reports feeling "much better. Denies swollen lips/tongue, denies difficulty swallowing, states her vision is clearer 1202 c/o "hot neck and face," dry mouth and difficulty swallowing 1208 epinephrine 0.5mg IM given 1211 diphenhydramine 12.5mg IVP given 1212 c/o chest pain 1225 EKG done 1239 taken via stretcher to ED
1181945	4/8/2021	NV	71	F	4/8/2021	4/8/2021	Patient received her Moderna vaccine. She waited the 15 minutes and went around the store to shop. She then started to feel sharp chest pain and shortness of breath and returned to pharmacy. Patient did not report swelling in the airways, was able to breathe however with some difficulty. Patient reported having history of asthma and high cholesterol when asked. With patients consent, took patients blood pressure and the reading was 130/87. Told daughter what was going on, most likely not an allergic reaction/anaphylaxis. Patient then started to have "pseudo-seizures." Asked daughter and patient if we can call ambulance, and they both agreed. Stood by patient in post-vaccination area waiting for ambulance. Patient was still able to breath and her chest pain has decreased per patient - said pain lessened when sitting down. Ambulance arrived and took patient away. Both daughter and patient thanked pharmacy for helping and taking care of patient.
1181950	4/8/2021	MI	40	F	4/8/2021	4/8/2021	Patient stated she was having chest pain and that her chest was getting tighter and tighter. Pulse and blood pressure were normal. ambulance was called and they took pulse and blood pressure as well it was normal. they preformed more tests (unknown to me in the ambulance) she did not leave with paramedics

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1182305	4/8/2021	CA	41	M	4/8/2021	4/8/2021	client complained of headache after receiving 1st Moderna Covid Vaccine (lot 041B21A Exp. 5/6/21). Client was leaving after completing 20 min observation when he approached PHN and asked if he could leave. When PHN asked how he was feeling, client mentioned headache that begun after receiving vaccine. Client was asked to sit down for further assessment. 1238 vitals: blood pressure/90, pulse 77, oxygen 96%. Medical history: chronic migraines, sleep apnea, chronic back pain, and joint pain. Client unable to provide medication names. Client alert and oriented. Headache feels same as when a migraine is starting. Denied chest pain, blurry vision, no dizziness. Headache pain 1/10, described as "pressure" to back of head. Client wanted to leave, PHN spoke to client regarding high blood pressure, per client it was fine. PHN gave ER precautions and advised to see primary care provider regarding blood pressure. Client left facility at 1248 with steady gait.

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1182449	4/8/2021	AL	68	F	2/16/2021	2/1/2021	Chest pain; Dizzy-headed; Runny nose; Slight headache; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CHEST PAIN (Chest pain), DIZZINESS (Dizzy-headed), RHINORRHOEA (Runny nose) and HEADACHE (Slight headache) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Concurrent medical conditions included Lupus syndrome and Heart disorder (slight heart condition.). Concomitant products included CLONAZEPAM (KLONOPIN) for an unknown indication. On 16-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In February 2021, the patient experienced CHEST PAIN (Chest pain) (seriousness criterion hospitalization), DIZZINESS (Dizzy-headed) (seriousness criterion hospitalization), RHINORRHOEA (Runny nose) (seriousness criterion hospitalization) and HEADACHE (Slight headache) (seriousness criterion hospitalization). The patient was hospitalized on sometime in February 2021 due to CHEST PAIN, DIZZINESS, HEADACHE and RHINORRHOEA. At the time of the report, CHEST PAIN (Chest pain), DIZZINESS (Dizzy-headed), RHINORRHOEA (Runny nose) and HEADACHE (Slight headache) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. This case was linked to MOD-2021-060612 (Patient Link).

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1181987	4/8/2021	CA	68	F	2/11/2021	3/5/2021	12 hours after taking the second vax. her arm was swollen, red and painful. she some chills, nausea and fever that lasted about 48 hours. Weeks later these symptoms came back and were more extreme. 4/5/2021 pt has SOB w/ slight exertion. she developed numbness in her left side of her face including her ear down to her teeth. 4/6/2021 she started violently shaking with chills. her fever was about 102 and she had a severe headache. She had nausea w/ dry heaving. She had chest pain from reflux. She could stand but not walk. Ambulance was called and she was taken to ER. She had CT, Chest XRAY, EKG, Covid TESTs, Antibodies blood test. Lab work. O2 level was 98%. All test were normal/negative. She was discharged to go home. On 4/8/2021 her temp was 104. She had brain fog. She went back to same ER. They did the same test. This time the chest x-ray shows small right lower lobe infiltrate. Pt had no cough. Her white blood count was normal and was told she had viral pneumonia. She never had any type of symptom normal to having pneumonia. She was put on antibiotics and something for nausea. Her fever and headache finally broke after about 5 days. She had no strength and was basically laid up sick for almost a month. She feels like she had a bad reaction to the covid vax since she had a viral lung infection with typical pneumonia symptoms.

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1182524	4/8/2021	CA	40	F	4/8/2021	4/8/2021	Client received the 1st dose of Moderna COVID vaccine lot # 041B21A, expiration date 5/6/21 at 12PM. At 12:03PM, EMTs received a report from client that she was feeling dizzy, mild headache and a little shaky. Vitals were taken-blood pressure:140/90, pulse:91 and oxygen 99%. PHN came to find client sitting upright in chair, alert and oriented x4, able to provide medical history of hypertension. Client reports she has never had any reactions to any vaccine. Client medication is Telmisartan and client reports taking her medication this morning and that her blood pressure is usually 120/80 when taking medication. Client reports to PHN that she is feeling more dizzy, PHN and EMTs transfer client to gravity chair. Offer client water and offer to call 9-1-1, patient declines and calls husband. At 12:09pm client reports feeling cold and shakiness is worse. Cover client with disposable blanket. Another nurse joined to assist. At 12:11PM vitals were taken oxygen 98%, blood pressure: 146/78 and pulse: 85. At 12:16PM client drank half a bottle of water and reports dizziness improving and no shortness of breath. PHN educate client about speaking to provider about reaction and discussion about next dose. Client also reports headache is better and able to have a conversation. At 12:17PM retake vitals blood pressure: 158/100, oxygen:96%, and pulse:83. client reports headache is worse, no chest pain, no blurred vision, no dizziness reported. At 12:23PM vitals taken-blood pressure 160/84, oxygen 98% and pulse 71. Client alert and oriented x 4 and still feeling cold. Client reports feeling chest pain and dizziness, PHN called 911 at 12:26PM. At 12:29PM client reports feeling numbness in both of her legs-pulse, motor, sensation intact in both legs, alert and oriented x 4, client reports no shortness of breath. Fire Department arrived at 12:30PM and assumed care. Client's husband arrived shortly after. Client left facility via stretcher with paramedics at approximately 12:43PM. At 12:59PM security notified PHN that client declined transport via ambulance.
1182321	4/8/2021	MO	37	M	3/29/2021	3/26/2021	Chest pain, numbness in left arm, and left leg. President headaches and fatigue for over two weeks after vaccine.
1182269	4/8/2021		60	F	3/28/2021	3/28/2021	shortness of breath, chest pain, altered mental status, weakness, hallucinations, admit to hospital and discharged on 4/2

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1182234	4/8/2021	CO	34	M	4/8/2021	4/8/2021	Moderna COVID-19 Vaccine EUA: patient brought in by ambulance to emergency department (ED) after reporting tongue and lip swelling immediately after vaccination. Epinephrine (EpiPen) administered at vaccine clinic and diphenhydramine administered en route to ED. On arrival to ED patient denies headache, chest pain, blurred vision, shortness of breath, nausea, and vomiting. Initial vital signs within normal ranges except for blood pressure 138/75 mmHg. Physical exam documents no acute distress and no rashes. Patient observed, repeat vital signs all within normal limits, symptoms improved, prescribed EpiPen and diphenhydramine, and discharged home stable with follow-up in place.
1182119	4/8/2021	MN	32	F	4/7/2021	4/7/2021	Client reported being fine with first dose. She initially felt fine, but about 5-10 minutes she started feeling itchy. Client started with itchy tongue which progressed to her arms and legs. Client denied chest pain, SOB nausea or vomiting, just the itchiness. Oral Benadryl given 25mg/10ml at 1716pm.
1182060	4/8/2021	WY	56	F	4/6/2021	4/8/2021	Pt hospitalized today 04/08/2021 with chest pain and was found to have a pulmonary embolism.
1182032	4/8/2021	NJ	29	F	4/8/2021	4/8/2021	Patient verbalized prior to vaccination that she suffers from a strong vagal response post vaccination blood draws. Vaccination provided at 3:02pm. At 3:05pm patient felt dizzy, weak and laid head on the table. Patient presented with diaphoresis and bradycardia with a pulse of 49. Patient denied chest pain and shortness of breath. BP 102/50, O2 99%RA, breathing easy and unlabored. Patient provided water and reassurance of safety. At 3:19pm patient verbalized that she felt better. BP 94/50, P 92, O2 99%RA, patient breathing easy and unlabored. Patient states that her BP runs on the low side. Patient slowly brought to standing position. Patient verbalized feeling well. Patient walked to observation to sit for an additional 15 mins. Patient left facility verbalizing feeling well and in stable condition.

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1182007	4/8/2021	MD	48	F	4/8/2021	4/8/2021	a 48 y.o. female patient who received her first dose of Pfizer Covid vaccine at Hospital immunization site. Pt has reported several allergies and delayed reactions to vaccines in the past and based on this information she had been assigned a 30 min observation post vaccine. Thirty four minutes in to her observation patient c/o of itchininess hives and chest pain. BP 208/94, P 73, Oxygen Sats on RA 99%. Code Five response was activated. Pt given 25 mg of po Benadryl elixir and was transported to the ED for further observation and care.
1176137	4/7/2021	NV	73	F	3/13/2021	3/21/2021	Pain in chest and back on 3/21/21. By 3/24/21, pain was severe and was sent by a Physician to ER for suspected cardiac issue. After blood tests,chest x--ray, EKG, ER physician found small lesions between breasts and massive lesions covering right upper quadrant of my back. ER physician determined the cause of pain was Shingles, and not cardiac. Was given RXs for antiviral, steroid, and pain meds. Regular physician returned from vacation and during office visit confirmed Shingles diagnosis on 4/1/21.
1176188	4/7/2021	TN	73	M	3/30/2021	4/1/2021	Per hospital case manager report: Pt presented to Hospital ED on Apr 1 with c/o fever, sweats, chest pain, and hypertension. Admitted for hospital observation overnight and discharged home on Apr 2 with dx of "adverse vaccine response.~~
1176680	4/7/2021	VA	25	M	4/2/2021	4/2/2021	Reported fever, chills, chest pain, sweating, body aches, fatigue, and confusion 4/2/21-4/3/21. Symptoms resolve by 4/4/21. Right rib/flank pain started 4/6/21, rated 2/10, increased in frequency today 4/7/21.

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1176249	4/7/2021	IA	62	F	4/7/2021	4/7/2021	Patient arrives by private vehicle with left anterior chest discomfort. Patient received the first dose of her 2 part COVID-19 Pfizer vaccine series this morning. Shortly after receiving the vaccine she developed left anterior chest pain under her left breast. Patient was evaluated by EMS personnel at vaccine clinic, and refused transport at that time. Shortly after, patient then arrived by private vehicle to Emergency Department with chief complaint of chest pain, left shoulder blade pain, and some shortness of breath per nursing notes. She reports she overall did not feel well. She felt sweaty and short of breath shortly thereafter. She denies having had the COVID illness in the past **At time of submission of report, patient is still in ED with results pending**
1176302	4/7/2021	UT	44	M	2/22/2021	2/23/2021	Experience chest pain on right side of chest near armpit which spread across chest one week after the first vaccine shot given on January 25, 2021. Pain was going away before the second shot. Received second shot on February 22, 2021 and had the chest pain return, extreme fatigue, headaches, rash at injection site and all over back, achy muscles mainly in upper body, dizzy spells, nausea, and abdominal pain. All these symptoms (minus nausea) continued for three weeks and some are still present (fatigue, chest pain and periodic headaches) after six weeks. I was tested for antibodies and the results came back greater than 400, which is the max limit for the test. The doctor has never seen results that high and we have no idea how high my antibodies actually are. Since my symptoms seem to be slightly improving, the doctor did not recommend further treatment. However, I am concerned as to any possible danger of antibody levels this high.

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1176304	4/7/2021	IL	65	F	3/20/2021	3/20/2021	She got the vaccine, went home and about 45 minutes she got the vaccine she started having serious chest pains and her throat started to feel tight. She can't drive due to the brain aneurysm so she laid down. She had pain at the injection site and throat tightness for about 3 days, and she just generally did not feel good for about 3 days. The chest pain lasted for about an hour. She did not take anything for her symptoms. On the 3rd day she felt better. She is now afraid to get the 2nd vaccine due to her reaction. She tried to call Pfizer to report this and ask for their advice. She has contacted her allergist who is going to notify the college about the 2nd vaccine and they may send her up there.
1176362	4/7/2021	CA	42	M	4/7/2021	4/7/2021	Paramedic called to observation for 42 YO male with dizziness, lightheaded, and anxiety. Upon arrival PT found sitting in chair A&OX4, skins: pink/warm/dry, pupils: Equal and reactive. Pt speaks very little English and PT's wife translated for him. PT states that he started feeling symptoms 10 minutes after receiving his Pfizer vaccine. Upon assessment PT states he has 10/10 chest pain non radiating/dull in nature with increased pain on inspiration. Pt states that this has happened before a few months ago and was diagnosed with HTN but was not prescribed any medication by his primary care physician. PT does not take any medications and has no allergies. Pt status did not improve or decrease while in the care of the paramedic. Pt vitals then assessed and were as follows: 0943: BP 172/118, HR 71, RR 24, SPO2 99% RA, Lungs clear/equal bilaterally. 1002: BP 180/131, HR 80, RR22, SPO2 98% RA, Lungs clear/equal bilaterally. The paramedic made the decision to activate the EMS 911 system. Upon EMS arrival report given to responding paramedics and PT care transferred. EMS Paramedics began to treat patient for Chest Pain Protocol, and transported PT to Local ER.

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1176364	4/7/2021	SD	64	M	3/13/2021	3/27/2021	SEVERE CHEST PAIN emanating from solar plexus area. Head/Neck/Body aches, chills/fever, nausea, loss of appetite, difficult to breath, sleep and urinate. Dr. told me I have a virus (unknown). COVID-19 Rapid Test-None Detected. LAB RESULTS - 11 anomalies; P02 Venous-23 low, O2 Saturation-43% low, RBC-3.77 low, Hemoglobin-11.7 low, Hemocrit-39.5% low, MPV-7.3 low, Potassium-3.3 low, CK-293 high, Alkaline Phosphate-29 low, Amylase-108 high, Leukocyte Esterase- Trace. Script for 2 days med for nausea and released after 4hours. Symptoms lasted 8 days.

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1176248	4/7/2021	CA	36	F	3/27/2021	3/27/2021	In observation area, my tongue swelled up - nurse held be back for a bit to observe and gave me bottled water. The injection site arm went dead and unable to move (left arm stated on my vaccination card but it was the RIGHT arm that was jabbed. Another inconsistency of this whole process). I had weird tingliness shooting up to my neck/back of neck. After finally being released from the observation area when the tongue swelling went down, I was tired walking to my car. That night I was exhausted and couldn't get off the couch and nauseated. The nausea and fatigue hit in waves over the next day. On Monday (second morning after the shot), I could not get out of bed. After finally getting up, I went to work. At work I was still dealing with fatigued, shortness of breath, my head was dizzy and light, then mid-morning I had sharp stabbing chest pains under my left breast, the pain shot up to my left neck and jaw. I could not breathe. The more I tried to breathe, the sharper my chest pains became. I had emailed my primary care doctor twice that morning because of symptoms and never heard back so when the chest pains hit, I went to the ER. At the ER they ran EKG, blood work, XRays. Kept me all day. At the end, they told me I was healthy and let me go. The doctor had ZERO regard or interest in the fact that all of this started after the vaccine. No where in my notes was it noted that I had the vaccine. The nurses told me this was a trend with the patients coming into ER complaining of post-vaccine symptoms and not having them documented. I had breathing issues for almost two weeks after the vaccine where I would be short of breath and winded, not able to complete sentences without stopping for air. I still have awkward breathing moments. I called healthcare facility nightly to report this and again was told to just monitor my symptoms. I feel like this whole process has been an isolating, careless time where my vaccine side effects have NOT been taken seriously.

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1176467	4/7/2021	TX		F		3/11/2021	ELEVATED BLOOD PRESSURE; CHEST PAIN; RASH ON HER FACE THAT WAS BURNING AND SWOLLEN; RASH ON HER FACE THAT WAS BURNING AND SWOLLEN; RASH ON FACE AND RASH ON ALL OVER LEGS AND KNEES; HEADACHE; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805029, and batch number: 1805029 expiry: UNKNOWN) dose was not reported, administered on 11-MAR-2021 for prophylactic vaccination on Left Deltoid. No concomitant medications were reported. On 11-MAR-2021, the subject experienced chest pain, elevated blood pressure, rash on her face that was burning and swollen, rash on face and rash on all over legs and knees and headache. She had went to the hospital twice but was not admitted both were the outpatient visits. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from rash on her face that was burning and swollen, and rash on her face that was burning and swollen on 11-MAR-2021, and rash on face and rash on all over legs and knees on MAR-2021, and had not recovered from elevated blood pressure, chest pain, and headache. This report was serious (Other Medically Important Condition).; Sender's Comments: 20210333394-COVID-19 vaccine Ad26.COV2.S-elevated blood pressure. This event is considered unassessable. The events have a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.

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1176495	4/7/2021	MI	36	F	3/25/2021		TACHYCARDIA; SLIGHTLY LOW WHITE BLOOD CELL COUNT; CHEST PAIN; BLOODY NOSE; HIVES IN BACK (RED AND ELEVATED); ACHINESS; PRE MENSTRUAL BLEEDING; NAUSEA; FATIGUE; HEADACHE; MINOR CHILLS; This spontaneous report received from a physician concerned a patient. The patient's height, and weight were not reported. The patient's concurrent conditions included alcohol user, and non-smoker, and other pre-existing medical conditions included the patient had no known allergies and relatively healthy individual. the patient was not pregnant at the time of reporting. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported) dose was not reported, administered on 25-MAR-2021 07:00 at left arm for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On MAR-2021, Laboratory data included: Chest X-ray (NR: not provided) Normal, and ECG (NR: not provided) Normal. On 25-MAR-2021, the subject experienced minor chills. On 25-MAR-2021, the subject experienced fatigue. On 25-MAR-2021, the subject experienced headache. On 26-MAR-2021, the subject experienced achiness. On 26-MAR-2021, the subject experienced pre menstrual bleeding. On 26-MAR-2021, the subject experienced nausea. Laboratory data included: Heart rate (NR: not provided) 69 {beats}/min. On 27-MAR-2021, the subject experienced tachycardia. On 27-MAR-2021, the subject experienced slightly low white blood cell count. On 27-MAR-2021, the subject experienced chest pain. On 27-MAR-2021, the subject experienced bloody nose. On 27-MAR-2021, the subject experienced hives in back (red and elevated). Laboratory data included: Decreased hemoglobin (NR: not provided) 1.9 (unspecified unit), Heart rate (NR: not provided) 90 {beats}/min, 106 {beats}/min, and White blood cell count (NR: not provided) 3.6 (unspecified unit). Treatment medications (dates unspecified) included: diphenhydramine hydrochloride. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from chest pain on 29-MAR-2021, achiness, bloody nose, hives in back (red and elevated), and fatigue on 27-MAR-2021, and pre menstrual bleeding, minor chills, and headache on 28-MAR-2021, was recovering from tachycardia, and the outcome of

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1176840	4/7/2021	AZ	78	F	4/2/2021	4/2/2021	slightly low white blood cell count and nausea was not reported. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required as per standard procedure as the case assessed as non-serious.
							During observation period after COVID vaccine administration, client reported chest pain/pressure 7/10. EMS called. Client escorted to isolated area, mask removed and vital signs taken. Client was alert and oriented x3, no difficulties speaking or answering questions. Neuro check and vitals taken until EMS on site. Emergency Care Flow completed. Client was transported to near by hospital by EMS due to unstable/high blood pressure. Vital signs reported by EMS before transport: BP 210/92, HR 87, Respirations 16, O2 sat 97%, blood sugar 78.

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1176634	4/7/2021	CA	68	F		3/18/2021	HEAVY BREATHING/SHORTNESS OF BREATH; MILD CHEST PAIN; INCREASED FATIGUE; ITCHINESS TO RIGHT LEG; This spontaneous report received from a patient concerned a 68 year old female. The patient's height, and weight were not reported. The patient's past medical history included hospitalisation, and blood transfusion, and concurrent conditions included cardiac blockage, non smoker, non alcohol user, and low hemoglobin (3/10), and other pre-existing medical conditions included the patient had no drug abuse or illicit drug usage. The patient experienced drug allergy when treated with diphenhydramine hydrochloride. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1805018, expiry: UNKNOWN) dose was not reported, administered to left arm on 18-MAR-2021 15:00 for covid 19 prevention. Concomitant medications included fexofenadine hydrochloride for drug allergy. On 18-MAR-2021, Laboratory data included: Blood test (NR: not provided) not reported. On 18-MAR-2021 15:00, the subject experienced itchiness to right leg. On 19-MAR-2021, the subject experienced heavy breathing/shortness of breath. On 19-MAR-2021, the subject experienced mild chest pain. On 19-MAR-2021, the subject experienced increased fatigue. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from itchiness to right leg on 18-MAR-2021, and had not recovered from increased fatigue, heavy breathing/shortness of breath, and mild chest pain. This report was non-serious.; Sender's Comments: V0: Medical Assessment comment not required as per standard procedure as the case assessed as non-serious.
1176713	4/7/2021	IL	45	F	4/7/2021	4/7/2021	Patient complained of shortness of breath, chest pain, dizziness, nausea and vomiting and dry mouth. Patient only ate crackers and half granola bar since 4:30AM. Blood pressure 220/120, anxious

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1176782	4/7/2021		51	F	3/16/2021	3/31/2021	51-year-old female presents to ED with left lower extremity edema. Patient reports left lower extremity swelling, particularly in the calf and ankle couple weeks ago. She denies any specific traumas or injuries, states she initially thought maybe she had sprained her ankle but is noted that the swelling had not improved. Says theres some slight pain but moreso the swelling that was concerning to her. Has not noticed any erythema or ecchymosis. No numbness, tingling, paresthesias. No fevers or chills. No chest pain or shortness of breath. She is currently on estrogen oral contraceptive, no recent travel, immobilization, medical procedure, surgery, or trauma, hemoptysis, malignancy, coagulation disorders, history of DVT or PE. States initially followed up outpatient and had an ultrasound that was done and she was instructed to come to ED for positive result. No further symptoms or complaints at this time. The patient's symptoms, exam, workup, and disposition were discussed with ED attending Doctor, proceeded with management accordingly. Physical exam as above. Patient afebrile, hemodynamically stable, well-appearing. Chart review from earlier today shows ultrasound positive study for subacute nonocclusive proximal DVT in the left popliteal vein, and subacute superficial thrombophlebitis in the left lesser saphenous vein. No evidence of cellulitis or infection at this time there's no warmth or erythema or streaking. No bilateral edema, JVD, or evidence of fluid overload. Suspect patient's symptoms of left lower extremity swelling and pain likely secondary to the DVT and thrombophlebitis. No bony TTP or injuries no indication for bony imaging. No cp, sob, tachycardia, hypoxia. Do not suspect PE. She does have a leukocytosis no urinary or respiratory symptoms lower suspicion UTI or pneumonia. No neck stiffness or pain to suggest meningitis. Area doesn't appear cellulitic at this time but could possibly be due to early cellulitis and the superficial thrombophlebitis. She's afebrile non septic appearing and will be started on abx nonetheless and she is given strict return precautions regarding this. She has no contraindications to anticoagulation including no thrombocytopenia, active hemorrhage, history intracerebral hemorrhage, chronic anticoagulation. No findings suggestive of phlegmasia cerulea dolens. Labs including kidney function, liver enzymes discussed with ED pharmacist matt nagar.

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							Patient has no significant commodities and is an appropriate candidate for outpatient DVT treatment with eliquis. She is educated regarding eliquis by ED pharmacist. Discussed with patient the need to contact her doctor tomorrow regarding the oral contraceptives that she is currently taking, as there may likely need to be a change and/or discontinuation of this secondary to patient's DVT and starting on Eliquis. She is instructed not to make any changes to medication regimen until she contacted her PCP, and again reiterated that she needs to speak with them first thing tomorrow morning regarding her birth control. Patient expresses understanding. Given overall presentation and ED workup, believe patient is stable for discharge home at this time. Discussed at length strict written and verbal ED return precautions with patient. Patient will follow up with PCP, will start on eliquis and clinda. Patient expressed understanding and agreeable to this plan for discharge and follow up.
1176125	4/7/2021	FL	42	M	4/5/2021	4/7/2021	Dizziness, vomiting, chest pain, numb arms, dry mouth
1175484	4/7/2021	MI	74	M	4/5/2021	4/5/2021	Patient complained of shortness of breath. Onsite EMS was called vitals BP 189/90 98% O2. No chest pain he stated he hadn't taken his medications this morning. He felt better and his wife drove home.
1176844	4/7/2021	IL	45	F	4/7/2021	4/7/2021	Ten minutes after vaccination, patient experienced Chest pain, shortness of breath, dizziness, nausea and vomiting and dry mouth. Since 4:30 AM patient did not eat anything except for crackers and half of a granola bar

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1176511	4/7/2021	TX		M		3/24/2021	<p>CHEST PAIN WHEN BREATHING; INCREASED HEART RATE UPTO 150; TROUBLE SITTING; TROUBLE LAYING DOWN; EXTREME BODY PAIN; TROUBLE WALKING; BACK PAIN; SORENESS AT INJECTION SITE; NAUSEA; THROBBING HEADACHE; This spontaneous report received from a patient concerned a male of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1805029 expiry: unknown) dose was not reported, administered on 24-MAR-2021 10:35 on left arm for prophylactic vaccination. No concomitant medications were reported. On 24-MAR-2021, the subject experienced chest pain when breathing. On 24-MAR-2021, the subject experienced increased heart rate upto 150. On 24-MAR-2021, the subject experienced trouble sitting. On 24-MAR-2021, the subject experienced trouble laying down. On 24-MAR-2021, the subject experienced extreme body pain. On 24-MAR-2021, the subject experienced trouble walking. On 24-MAR-2021, the subject experienced back pain. On 24-MAR-2021, the subject experienced soreness at injection site. On 24-MAR-2021, the subject experienced nausea. On 24-MAR-2021, the subject experienced throbbing headache. Laboratory data included: Heart rate (NR: not provided) 150 (units unspecified). Laboratory data (dates unspecified) included: Chest X-ray (NR: not provided) UNKNOWN (units unspecified). Treatment medications (dates unspecified) included: ondansetron, and ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from throbbing headache, nausea, extreme body pain, increased heart rate upto 150, soreness at injection site, trouble walking, trouble sitting, trouble laying down, chest pain when breathing, and back pain. This report was non-serious.; Sender's Comments: V0:Medical assessment comment not required as per standard procedure as the case assessed as non-serious.</p>

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1175602	4/7/2021	MS	66	F	2/25/2021	2/25/2021	Pt c/o chest muscle throbbing and headache approx 10 minutes after vaccine given, VS normal 128/60, HR 77 S/S diminished after 5 minutes of monitoring. Pt denies chest pain pt monitored for full 30 minutes and states she feels ok to go home. Offered to call family to come and drive home. Pt refused
1177316	4/7/2021	MA	85	F	2/8/2021	2/9/2021	The day after receiving the second dose, pt became so weak that she couldn't get out of bed. Also complained of chest pain (has CAD with angina).
1176911	4/7/2021		46	F	3/29/2021	3/30/2021	Woke up nauseous, hot flashes. Threw up a little, felt very strange and uncomfortable, racing heart, the rest of the night. Tingling in arms and heavy chest. Next evening had night sweats and hot flashes. Ended up having my heart checked to make sure I wasn't having a heart attack (I wasn't). Determined later chest pain and tingling arms could be anxiety-related. Following up with my doctor.
1174376	4/7/2021	NC	30	F	4/6/2021	4/6/2021	approximately 30 minutes after receiving vaccine pt had a coughing fit and then continued to have R sided chest pain/tightness causing continued throat clearing/coughing. Hoarse voice as well. We treated as allergic reaction with IV solumedrol 125mg, IV benadryl 25mg, and one 5mg Albuterol neb treatment with good resolution of symptoms.
1174982	4/7/2021	TN	52	F	3/22/2021	3/28/2021	Severe dizziness started morning of March 29 Nausea & vomiting Brain fog Headache Fatigue Mild chest pain All these lasted until April 6th

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1175194	4/7/2021	WA	27	F	3/10/2021	3/10/2021	<p>anxiety attack/she did get pretty anxious easily and that probably exacerbated it; Chest pain; Chest heaviness; Abdominal pain; eyelid got puffy/puffiness mostly on her upper eyelid of her left eye; had eye puffiness in her left eye; This is a spontaneous report received from a contactable nurse (patient). This 27-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on 10Mar2021 10:15 (Batch/Lot number was not reported, reported as "one number on there is EN and then she does not know if it is a G or 6 and then 204") as a single dose for COVID-19 immunization. Medical history included ongoing anxiety from 2020, ongoing acid problems from 2020, high cholesterol levels from 2020 (she was not prescribed any medication and the advice given was just for diet and exercise), and ongoing gallbladder problem for years. There were no concomitant medications. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No additional vaccines administered on same date of the Pfizer suspect. On 10Mar2021, patient had eye puffiness in her left eye. Patient asked if it is safe to take the second dose. Her eyelid got puffy which began 30 minutes after having the Pfizer COVID Vaccine and it is not ongoing but resolved completely after a few minutes. She did not require treatment for the eye puffiness and the puffiness was mostly on her upper eyelid of her left eye. Patient stated that she does not know in terms of causality if the Pfizer COVID vaccine is related to the reported events and was worried because a week after she got the vaccine, she had other symptoms and was not sure if they are connected with the vaccine. She also reported that she does not think the eye puffiness itself is that serious but it is medically significant and the other symptoms she had were chest pain, chest heaviness, and abdominal pain. These symptoms are not ongoing anymore and began around Friday, 19Mar2021 and resolved after a couple of hours of when they began. For the chest pain, chest heaviness and abdominal pain, she just took an antacid Prilosec for treatment. She thought about going to the emergency room but also thought she was having an anxiety attack and was close to having to go to the emergency room that night. She did get pretty anxious easily and that probably exacerbated it. AEs did not require a visit to</p>

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1175292	4/7/2021	IL	47	F	4/1/2021	4/1/2021	<p>emergency room or physician office. Outcome of the events had eye puffiness in her left eye and eyelid got puffy/puffiness mostly on her upper eyelid of her left eye was recovered on 10Mar2021, of the event "anxiety attack/she did get pretty anxious easily and that probably exacerbated it" was unknown, and of the other events was recovered in Mar2021. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information provided, the contributory role of the suspect bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) to reported events is possible.</p> <p>15 minutes after vaccination the room started spinning, felt fine after aprx 30 minutes. About an hour and a half after vaccination I had shortness of breath and chest pain. (went to ER). Had nausea at ER was given medicine. Aprx 8pm had the feeling of something hot and cold being injected into my right wrist that went through my entire body. Called 911. Paramedic stated it was the vaccine running it course and to breath through it. Next day. Little groggy, low grade fever, slight headache and shortness of breath, Saturday morning had another episode of feeling like something was being injected into my wrist. It settled at my chest. Was very painful for about 3-5 minutes. Slept rest of day. Shortness of breath. Woke up Sunday and felt 100% fine.</p>
1175360	4/7/2021	MI	28	F	3/26/2021	3/26/2021	<p>Patient felt chest pain after the vaccination. Onsite EMS was called BP 112/77 HR 68 97% O2. Patient set for half hour and was asked to goto the ER but she declined and said Dr. will see her soon at the same clinic we are at.</p>
1175537	4/7/2021	IA	52	F	3/31/2021	4/1/2021	<p>At 4am the day following the shot I woke up diarrhea, vomiting, a fever (101.4), chills/sweating, squeezing chest pain, tightness in throat, swelling of hands/feet, joint pain and throbbing headache- by later in the day I had also developed a blister type rash on my upper butt crack. I got the shot on Weds- symptoms finally subsided by Sunday evening except the rash which on Sunday had crusted over and is now/currently dark red, flat and feels sore/tingly. I'm currently waiting f or a return call from my doctors office about how to treat the rash. This rash looks very similar to shingles. My 18 yr old daughter got the shot one day before me and has this same rash on her cheek.</p>

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1175536	4/7/2021		66	M	1/30/2021	3/19/2021	~~This is a 67y.o. male with a past medical history of ESRD on PD, undergoing eval for transplant HTN, Gout who presented to the ED with complaint of diarrhea. Patient states that started to develop mild diffuse abd pain with diarrhea 3 days ago. Has been going up to 20x a day. Denies fever, chills, loss of taste/smell, nausea, vomiting, chest pain, SOB, cough. Denies sick contacts.~~
1176022	4/7/2021		38	M	4/5/2021	4/6/2021	Patient states he received COVID vaccine on 4/5/21 in his left arm. On 4/6/21 patient woke up feeling very fatigued and had no energy, still feeling somewhat fatigued today (4/7/21). Patient states around 1200 yesterday he had a very sharp pain in his left arm that went all the way down into his hand, he described it as someone was stabbing him with an ice pick. Patient denies immobility and was able to move his arm and hand without issue. Pain lasted until today at 0100, the pain was keeping patient up at night. Today, pain has happened once or twice intermittently and lasted a minute or two each time. Patient states pain is 8.5/10 when it occurs. Denies pain at this time. Patient denies chest pain and SOB. Patient states he also had intermittent diarrhea last night and this morning, but feels okay now.
1175621	4/7/2021	TN	56	M	3/16/2021	3/23/2021	Followed up with our clinic on 4/1/2021 after hospital admission for sepsis, pancreatitis, and cholecystitis. Admitted to medical center on March 23rd, discharged home March 27th. Was seen at a smaller facility close to home, Medical Center, prior to admission to . Pt states he was admitted to the ICU. We have not yet received copies of his medical records from admissions for additional information on presenting symptoms or labs. No previous hx of pancreatitis or cholecystitis. Pt was ambulatory and without acute complaints of abd pain, chest pain, or dyspnea at the time of his office follow-up. Reported to our providers that he was advised to have surgical follow-up for cholecystectomy within 1-2 weeks. No surgery while admitted.
1175748	4/7/2021		37	M	4/6/2021	4/6/2021	Flu like symptoms, sluggish. Loss of appetite, mild chest pain, mild shortness of breath. chills, fever

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1175760	4/7/2021	CA	73	F	4/1/2021	4/1/2021	Extreme fatigue, headache, severe neck pain and stiffness, nausea, joint pain, muscle pain, chest pain, abdominal pain
1175762	4/7/2021	NY	65	F	2/23/2021	2/23/2021	02/23/21, 7 pm - upset stomach and sore arm at injection site 02/24/21, 7 am to 11 pm - upset stomach, headache, body aches & chills and sore arm at injection site 02/25/21, 7 am to 02/27/21, 7 am - sore and swollen left underarm and breast, itchy rash extending down upper arm from injection site 02/27/21, 7 am to 02/28/21, 11 pm - swelling of left knee and left ankle 03/03/21, 7am to 03/06/21, 10 pm - back pain along bottom of right shoulder blade 03/08/21, 8 pm to 03/18/21, 10 pm - chest pain under right breast, especially with deep breathing, and highly elevated blood pressure
1175796	4/7/2021	GA	61	F	3/22/2021	3/22/2021	By 6pm, I started feeling feverish, with chills, nausea, chest pains and abdominal pain. I also experienced headaches and my fever got up to 102.5. I went to the ER and they gave me fluids. I was told it was a reaction to the vaccine, but my paperwork said upper respiratory infection. My cough started out dry, I had SOB, weakness, fatigue, diarrhea and joint pain. My PCP put me on a steroid and an antibiotic Keflex (500mg, 3 times a day). I get lightheaded just walking around the house. I'm still experiencing SOB, fatigue and the cough. Today is the first day that I could get up and move around. I'm fine when I first wake up, but I eventually feel depleted.
1175814	4/7/2021	MO	51	F	3/19/2021	3/19/2021	Pt c/o "feeling flushed and like I was going to pass out." c/o chest pain at level 1 verbally. States "it could be nerves"as was notified at 0500 of father in law's sudden passing this morning and upset from news. Pt verbal and oriented x 3. S&S began as pt was going to sitting position immediately after receiving vaccine injection. Pt observed for 50 minutes then left as states" I think I'm fine. I don't have any chest pain, SOB, or other c/o, other than grief over loss of father in law". No rash noted. Vitals unchanged. see chart for v/s. Pt states did receive one dose of Pfizer vaccine on Jan 11, 2021 but didn't receive 2nd dose because of feeling "guilty" that there were other people needing it more than she was. Pt states has new dx (after 1-11-21) of cardiomyopathy unknown cause. Pending vascular consult.

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1175930	4/7/2021	KY	36	F	3/18/2021	3/22/2021	Chest pain began on 3/22 around 2 pm with what initially felt like allergies--chest congestion and heaviness in chest. As the day progressed, pain set in to the degree that sleeping was uncomfortable both because of challenges breathing and because finding a spot that wasn't painful was challenging. Upon waking on 3/23, the pain was significant and continued to worsen between waking at 7 am with trouble breathing and being in a high level of pain along with disorientation by 9 am. I went to the emergency room at this time, where they performed a series of lab tests, imaging tests, cardiac monitoring, EKG 12 lead, and administered medications. No cause was found and I was sent home with prescriptions for an NSAID and an inhaler. The chest pain persisted off and on for two weeks prior to the emergency room visit.
1175950	4/7/2021	NY	51	F	4/6/2021	4/6/2021	5 minutes after vaccination pt c/o left sided chest pain, shortness of breath, dizziness. BP 231/139 P 97 F/U 215/110 P 105 EKG possible ST elevations. Aspirin administered, transferred by EMS to ED
1175421	4/7/2021	MN	29	M	3/24/2021	3/26/2021	Two days post vaccination, he started to get some chest pain when he was laying down. Three days after, he went to the emergency department and was admitted to the hospital. He was diagnosed with perimyocarditis.
1178106	4/7/2021	TX	60	M	4/7/2021	4/7/2021	9:10 am - After client received his 2nd dose of the Moderna vaccine he began complaining of tingling and itching in his hands and feet, feeling light-headed and dizzy and shaking .Client became red and flushed, he was wheeled to the stretcher where he was advised to lay down. BP-144/83; P-62 ,wife was at his side. 9:45am - Bp-160/102 ;P-57 Client still complaining of feeling dizzy, throat itchy ,client was asked to remain on stretcher a little longer 10:00 am BP checked again 156/104 ;P-61 ,client feeling better no further complaints of dizziness. Client was advised to follow-up with primary care MD if he continued having mild reactions and to call 911 if he began experiencing chest pains ,difficulty breathing or any other severe reactions. Client released with his wife and 2 other family members.

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1177752	4/7/2021	TX	32	F	2/20/2021	2/20/2021	10:45a 32yo female complains of lite chest pain offer receiving 2nd dose of Moderna. Pain level is a 4 out of 10 on a 0-10 pain scale 10 being the worst. Vital signs 118/86, 88, RR16. Patient will stay in observation for 30 minutes breathing is normal and unlabored. 11:20a vital signs were rechecked B/P 100/86, HR 84, RR16 pain level is a 3 out of 10, 10 being the worst. Patient states she felt good, patient was discharged to go home. Patient was educated on the side effect and allergic reaction if symptoms continue to call 911.
1177773	4/7/2021		61	F	4/7/2021	4/7/2021	patient complains that she feels dizzy. no chest pain or sob. no nausea or vomiting. no sensation of fainting.
1177834	4/7/2021			U		3/1/2021	CHEST PAIN; CHILLS; ARM SORE; ACHY MUSCLES; FEVER; This spontaneous report received from a patient via a company representative concerned a patient of unspecified age and sex. The patient's height, and weight were not reported. The patient's past medical history included covid-19 infection. The patient received covid-19 vaccine (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on MAR-2021 for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case No concomitant medications were reported. On MAR-2021, the subject experienced chest pain. On MAR-2021, the subject experienced chills. On MAR-2021, the subject experienced arm sore. On MAR-2021, the subject experienced achy muscles. On MAR-2021, the subject experienced fever. Laboratory data included: Body temperature (NR: not provided) 102. The action taken with covid-19 vaccine was not applicable. The patient recovered from fever on 29-MAR-2021, and the outcome of achy muscles, chest pain, chills and arm sore was not reported. This report was non-serious.

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1177850	4/7/2021	LA	36	F	3/30/2021		CHEST PAIN; BODY ACHES; ITCHING TO ARM AND NECK; DIZZY; VOMITING; NAUSEA; HEADACHE; SWELLING AT INJECTION SITE; This spontaneous report received from a patient concerned a 36 year old female. The patient's height, and weight were not reported. The patient's concurrent conditions included antibiotics (unspecified) drug allergies. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808978, expiry: UNKNOWN) dose was not reported, administered on 30-MAR-2021 09:30 on left arm for prophylactic vaccination. No concomitant medications were reported. On 30-MAR-2021, the subject experienced chest pain. On 30-MAR-2021, the subject experienced body aches. On 30-MAR-2021, the subject experienced itching to arm and neck. On 30-MAR-2021, the subject experienced dizzy. On 30-MAR-2021, the subject experienced vomiting. On 30-MAR-2021, the subject experienced nausea. On 30-MAR-2021, the subject experienced headache. On 30-MAR-2021, the subject experienced swelling at injection site. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the headache, swelling at injection site, itching to arm and neck, nausea, chest pain, dizzy, body aches and vomiting was not reported. This report was non-serious.

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1177959	4/7/2021			F			BODY ACHES; CHEST PAIN; SHORT OF BREATH; 103 FEVER; This spontaneous report received from a patient via a company representative concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On 2021, the subject experienced body aches. On 2021, the subject experienced chest pain. On 2021, the subject experienced short of breath. On 2021, the subject experienced 103 fever. Laboratory data included: Body temperature (NR: not provided) 103 F. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from body aches, chest pain, and short of breath on 2021, and 103 fever. This report was non-serious.
1177976	4/7/2021		59	F	4/7/2021	4/7/2021	patient felt lightheaded and felt the room spinning. no arm or leg weakness, no feeling of faint. no nausea or vomiting. no chest pain or sob. no loss of consciousness.
1177977	4/7/2021	MO	29	M	4/7/2021	4/7/2021	The patient developed lightheadedness, tightness in his chest, and tingling of his hands about two minutes after receiving the vaccination. He said that he felt anxious that something was happening. He was hyperventilating. During the event, his heart rate was normal (in the 70s-80s), his blood pressure was normal (SBP in the 130s to 140s), and his oxygen saturation was 100%. He was able to communicate without difficulty, he did not have any weakness, chest pain, diplopia, dysarthria, dysphagia, trouble with walking/balance, bowel/bladder dysfunction, or pain elsewhere in his body. He had a bottle of water. His symptoms lasted about 30 minutes, and then resolved completely.
1177746	4/7/2021			F	4/7/2021	4/7/2021	patient felt her heart race. she has no past medical history. states back in december 2020 she had covid-19 and did experience rapid heart rate at that time. since then, however, she has not had any issues with heart rate. she denies chest pain, lightheadedness, sob. no nausea or vomiting. no headache, no blurred vision.

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1178025	4/7/2021		36	M	4/7/2021	4/7/2021	patient felt as if he was having an asthma attack following vaccination. he denied chest pain. no cough.
1178609	4/7/2021	MD	32	M	3/11/2021	3/14/2021	Cold like symptoms started 3 days (March 14) after shot. Reached fever of 102 on March 18 through the 20th, went to urgent care for help. Chronic cough, chest pain, shortness of breath, dizziness/lightheadedness, sinus headache and severe fatigue/weakness has continued ever since. Prescribed prednisone, albuterol inhaler, and cough syrup and antibiotics. No improvement. Went to ER April 3rd and 4th due to worsening condition and follow ups with primary doctor April 6th and 7th. Prescribed Doxicycline and Simbacort.
1178204	4/7/2021	MD	74	M	4/7/2021	4/7/2021	PATIENT RECEIVED SECOND DOSE OF MODERNA BRAND OF COVID 19 VACCINE AND STARTED COMPLAINING OF BACK PAIN, BACK SPASM, AND CHEST PAIN FIVE MINUTES AFTER VACCINE ADMINISTRATION. 911 WAS CALLED AND PATIENT'S BLOOD PRESSURE CHECKED WHILE WAITING FOR 911 TEAM TO ARRIVE. PATIENT'S BLOOD PRESSURE WAS ELEVATED WITH SYSTOLIC ABOVE 220 AND DIASTOLIC ABOVE 100. PATIENT WAS RESPONSIVE AND ALERT AND STATED THAT HE HAD NOT TAKEN HIS BLOOD PRESSURE MEDICATIONS FOR THE DAY OR EATEN ANYTHING. 911 TEAM ARRIVED, PERFORMED A BLOOD PRESSURE AND EKG CHECKS ON PATIENT. AT THIS POINT, PATIENT STATED THAT THE PAIN WAS SUBSIDING. THEN PATIENT WAS TAKEN TO THE EMERGENCY ROOM.
1178384	4/7/2021	PA	52	M	4/7/2021	4/7/2021	At ~3:10pm, patient received his vaccination for COVID (Janssen brand). Patient was directed to sit in waiting area for 15 minutes for monitoring; during this time, patient started to complain of the following: chest/abdominal pain, "pounding in his head", felt faint, and "scratchy throat" that was not improving. Around 3:35pm, 9-1-1 was called due to worsening chest pain and scratchy throat. EMTs directed me to administer 25mg of diphenhydramine (which as give at 3:46pm) to patient. EMTs arrived shortly thereafter, noting elevated BP (~154/90). Patient left pharmacy area ~4:10pm and was brought to ER via paramedics for further evaluation.

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1177031	4/7/2021	TX	32	M	4/7/2021	4/7/2021	Approx. 11:40 or 11:45 Client passed out while seated in the back of the observation area Client fell to the side but landed face forward and sustained a laceration to the forehead near the hairline on the right side RN called 911 to dispatch EMS around 11:45 After the client passed out a fireman/EMT, physician and nurse were present to arouse the client and assess for further neck or brain injuries RN tended to the bleeding laceration Client gained consciousness and became alert Client able to answer questions Vaccine Administrator stated that the client mentioned that he was having chest pain but Client denied this and stated that he just felt nervous Client states that he passes out when giving blood and has a needle phobia Nurses and Fireman/EMT assisted client to a wheelchair and back to a private recovery area 11:52 Vitals obtained : O Sat 98, Pulse 56 BP 129/75 Client reports nausea, a flushed sensation, headache and dizziness No Vomiting noted Fireman/EMT took Blood sugar reading with Glucometer. Blood sugar reading is 83 Client reports feeling drowsy but he states that he did not sleep as much as he normally does last night Fireman/EMT reports Full range of motion to the neck and client reports no neck pain Ambulance arrives at 12:08 Client previous history was relayed to the paramedics : Vital assessed BP 127/80 and pulsometer in use Paramedic noted that client must have been wearing his sunglasses when he passed out because blood was present on the glasses and the laceration lined up with the sunglasses perfectly Client discussed what hospital he wanted to be transported to Client does not have a family physician Ambulance left within 10 to 15 minutes after arrival
1178716	4/7/2021	TX	27	F	4/6/2021	4/7/2021	Sharp breast pain and heavy chest pain. Rapid heart rate causing heavy breathing.
1177168	4/7/2021		32	U	4/6/2021	4/6/2021	Developed chest pain hives throat tightness, minimal wheezes and shortness of breath within 10 minutes of vaccine. Symptoms worsened the following day prompting EMS to be called. ED evaluation.
1178740	4/7/2021	NY	37	F	4/6/2021	4/6/2021	Site injection pain, low grade fever, chills, headache, chest pain

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1178825	4/7/2021	WI	37	M	3/29/2021	3/30/2021	Fever, fatigue, diarrhea, body aches within 24 hours Rash at injection site showed up 7 days later and persists at least 9 days later Chest pains for 3 days following injection
1178875	4/7/2021	CA	45	F	4/7/2021	4/7/2021	Numbness in left leg, dry mouth, headache 4/10 pain on chest, throat dryness. Reports runny nose since first dose. After further monitoring, patient reports numbness and chest pain subsided. Dry mouth persists. Vital signs assessed and found within normmal limits. 12:20pm: BP 129/85, HR 68 bpm, O2 sat 100%, RR 12, Temperature 96.1 F. 12:35pm: BP 133/84, HR 64 bpm, O2 sat 100%, RR 12, Temperature 96.8 F. Lungs clear.

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1177982	4/7/2021	MO	28	M	3/30/2021	4/3/2021	. Pfizer dose 1 on 3/30. Just had sore arm. Symptoms dizziness began on 4/3. Otherwise feeling well. Labs drawn 4/5 which revealed pancytopenia, rechecked today and numbers are worsening. Working to get him into hematology now. 28 yo male s/p Covid-19 Vaccine (Pfizer) on 3/30 with lightheadedness only when bending down and coming up returns for follow up today for pancytopenia found on labs obtained 4/5. He denies any recent viral symptoms. He did not have any episodes in past that made him question that he may have had Covid-19 viral illness. He is able to tolerate his normal daily exercise and bike without any symptoms. He has no dietary restrictions, eats dairy, meat, lots of vegetables/fruits, pastas and some breads/cereals. He drinks alcohol once per week. He abstains from ETOH every April. He has used edible THC in past, only once per month at most. He has not been tested for HIV in past. His girlfriend, in last semester of school advised him to ask about HIV testing. He denies any chest pain, SOB, HA. Upon review of his lab results yesterday, I called the hematology fellow, Dr. through program at hospital and he recommended the labs to be obtained and rechecking labs in one week. He felt the student was not exhibiting any emergent symptoms requiring emergent evaluation. Patient and I spoke on phone after this call with fell at 1557 4/6 and I advised him to seek emergent medical eval in ED for any CP, SOB, HA or any neurologic symptoms. Patient has not had any of those symptoms. He exercised this morning without difficulty. He notes raised papules on legs which he has had in past. They have currently been present for a few days. He believes it to be related to biking in sweatpants. He has been in a hot tub recently, but after the bumps were present. They do not itch. He has had them in past, more in winter months with heavier clothing. He also notices slight left arm pain today. This was site of his vaccine. He denies any swollen lymph nodes. He is notices only with arm movement. He denies any FH of blood disorder/ blood cancers/MDS. He denies bruising, bleeding or dark stools. He states he likely has not had a blood draw in past, unless one visit to ER, for HA/concussion in high school (9+yrs ago) resulted in any blood test.

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1177125	4/7/2021	WY	61	M	3/16/2021	3/29/2021	Patient's wife contacted office after husband was taken to hospital due to experiencing chest pain and difficulty breathing. Upon admissions, she stated he was tested for COVID and the test came back as positive. Wife upset due to the belief that the shot has caused her husbands condition and that we should be aware that hospitals are still testing for COVID and considering it positive even though her husband had been vaccinated. I tried to explain that he had not had the two full weeks since being vaccinated to have full immunity and that he could have been exposed early enough that he was still able to develop into actual illness.
1178733	4/7/2021	CA	33	F	4/7/2021	4/14/2021	pt was vaccinated with covid 19 vaccine (Janssen brand) at 04:52p.m given intramuscular at left arm administered by CP. At 04:54pm pt reported being nauseous and light headed and sweaty. RN assisted pt and checked vital signs BP 80/ 50 mmhg, PR 62,, RR 20, T 97.2 Oxygen saturation is 100% at room air. EoA on sight assessed pt, no SOB noted. No Chest pain. Pt is alert oriented to self, time, location and date. Initial interventions done. Pt was assisted im a laying position safely with legs elevated. Every 15 minutes vitals check done and recorded. Pt verbalized that she gets anxious with needles and haven't eaten anything for lunch yet. Pt refused to call 911. Pt BP was. Checked at 05:13pm and it was 110/70mmhg PR 74bpm, RR 16, t 97.2 and Oxygen saturation of 100%. Pt was gradually placed in a sitting positioned and reported feeling way better. NO more complaints of dizziness or nausea. Pt was given health teaching about expected side effects and when to call advise nurse or 911. Pt is discharged with no complaints. Stated she appreciated us for our immediate care for her. Pt was assisted to the car with 2 friends driving her home. Incident was reported to nurse provider. RN.

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1177727	4/7/2021	NY	63	F	4/7/2021	4/7/2021	63 y/o female with PMH of GI issues, s/p ileostomy c/o pain (4/10) in her left shoulder and left SCM. Pt was assessed by clinical leads and a heat pack was applied to her left shoulder. Pt was re-assessed 2 minutes later to monitor symptoms. Pt appeared diaphoretic, pale, complaining of dizziness + nausea. Ice packs were applied to her neck and forehead and EMS was called to monitor vitals, lay pt on a stretcher, 2L O2 via nasal canula. Pt reported "feeling awful" and did not respond to any questions, pt maintained consciousness throughout the entire encounter. Pt was attached to a monitor and a 12 lead EKG was obtained that showed evidence of a wide QRS, new right bundle branch, prolonged QT and T wave changes. Pt denied any cardiac history or history of abnormal EKGs or similar prior experiences. She was immediately transported via EMS to the Hospital Emergency Room for further evaluation, pt gave consent for transport. Pt denied notifying / calling a family member or friend to inform them. Denies chest pain, LOC, SOB, respiratory distress, vomiting, itchiness, erythema, swelling, HA, similar prior experiences PMH: weak pelvic floor, IBS, imbalanced gut flora, ileostomy for unknown reason - DENIES history of: cardiac issues, pulmonary issues, diverticulitis, cancer, autoimmune conditions (ulcerative colitis, crohns) Surgical History: ileostomy, C-section Meds: Linzess, Motegrity, Baclofen, Liothyrozine Vaccine was administered at 11:48 am in the left deltoid. Pt began experiencing symptoms at ~ 12:03pm. General: A&Ox3 HEENT: NC/AT, EOMI, PERRL, airway patent, no trismus MSK: tenderness to left SCM, neurologically intact b/l, brisk capillary refill b/l, radial pulse 2+ b/l, full ROM b/l, 5+ strength b/l Skin: diaphoretic, pale Pulmonary: clear to auscultation b/l Vitals: @12:09: BP: 74/52, HR: 53, SpO2: 96% RA, @12:12 2L O2 NC @12:13: BP: 106/73, HR: 72, SpO2: 97% 2L NC @12:15: SpO2: 99% 2L NC @12:16: BGM: 118 @12:20: BP: 112/77, HR: 69, SpO2: 100% 2L NC

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1177095	4/7/2021	PA	50	F	4/7/2021	4/7/2021	Patient had vaccine 1130a, 1135a patient developed chest tightness, with intermittent sharp chest pain, midsternal, with dizziness, lightheadedness, and felt cold/clammy reported by patient. 1145a patient in observation on stretcher, with bp 120/88, rr 18, sao2 99% on ra. 1150a, patient denies sob and midsternal sharp cp, but chest tightness remains, bp 104/66, rr 18, sao2 100% on ra. Discussed with patient pmh and ems transporting to ed for cardiac workup to roll out complications, patient in agreeance as chest tightness unrelieved. 12p ems arrived to location, bp 117/71, rr 16, sao2 99% on ra, chest tightness remains but all other s/s resolved, departed with ems after report given in stable condition, transported to hospital. spouse notified by patient.
1177123	4/7/2021	CA	24	M	4/7/2021	4/7/2021	24 yo with history of atrial tachycardia and anxiety, noncompliant with medication (diltiazem, klonopin) presented with tachycardia, chest pain, nausea, dizziness 1 min after vaccine administration. Vitals improved over time but pt had sustained chest pain and dizziness throughout response.
1177269	4/7/2021	MN	55	M	4/1/2021	4/1/2021	Patient had no reactions immediately after vaccination. Patient presented to the emergency room approximately 4 hours after vaccination with left sided chest pain that was radiating down the left arm. The pain was increased with inspiration, movement of his neck, arms, or chest. Patient woke up from a nap with extreme left-sided pain that prevented him from not putting his shoes on or taking his jacket off.

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1177344	4/7/2021	NJ	73	M	3/13/2021	3/14/2021	Patient stated that he started a new medication this morning. When he was seated for observation after receiving the vaccination, he stated that he has felt dizzy even before he received the vaccine, but did not inform the vaccinator. Patient asked to have his B/P taken .Patient stated that he just had a stent placed on Monday, Patient stated that he took sotalol 80mg and cardizem 120 mg at 10 am before coming in to get the vaccine. B/P taken 150/105, heart rate 117. Chest pain denied, no shortness of breath noted. Color pink. Patient stated that this usually happens, and that it usually passes. 1:40pm Blood pressure retaken, ?150/106, heat rate 121. ?denies chest pain and shortness of breath, O2 sat 96% on room air. It was advised that the patient be seen and evaluated in the ER. Patient put in a wheelchair and escorted to ER triage at 1:52pm.
1177365	4/7/2021	NE	50	F	4/1/2021	4/2/2021	12hrs post injection extreme muscle fatigue, aching joints in all areas, pounding headache, left side front and back chest pain,rapid heartbeat, facial swelling, joint swelling, nausea, about 24 hrs later headache, nausea and joint pain continued, sore throat and insomnia developed and nausea worsened and has lasted since the initial onset. Today, approximately 60 hours later I have been vomiting and have diarrhea with nausea and continued headache with joint pain.
1177394	4/7/2021	MN	60	M	3/29/2021	4/3/2021	Patient received the 1st dose of Moderna on 03/29/21 with no immediate reactions. The patient presented to the emergency room 04/03/2021 with high blood pressure, pulse, and chest pain.

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1177623	4/7/2021	WA	48	F	3/26/2021	4/4/2021	Woke up on 4/4 with a golf ball sized, raised welt at the injection site. It was hot and very red. The next day, it was even larger, by 4/7, it had completely gone away. Everyone thinks I should also mention that I was admitted to the hospital with chest pain, high BP/Pulse on 3/31, they did a D-Dimer on me and it was elevated, suggesting a clot has formed and is in the process of breaking down. I had a CT of my chest and no PE was found, but I had thickening of my left lobar pulmonary artery wall, further supporting the suggestion of a possible blood clot. After an echo stress test, I was discharged the next day on HTN meds. I was experiencing chest discomfort prior to my vaccine, but again, EVERYONE is telling me I need to report this, so I am. :)
1177413	4/7/2021	CA	89	F	4/7/2021	4/7/2021	Pt developed extreme fatigue. Felt tired and sleepy. BP 170/72, HR 67, O2sat 97% RA. Reported having double vision. Denied chest pain, SOB, palpitations, headache, dizziness. Sent to ER via w/c.
1177472	4/7/2021	NJ	67	F	3/13/2021	3/13/2021	c/o feeling lightheaded immediately after 2nd dose of Moderna vaccine. ? BP 191/101 pulse 95, repeat bp ?203/93 HR 143. Pt denies chest pain, SOB. Pt taken to ER via wheelchair.
1177500	4/7/2021		30	F	4/7/2021	4/7/2021	Patient felt light-headed after vaccination. Denies and chest pain and shortness of breath. No nausea vomiting. No loss of consciousness.
1177530	4/7/2021	AZ	44	F	4/6/2021	4/6/2021	12:16 shot. 12:30. 15 minutes after shot Heart racing, body tingling, light headed, dizzy. 2:30 same symptoms plus face tight, lips and tongue tingling, tongue swollen, body numb 3:30 same symptoms plus head is hot 4:30 same symptoms plus chest pains 24 hours after shot - most other symptoms are gone. Now fever 100 degrees and body aches, headache

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1177412	4/7/2021	NJ	53	F	3/13/2021	3/13/2021	reported feeling lightheaded immediately after 2nd dose of Moderna vaccine administration, also reports feeling lightheaded after 1st dose. Initial bp- 159/87 HR- 88, SpO2- 95%. Repeat bp 147/62, HR 81, denies feeling lightheaded. Repeat bp-128/70, HR-98 at 230pm. Pt denies dizziness, blurry vision, chest pain, sob. Pt escorted to parking lot and denies any symptoms of adverse reaction.
1177705	4/7/2021	LA		M	2/19/2021	3/12/2021	CHRONIC CHEST PAINS; SHORTNESS OF BREATH, NAUSEA all occurring in any physically involved activity such as walking, climbing the stairs, and weight lifting.
1177122	4/7/2021	IN	17	F	4/7/2021	4/7/2021	Patient passed out. tingling in finger. light headedness. chest pain related to anxiety. occurred after about 15 minutes
1177633	4/7/2021	FL	40	F	4/1/2021	4/7/2021	dose 1: fever chills headache for about 3 days , tylenol taken dose 2: no fever, no tylenol taken, chills the first night, pain and swelling in neck and spine only at night for 2 nights , very slight headache, slight fatigue and nausea and weakness after naps, then fine by day 3 then suddenly this morning I had slight chest pain (pressure) and severe vertigo and fell in the bathroom, bp normal, temperature normal, spo2 normal, normal hr, i had no choice but to report to work or i would lose my job (teaching in private school)
1171712	4/6/2021	CA	22	F	4/3/2021	4/3/2021	Itching arm, foot, head, and back. Itching/ burning on face around the jaw, mouth, and nose, Muscle/ joint pain, Raw tender skin, pain in arm at the injection, slight fever 99-100, faster heart rate, chest pain and some shortness of breath. Took Tylenol for pain and fever. Took Antihistamine (Loratadine) for itching. Pain lessened however itching has not stopped.

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1171757	4/6/2021	IA	65	F	3/18/2021	3/25/2021	Moderna COVID Vaccine EUA Pt received Dose 1 of Moderna vaccine 3/18/21. Developed symptoms 3/25/21. Presented to ED 3/28/21. 3/28/21: 65-year-old female with past medical history of hypertension, hyperlipidemia, and type 2 diabetes mellitus presented to ER with complaints of shortness of breath. Per patient she received her 1st COVID-19 vaccination last Thursday. Since Monday the patient has felt "unwell." Three days ago she started having shortness of breath which has progressively worsened, especially with exertion. She has developed increased fatigue, cough, nausea and decreased appetite. Denies chest pain. No vomiting or diarrhea. On arrival to ED patient she had a low-grade fever and was hypoxic at 87% on room air. Supplemental oxygen with 2 L NC with improvement in oxygenation saturation to 94%. Laboratory findings were significant for hypokalemia 3.0, transaminitis ALT 55, AST 44. COVID positive. Chest x-ray revealed bilateral airspace disease with obscured pulmonary vasculature. Favored to represent pneumonia over heart failure. EKG normal sinus rhythm, rate 74, QTC 472. Patient was given IV fluid resuscitation with NS 3 L bolus. Potassium 60 mEq p.o. given. IV Rocephin was initiated and DuoNeb treatment given in ER. 4/2/21: Pt received remdesivir, convalescent plasma, ceftriaxone, doxycycline, dexamethasone, vitamin C, zinc sulfate. Patient discharged on doxycycline course, PO zinc and vitamin C, supplemental oxygen. Instructed to follow up with PCP in 3-5 days.

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1171835	4/6/2021	PA	35	F	4/2/2021	4/2/2021	<p>35-year-old female with history of asthma presents for evaluation of allergic reaction. Patient says she has a history of allergy to the flu shot. She received the first Covid 19 vaccination following her visit with her pulmonology provider today. Shortly after this she developed feelings of throat closure, wheezing and a hoarseness to her voice. She was brought down to the emergency department for further evaluation. She has no history of anaphylaxis and has never been given the EpiPen. She denies any history of chest pain, abdominal pain, nausea/vomiting, skin rash, lightheadedness or dizziness. Medications Given in the ED: 4/02 Meds 1:24 p Famotidine 20 mg IV Push; MethyIPREDNISolone 125 mg IV Push; DiphenhydrAMINE 25 mg IV Push 1:21 p Albuterol-ipratropium 3 mL Aerosolized 35-year-old female presents for evaluation of allergic reaction following Covid 19 vaccination. Overall she is in no acute respiratory distress. Initially when I walked into the room she did appear anxious, and her voice was a bit hoarse. Lung sounds show subtle wheezing bilaterally. Respiratory at bedside. On further conversation with the patient her voice clarity seemed to improve significantly and she seems to be talking at her baseline. She feels overall that the sensation of throat closure is improving. No other symptoms to suggest acute anaphylaxis and we'll hold on epinephrine administration at this time. Patient was administered IV Benadryl, famotidine, Solu-Medrol in the emergency department. She was observed for approximately 2 hours after which time she says she is feeling back to baseline. We'll plan to discharge with prescription for EpiPen, and instructions for use discussed with the patient. Also discharged with prescription for burst course prednisone steroids. Return precautions discussed and she was discharged in stable condition.</p>

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1171870	4/6/2021	NY	57	F	3/12/2021	3/25/2021	On 3/25/2021, started seeing rash, hive and feeling itchy, got worse thru the night when it started throughout my body and feeling throat stuck, chest pain. Next day, allergic reaction started spread to my face, ear and eyelids. Went to urgent care immediately. The doctor immediately gave me steroid, Zyrtec, Benadryl tablets to calm down the allergic reaction and instructed that I continue to take them for 5 days. After 5 days, I still experiencing lingering and minor rash, itchy sporadically on my body mainly hands, arms, ankle and bottom of feet. Consulted gastroenterologist and allergist, inconclusive of the root cause. Was on prescribed Omeprazole 40mg, Vitamine De+K2, Probiotics prior the vaccination. Also took half of Advil tablet for 3 days to relieve tooth ache prior to the allergic event. Have stopped since then.
1171899	4/6/2021	MS	43	F	3/30/2021	3/30/2021	1004 RN responded to vehicle while pt in waiting lot after receipt of 1st dose Pfizer. C/O swelling to nose. Denies difficulty breathing, denies chest pain. Monitored 30 minutes. RN noted no swelling to nose. Pt left lot approx 1035

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1171918	4/6/2021	FL	20	M	4/5/2021	4/5/2021	<p>Patient received Moderna vaccination (Lot # 044A21A) on 04/05/2021 at 1015 in the right arm and was escorted to Observation by the Escort Team. RN assessment findings are as follows: Patient is awake and alert, oriented to person, place, and time. Patient is responsive to all verbal commands. Upon checking out of observation at approximately 1034 patient reported chest pain. Patient is sitting upright in a chair. Patient stated that after he received the vaccine and sat in observation, he started to feel chest pain to his mid sternum. Patient's blood pressure is 120/80, pulse 79 and O2Sat 98% room air. Patient was given 2 bottles of water. Section Chief, at the ICP of the patient at 1046. Staff called on the phone because the radios were not working properly then called Incident Commander (IC). RN was notified that patient is complaining of chest pain. 1047 Patient assessed by RN. Patient is a 20 year old with no past medical history, patient sitting in an upright position awake, alert and oriented X3, answers questions appropriately. Patient denies allergy to any medication or food. Patient verbalized he did not eat breakfast prior to vaccination. Patient stated he started to experience chest pain after he received the moderna vaccine when he got into observation. Patient rates pain 4/10 which has remained the same since he's been in observation. Pain does not radiate, no diaphoresis or change in color noted. Patient denies using any illicit drugs or has taken any medication in the past 24 hours. IC, aware and called 911. 1055 Patient's blood pressure was s rechecked: 122/68, pulse 70, O2Sat 98% room air. No sign of distress noted. 1059 Patient was placed in a wheelchair and brought to the other side of the room away from other patients for confidentiality and privacy. Patient awaiting EMS.</p>
1172246	4/6/2021	CA	53	M	4/6/2021	4/6/2021	<p>Patient in observation area, unresponsive to verbal commands, elevated heartrate (120-140), elevated bp 180's-210/100-105, tachypnea (20-26), normal O2 sat (99-100%). EMS activated. Shaking extremities, able to move all extremities on command. No diaphoresis. At 10 minutes more alert and c/o chest pain 8/10. Transported by EMS to ER.</p>

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1172293	4/6/2021	FL	67	M	1/16/2021	1/18/2021	Spitting up blood. Spontaneous. Started 2 days after. has continued to this day on perhaps 15-20 days during that time, maybe more. Accompanied. by giant hives and rashes. Thick hives. Bizarre shapes and sizes. All over my body. Had CT scan of chest and Sinus - normal. ENT normal. Blood tests including many for sed rate and other blood or infectious related things, all normal. Urine normal. Phlegm and sputum cultures normal. Going to see pulmonary on April 19. Going for second opinion ENT April 7. Chest pains and general body aches and pains and straining pains in mornings four times including this morning. Dermatologist says he has seen hives from vaccine because there is no other cause when so many patients show up with it; however mine are the most extensive, large and thick he has seen. Suggested Claritin and Benadryl and hoped it would go away in time. I am a physical mess and had zero problems before the vaccines. Please contact me immediately I should have come too sooner.
1170569	4/6/2021	UT	31	M	4/5/2021	4/5/2021	Fever, chills, muscle pain, injection site pain, fatigue, general malaise, muscle weakness, mild chest pain. Most symptoms appeared around 10 hours after injection. Rest, fluids, tylenol No improvement with those treatments
1172402	4/6/2021	NY	53	F	3/23/2021	3/26/2021	First Night - vision was distorted Sleeping - pain of the entire left arm Next Morning - unable to stand, unable to "walk" straight, feeling nauseous, hurt all over, strong body shaking chills Thursday/Friday - short of breath for seven days with left side chest pain, continued chills Had EKG, Cat-scan, follow-up bloodwork Currently prescribed High Doses of Sterioids for approx. 10 days

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1171668	4/6/2021	IL	63	F	3/11/2021	3/17/2021	<p>Pfizer COVID Vaccine EUA Patient received 1st dose of Pfizer vaccine 3/11/21. 3/27/21: Patient is a pleasant 63-year-old female past medical history of anxiety, documented history of hyperlipidemia came in from outside facility with complaints of dyspnea, COVID-19 pneumonia, bradycardia. Clinical picture started on the 17th patient tested positive for COVID-19 at that time was having symptoms myalgia, subjective dyspnea reportedly went to the emergency department, saturations were good she was discharged home with conservative measures. At home became more symptomatic and pulse ox was measuring in the low 80s so she went back to the hospital and was admitted to Hospital on 03/25. Per records patient was started on Eliquis, dexamethasone, azithromycin, remdesivir, p.r.n. Tylenol, p.r.n. Zofran, p.r.n. Toradol along with supplemental oxygen. Oxygen requirement was 5 L at the facility. However overnight and prior to arrival providers at outside facility started noticing bradycardia patient's heart rates were dropping into the 30s. Patient was asymptomatic during these episodes not complaining of any lightheadedness or chest pain. Reportedly cardiologist saw patient QT and QTC were reportedly appropriate recommended monitoring. However overnight heart rate continued to go down into the 30s, reportedly on telemetry was noted to be developing Mobitz 2 second-degree block, patient was administered atropine x2 and heart rates improved to the 70s however a year started going down again to 30s and 40s after a couple of hours. Outside facility requested transfer to another hospital for further management and possible EP intervention. Bedside patient is lying comfortably in bed currently denies any lightheadedness, dizziness, chills, fevers, nausea, vomiting, diarrhea, chest pain, palpitations, paresthesia, swelling of extremities. Though is she gets winded after exertion, is okay/comfortable on supplemental oxygen at rest. Patient was increased to 8 L during ambulance ride, was id saturating however medics increased because of bradycardia. Otherwise denies tobacco, recreational drug/marijuana, over-the-counter/herbal medication use. Social consumption of alcohol will have 1-2 beers a year. She reports sick contact 1 of her close friends was diagnosed with COVID earlier this month, husband also positive. She reports she received 1st dose of COVID-19</p>

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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							vaccination around the 10th or 11th of this month 1 day prior to known exposure. Otherwise no medication changes is only on sertraline. Currently no antihypertensive medication or rate-controlling agents.
							4/1: Patient was admitted after developing significant bradycardia after receiving remdesivir for COVID-19 pneumonia. Remdesivir was held and patient received convalescent plasma on 03/28. Dexamethasone was started at the outside hospital on 03/25. With also completed 5 days of empiric doxycycline and Rocephin. Patient CRP and D-dimer were followed and trended down at the time of discharge. EP Cardiology was consulted and initially the patient was on dopamine for the 1st 2 hospital days. Was able to be stopped and the last 2 hospital days the patient had no bradycardia. She will have a Holter monitor as an outpatient. Patient wore her BiPAP at night. Oxygen requirements trended down and was able to be on room air at the time of discharge. Home O2 evaluation was performed and did not require oxygen. She will continue on 5 further days of Decadron 6 mg daily. She will follow-up with her PCP.
1171282	4/6/2021	ME	66	F	3/25/2021	3/30/2021	Chest pain, rapid pulse, blood pressure increased, Swelling
1172419	4/6/2021	CA	33	F	4/4/2021	4/4/2021	Nausea, vomiting, chest pain
1172441	4/6/2021	NY	78	F	4/2/2021	4/3/2021	Received Covid vaccine on 4/2 and then starting 4/3 starting experiencing nocturnal chest pain. Found to have bilateral pulmonary embolism on evening of 4/5.

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1172292	4/6/2021	OH	19	M	4/3/2021	4/3/2021	Received Jansen COVID injection at approximately 11am 4/3/2021. Developed sore left arm, shoulder, and neck approximately 10 pm evening of 4/3/2021. Woke up 3:30am 4/4/2021 and informed parents he did not feel well-awake most of that night. Felt slightly better morning of 4/4/2021, but continued feeling feverish, pain in arms, shoulders, neck. Approximately 8pm Sunday night 4/4/21 he stated he felt it was hard to breath, chest pain, and his arms felt like they were on fire. Was taken to ER at Clinic. Blood pressure 149/98, temp 100.6 complain of feeling feverish and short of breath. EKG was taken which was abnormal and enzymes noted to be elevated. Transferred to main branch of Clinic approximately 4:30am 4/5/2021. Father states patient has inflammation around the heart. Had a cardiac catheterization today 4/6/2021-father states that was normal and patient was started on medication to reduce inflammation around his heart. Patients father states that patient was very drowsy from his catheterization and was fine with his father telling me the events as they occurred. As I was speaking with patient father, patient was going down for a MRI of the heart. This information was conveyed to me by father and mother. Patient is a college student and was home for Easter break. Patient currently remains hospitalized in Clinic and father thought he would remain hospitalized until Thursday 4/8/2021 depending on test results and his response to treatment. Both parents state they are willing to be contacted for further information.

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1171302	4/6/2021	IL	72	M	2/15/2021	3/23/2021	3/23/21 Medical Group note: dx pleuritis Chief Complaint Patient presents with ? URI c/o sob, tired, chills, headache, achey. symptoms started today. 72 y.o. male Pt has had both COVID vaccines. URI :This is a new problem. The current episode started in the past 7 days. The problem has been unchanged. There has been no fever. Associated symptoms include abdominal pain and chest pain. Pertinent negatives include no congestion, coughing, diarrhea, dysuria, ear pain, headaches, joint pain, joint swelling, nausea, neck pain, plugged ear sensation, rash, rhinorrhea, sinus pain, sneezing, sore throat, swollen glands, vomiting or wheezing. He has tried nothing for the symptoms. The treatment provided no relief. Review of Systems HENT: Negative for congestion, ear pain, rhinorrhea, sinus pain, sneezing and sore throat. Respiratory: Negative for cough and wheezing. Cardiovascular: Positive for chest pain. Gastrointestinal: Positive for abdominal pain. Negative for diarrhea, nausea and vomiting. Genitourinary: Negative for dysuria. Musculoskeletal: Negative for joint pain and neck pain. Skin: Negative for rash. Neurological: Negative for headaches. Objective Vitals: 03/23/21 1604 Weight: 120 kg (264 lb) Comment: pt. reported Height: 69" Body mass index is 38.99 kg/m ² . Diagnoses and all orders for this visit:Pleuritis Chest wall pain Pt was advised to go to ER if symptoms persist or worsen. Pt was advised to come to office tomorrow for CXR and recheck. 3/24 sih med group dx rib pain: Patient presents with ? Chest Pain c/o chest pain/initially had chills, sob. symptoms started yesterday. Patient is a 72 y.o. male. Pt states he has gained 20 lbs in last few months. Pt sleeps in a recliner. He states he has to reach over the arm of the chair to adjust the reclining lever. Pt has pain to right ribs and abd. Abdominal Pain The current episode started in the past 7 days. The onset quality is sudden. The problem occurs intermittently. The problem has been unchanged. The pain is located in the RUQ. The pain is moderate. The quality of the pain is aching and dull. The abdominal pain does not radiate. Pertinent negatives include no anorexia, arthralgias, belching, constipation, diarrhea, dysuria, fever, flatus, frequency, headaches, hematochezia, hematuria, melena, myalgias, nausea, vomiting or weight loss. The pain is aggravated by palpation. The pain is relieved by nothing. He has tried

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							acetaminophen for the symptoms. The treatment provided no relief. There is no history of abdominal surgery, colon cancer, Crohn's disease, pancreatitis or ulcerative colitis. 3/26/21 Admitted to Hospital, dx: elevated troponin, sepsis, acute renal failure, streptococcus bacteremia HPI: 4/5/21 Admitted to Hospital, swing bed status dx sepsis, physical deconditioning
1172823	4/6/2021	CA	35	M	4/1/2021	4/1/2021	Patient presented with burning chest pains, found to have ST elevations on EKG, Trop peak 17 and cath with clean coronaries. Transferred to center for cardiac MRI and treatment for Myocarditis. No other preceding inciting triggers found including negative utox/preceding illness. Echo with wall motion abnormality but quasi normal EF (50%). Improved with colchicine and NSIADs for perimyocarditis.
1172504	4/6/2021	MI	61	F	4/1/2021	4/2/2021	Patient calling with complaint of vertigo, feeling off balance, and headache that began 24 hours after receiving her first Moderna Covid vaccine. She had her first covid vaccine and says ever since she has been having balance issues. Last night she states she could hardly walk to the bathroom when she got up in the middle of the night, because she was so dizzy/room was spinning. She also says she has been experiencing heart palpitations. Patient has not had any known recent exposure to Covid, but did return approximately 1 month ago. Patient has history of hypertension, but has not had her blood pressure checked in a very long time (does not currently take any medications for hypertension- no PCP at this time). Patient states that the vertigo is happening on and off, but mostly when she is laying down in bed. Reports that she feels off balance when she first stands up to walk after laying down. Also reports that she is noticing heart palpitations on and off for the past 2 days. Patient has not had difficulty breathing, difficulty swallowing, facial swelling, rash, or chest pain.
1170789	4/6/2021	NY	44	F	4/4/2021	4/4/2021	Nausea, Dizziness, stomach cramps, feelings of stabs in body mainly legs, minor chest pains, headache, fever, joint pain, body shakes

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1170963	4/6/2021	NY	31	F	2/25/2021	2/25/2021	Patient had an anaphylactic reaction, feeling palpitations and feeling of throat swelling after receiving the vaccine and was taken to the Emergency Room on 2/25/21. She was given benadryl IM, Famotidine IV and Solu-Medrol injection and was discharged home with benadryl capsules and prednisone. On 3/4/21 the patient returned to the Emergency Room with side effects including chills, chest pain, palpitations, abdominal pain, nausea, vomiting and headaches. Patient was administered maalox, ketorolac IM and reglan injection.
1171080	4/6/2021	MN	54	F	4/1/2021	4/1/2021	15 minutes after vaccine was given patient stated that she was feeling dizzy, faint and nausea. Patient was given some water. Vital signs were taken and within normal limits. Patient denied shortness of breath, swelling of throat or face, chest pain or pain any where. After observing for 15 minutes patient felt better and denied any concerns. She was encouraged to go to the local ER if any other symptoms arose after going home and she verbalized an understanding. Patient left with spouse.
1171320	4/6/2021	FL	63	F	4/1/2021	4/3/2021	pt states that she had chest and back pain. She had nausea, fever, and pain her her jaw and pain in her upper stomach. She thought she was having a heart attack so she went to ER, . She was given an EKG and given nitroglycerin. She had a GI cocktail. She had a CT scan w/ and w/out contract of her chest and her abdomen. The did Chest X-ray, another EKG, checked Troponin levels and blood test. All test were negative of having a heart attack. Pt was released to go home and relax but call 911 if she had any more chest pains and to FU w Cardiologist if needed. Pt has since recovered from all of these symptoms.
1171119	4/6/2021	MA	44	F	4/6/2021	4/6/2021	PT OBSERVED FOR 40 MINUTES STATES FEELS LIKE A PANIC ATTACK BP 137/80 PULSE 122 SAT 98 DENIES ANY SOB OR CHEST PAIN PULSE REMAINS 110-131; MD IN TO SEE PATIENT DISCHARGED

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1171636	4/6/2021	IL	67	F	2/27/2021	4/5/2021	4/5/21 triage: Pt was in ED with son who was a pt today. Pt walked outside where she became light headed & briefly loss consciousness. This nurse witnessed pt knees begin to buckle & son lowered her to ground. Pt states "sometimes I get light headed if I haven't had enough water". Pt alert/oriented @ this time. C/o upper back pain that she states is new for her. orthostatic positive HPI: 67 y.o. female who presents with a near syncopal episode just PTA. She feels that she is dehydrated. No chest pain. Some cough, no dyspnea or fever. No hx of CAD. elevated troponin 1.28; 2.27 transferred to other HCF hpi: History of Present Illness: The patient is a 67 y.o. female with a past medical history notable for diabetes mellitus, hypertension, glaucoma who presents with chief complaint of "short of breath." Patient lives at home. Patient code status is: Full code status. Patient reports she has been battling a head cold over the past 2 weeks. Patient has had low-grade fever of 99° F. Otherwise, patient has done well. Patient had brought her son to the hospital emergency department. When patient was getting ready to leave his room in the emergency department she says she felt sudden shortness of breath and dizziness. Patient reported that she said ?I do not think I can make it.? Patient then proceeded to get weak and syncopized. Patient's son was already at her side and laid her on the ground. Patient never hit her head. When patient had return of consciousness, she continued to feel short of breath and dizzy. Patient reported that sometimes she feels a sensation at home when she is dehydrated and has not drink in enough fluids. Patient denies having any chest pain, fever, nausea, or vomiting. Patient presented to the ED with the following vital signs: Temperature 97.5°, heart rate 88, blood pressure 183/99, respiratory rate 24, oxygen saturation 85% on room air. EKG was read as normal. Laboratory findings reported as troponin I 0.11, repeat troponin I 3 hours later revealed 1.28. Other laboratory findings significant for glucose 127, BUN 30, creatinine 1.2. Chest x-ray was read as unremarkable. Patient given the following medications in the emergency department: IV fluids x2 L bolus, 324 p.o. Aspirin, nitroglycerin ointment, treatment dose Lovenox. During my evaluation of patient, patient denied having any chest pain. Patient reported that she was feeling okay. Patient was admitted to Internal

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1171322	4/6/2021	CA	56	F	4/4/2021	4/4/2021	Medicine service for further management of NSTEMI. extreme chills to the point where my teeth were chattering even though I was wearing winter clothes and multiple blankets, disabling body aches and headache, chest pain when breathing, nausea - all for about 24 to 36 hours
1171378	4/6/2021	IL	70	F	3/26/2021	4/4/2021	4/4/21 ER HPI: 70 y.o. female who presents with complaint of weakness, shortness of breath worse with exertion the started this morning. Patient was said to be fine yesterday. Patient denies chest pain, nausea vomiting or abdominal pain, no headache or dizziness. Patient is also said to have pale conjunctiva. No fever or chills and no cough. triage note: Patient presents to er with daughter from home with complaints of increased weakness, increased shortness of breath. States upon waking today daughter states "she was more confused and more difficulty with ambulation. States she was off balance today with stumbling more than normal. Daughter states she was "verbally exhausted today." Patient unable to answer questions.
1171416	4/6/2021	CA	26	M	4/6/2021	4/6/2021	Patient received injection became diaphoretic and disoriented. Was responsive to questioning. Transported via wheelchair to EMS, Doctor at bedside vital signs taken: 103/67, pulse 52. Patient was given water and allowed to rest. Denies chest pain shortness of breath or nausea. He reports not getting much sleep last night and drove 2 hours to get his injection this morning. He was discharged in stable condition @ 8:35am.

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1171548	4/6/2021	WI	65	M	3/8/2021	4/6/2021	Patient had covid vaccine and then 1 day later, developed worsening PVCs. Patient has a history of PVCs and Vtach for which he has a pacemaker. Patient is historically very symptomatic with his PVCs. These worsened over the course of a week which lead to worsening substernal chest pain and he presented to the ER on 3/15/2021 and due to his history of CAD, was hospitalized for observation, discharged on 3/16/2021. He had labs, echocardiogram while in the hospital. His metoprolol was increased to help decrease symptomatic PVCs. On 3/9/2021, patient developed chills, difficulty swallowing and the sensation of his throat and tongue being swollen, along with some generalized itching. He presented to the ER 3/9/2021 due to these symptoms and these symptoms resolved without interventions and he was discharged home. He then developed lower lip swelling on 3/15/2021.
1171576	4/6/2021	MD	29	F	4/3/2021	4/3/2021	injection site pain, tiredness, headache, muscle pain, chills, injection site redness/rash/itching, nausea, swollen lymph nodes (armpits/throat), inside of mouth cheeks/throat very sore, hard to breath, sharp/achy chest pain - sort like bronchitis without the phlegm, potentially high blood pressure but I have no way of measuring it. Have been taking benadryl 2 pills every 4-6 hours since around 15 minutes after dose one, took aleve since yesterday (April 5 2021). As of present (April 6 2021) still experiencing all of the above and feel unwell

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1171612	4/6/2021	TX	57	F	2/11/2021	2/11/2021	Pt arrived at station 15 at about 1145 for second dose of covid-19 vaccine. When the nurse reviewed patients per vaccination check list, nurse noted Pt checked box number 3 for having an allergic reaction to the first dose of moderna covid 19 vaccine. Pt stated she felt increased shortness of breath, but she brought her inhaler with her this time. Nurse advised pt she would have to sit in observation area for 30 minutes to monitor her for those other reactions. At 1205pm Pt friend came and told me that Pt stated she was experiencing chest tightness and trouble breathing. BP and HR was taken. BP 154/84, HR 80. Nurse instructed pt to do pressed lip breathing. Nurse notified Lead nurse. Lead nurse asked Pt to stay for an additional 15 minutes for more observation. Pt advised nurse that she felt her HR increasing. Nurse rechecked BP and HR. BP 153/83 HR 79. Pt stated she was feeling better and would go to the ER if anything new happened or the chest pain and tightness came back. Nurse took one last BP and HR before Pt went home. BP 145/81 HR 81. Pt friend pulled the car close to the exit and they both left.
1171102	4/6/2021	MA	61	M	4/6/2021	4/6/2021	Pt given Pfizer vaccine at 0810. Shortly after, pt c/o "vaccine pumping through my chest and indigestion." ; No c/o SOB, chest pain, or dizziness.Vitals: 830 89/60 100% O2 HR 81832 97/66 830 89/60 100% O2 HR 81832 97/66; 850 100/68 (manual) HR 81 O2 100%Dr called to bedside for assessment; 900 112/78 100% O2 HR 77910 110/78 100% O2 HR 76; BP stabilized, no c/o SOB, dizziness, chest pain.Dr. updated on patient status and cleared

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1173998	4/6/2021	CA	46	F	4/6/2021	4/6/2021	<p>Client received 2nd Moderna COVID vaccine (lot # 026B21A and expiration date 4/29/21) at 9:37AM. Nurse administered vaccine and after she walked client over to observation station and gave report to EMTs. PHN asked RN after she returned why client was walked over and RN informed lead of history of reaction to first moderna. PHN went to observation room, EMT had taken baseline vitals when she arrived at 942: blood pressure 126/82, pulse 84, oxygen 94%. PHN spoke with client who stated at this time feeling well. Per client first dose was given at location, client stated headache, throat itchiness, metal taste, flushing, blurry vision, and high blood pressure. That time she was given Benadryl and stayed 2hrs post vaccine for monitoring. Per client had spoken with primary doctor who recommended she still receive second dose. EMTs stayed with client. At 1002 client informed EMTs of flushed feeling and metallic taste. PHN informed and joined EMTs. Vitals: blood pressure 116/70, pulse 85, oxygen 97%. Client stated same symptoms as last time returning. Alert and oriented. Client denied shortness of breath. Face and hands flushed. PHN offered client Benadryl and client accepted, wanted PO only. Benadryl 50mg given PO. Client's sister was present, client was not driving. Allergies to Vit B. Medical history of hypertension, client did not take medication this morning. Vitals 1016: blood pressure 124/88, pulse 92, oxygen 98%. Client stated headache to frontal are, metallic taste, flushing in face and hands. 1021 vitals: blood pressure: 120/78, pulse 85, oxygen 98%. Client stated symptoms improving. Face flushing improving. Client alert and oriented. At 1026 client stated feeling hands were swelling, specifically right index finger. Client able to move hands, denied pain or tingling. Vitals: blood pressure: 116/78, pulse 85, oxygen 98%. At 1030 client wanted to use restroom, sister and EMT accompanied client. Client walked with steady gait there are back. After sitting down client stated feeling dizzy again. Vitals 1034: blood pressure: 126/82, pulse 80, oxygen 97%. No headache, no metallic taste, right index finger swollen and palms flushed. Client stated feeling tired. 1039 vitals: blood pressure: 120/80, pulse 79, oxygen 98%. 1044 vitals: blood pressure 122/80, pulse 81, oxygen 98%. Symptoms improved, swelling of right had same. Vitals 1053: blood pressure 124/82, pulse 82, oxygen 98%. Vitals 1109: blood</p>

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						pressure 126/100, pulse 85, oxygen 97%. Alert and oriented, per client feeling better. No headache, metallic taste, shortness of breath, headache, or flushed face. Swelling improved. Per client blood pressure higher since she did not take blood pressure medication this morning. Denied chest pain, blurry vision, or dizziness. 1114 vitals: blood pressure 118/90, pulse 84, oxygen 99%. Client stated all symptoms had resolved. ER precautions given to client. Last vitals at 1130: blood pressure 136/94, pulse 84, oxygen 98%. Client aware blood pressure diastolic high, still wanted to leave. Able to stand from chair with no dizziness. Client left facility with steady gait at 1131.	
1172756	4/6/2021	CA	25	F	4/6/2021	4/6/2021	patient was in the observation area and fainted from her chair to the floor. Observation nurses were able to arouse her immediately and transferred her from the observation area to the EMS room via wheelchair. Patient reported that she has "issues" when she gets her blood drawn bur has never passed out before. She denies chest pain, shortness of breath or nausea at this time. She was given H2O and allowed to rest on the gurney, all vitals were WNL 128/87 pulse 75 pulse ox 100%. Pt was discharged in stable condition to father who was driving her home @ 12:35pm.
1172508	4/6/2021	CA	62	F	4/6/2021	4/6/2021	A 62 year old female who has completed a 30-minute observation period with the following signs and symptoms of an adverse reaction: swollen and tingling lips area after . Pfizer-BioNTech COVID-19 vaccine # 1 in series administered. Vital sign at 10:40 blood pressure ; 190/120, heart rate: 94, respiration ; 18, Spo2: 99% Repeat Vital sign at 11:02: blood pressure ; 189/102, heart rate: 89, respiration ; 16, Spo2: 99% - patient denies chest pain ,shortness of breath, nausea vomiting, diarrhea, abdominal pain, difficulty swallow, headache, dizziness, or vision changes Action(s) taken: Transferred to higher level of care Patient advised to discuss second dose considerations with a clinician

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1174194	4/6/2021	MI	31	F	4/1/2021	4/1/2021	Tongue on left side went numb within 10min. Then weakness/numbness on whole left side of face. Weird pressure moved from left to right across my neck/chest and settled over right side of chest. When they took my blood pressure it was high (not sure what and i usually have good blood pressure). I started having trouble finding and forming the words i wanted to say. The people at the site called EMT and they took me to ER. Symptoms reminded the same but started to get heartburn and migraine. After running some tests they gave me benadryl in my IV which made my body go heavy. Benadryl did not stop the numbness of left side of face and tongue. I was released about an hour after the benadryl with same symptoms minus the right chest pain.
1174186	4/6/2021	CA	55	F	4/2/2021	4/2/2021	A severe headache in the first hour followed by fatigue an hour later. Muscle aches and low grade fever in the evening. The next day I has a lot more fatigue and general muscle pain. I also developed irritable bowels and a loss of appetite. The left arm became very painful to the touch and while moving it. Low grade fever continued. The second day was much of the same but a new symptom which was concerning. Chest pain near breast and rib in the left side. The pains were shooting and intermittent. More fatigue and continued stomach issues and lack of appetite. Day 3 I felt greater fatigue and muscle pain but the arm pain and headache were better. I took the day to rest mostly. Day 4 (today) I fully expected to feel better but I felt the same and took the day off work to rest. Low grade fever fatigue and muscle pains. Stomach issues turned to diarrhea today. Headache returned for a while but chest pains better. For the record I've never experienced adverse reactions to any vaccine. I'm also very healthy and active running hiking and biking 20 miles a day.
1174134	4/6/2021	NV	24	M	3/31/2021	4/3/2021	Patient started having irregular heart beat and chest pains on 04/03/2021 and was admitted to the Hospital on 04/04/2021 at 0200.

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1174104	4/6/2021		21	M	4/5/2021	4/5/2021	bodyache,headache,sore throat. PT states getting the J/J vaccine at 1300 yesterday with body ache, fever, sore throat, and headache starting at 1900, states taking tylenol (500mg) at 1900 with no relief. HISTORY OF PRESENT ILLNESS: 21 yo M p/w fatigue, body aches, subjective fever, sore throat, headache nausea after receiving J&J COVAX yesterday at 1300. Acute onset of symptoms, constant, mild muscle aches. Nausea without vomiting. Denies recent illness, cough, vision changes, chest pain, dyspnea, weakness/numbness.
1174077	4/6/2021	CA	75	F	4/6/2021	4/6/2021	Client received the Janssen dose lot # 1808980 and expiration date 6/20/21 at 11:01AM. At 11:16AM client had already waited their 15 minutes and reported to EMT that she was having shortness of breath and anxiety. Vitals were taken : Oxygen: 97%, Blood Pressure: 130/80, pulse=75. Client reports to EMT s that she has a history of bradycardia and anxiety. Client reports medications are amlodipine 5 mg, Irbesartan 50 mg, Aspirin 81 mg PO, inhaler for asthma. Client also reports that on January 8th of 2021 she tested positive for COVID-19. PHN was notified at 11:28AM of client's symptoms. PHN arrived to find client sitting upright and alert and oriented x 4. Since client had shortness of breath reported PHN offered 9-1-1 but client declined, stating she was already feeling better. PHN advised client to stay an extra 30 minutes since she had a reaction. Client reports she thinks it is because she forgot to take her inhaler dose this morning. Vitals were taken: respiration rate=20, Blood pressure 130/70 and oxygen 96% and pulse 55. Client then reports she also has a history of high blood pressure. Client reports that earlier she felt a little lightheaded but did not report to EMTs. At 11:31AM vitals were blood pressure: 146/80, oxygen:97%, pulse: 65 client reports she no longer had shortness of breath, no dizziness no headache, no blurred vision and no chest pain. Gave client water bottle. At 11:41AM vitals were pulse:70, blood pressure: 130/80, oxygen: 97%- client reports no shortness of breath and "feels great." PHN advised client of emergency precautions and to follow up with provider. At 11:46AM: blood pressure: 132/90, oxygen: 98%, pulse: 68. At 11:50AM client left facility with steady gait.

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1173900	4/6/2021	NY	47	M	3/25/2021	3/25/2021	fever, fatigue, body aches, chills, chest pain and abnormally high blood pressure
1173884	4/6/2021	OR	67	F	2/18/2021	2/27/2021	10 days post vaccine developed chest pain, tightness, nausea, lightheaded , tachycardia, bradycardia, GI, Weakness, Fatigue, Shortness of breath which continues
1173826	4/6/2021	TX	92	F	3/9/2021	3/20/2021	Pt received the vaccine on 3/9/2021 reports to ED on 3/19/2021 s/p fall while transferring from wheelchair no fractures on x-ray, sent home at 2246. started to c/o chest pain and shortness of breath. Went into cardiac arrest at home approximately 4 hours after leaving ER. Pt was pronounced DOA 3/20/201 @ 0343
1173821	4/6/2021	CA	55	F	4/6/2021	4/13/2021	pt was vaccinated with covid 19 vaccine with a Janssen brand given on her left arm, intramuscular at 03:44 pm. Pt sat down on the post vaccine area and after 5 mins pt stated that she is feeling light headed and dizzy. Pt was assisted to lay down on the floor safely and legs were elevated asassistedby RN. Pt is alert oriented towel, date,time, location. Pt stated that she is nauseous and hadn't eaten anything yet. Initial vitals were taken and recorded BP 118/60 mmhg, PR55bpm, T96.0, RR 20, O2 sat 98% at room temp, BS 105. Vital signs monitoring done everything until stable, Pt refused to call 911 stated that she had history of being nauseous and lightheaded with blood draw and blood transfusion. Repeat Vsat4:10 pm BP 120/ 70, RR 20 cpm, T97.6, PR 76. Pt was placed in a sitting position and no complaints of dizziness, lightheadedness. NoSOB, no Chest pain as well. At4:20 RN discharged ptaccompanied by husband without any complaints. Pt statedsg e appreciated our immediate care.Nyrse educator RN wasnotified as well..

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1173769	4/6/2021	CA	24	F	4/6/2021	4/6/2021	Client complained of flushed face, swelling to hands, headache, vision changes and dizziness after receiving Janssen Covid vaccine (lot 1808980 exp 6/20/21). Client was walking out of waiting room and approached the PHN to inform she was not feeling well. Client assisted to closest chair, EMT joined in and started vitals as PHN did assessment. Per client started feeling mild symptoms after 5mins and by 15 mins symptoms had progressed. Client did not alert anyone until her time was done and she began to walk at 1125. Client alert and oriented, flushed face, mild diaphoresis, per client spots in vision, swelling to hands, left hand more, and headache. Client denied shortness of breath, chest pain. History of allergy to penicillin. No other pertinent medical history. Vitals 1125: blood pressure 140/98, pulse 99, oxygen 100%. Client transfered to gravity chair and given water. Client wanted to call husband to come pick her up. 1134: pulse 97, oxygen 98%. Client stated pressure behind eyes. PHN offered client benadryl, flushed face continued, headache, swelling to hands. Client accepted as husband was on his way. Benadryl 50mg PO given at 1137. Vitals 1139: blood pressure 150/90, pulse 95, oxygen 98%. Per client dizzy, felt warm across face, headache, pressure around eyes, swelling on hands and flushed face. Client denied shortness of breath. Client asked if she wanted 911 to be called for further assessment, client denied, she stated she would continue waiting. Vitals 1144: blood pressure 130/90, pulse 97, oxygen 90. Per client headache gone, no flushing, felt tired. 1148 swelling on hands was improving. Vitals 1152: blood pressure 110/80, pulse 89, oxygen 96%. No headache, just pressure on forehead, no flushing, blurry vision improving. Vitals 1157: blood pressure 126/90, pulse 90, oxygen 97%. Per client all symptoms improving. Wanted to sit straight on chair. Client stated felt well enough to go home. Pressure on head was only symptom at this time. Client given ER precautions. Husband was going to driver her home. Last vitals at 1205: blood pressure 120/90, pulse 86, oxygen 97%. Alert and oriented, stood up with no complaints of dizziness. Client walked out of facility with steady gait

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1173754	4/6/2021	MD	31	F	4/6/2021	4/6/2021	Itching in left arm which spread to torso and other arm. No rash, no SOB, no chest pain. No swelling or hives. EMT started IV and administered 50mg IV Benadryl. Itching resolved but PT became dizzy and lightheaded without resolution. Taken to ED for observation.
1173736	4/6/2021	AK	35	F	4/6/2021	4/6/2021	Felt dizzy, hives, chest pain/SOB; taken to hospital, .5 epi IM, 50 Benadryl IV, 125 mg solumedrol IV
1172938	4/6/2021	AL	26	F	1/22/2021	1/24/2021	I was fine until Sunday. I started to feel like I had heartburn; chest pain in general. It isn't something that happens to me. I took some meds, but it gradually got worse. When I got home, my heart rate was all over the place. I went to the ER and they diagnosed me with general chest pain. I was given meds and discharged. After that, I was fine.
1172566	4/6/2021		23	M	4/6/2021	4/6/2021	After receiving the vaccine he developed lightheadedness, and blurred vision. He also felt as if he was going to faint. He denies chest pain or shortness of breath. Denied loss of vision. He did not have a weakness. Blood pressure 106 / 68, 78, oxygen saturation 98% on room air on April 6th 2021 at 2:25 p.m. In general patient is without distress oh, but he does look anxious Heart: rate and Rhythm, as one has to, no Gallup or murmurs or rubs Lungs: CTA bilaterally neuro: 5 / 5 bilateral upper and lower extremity strength, cranial nerves 2-12 intact No gait dysfunction
1172571	4/6/2021	CA	25	F	4/6/2021	4/6/2021	11:30 am patient c/o lightheadedness in observation area, RN transferred to EMS room for observation. FNP ordered benadryl 50mg by mouth now given to patient with H2O. Patient allowed to rest in EMS room. Denies chest pain, shortness of breath at this time, was discharged in stable condition with spouse @ 12:25pm BP: 148/99

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1174101	4/6/2021		21	M	4/5/2021	4/5/2021	bodyache,fever,chills. PT states getting J/J vaccine this am with fever, chills, and body ache starting afterwards. HISTORY OF PRESENT ILLNESS: 21 yo M p/w fatigue, body aches, subjective fever, nausea after receiving J&J COVAX earlier today. Acute onset of symptoms, constant, mild muscle aches. Nausea without vomiting. Denies recent illness, headache, vision changes, chest pain, dyspnea, weakness/numbness. MDM: 21 yo M presents with vaccine reaction. Stable on arrival, afebrile with reassuring vitals. Patient well-appearing on exam with no respiratory difficulty or other exam abnormalities. Given tylenol/toradol/zofran/IV fluids with improvement of symptoms. Plan for discharge with tylenol/motrin/zofran, and primary care follow-up in 7-10 days. Discussed findings with patient/caregiver. Plan for discharge as above. Patient/caregiver verbalized understanding and agreement with plan. All questions were answered to satisfaction of patient/caregiver. Written and verbal discharge instructions were given to the patient, including strict ER return precautions. Patient was discharged in stable condition
1173733	4/6/2021	CA	80	F	3/15/2021	3/15/2021	9:20 patient complains of burning of tongue radiating down throat, denies chest pain, tightness, tingling, or difficulty swallowing. 9:44 blood pressure elevated, patient was sent home with daughter. 10:02 patient was given Benadryl 25mg x 1 dose. Patient ate food and at 10:18 reports lip swelling and burning. 10:20 patient was given dexamethasone 4mg x 1 dose and Pepcid 20mg x 1 dose. 11:28 patient verbalized improvement of symptoms, patient was advised to continue with Benadryl 25mg every 8 hours x 1-2 days and to follow up with her primary care provider the next day.

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1172656	4/6/2021	OH	43	M	4/1/2021	4/1/2021	Client became dizzy and lightheaded in the observation area, "he was seeing stars". On exam, no evidence or symptoms of an allergic reaction. BP 70/50, O2 sat=80%, Pulse=50. Skin= pasty gray. EMS was called due to low O2 sat and hypotension but client was not transported. No chest pain was reported. After 20 minutes, he felt better and BP responded to hydration with water. Skin color returned to normal. Wife drove client home. Client disclosed he recently lost 10lbs and thought he was dehydrated. Advised to eat salty foods and drink lost of fluids. Assessment: vasovagal reaction secondary to vaccination, worsened by dehydration prior to clinic.
1172921	4/6/2021	NC	52	M	3/31/2021	3/31/2021	c/o shortness of breath and chest pain after vaccination. Pt was transported by EMS to Hospital.
1172962	4/6/2021	AZ	76	F	1/21/2021	1/22/2021	The day after the vaccine I started to feel nauseated, Chest pain, lower abdominal pain and back pain. My blood pressure was a little high. The following day I was feeling a little better, but the chest pain was worrisome. I went to Urgent care and they said my EKG was not normal. I was taken to the hospital which was also the vaccine site. I was treated in the ER and they ruled out a heart issue with a complete workup. I was admitted for an unexplained bowel obstruction and remained in the hospital for four days. I got the second dose of the vaccine and I did not have any significant problems. I may have Covid-19 in the spring of 2020.
1173123	4/6/2021	IL	30	F	4/2/2021	4/2/2021	Fever, joint point, body aches, chest pain. Typical, low risk pregnancy. Due date August 8th
1173328	4/6/2021	FL	86	M	4/6/2021	4/6/2021	After 1 hr and 15 min of vaccine administration patient developed hypotension and chest pain. Bolus of normal saline administered as well as Oxygen. 911 contacted, Patient sent to ER for further evaluation.
1173413	4/6/2021	FL	43	F	4/5/2021	4/5/2021	sore muscles fatigue diahrea chest pain red wealt at injection site

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1173421	4/6/2021	MD	27	F	3/24/2021	3/26/2021	Day 2, 3/25, with a fever of 100.5 and mild chest pain with difficulty of breathing. Woke day 3, 3/26, with severe chest pain, difficulty of breathing and a heartrate while resting from 140-180. Symptoms persisted all morning resulting in a call to 911 for assistance. Hospitalized evening of 3/26 with symptoms persisting until late night of 3/28 after struggling with bringing down the heartrate. Diagnosed with Supraventricular tachycardia paroxysmal, Respiratory Distress, and Thrombocytosis.
1173604	4/6/2021	SC	55	F	3/20/2021	3/20/2021	soreness on the upper left area of her chest; soreness in her arm; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (soreness on the upper left area of her chest) in a 55-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 038a21a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Smoker. On 20-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 20-Mar-2021, the patient experienced VACCINATION SITE PAIN (soreness in her arm). On 24-Mar-2021, the patient experienced CHEST PAIN (soreness on the upper left area of her chest) (seriousness criterion medically significant). On 23-Mar-2021, VACCINATION SITE PAIN (soreness in her arm) had resolved. On 26-Mar-2021, CHEST PAIN (soreness on the upper left area of her chest) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Treatment information was not provided. This case concerns a 55-year-old female with a serious unexpected event of chest pain, and nonserious expected vaccination site pain. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: This case concerns a 55-year-old female with a serious unexpected event of chest pain, and nonserious expected vaccination site pain. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1173709	4/6/2021	CA	80	M	2/23/2021	2/23/2021	Went to the Medical Center for chest pain, fever, shortness of breath one day after receiving the vaccine.
1172797	4/6/2021		64	M	4/6/2021	4/6/2021	C/o chest pain & in left shoulder. No radiate. Paramedics on scene to evaluate.
1168214	4/5/2021	NJ	59	F	3/27/2021	3/27/2021	Patient received the second dose of the Pfizer Covid vaccine. Patient has no adverse reaction after dose 1. Patient complained of "a hot feeling going through my body" less than 10 minutes into her observation period. Patient appeared redness on her chest, face and hands. Patient did not complain of any shortness of breath, chest pain, and was alert and oriented x4. patient was advised to check herself for any hives with the assistance of female nurse and complained of lightheadedness upon standing. patient was seated back down and reported the feeling went away. Patient remained A/Ox4 during the entire encounter. Patient denied feeling this feeling before. patient had a radial pulse of 60bpm and a BP of 110/palpation. patient was continued to be monitored as she attempted to contact her family member. patient now reported a headache which she described as "pressure". patient also reported feeling tingling in her hands. patient still had no complaints of difficulty breathing and had no angioedema. 911 was called and EMS arrived on scene. patient care was transferred to EMS.
1168233	4/5/2021	OK	34	F	3/25/2021	3/31/2021	Fever 103 3/27, stomach pain, vomiting, diarrhea, headache, chest pain, SOB Hospital 3/29, critically low potassium, D-Dimer elevated, chest CT clear, admitted 3/30 HIDA scan, gallbladder removed 3/31 woke with vision issues, seeing multiples of things, slanted hallways, can?t stay awake 4/1 CT and MRI of brain show venous blood clot Started on blood thinners, stopped birth control (had only been on birth control about 5-6 months)

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1168996	4/5/2021	KS		M			<p>felt like I was having a heart attack; severe chest pain twice; extremely weak; Sleep all day; Vomiting; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (felt like I was having a heart attack) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history was reported.). On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage form. On an unknown date, the patient experienced MYOCARDIAL INFARCTION (felt like I was having a heart attack) (seriousness criterion medically significant), CHEST PAIN (severe chest pain twice), ASTHENIA (extremely weak), SOMNOLENCE (Sleep all day) and VOMITING (Vomiting). At the time of the report, MYOCARDIAL INFARCTION (felt like I was having a heart attack), CHEST PAIN (severe chest pain twice), ASTHENIA (extremely weak), SOMNOLENCE (Sleep all day) and VOMITING (Vomiting) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. This case concerns a male of unknown age with a serious unexpected event of myocardial infarction, and nonserious events of unexpected chest pain, asthenia, somnolence and expected vomiting. Event onset with unknown latency after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.; Sender's Comments: This case concerns a male of unknown age with a serious unexpected event of myocardial infarction, and nonserious events of unexpected chest pain, asthenia, somnolence and expected vomiting. Event onset with unknown latency after first dose mRNA-1273. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.</p>

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1168509	4/5/2021	WA	65	F	3/28/2021	3/28/2021	<p>The pt had her first Covid vaccine on 3/28 in the left deltoid. Within a couple hours, she began to have pain in the inner upper left arm, and then later migratory pains that traveled up her legs, across her lower abdominal surgical scar. She had chills, and fever symptoms. She developed marked myalgias. She has photophobia at baseline after her breast cancer chemotherapy, the photophobia is unchanged. She has chronic neck pain, and she came in wearing a soft cervical collar, but the neck pain is not new. No known Covid exposure. She first denied chest pain, but then she pointed to her central sternum and said that she had "bone pain" in the central chest. She also describes her migratory pain frequently calling it "red" pain. She denied abdominal pain, but she had a deep central pain deep inside her torso. Husband was interviewed and he stated that she was in good health before the vaccine. He did not note the "pale, fatigued, run down" complaint that she reported. She had the Pfizer vaccine #1 around 1130 hours. She then began to complain of a discomfort left upper inner arm. Sunday, 3/28, she began to take advil, first 400mg, then advancing to 800 mg q 4 h, and use of a hot water bottle. She then began to have the "searing pain" first in the areas where she's had surgery, both breasts and her lower abdomen. They talked to a RN on 3/30, and then to a tele-MD yesterday when her symptoms worsened, who Rx'd Vicodin. The husband (and pt) states that the pt gets an upset stomach and "muddled head" when she takes tylenol, and they didn't know that Vicodin had tylenol in it. Very soon after taking the Vicodin, she began to feel upset stomach and muddled head. She took two doses of the Vicodin, last dose yesterday. They spoke with a different tele-MD today, who called in a oxycodone 5mg tab for her, which she took at 1130 hrs and 1500 hours. Covid Symptom screen ?Cough YES, chronic, no change ?Fever (subjective or >100.4°F/38°C) YES ?Myalgia YES ?Headache YES ?Dyspnea YES, "sometimes" ?Sore throat NO ?Diarrhea NO ?Nausea/vomiting YES/YES ?Loss of smell or taste NO , abdominal pain "NO" (pt feels like she is having some discomfort "deep inside" her torso), and rhinorrhea NO</p>

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1168264	4/5/2021	CA	34	M	4/5/2021	4/5/2021	Patient reported feeling hot and dizzy brought to the EMS room for observation. Doctor at bedside. patient denies chest pain shortness of breath or nausea. Vitals taken, blood sugar 103. Patient given some apple juice and discharged in no distress @ 8:50am.

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1168291	4/5/2021	IL	71	M	3/30/2021	4/5/2021	<p>3/22/21 Admission HPI: 71 y.o. male with a history of poorly controlled diabetes mellitus and COPD. He presented to my office today acutely with a several day history of increasing shortness of breath. He has increased his prednisone at home recently and been increasing the frequency of his DuoNebs. Despite this, he states that his oxygen saturations have been staying in the low 80s. He has a hard time walking due to the shortness of breath. He states previous to about a week ago he was doing very well. He denies any fever. He denies any known exposure to coronavirus (COVID-19). In the office today his oxygen saturations were 88% on 4 L. Because of his failure of outpatient therapy, he will be admitted to the hospital for further evaluation and treatment. This patient has a history of severe respiratory decompensation that happens very quickly. Therefore, it is medically urgent we get him into the hospital.</p> <p>3/25/21 Admission HPI: 71 y.o. male with a known history of severe COPD and type 2 diabetes mellitus. He came to my office with a several day history of increasing shortness of breath. He had increased his oral steroids and breathing treatments at home and despite this was still having oxygen saturations in the low to mid 80s on 2-4 L of supplemental oxygen. In my office he was extremely diminished and had basically failed outpatient therapy. Therefore he was admitted to inpatient status for acute treatment of a severe COPD exacerbation requiring IV antibiotics and IV steroids. He was admitted and treated with IV treatments. He did recover nicely. However, he was found to be extremely physically deconditioned. Because of this he was thought to be an excellent candidate for swing bed and is being transitioned to swing bed.</p> <p>4/5/21 ER Practitioner Note: Upon arrival to ED trauma room I found patient to be in cardiac arrest, CPR in progress. History is that EMS was called to the scene for a patient with chest pain. Shortly after arrival at his home patient developed a cardiac arrest. They followed standard ACLS protocol and the patient was intubated. Blood sugar normal. As CPR was given, medications were administered consisting of epinephrine and 1 mg in 2 different doses along with 1 amp of bicarb. IV access via an IO. Patient was then transported to the emergency department. Upon arrival, CPR was continued and oxygen supplied via endotracheal tube with good tube placement verified</p>

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							by auscultation and good sat readings. Monitor was placed and patient demonstrated initially a sinus rhythm but there was no pulse. Therefore, diagnosis was PEA and no reversible causes were identified. ACLS protocol was followed with epinephrine 1 mg IV every 5 min. He received a total that including EMS, 5 mg of epinephrine and 1 amp of bicarb. Monitor at this point revealed the rhythm changed to an agonal rhythm. When CPR was given, there was good results from the CPR. However, CPR discontinued and there is no pulse and patient had an agonal rhythm for several minutes, pupils were fixed but not dilated year. Lungs demonstrating clear bilateral breath sounds when he was bagged via the endotracheal tube. No external signs of any trauma noted. The patient's sister is here and she is a registered nurse. We had discussed management at this point with her and all were in agreement that the code be terminated. At 1015, patient was pronounced deceased.. ACLS protocol was followed. See nursing record for medication and vital sign details. Code outcome: Deceased CC time 20 minutes.
1168404	4/5/2021		81	F	3/17/2021	3/20/2021	Patient received her first dose of covid vaccine on 3/17 who comes to the hospital on 3/31 for increased fatigue and decreased appetite which began 3d after vaccine. In ER she tested + for covid and CXR was unremarkable, pt was discharged home. Patient returns to ER for increasing shortness of breath causing her to increase her home O2 to 3L and then ultimately 4L prior to EMS arriving. She notes she is dizzy and fatigued. She denies chest pain, n/v, but did have 1 episode of diarrhea PTA. This morning patient requiring 5L NC O2 and ID asked to evaluate for recommendations. Remdesivir withheld as symptom onset > 2 weeks ago. Tocilizumab 8 mg/kg and dexamethasone 6 mg daily initiated.
1168425	4/5/2021		58	F	4/2/2021	4/2/2021	Shortness of breath, throat swelling or chest pain. Complaints of tongue swelling.

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1168510	4/5/2021	CA	16	M	4/5/2021	4/5/2021	patient reported feeling hot and dizzy 5 minutes after injection and collapsed to the floor next to his mother. Denies loss of conscience or injury. Patient was transported via gurney to EMS room for observation by physician, patient reports he had not ate anything this morning, apple juice and granola bar given to patient with no issues. Mother reports that this has happened in the past. Patient denies chest pain shortness of breath nausea, discharged into mothers care in no distress @ 9:55am.
1168572	4/5/2021	NC	27	F	4/2/2021	4/5/2021	Chest pain/tightness, bradycardia
1168646	4/5/2021	IL	36	M	4/4/2021	4/5/2021	Chest pain
1168704	4/5/2021	KY	62	M	4/2/2021	4/5/2021	episodic chest pain that began this morning (4/5). Pain described as a severe, sudden, fleeting "lightening bolt" that resolved after roughly one second. Associated SOA after episode that has resolved. No radiation. Residual chest tightness after episode. No diaphoresis, N/V, calf tenderness or edema. Potential improvement after taking antihypertensive medication and aspirin.
1168749	4/5/2021	CO	54	M	4/2/2021	4/2/2021	After about 10 hours, migraine headache started, took prescription pain meds but was not helping. By 9a.m. my blood pressure taken at home was 180/110 and started having chest pain on left side. Went to urgent care where they felt it was a cardiac reaction to vaccine and they sent me to ER. Underwent EKG and chest xray. Blood pressure still at same level 180/110 and not going down, migraine still at an 8 out of 10, chest pain still present. I was given an IV to treat for migraine pain and within a few hours all symptoms had went away. We started with Urgent Care at about 10a.m. on 4/3/21 and then by the time all was done I was released from the ER at 6:30p.m. on 4/3/21.

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1168142	4/5/2021	IL	72	F	3/8/2021	3/17/2021	ER 3/17 HPI: 72 y.o. female who presents with generalized weakness and not feeling well. Patient states that she had her 1st dose of COVID-19 vaccine about a week ago and since then has not felt well. She denies fever or chills, she denies any arthralgias or myalgias, she has had some nausea and vomiting but none in the last couple of days. There has been no diarrhea. There have been no urinary symptoms. 3/22/21 Inpt Admission hpi 72 y.o. female who presents with shortness of breath and hemoptysis. Patient has known history of COPD and also has a history of squamous cell carcinoma of the lung that is in remission. Patient reports she has noticed increasing shortness of breath for the past several weeks. She states she got worse around the noon time today. Patient reports she began having some hemoptysis today. Patient denies any chest pain or palpitations. Patient denies any fevers or chills. Patient denies any sinus congestion or nasal drainage. Patient denies any headaches, myalgias, or loss of sense of taste and smell. Patient does report a 4 day history of intermittent diarrhea. She denies any nausea or vomiting. Patient has had COVID-19 vaccination. Of note, patient's family reports she has lost 10 lb in the past 30 days. 3/30/21 Deceased
1167520	4/5/2021	NY	61	M	3/12/2021	3/24/2021	Pt presented to the ER on 3/26/2021 with c/o 3 days of chest pain 10/10. diagnosed with bilateral descending pulmonary artery pulmonary emboli on CT scan and admitted for further work up and treatment from 3/26-3/28/2021 for b/l PE and hypoxia. Discharged on eliquis with hypoxia resolved.
1168742	4/5/2021	TX	53	M	4/5/2021	4/5/2021	pt vaccinated, taken to high obs due to anxiety, RN assessed, VS wnl, left observation in no distress. as per pt was in parking lot, was driving, felt "heavy and dizzy" he notified operations staff and 10:45am sent two RN out to assess. BP elevated 140/101, 98% o2 sat, Hr 86, R 20, no SOB, denies chest pain, facial symmetry present. EMS arrived 10:50am, BP improved 128/90, pt refused hospital evaluation, family arrived. Pt instructed not to drive, and to call 911 should symptoms worsen or recur. Left site driven by family member. Medical director made aware.

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1167780	4/5/2021	KS	65	M	3/29/2021	3/29/2021	<p>Immunization 3/29/2021 COVID Vaccine Clinic Need for vaccination +1 more Dx Referred by MD Reason for Visit Progress Notes APRN (Nurse Practitioner) ? ? Family Medicine Cosigned by: MD at 3/30/2021 8:12 AM Expand AllCollapse All COVID VACCINE CLINIC 3/29/2021 Patient: (name) DOB: (date) Date: 3/29/2021</p> <p>MRN: (number) Subjective Patient is a 65 y.o. male who was seen at the COVID Vaccine Clinic today for his second dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience shortness of breath as he was walking out to the front. He reports no issues with the vaccine as he was waiting. He denied rash, hives, welts, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, rapid progression of symptoms and respiratory distress. Pmh: hx of iron deficient anemia. He just stopped taking his iron supplements on Saturday after being on it for 10 days. He also was taking Diflucan and had some "adverse reaction" of nausea and sleeping issues. Denies hx of heart or lung disease, not on any inhalers or medications for these. Past Medical History: Diagnosis Date ? Fatigue, unspecified type 2/7/2017 ? Impotence of organic origin Impotence, Organic; NG PMH ? Obstructive sleep apnea ? Osteoarthritis ? Unspecified essential hypertension Hypertension; NG PMH ALLERGY REVIEW OF SYSTEMS: Patient complains of shortness of breath Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, cough, chest tightness, wheezing, rash, hives, itching of skin, vomiting, abdominal pain, muscle aches, joint pain, dizziness and headaches Previous Reactions: none Objective Vitals Vitals: 03/29/21 1035 BP: 138/58 Pulse: (!) 102 SpO2: 92% Physical Exam Vitals reviewed. Constitutional:</p>

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General: He is not in acute distress. Appearance: He is not ill-appearing or diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Regular rhythm. Tachycardia present. Heart sounds: Normal heart sounds. Comments: HR improved with rest down to 90 Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds and air entry. Comments: Speaking full sentences. Skin: General: Skin is warm. Coloration: Skin is not pale. Findings: No rash. Neurological: General: No focal deficit present. Mental Status: He is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: no therapy Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Systemic reaction (headache, itching, tachycardia, hypoglycemia, hypotension, generalized rash) Pt with improvement/resolution of sob with rest. I suspect sob related to iron deficiency. Recommend that he monitor breathing at home. If symptoms return or worsen, seek care in ED. Certainly to follow up with pcp accordingly for management of his iron levels. Pt voiced appreciation and denies any other questions or concerns. (name), APRN Electronically Signed 3/29/2021 10:42 AM

1167395 4/5/2021 UT

32 F

3/31/2021

3/31/2021

Patient received second covid vaccine (Pfizer) on 3/31/2021 and patient reportedly had difficulty speaking and observed angioedema. Patient reported chest pain once arriving to the ED, unsure if it may have been due to epinephrine or COVID reaction. 3 mg epinephrine was administered and the patient taken to the ED. IV line was placed and labs were drawn. EKG taken after patient endorsed chest pain. Patient was observed in the ED then discharged.

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1167517	4/5/2021	TN	60	F	4/1/2021	4/1/2021	chest pain beginning 11:00pm after vaccine given at 9:30am with subsequently confirmed cardiac ischemia. There was associated shortness of breath and fatigue. Patient waited to call on 4/2/2021 and was seen in the office and subsequently sent to the ER after electrocardiogram was abnormal.
1168690	4/5/2021	NY	60	F	4/1/2021	4/1/2021	At 3:44pm, writer was paged to tend to patient who per monitor began having sudden hiccups. On writer's arrival to room, patient observed to have sudden onset abnormal breathing pattern and intermittent spasmodic hiccups. Writer called for additional assistance, oxygen and crash cart. Patient denied headache, dizziness, rash, throat discomfort, hoarseness, nausea, or chest pain. Patient was alert and verbal in between spasmodic hiccups with appropriate coloring; and she voiced that the active abnormal breathing happens when she gets an asthma attack. She simultaneously was reaching in her purse and worded "my pump". Oxygen via NC at 2Lpm provided to patient. Patient self-administered 2 puffs of her Ventolin rescue inhaler, though observed patient's inability to hold breath adequately after each puff. BP: 150/70 P: 98bpm RR: 22 Pulse oximetry 100% on 2LPM via NC. Dr. reached via telephone who ordered for patient to be sent out via 911 to hospital. Lungs and Heart auscultated by RN – no abnormal findings. At 3:55pm patient noted to have shallow rapid breathing, and voiced she felt lightheaded, weak and feeling a burning sensation in chest, and writer noted patient appeared to lose control over her head and neck. Patient repositioned to supine in recliner. Writer coached patient to control breathing with pursed-lip breathing technique and switched oxygen via NC to face mask, patient was able to follow commands well and remain alert. Dr. ordered Diphenhydramine HCl 25mg IM STAT. RN administered Diphenhydramine HCl per order at 4:00pm to right deltoid without incident. EMS arrived and assumed care at 4:00pm. Patient transferred self from recliner to stretcher with EMS assist. Patient left facility via stretcher and 3 EMS attendants at approximately 4:15pm, verbally responsive and oriented x 4 without supplemental oxygen and in adequate control of her head and neck muscles. VS: 170/60 P: 88 O2 Sat: 100% on room air.

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1167545	4/5/2021	KY	78	M	4/2/2021	4/4/2021	went to ED c/o chest pain, Pain was non-radiating, intermittent substernal aching. It improved with sublingual nitroglycerin and PO ASA 324mg. Mild SOB was noted. No syncope reported. After arrival to the ED and administration of the above meds, symptoms improved. This AM he described mild worsening SOB during his stress test and an episode of chest tightness shortly thereafter which has now resolved. He also reports anxiety about his stress test result. A 1/2019 stress test was a normal, low risk study. Today's stress test was read as an intermediate risk study with a medium-sized fixed perfusion defect suggestive of infarction, with associated mild hypokinesia.
1169055	4/5/2021	WI	60	F	3/31/2021	3/31/2021	Vaccine #1: Only the sore arm as described on the Fact Sheet. Vaccine #2: Stabbing anterior, posterior, and lateral left thorax chest pain at approx. 3 hours post injection lasting 2-5 seconds. Cardiac arrhythmias at 10 hours post injection: I could feel the arrhythmias as they were about to start with fullness in my throat. Unable to detect radial pulse during episodes and no cardiac beats heard on auscultation. Complete compensatory pause noted per palpation and auscultation. Frequency of about two (2) episodes every 30-45 minutes for approximately three (3) hours, with gradual decrease in frequency over 24 hours. By 24 hours post to present none noted. During all of these episodes I was supine. At 72 hours post the axillary swelling and chest pain (not the same size as the stabbing pain) noted at 36 hours post had decreased from a full football in size to approx 1/2 a football. Captured a picture of that (the half-size football), but not the full-size event. Considerable abdominal pain to LLQ at approx 90-100 hours post vaccine #2 that persisted for 24+ hours.
1167692	4/5/2021	IN	33	F	4/3/2021	4/4/2021	Having chest pain, headache, muscle aches and fatigue
1167667	4/5/2021		37	F	4/1/2021	4/2/2021	Severe chest pains, fever, body aches, pain on left back shoulder, weakness
1167771	4/5/2021	MI	35	F	4/2/2021	4/2/2021	Patient reported that she felt as though her throat was swelling and she was having difficulty swallowing, no shortness of breath or trouble breathing, no chest pain, no actual swelling. Given 50 mg benadryl, symptoms improved within one hour.

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1168141	4/5/2021	MD	62	F	3/30/2021	3/30/2021	Anaphylaxis flushing, warm, unable to breath, chest pain.
1167834	4/5/2021	MO	81	F	3/14/2021	3/28/2021	81 years old woman with PMH of Anemia, CAD s/p CABG, Carotid stenions, CHF with EF 30%, COPD, DM, HLD, HTN, who presented to the ED with chief complaint of increase SOB over the last 5-6 days. The SOB got worse with exertion. Pt stated that she was using O2 only at the weekend but now she required O2 all the time. The associated symptoms wheezing, SOB, productive cough with yellow sputum, nausea, chills, fever, and diarrhea. Pt stated that she been having 6 episodes of diarrhea per days. Pt denied having any vomiting, chest pain, abd pain. Pt stated that she tested positive for Covid on 3/23/21. Per chart review, patient had 1st COVID 19 vaccine on 03/04/2021, tested positive for COVID 19 on 03/24/2021.
1167868	4/5/2021		56	F	4/3/2021	4/3/2021	Patient was wheeled to observation area at 1415. States she started to feel a lump in her throat. VS at 1418 168/102 100% O2 Sat HR 80 bpm. 20 RR. Denies SOB, chest pain, and or difficulty breathing. Lung sounds are clear. States she took her own 25 mg Benadryl prior to coming in due to typically feeling in lump of throat after vaccines. VS at 1425 156/102, 98% O2 sat, HR 68, RR 18. Patient decides to take an additional 25 mg of Benadryl while in observation. Patient states she is having mild anxiety. Talks in full complete sentences. 10 mins after 2md dose of Benadryl patient states the lump is going away and feels much better. Pt was advised to seek medical care if she starts having SOB, difficulty breathing or throat swelling to seek medical care.

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1167955	4/5/2021	PA	34	M	3/26/2021	3/28/2021	Pfizer-BioNTech COVID-19 Vaccine EUA (administered on 03/26/21) Fever, chills, headache, general soreness all began on 03/27/2021. On 03/28/2021, I began to notice chest pain and simultaneous pain in my left arm on 03/28/2021. The fever, chills, headache, and general soreness subsided on 03/29/2021, but the periodic chest and arm pain persisted and continued to get worse. On 03/29/2021 I also had nausea/vomiting and sweating. On the morning of 03/30/2021 during an episode of chest and arm pain we went to the Emergency Department at. At the emergency department, they detected elevated troponin levels indicating damage to the heart muscle. I was rushed via ambulance for an emergency heart catheterization. I was admitted to the hospital and monitored while various other tests were performed. It was determined that there was inflammation of the heart muscle (myocarditis).
1167959	4/5/2021	NC	38	F	4/5/2021	4/5/2021	C/o chest pain EMS took BP and first reading was 240/160, subsequent reading were in the same range. O2 stas were 97% HR 88. Continued to c/o of chest pain. Placed on monitor and ambulance called. Transported by 9:50 AM Had similar elevation of BP with first Moderna dose and was transported to hospital then as well per patient.
1168035	4/5/2021	GA	27	F	4/3/2021	4/5/2021	chest pains, headaches, severe trouble breathing
1168040	4/5/2021	NJ	17	F	3/29/2021	3/29/2021	After receiving first dose of Pfizer COVID-19 vaccine, patient stated "I don't feel okay" Patient remained conscious and aware. Patient denied pain, SOB, chest pain or other medical complaints. Patient reported feeling lightheaded, that she only had a smoothie to eat today. Patient was moved to the recliner chair and was accompanied by her mother the entire time. Patient was given orange juice. Patient tolerated oral fluids, stating that reported feeling had gone away. Patient was monitored and ate a small snack. Patient reported feeling fine. Patient was going to remain with mother for remainder of the day and advised to call 911 if she experienced any distress.

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1168120	4/5/2021	NJ	103	M	3/27/2021	3/27/2021	Patient had received second dose of the Moderna COVID vaccine. Within less than 5 minutes of his observation period, patient began having uncontrolled movements of his arms and legs. Patient was A/Ox4 and denied any pain, shortness of breath, chest pain and any other medical complaints. 911 was contacted and EMS was notified. Patient has not experienced this in the past and has no known history of neurological disease according to family member on scene. Patient had no adverse reaction after his first dose of the Moderna vaccine. Patient reports no unusual change to daily routine or medication regime. Patient had no abnormal breathing, radial pulse was within normal limits and skin was warm and dry. Patient was unable to safely sit in chair and was moved to reclining chair where he was left in the semi fowlers position. Patient continued having uncontrolled movements approx. once every 10-20 seconds. Patient was able to talk the entire time and had no change in mental status. EMS arrived on scene and patient care was transferred.
1167711	4/5/2021	IN	69	F	4/3/2021	4/3/2021	Chest pain / tightness; nausea; extreme fatigue; pain in left / right rib cages; headache; 48 hours to date
1170456	4/5/2021	MI	56	F	4/1/2021	4/2/2021	Symptoms began about 5 hours after the application of the vaccine and consisted on: fatigue, headaches and high resting hearth palpitations. During the night and the day after (Friday 04/02) symptoms worsened especially heart palpitations being all day above 120 up to 135 per minute. At moments it was difficult to breath and talk. By the end of the day I also experienced chest pain and signs of low oxygen (blue lips and pale colors) as well as mild fever. After calling paramedics, I was transported to the ER where blood, urine and Covid test were performed. I was told that some values of the blood test could suggest a blood clot so a CTscan was also performed with negative results. After a few hours in observation with infusion of fluids, potassium and magnesium I was sent home. Saturday and Sunday (days 3 and 4 after the vaccine) symptoms improved however heart palpitations were higher than normal and I still experience mild fever (98-99F). Insomnia and fatigue persisted for two more nights. Finally today Monday April 5, I could say that I feel back to normal.

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1169842	4/5/2021	FL	39	F	3/31/2021	4/1/2021	the first 24 hours were very complicated with a lot of fever, headache, body aches, fatigue, chills, great thirst, and shortness of breath, chest pain. On the third day the fever decreased to 40% and the body aches decreased to 20% but the headache continued and the shortness of breath also. The day was no longer fever, the muscle aches were somewhat better, but the headache, chest pressure and breathing problems continued and I went to and was evaluated by a doctor and treated with some injections. The headache improved almost 100%, but I continued with breathing problems and for 2 days I presented as bruises on the body and face. Breathing and chest are definitely what worry me the most because I already have treatment and I'm not getting better.
1169865	4/5/2021	AL	75	M	4/2/2021	4/3/2021	Pt. reports the next day after the shot he was having difficulties standing and walking and required assistance for most of the day. Questionable palpitations as he was concerned it "affected his heart" but no chest pain or diaphoresis. No SOB. Pt. had a similar rxn to the first shot on 3/5/21 and had gone to the ER where CXR, EKG, base labs, vitals were all normal.
1169911	4/5/2021	NM	76	M	3/26/2021	3/26/2021	Patient states that he felt "floaty" after receiving the vaccine today. It began within about 5 minutes. No chest pain. No shortness of breath. NO numbness or weakness. He does note he tends to be emotional and has been quite emotional about the vaccine. He has been under a lot of stress for the last ten years. Vital Signs HR 69 /min, 39 /min, BP 181/124, 195/126, Ht 59, RR 18, Oxygen sat % 95, 96, Oxygen Liter(s) Patient had EKG which showed bradycardia and flipped T waves inferiorly. He was sent to the ER where his blood pressure remained high. Pulse remained low initially but gradually improved. Cardiac work up was normal and patient was discharged to home.
1169918	4/5/2021	IL	71	F	3/23/2021	3/27/2021	She developed symptoms of right lower leg pain 4 days after receiving the vaccine. It then progressed to right chest pain, tachycardia, and shortness of breath. She was diagnosed with a DVT and PE.

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1170103	4/5/2021	CA	39	F	3/19/2021	3/19/2021	Within 30 minutes of first dose of vaccine reported fever/sweaty, higher blood pressure and lightheadedness. Went to the clinic and confirmed through nurse triage that fever and blood pressure were elevated. Blood pressure ~128/86 Patient's normal range is 90/60 Fever was 99 Next three days: On and off fever that never went above 99. Patient has chills, and normal symptoms when having a 99 degree fever. For the next 10 days continued to have elevated blood pressure (123-128/80), lightheadedness and vertigo. Blood pressure, lightheadedness and vertigo continued even when patient is laying down. Stronger adverse effects included numbness, leg pain and chest pain that felt like a heart attack, especially whenever bending leg at the knee. Symptoms remained constant and did not lessen over the 10 days. On the 11th day adverse effects drastically reduced though blood pressure was still higher than normal but closer to normal range.
1170129	4/5/2021	OK	21	F	4/1/2021	4/3/2021	1st dose Moderna adm 3/4/2021 developed mild flu like sx lasting 2-3 days. 2nd dose Moderna adm 4/1/2021 developed moderate flu symptom.. Left arm injection site swelled to size of a peach. On 4/3/2021 noted heart racing and chest tightness. Her pulse 90-120 by home pulse ox monitoring. Taken to ER by her mom. She had blood work, EKG and rec to f/u with her primary care physician for "adverse reaction to Moderna". 4/5/2021 had office appt. The PA stated an adverse reaction to the shot. Her pulse 133 in office. BP 138/70. She has received a referral to a cardiologst. Continues to feel like her heart races, approx. 6 times today, with sharp chest pain or tightness.
1169835	4/5/2021	NH	73	F	4/3/2021	4/4/2021	Hypoxic respiratory failure requiring oxygen, Pneumonia, Atypical chest pain with troponin elevation, uncontrolled hypertension.

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1170368	4/5/2021	CO	58	F	3/20/2021	4/3/2021	4am, 4/3/21, chest pain unresponsive to 2 chewed Gaviscon. 5 baby ASA taken po and drove to hospital ED at 4:30am. First EKG negative for changes. First tryponin lab 0 and negative. Approximately noon, 2nd tryponin elevated at 0.54. Right radial access heart catheterization at approximately 1pm shows small branch of LAD with SCAD. Medical management with IV heparin, Plavix, and daily baby ASA 81mg. Discharged to home 4/4/21.
1170001	4/5/2021	MO	61	F	3/24/2021	3/26/2021	Chest pains, migraine, difficulty breathing with mask on, out of breath easily, low grade temp, chills and body aches, runny nose ear pain Started with chest pains 4am 3/26 and lasted about 2 1/2 days
1170459	4/5/2021	CA	49	F	3/30/2021	4/1/2021	Woke up before 6am on 4/1 to severe itching from what felt like a hundred bug bites, it was a systemic allergic reaction beginning from my scalp to my feet. These continued to grow into massive, red, itchy welts that covered most of my body all over. Throat became restricted, felt harder to swallow but not impossible. Chest pains started evening of 4/1 with every swallow. Took two Benadryl and slept on 4/1. Woke up on 4/2 with left eye swollen shut, lip swollen, and hives had settled into large, flat welts all over but less itchy. Went to Emergency Dept around 7:50am on 4/2 where I was given prednisone (60mg?) and Zyrtec. Observed for about 1 hr, 45 mins, and released feeling okay but still swollen with a few welts left. Have taken Benadryl every evening through tonight, 4/5. Welts disappeared on 4/4 and itchiness stopped then, too.
1170463	4/5/2021	WA	54	F	3/19/2021	3/20/2021	The next day after the vaccine I had chest pains and severe headaches. After a week of this I went to Urgent Care and they send me to the ER with Chest Pain and High Heart Rate. They were not able to get my heart rate down in the ER so they decided to admit me to hospital and run some tests on me. Several hundreds of dollars later they have no diagnosis. I am now on blood pressure medicine for a month to see if this helps my blood pressure.

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1170467	4/5/2021		43	F	4/5/2021	4/5/2021	patient reported chest pain, lightheadedness and difficulty breathing 15 minutes after vaccine was given. chest pain was like pressure rated 9/10. she said she had a history of asthma and that she hadn't needed to use an inhaler in years. resp 26, pulse 113 and O2 98%
1170475	4/5/2021	CA	54	F	4/1/2021	4/5/2021	Chest pain, not radiating, difficulty moving. Got checked out at a local ER and ruled out major events.
1169093	4/5/2021	OH	60	F	4/3/2021	4/4/2021	Woke up at 2 AM with severe chest pain, no dyspnea, but she felt like she was going to die. Chills, back pain (from the front of the chest to the back), slight nausea. Sore arm the next day, chest continued to hurt over the next 24 hours, developing lower right groin pain ~ 32 hours after injection onset. Diaphoretic 36-48 hours afterwards, severe abdominal pain when waking up in the morning . 53 hours s/p injection, pt now feeling queasy.
1168575	4/5/2021	CO	64	M	3/16/2021	3/19/2021	Patient states he had his 1st moderna vaccine 2 weeks ago on March 16, 2021. His left arm was sore for 1 and half days and this has resolved. He had some left groin pain shortly after this but this is gone Since the vaccine he has felt achy all over in his arms and legs He does not take a statin medication The last 3 days he has had neck pain on the left without radiation to his arms or associated numbness, weakness tingling or rash He denies any head trauma Patient works on a computer and has been blowing snow with a snow blower He denies any falls or trauma or new pillows He does not take any medications including over-the-counter herbs or other over-the-counter medications except for recently with his neck pain ibuprofen 2 pills every 4 hours He states heat does not help his neck and he cannot tolerate ice He had 1 day of a fever up to 101 on March 27th but since has had temperatures of 98-99. He denies constant shaking chills, ear pain, headache, cough, postnasal drainage, shortness of breath, wheezing, dyspnea on exertion, chest pain, UTI symptoms, change in sense of smell or taste He states his urine color changes from clear to yellow depending on how much he drinks Patient had a flu vaccine this year He has been very careful during COVID and has no known COVID exposures but would like to be tested for COVID

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1170151	4/5/2021	PA	35	F	12/23/2020	12/25/2020	Received vaccine at 12pm on 12/23/20. I had severe back pain on 12/24/20 and on 12/25/20 I woke up with itching all over body but did not pay much attention, that night at around 8 pm I noticed hives on my face. Took some OTC Benadryl and went to sleep. The next day on 12/26/20, I woke up and my body was completely covered in hives, took some more Benadryl without improvement. I took a nap after taking benadryl, woke up and hives started progressing, had chest pain, chest tightness and hand swelling so I decided to go to Urgent Care. I was given a steroid injection and was sent home w/ prednisone, epipen and Diphenhydramine.
1169377	4/5/2021	CA	38	F	4/5/2021	4/5/2021	Patient was discharged @ 1224 and reported feeling itchy on her face and needing to clear her throat. Dr. @ bedside for exam patient denies chest pain, shortness of breath all vital WNL. Zyrtec 10mg given by mouth @ 1240pm pt tolerated well. Discharged @ 12:55pm in no distress.

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1169097	4/5/2021	CA	52	M	4/1/2021	4/1/2021	Pt got his first dose of Covid 19 vaccine with a Pfizer brand administered intramuscular at left arm at 01:11 PM. Pt sat down at 01:20 PM and pt verbalized that he is feeling light-headed/ dizzy. The EOA, RN stayed with the pt and asked admin to help patient lay on the floor. At 01:22 PM pt passed out. Admin placed pt laying on the floor with legs elevated and head on the side. Pt was unconscious with pulse and with breathing. Vital signs was checked BP 102/60 mmhg; PR 83 ppm; RR 18cpm, T 97.6 F, Oxygen sat 98% at room air, Blood sugar 128 as taken by RN. After 30 seconds pt regained consciousness, pt is alert oriented to self, time, place, date and location. Pt stated no complaints of chest pain or SOB. EOA assesses muscle strength in both upper and lower extremity and is 5/5. EOA assigned RN to continuously monitor pt every 15 mins until stable. Pt was advised to call family for us to inform and EOA highly recommended to have a family member stay with him. Admin called the wife and wife stated that she will here in an hour. Pt refused to call 911 as well but pt was advised to have a follow up appointment with primary care doctor. Pt stated he has an appointment the next day. Pt also stated he has no history of him passing out after any vaccination. Pt was transitioned from laying to sitting with latest vitals of 110/ 68mmh, oxygen sat 99% at room air, PR 72 ppm, RR 10, T 97.6 F. No complaints of dizziness. RN (EOA), and a admin stayed with the patient until family member arrives. By the time family member arrives, RN (EOA) discharged pt without any discomforts.
1169164	4/5/2021		45	F	3/26/2021	3/26/2021	Between 5-10 mins after receiving dose, patient started having R sided chest pain and difficulty breathing. patient was transported to EC. Blood test, urine test, CT chest w/o contrast. Was told pulled a muscle while sitting and doing nothing (@ holding area). Correlation can't be made with any degree of certainty if related to vaccine. Felt burning sensation in arm after receiving vaccine and then pain on right side right under armpit (stabbing sensation). Every time took a breath in, felt pain. Patient reported having a hard time walking. Wasn't given any medication in EC. Pain was manageable after 5 hours.

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1170126	4/5/2021	CA	23	F	3/29/2021	3/30/2021	abdominal pain, chest pain, rapid heart rate, fever, chills/hot, headache, body aches, vomited once, pain at injection site, lethargy, brain fog.
1169255	4/5/2021	GA	61	F	4/5/2021	4/5/2021	c/o chest pain and shortness of breath 10 minutes after vaccine administered
1169751	4/5/2021	MA		F			After the first dose of the vaccine, I woke up the next morning I had really bad chest pains down both arms and across the front of my chest. I took one Nitroglycerine but it lasted 20 minutes. I went to the doctor and they took an EKG but did not find anything wrong. I had it happen again two weeks later and the pain was worse. I got the second dose (015M20A) and my arm swelled up with cellulitis and broke out in a rash from arm to neck which lasted a week. The Cellulitis lasted a week and I had to get antibiotics. I also felt sore all over with a fever for two days.
1169433	4/5/2021	TX	30	F	4/5/2021	4/5/2021	At 0913 pt. c/o heart beating fast and dizziness. Denies taking any routine meds and history of medical conditions. Denies chest pain or HA. States was nervous about getting the vaccine. BP 148/82, P 65, R 20, SPO2 100%. Given bottle of water to drink and resting on exam table. At 0924 BP 110/72, P 65, R 20 & SpO2 96%. Pt. reports symptoms resolved upon standing pt. continues to c/o of mild dizziness. Continues to rest and drink more water. At 0950 Reports a small amount of dizziness. At 0950 escorted to car w/husband to drive patient home.
1169458	4/5/2021	MD	84	M	2/21/2021	2/22/2021	2/22/21 - achy/weak, nausea/vomiting with clear vomit taste like blood, no fever 2/23/21 to 2/25/21 - continues with weakness and developed joint pain and red rash on arm that had injection - rash lasted 4 days 3/12/21 - developed pain behind left knee and down to left foot 3/15/21 - knee/leg pain continues and goes to urgent care - diagnosed with DVT 3/22/21 - developed chest pain, goes to ER, diagnosed with kidney stones

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1169495	4/5/2021	CA	24	F	4/2/2021	4/2/2021	R.N. Start Time 4/2/2021 10:43 AM Filed at 4/2/2021 10:51 AM Status: Signed S: Patient is a 24 year old female C/O nausea, general weakness and dizziness 10 min post Moderna vaccine #2. O: Appearance: oriented to person, place, and time, normal appearing weight, anxious, in mild to moderate distress and ill-appearing BP 114/81 (BP Location: LA-LEFT ARM, BP Patient Position: LYING, Cuff Size: Standard Adult) Pulse 75 SpO2 99% BS 95 mg/dl. A: patient is pale and diaphoretic. Bottom lip slightly swollen initially. No SOB or chest pain. BS WNL. Vital signs stable P: Stat MD called. Patient placed on recumbent position. Oxygen given via NC at 2 l/min. 50 mg given IM at 1012 LD And Solumedrol 125 mg Given at 10:15 IM right gluteal V/o by MD. Patient taken to NC via W/C by RN for further observation. BSN, RN, PHN R.N. Start Time 4/2/2021 10:52 AM Filed at 4/2/2021 10:59 AM Status: Signed Received patient in Nurse Clinic. Placed on bed, patient alert oriented, appears less nervous but breathing better no hyperventilation .. Denies any chest pain or SOB /no wheezing denies any feeling of swelling of lip or any other sx. Patient stable. BP 105/75 Pulse ox 100 Patient with mother. Patient doing well. 10:50 report given to MD. Patient already waited 30 in observation. And patient in no apparent distress. Ok discharge per MD BSN,RN,PHN 10:59 AM
1169499	4/5/2021		49	F	4/5/2021	4/5/2021	chest pain, right leg pain
1169735	4/5/2021	OH	71	M	4/1/2021	4/2/2021	Head felt fuzzy, chest pain, fever, then it turned into appearing as if he had a stroke. He was not oriented to person, place or time. He did not know who he was or where he was.

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1169739	4/5/2021	NY	67	F	3/26/2021	3/30/2021	<p>Patient is a 67 yo F with PMH of HTN, HLD, depression/anxiety who presents with subjective fever & chills, bifrontal non-radiating HA, myalgias, non-productive cough, diarrhea since 2nd covid vaccine (03/26/21) x 4 days. Patient also endorsing SOB, chest pain only when coughing. No sudden vision changes, focal extremity weakness/numbness, syncope, palpitations, N/V, abd pain. No known prior DVT/PE, recent long distance travel/immobilization/hospitalization. +covid exposure (patient has had 23 family members die of covid). Patient endorses active suicidal ideation. Patient tested positive for covid after two doses of vaccine. Upon arrival to the hospital, patient was febrile to 38.1, hemodynamically stable, but hypoxic and placed on supplemental O2. Patient continued to require oxygen throughout hospitalization, administered remdesivir, anticoagulation and steroids. Patient discharge planning occurring. Patient will require oxygen upon discharge. O2 sat on room air at rest is 88%. Psych following patient.</p>

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1169550	4/5/2021	IL	47	M	3/17/2021	3/31/2021	3/31 pt call: Pt states he's has progressively worsening nausea for over a week. Woke up this morning and could hardly get out of bed. Denies abdominal pain but feels nauseated and has been vomiting off and on all day. No other GI sx. Pt has known hiatal hernia but doesn't take anything for GERD right now because he doesn't have heart burn sx. Denies chest pain. Gets sweaty randomly and chilled, but this is more chronic. Sees neuro for early onset parkinson dx but no change in medicine in over a month. No new supplements. Denies dark stools. Pt taking all his medications with compliance. Has been getting more headaches lately too but thinks this is stress and from wretching. Has chronic headaches. Pt has OSA and has been wearing his Cpap with compliance. Gave patient zofran, prilosec, carafate for suspected gastritis sx. Recommended he come get labs in the morning as well. Pt agreed. 4/1 ER HPI: 47 y.o. male who presents with complaints of nausea vomiting abdominal pain ongoing now for the past day reports that is better with rest worse with movement denies any other complaints issues 4/1 Admission HPI: 47 y.o. male that was recently diagnosed with Parkinson's disease. He presented to the emergency room with the a several day history of fluctuating blood pressure and nausea/vomiting and generally feeling very poorly. He has been having a lot of new onset health issues lately and so his wife and family were concerned. He was brought into the emergency room. He denies any severe abdominal pain. However, he states he has been feeling extremely nauseous. He is vomited at least once a day for the last 5 days. He does admit that he is under an extraordinary amount of stress between his new onset Parkinson's, his insurance business, and his full-time job as a pastor. The patient also does have a history of alpha-gal allergy. He states it is possible he ate some cross contaminated meat, but states that this nausea and vomiting does not act like his typical response to eating something that he is allergic to. The patient states that about a month and a half his neurologist did increase his Requip up from 0.5 mg 3 times a day to 1.5 mg 3 times per day. However, it has never made him nauseous before. He denies any definite chest pain. He denies any exertional dyspnea. He does admit that his blood pressure has been fluctuating for quite some time. He states he was having a skin biopsy done last week and they almost abandon

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1169679	4/5/2021	MD	40	M	1/21/2021	1/22/2021	<p>the procedure because his blood pressure was so high. He currently takes a combination of Benicar and hydrochlorothiazide. In the emergency room his lipase was found to be a little bit elevated. Creatinine was found to be a little bit elevated. His blood pressure was very elevated in the systolic 170 range and he did require some IV labetalol. The patient states he really has not missed any doses of his medications.</p> <p>01/22/2021 Event Description 40 year old male with no prior cardiac left sided chest pain radiating to left arm and shoulder starting approx. 24 hours after 2nd Pfizer COVID 19 vaccination. Went to ED on 1/24 for increasing CP, left arm pain/numbness. EKG demonstrated elevated ST elevations and troponins were elevated on admission concerning for STEMI; LHC was negative for any CAD. Cardiac MRI demonstrated sub-endocardial enhancement consistent with myocarditis. Comments Diagnostic Tests 1/24: PCXR- Normal 1/24: Coronary Angiogram - normal coronary arteries 1/24: Echocardiogram - Normal 1/25-Cardiac MR - findings highly suggestive of myocarditis (i.e infectious or perhaps post-vaccine) as evidenced by confluent sub-epicardial hyperenhancement on myocardial delayed enhancement (MDE) imaging in the inferoseptal, inferior, inferolateral, anterolateral and anterior segments of the basal to mid left ventricle. Laboratory Data 1/24/21 Troponin:495, 662.0, 602.3 1/28/21: 29. Covid PCR - negative 1/24/2021. No recent illnesses Still taking colchicine 0.6 mg BID until 4/25/2021. ASA high dose regime restarted 2/5/2021 to continue until CP resolves, then taper. Pt still with a sensation of "rubbing" in chest, worse with exertion as of 4/1/2021. F/U appointment with Cardiology on 4/5/2021. All infectious workup negative to date for any acute infection that may be the etiology of myocarditis. Viral studies (CMV, HSV, Parvo, HIV, EBV IgM, Cocsackie IgM negative) Social History: Tobacco: ¼ to ½ ppd for 10 years; stopped o/a 21 JAN 2021 Alcohol: 1 drink per week Recreational / Illicit: denies</p>

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1169676	4/5/2021	IL	68	F	3/8/2021	3/29/2021	3/29/21 ER HPI: 68 y.o. female who presents with 3 day history of left anterior chest pain. The pain radiates into her back. Pain has been constant and severe at times. It has no relieving or exacerbating factors. Patient denies fever chills cough dyspnea diaphoresis nausea or vomiting. She denies prior similar history. Patient has taken nothing for the pain 4/2/21 ER presentation - flexed to clinic 4/2/21 Clinic HPI: 68 y.o. female who presents today for suspected shingles vs laceration that is infection on her L posterior back. She was seen in the ER for anterior chest wall pain on 03/29 which had started 3 days prior and then saw Dr. again yesterday for follow-up. He gave her a steroid shot and treated her with oral prednisone. In the ER, patient had elevated D-dimer but this was thought to be from her renal insufficiency. She had no other symptoms that suggested pulmonary embolism. No CT angiography of chest was done due to renal insufficiency. The rest of her workup was negative. Rash broke out the day she saw Dr. but didn't mention it to him at that visit. There was no rash on her anterior chest wall where she was hurting at the time.
1169638	4/5/2021	TX	48	F	3/3/2021	3/3/2021	Pt called event coordinator that they were experiencing symptoms 3 hours post vaccination. Complaint of shoulder pain radiating to neck area, difficulty breathing, sharp chest pain, lightheaded. Patient stated that she had lunch after vaccination. Complained of "tightness" in neck area. Spoke to patient on phone and assessed as much as possible. When patient mentioned difficulty of breathing, patient was advised to go to ER. Patient stated she was on the way. At ER, EKG was done and patient was awaiting to be seen. Chest xray was done. BP was lower than usual and blood sugar "spiked up" - 340s according to patient. ER hydrated patient and blood sugar resolved to 140s. 04/05 Patient was checked on. She has fully recovered.

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1169614	4/5/2021	NY	38	F	4/5/2021	4/5/2021	Patient had Moderna Vaccine dose #1 administered and was waiting for approximately 15 min in the post vaccination area. She stated to the nurses in the area she was feeling light headed and dizzy @ approx. 12:23pm. Nurses arrived on scene with Emergency kit and stretcher. EMS called at 12:24pm by security team. Vitals 125/81 pulse 71. She appeared diaphoretic. Patient denied any type of anaphylactic reaction, denies any difficulty breathing, shortness of breath, fast heart rate, closing of the throat, itching or generalize rash. Denies any medical history, or current medications. Allergies to PCN (rash). States she has a history of vasovagal syncope in stressful situations. Vitals at 12:27pm 119/75 pulse 79 EMS arrived 12:34pm. Patient with stable vital signs, Alert oriented x 3. Upon arrival of EMS patient refused to be transported to hospital stating this has happened to her before. She denies any SOB, chest pain, palpitations, allergic reactions. She refused to have any friends or family members contacted stating she was ok. She was advised not to drive however she refused medical advice. No medications or supplemental oxygen was needed during this encounter.
1169650	4/5/2021	TN	46	M	3/13/2021	3/13/2021	DIFFICULTY BREATHING, SEVERE CHEST PAIN, STOMACH ACHE, HEADACHE, JOINT PAIN WENT TO EMERGENCY ROOM THAT EVENING ON 3/15/2021 WENT TO BED WITH CHEST PAIN AND DID NOT WAKE UP THE NEXT MORNING PARAMEDICS WERE UNABLE TO REVIVE HIM, PRONOUNCED HIM DEAD AT THE SCENE.
1165379	4/4/2021	CA	27	F	3/23/2021	3/23/2021	Day 1- sore throat, fatigue, cough, and chest pain following few hours after shot Day 2- sore throat, runny nose, cough worsened, severe chest pain, difficulty breathing, loss of taste, fatigue, diarrhea, arm soreness Day 3- sore throat, severe cough, severe chest pain, fatigue, diarrhea, arm soreness Day 4- severe chest pain, severe cough, extreme difficulty breathing, severe sore throat , fatigue Day 5- severe chest pain, cough, sore throat, fever, fatigue, headaches Day 6- sore throat, fever, body aches, fatigue, headaches Day 7- fever, body aches, fatigue, headaches Day 8- fever, body aches, fatigue, headaches Day 9- body aches, fatigue Day 10- body aches, fatigue Day 11- body aches, fatigue

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1166769	4/4/2021	IN	28	F	4/2/2021	4/2/2021	4/02/21-body aches dizziness, nausea 4/03/21-body aches, nausea, dizziness, fever, chills, chest pain 4/04/21- dizziness, nausea,worsening chest pain
1166703	4/4/2021	IN	27	M	4/2/2021	4/2/2021	Chest pains and shortness of breath started within an hour from vaccination. 3 hours after shot dizziness and chills began. The following day symptoms progressed and lasted all day. Severe dizziness, blurred vision, muscle aches, headaches, chills , shortness of breath, chest pains, sore throat, cough, fatigue, fever(up to 102.5).
1166678	4/4/2021	AL	71	M	4/4/2021	4/4/2021	patient complained of headache and chest pain, patient went unconscious for 5 minutes, ambulatory care

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1166444	4/4/2021	CA	55	F	4/2/2021	4/2/2021	HPI: Patient is a * year old * who received a single dose of J&J COVID19 vaccine in the left deltoid. About 5 minutes following administration of the vaccine, patient started to develop a red and pruritic rash on the left forearm and left hand. Patient related that she has an alcohol sensitivity where she develops red and itchy skin following consumption of alcoholic beverages. She relates she also experiences cold urticaria where she develops a red, itchy rash following submersion in cold water. When this occurs, she typically takes Benadryl or Zyrtec/Claritin (depending on the time of day), of which resolves the itching and the rash subsides. She has an allergy to Bactrim. She relates a past medical history of asthma, which she takes a daily inhaler, as well as uses her rescue inhaler twice a week. She has not seen her PCP in about 1 year. She denies chest pain/tightness, shortness of breath, difficulty breathing, swelling of the face/lips/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting. Exam (update as needed): GEN: Alert and oriented x 4, in NAD HEAD: NCAT EYES: PERRL, EOMI ENT: Ears normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g PULM: Clear to auscultation bilaterally, no accessory muscle use ABD: Soft, no tenderness. SKIN: Erythematous, coalescing raised papules in the distribution of the left forearm and left dorsal hand. Small, erythematous wheal on the dorsum of the left shoulder. No erythema or edema of the injection site. Skin warm and dry MSK: FROM, MS 5/5 NEURO: Alert and oriented x 4, CN 2-12 grossly intact, no ataxia, gait steady Clinical Impression/Field Tx: Urticarial rash. Patient was observed for 15 minutes following 30 minute observation period. During that time, the skin manifestations stabilized. Patient did not display signs/symptoms of anaphylaxis. Vital signs were stable. Patient offered evaluation by EMS, however, patient denied evaluation and preferred to go home. Patient was driven to site by significant other and self-administered OTC Benadryl. Patient asked to follow up with PCP/allergist and to inform them of the post-vaccination reaction, as well as to further discuss asthma/urticaria management. Patient instructed to go to the emergency department should she develop chest pain, shortness of breath, and swelling of the face/lips/mouth/tongue/throat, as these could be possible signs of anaphylaxis that

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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1166406	4/4/2021	CA	53	M	4/2/2021	4/2/2021	<p>require immediate attention. Medications administered: None. Patient self-administered OTC benadryl Disposition: Home</p> <p>Patient is a * year old * who received a single dose of the J&J COVID19 vaccine in the left deltoid. He states that about 20 minutes following administration of the vaccine, he started to feel numbness and tingling the left side of his face, specifically in the left cheek. He has a shellfish allergy of which he gets a similar reaction if consumed. He relates that he usually takes Benadryl and the symptoms subside. He denies history of anaphylaxis requiring epinephrine. He denies a medical history. He affirms decreased sensation in the left cheek. He denies swelling and decreased movement of the left cheek. He denies chest pain/tightness, shortness of breath, difficulty breathing, swelling of the face/lips/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting. GEN: Alert and oriented x 4, in NAD HEAD: NCAT EYES: PERRL, EOMI, no lid ptosis noted ENT: Ears normal, Nose normal, OP normal, no evidence of angioedema NECK: Supple, without LAD. CV: RRR, no m/r/g PULM: Clear to auscultation bilaterally, no accessory muscle use ABD: Soft, no tenderness. SKIN: No rashes, skin warm and dry MSK: FROM, MS 5/5 NEURO: Diminished light touch sensation in the left CN 5 distribution. Motor function intact. Alert and oriented x 4, CN 2-4 and 6-12 grossly intact, no ataxia, gait steady Clinical Impression/Field Tx: Facial Numbness, r/o Bell's Palsy. Patient was observed for 20 minutes following his 30 minute wait period. Patient was offered EMS services, but patient did not feel as if it was necessary. Patient was re-evaluated and did not display signs/symptoms of anaphylaxis. Facial sensation symptoms had stabilized by the time patient asked to leave with his wife, who would be driving their vehicle home. Vital signs stable. Patient asked to follow up with PCP and to inform them of the post-vaccination reaction. Patient instructed to go to the emergency department should he develop chest pain, shortness of breath, and swelling of the face/lips/mouth/tongue/throat, as these could be possible signs of anaphylaxis that require immediate attention. Medications administered: None. Patient self administered OTC Benadryl. Disposition: Home</p>

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1166269	4/4/2021	ME	29	M	3/24/2021	3/25/2021	Fatigue, lightheaded, dizziness, lack of appetite, shortness of breath, chest pain
1166225	4/4/2021	CA	32	M	3/21/2021	3/21/2021	8 minutes after I ejection left arm and entire face went numb along with pins and needles throughout all of the body, lightheaded, dizzy. Day 1 minor aches, numbness still present. Day 2 severe chest pain, numbness still present. Went to urgent care, ekg preformed. Day 3 loss of equilibrium, severe vertigo, nausea, dizziness. This continued to get worse day 4 and 5, went to urgent care again. Still numb, tingling, vertigo, nausea. Blood work completed and nausea medication provided. Inability to speak or perform any movement without losing balance. Severe spinning sensation. Went to ER on day 9 all symptoms still remain. Numbness converted to painful tingling and movement throughout body. Vertigo medication, nausea medication provided. Suggested neurologist. Went to neurologist on day 12. Symptoms still remain. Neurologist suggested seeing a primary care internal dr.

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1166237	4/4/2021	ID	46	F	2/12/2021	2/13/2021	She presented to the ER on 2/13 with a lot of chest pain and had some flattening of her T waves. She ended up getting a cardiac catheterization while she was there which was normal. The day prior to this she had actually received her second Covid vaccination in her left arm. She noticed achiness and soreness across her shoulders bilaterally into her chest and into her neck. She had some subjective fevers and chills and felt generally fatigued. She also had a lot of swelling in her left axilla and she ended up getting a CT scan during her workup which revealed some left axillary adenopathy. She returned to the ER on 3/16: while brushing her teeth, she developed right facial paresthesias that marched over approximately 20 minutes to involve the right arm and the right leg. She went to the hospital. She was seen in the ER. They felt this represented possible ischemia. They gave her tPA. She had a hemorrhagic nosebleed. Did not develop any other signs of bleeding. Her symptoms had not resolved. She was discharged from home. She had a headache at the time of her visit to the ER. Her headache had resolved by the time she was discharged home, but she continues to note paresthesias in the right side of her body, right face, and notes over the last day or 2, she has had increased dysarthria, dizziness and slurred speech, brain fog, a sensation of heaviness and inability to think. She states she currently does not have head pain per se, but she does note that she just feels generally poorly. She feels like her brain is working faster than her mouth muscles are. She is in today for neurologic followup, concerned about these ongoing issues. she continues to struggle with her speech feeling quite slow and deliberate, she feels like it is difficult for her to concentrate, she is forgetful, she still has intermittent episodes of paresthesias in her face, arm, and hand, she feels like she becomes heart and flushed and she has some heart rate variability with her heart going slow and fast, and she has significant disequilibrium. She is extremely fatigued where she is only able to get up for 1-2 hours before she is extremely fatigued and has to go back to bed.
1166786	4/4/2021	AL	44	F	3/30/2021	3/31/2021	Chest pains, pain in heart, extreme high blood pressure, chills, fatigue, fever, muscle aches, nausea

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1165785	4/4/2021			F	1/29/2021	2/7/2021	headache; chest pain; I received my 1st dose 29Jan. I tested positive 07Feb; This is a spontaneous report from a contactable unspecified age female Consumer communicated to a Pfizer colleague that the patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection), via an unspecified route of administration on 29Jan2021 at single dose for covid-19 immunization. The patient medical history and concomitant medications were not reported. The patient stated that she lives with her boyfriend and her16-year-old daughter. While she did quarantine after diagnosis, she spent a lot of time with her boyfriend prior to her diagnosis. He tested negative when they should have been positive. The patient's daughter also was with her, in very close quarters for several hours (a car for well over 3 hours) and her daughter also tested negative. The patient was 6 days post diagnosis and felt almost normal again. The patient chest pain and headache on an unknown date. On 07Feb2021, she tested positive. The outcome of the events was unknown. Information on the lot/batch number has been requested.

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1165575	4/4/2021	FL	67	M	1/6/2021	2/3/2021	<p>Pain in the chest; Water in lungs; Pain in the neck and left side of sternum; Soreness in arm; Fatigue; A spontaneous report was received from a consumer, concerning a 67 year old male patient, unknown race and ethnicity, who received Moderna's COVID-19 vaccine (mRNA-1273), and experienced pain in the chest (chest pain), water in lungs (pleural effusion), pain in the neck that went down the left side of sternum (neck pain radiation), soreness in arm (pain in extremity) and fatigue. The patient's medical history was not provided. Concomitant medications reported included warfarin sodium, ezetimibe, fiber, and vitamin D NOS. On 06 Jan 2021, the patient received the first of two planned doses of mRNA-1273 (Lot number: 011L20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 03 Feb 2021, prior to the onset of events, the patient received the second of two planned doses of mRNA-1273 (Lot number: 028L20A) intramuscularly in left arm for prophylaxis of COVID-19 infection. On 03 Feb 2021, an unspecified duration after receiving the vaccine, the patient experienced soreness in the arm and fatigue. On 08 Feb 2021, the patient experienced pain in the neck on the left side which radiated to the left side of sternum. On 12 Feb 2021, in the morning, the patient experienced a huge pain in the chest and called 911 for an ambulance. The cardiologist and pulmonologist stated that everything was fine except that there was some water in the lungs. The patient still has pleural effusion. On the same day, the patient underwent electrocardiogram (EKG) and heart CT without significant findings and no abnormalities. The patient was recommended for a computerised tomography (CT) arteriogram. Treatment medications included acetaminophen, codeine, fentanyl, and concomitant medications. Action taken with second dose of mRNA-1273 in response to the events was not applicable. The outcome of the events, pain in the chest, water in lungs, pain in the neck that went to the left side of sternum, soreness in arm, and fatigue were not reported.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.</p>

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1167241	4/4/2021	TX	41	F	3/30/2021	4/1/2021	Had chest pains, heavy arms, and vomited multiple times. Went to ER and showed elevated ST levels on EKG.
1166259	4/4/2021	GA	56	F	3/15/2021	3/15/2021	Patient said while she was waiting the required 15 minutes after vaccine that she had some chest pains (which she claims she had on and off before she came in for the vaccine) and a burning sensation in her vaginal area.
1167074	4/4/2021	TX	57	F	2/14/2021	2/20/2021	On 2/20/21 developed sudden onset chest pain, sob, cough. Went to ER at Hospital. Diagnosed with nodules, inflammation and infection in lungs. Prescribed azrythomycin for 5 days. Felt better after 5 days but was worse within 72 hours of finishing antibiotics. Seen in women?s clinic on 3/4/21. Received chest X-ray, atrovent inhaler, albuterol inhaler. Cough & sob improved some. Never had any wheezing at any point. 3/14/21 received second Moderna vaccine because no one connected reaction with vaccine. 03/19/21 telephone consult with primary care physician. Continue meds. Cough & sob, palpitations all worse. Tests ordered for after April 10 . March 29 to ER at VA Medical center. Diagnosed with allergic reaction to Moderna vaccine and pneumonitis. Prescribed prednisone, doxycycline and benzoate pearls for cough.

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1167114	4/4/2021	NJ	37	F	3/31/2021	3/31/2021	After a few minutes, I started to feel chest pains which started to intensify, then my breathing started to get shallow. Next, I was feeling tingling in my extremities. Then like the flick of a switch, I went into anaphylactic shock. I couldn't breathe and struggled to get the words out to get an epi pen. I was then injected with 3 epi pens while the ambulance was called. I also felt tingling in my tongue and mouth. The following day at home, I had another reaction. It started with tingling in my throat then the shallow breathing again. Chest pains again, then anaphylactic shock again. The next day, allergy symptoms came back, but not anaphylactic shock. This time, the addition of burning in my biceps on both sides, which traveled down to my forearms. Later on, the burning traveled down my torso to my legs. There is also some burning in my ears and scalp. My breathing is shallow, and it seems like when the allergy meds start to wear off, the symptoms keep coming back. They're happening now as I write this
1166816	4/4/2021	CA	25	M	4/1/2021	4/2/2021	Pt endorsed severe chest pain the day after receiving the vaccine. Pt's BP was 156/98 and HR was 102. Pt was sent to emergency room and discharged back to facility a few hours later with a diagnosis of Unspecified Chest Pain.
1167166	4/4/2021	NY	48	M	3/31/2021	3/31/2021	rapid heart rate, excessive sweating, chills, muscle aches, pain all over body, chest pain. Weakness, brain fog, out of sorts, flu like symptoms, break outs on face, trouble breathing. These conditions have lasted over 5 days so far.
1167272	4/4/2021	WY	43	F	4/2/2021	4/3/2021	High Fever and chills for two days, shaking, aches and pains all over, chest pain, soar throat, headache.
1167065	4/4/2021	PA	76	F	3/13/2021	3/13/2021	shaking chills -severe X 15 hours, then intermittantly- day 1; Rt side crushing chest pain, Lt side extreme squeezing & twisting sensation of heart; intense bone pain in areas that were injured 15 years prior- neck, posterior thorax, sacral area- all on right side only- day 2; awoke day 3 drenched, extreme diaphoreses- loss of 4 lbs; others less intense- loss appetite & thirst, Rt side only parietal and also occipital headache; tired & weak. Ended in 7 days.

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1167062	4/4/2021	TX	49	F	12/29/2020	1/15/2021	2 days after receiving the 1st dose, I woke up with palpitations. I noticed also that I've been burping too much and have frequent indigestion as if the food stays in my chest area or my upper stomach area. Not comfortable. 5 days after I felt weird so I checked my BP and it's high which goes up to 180's/98. I don't have headaches nor chest pain. When I told my husband he told me our BP machine is broken. So I just diverted my attention to something else. 2 weeks after at around 12:30pm-1:30 pm I was working that time at the hospital, I felt my left eye felt weird so I ask my co worker to look in my eye. I had a bloodshot. My charge nurse told me to check my BP and it was 158/85. I called my doctor and spoke to the office clerk. I went to eat lunch and at around 3:30-4pm, I rechecked my BP it was around 173/95. I called my doctor and was prescribed with clonidine. My husband picked up from pharmacy and I took it.
1167059	4/4/2021	CA	32	M	4/4/2021	4/4/2021	Eternal pleuritic type chest pain no other cardiovascular symptoms . No nausea. Settled within 10-15 minutes.

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1166944	4/4/2021	CA	29	F	3/31/2021	3/31/2021	Pt got her 1st dose of Covid -19 vaccine, Pfizer brand at 06:35 PM. Pt sat down at the post vaccine area for the observation, pt stated that 5 mins after getting the vaccine, she felt warm and sweaty and light headed. Pt called the admin staff attention and reported what she is feeling. Staff assisted staff on duty and post vaccine RN checked pt. Staff and RN assisted pt in a laying position on the ground. Initial vitals was checked and recorded as BP 100/70 mmhm; PR 85 ppm; RR 20 cpm; Temp 97.3 F; oxygen sat of 99% at room air.EOA was notified as well and assessed pt. Pt is alert oriented to self, place, time, location and date. NO Chest pain noted, No SOB noted. quick skin assessment done and no hives or redness noted. Pt was monitored every 15 mins by RN until stable. Pt refused to call 911. Pt was assessed by EOA after 15 mins and pt verbalized feeling better and stated that she had history of being anxious. Pt was gradually transitioned to sitting position. Pt was advised to have someone pick her up but she refused. Pt was also advised to get an appt with primary doctor for follow up check but anything like chest pain or SOB at home to call 911 right away. Pt was checked once again before discharging pt. Pt is stable and no more complaints of lightheadedness. At 07:28 PM RN accompanied pt to her care. Pt verbalized appreciation and abrupt interventions of her concerns and reaction. EOA made incident report as per protocol.
1166919	4/4/2021	TX	33	F	3/24/2021	3/24/2021	Initially complained of dizziness, onset within minutes of receiving the vaccination. Within 5 minutes complained of chest pain. Stated she had a history of angina at the initial assessment. BP: 145/100. P: 83. O2 sat: 98%. Anaphylaxis ruled out by medical director. Pt was advised to have further evaluation for chest pain; chest pain was located in center of chest, described feeling as "a punch in the chest". Pulse increased to 100, BP remained elevated. EMS activated. Pt then recanted statement; said it was her sister that had angina. Pt continued to have dizziness and chest pain. Ambulance arrived at 4:13. Pt care transferred to EMS service for evaluation and possible transport to local emergency department.
1166893	4/4/2021	CA	48	F	4/1/2021	4/3/2021	Chest pains

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1166832	4/4/2021	IA	75	M	3/8/2021	3/8/2021	Pfizer COVID-19 Vaccine EUA Patient received Dose 1 of Pfizer vaccination 3/8/2021. Patient presented to ED 3/23/21. The patient presents cough and SOB for 2 weeks, now with orthopnea and chills. Has A fib on Eliquis, HTN, s/p pacemaker for heart block. Did not smoke but got exposed to lots of dust growing up. The onset was 2 weeks ago. Denies chest pain, denies nausea, denies vomiting, denies abdominal pain, denies back pain, denies weight gain and denies hemoptysis. 3/25/21: The patient was admitted to the medical floor and placed on ceftriaxone 1 g IV piggyback daily and doxycycline 100 mg PO BID. Additionally he was placed on Decadron routinely. He is significantly improved over the past 2 days. His IV did infiltrate last evening and ceftriaxone was discontinued and he was started on cefdinir 300 mg PO BID. He has done well since being in the hospital. He did run 1 fever about 24 hours ago but since then has felt fine and has been afebrile. His cough has significantly improved although he still continues to demonstrate an occasional dry cough. At this time he is felt to be stable enough to go home. He is no longer requiring supplemental O2. He has had no further hypoxia.
1166818	4/4/2021	CA	45	F	4/1/2021	4/3/2021	Severe chills and hot flashes, difficulty breathing, chest pain, nausea, headache, rapid heartbeat. Swollen lymph nodes in armpits and under jaw. Bed rest, sleep, daytime/nighttime cold medicine, liquids.
1167252	4/4/2021		23	M	3/26/2021	3/30/2021	Chest pain 3 days after shot. Troponin I was elevated, referred patient to cardiology. Had cardiac catheter, suspected mild myocarditis. Initially treated with NSAIDs and colchicine during encounter for suspected pericarditis since troponin came back later that day (had to be shipped to hospital). Now treatment includes no strenuous activity for 6 weeks, no travel for 3 months. Follow-up with cardiology in 3 month for reevaluation.

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1163566	4/3/2021	CA	40	M	3/20/2021	3/20/2021	<p>Patient came in to the clinic to receive his dose of the Janssen COVID vaccine. Within the 15 minute post-vaccine period, the patient reported feeling warm, sweaty, having clammy hands, and the feeling of almost "passing out". Patient was taken to a patient room to rest, vitals were taken at 13:16 PM with readings of BP: 91/57, HR 72, SpO2 98%, temp 98.5. Patient denies any past medical history, reports he only takes vitamin supplements, and denies any past history of anxiety. He denied any chest pain or SOB. Patient was provided water and was told to rest for a few minutes. Vitals at 1:42 PM were noted to be: BP 108/71, HR 72, SpO2 99%, and temp of 98.1. He says he feels much better and denies any symptoms at this time. ER precautions were given to the patient. Called patient again 4/2/21 at 09:59 AM - pt denies any ER visits, hospitalizations, or any visit to any other healthcare provider since his vaccine. The day after his vaccine, he says he developed a headache with left arm soreness (injection site was left upper arm) which was all improved by Monday, 3/22/2020. He says he took Advil, drank plenty of fluids, and rested for his symptoms of headache and arm soreness. He denies any other symptoms of near syncope after his near syncopal episode at the clinic. He denies any symptoms of fevers, CP, SOB, swelling, drainage, or pain at injection site, abdominal pain, dizziness, lightheadedness, or any other side effects/averse effects of the vaccine. He says he is doing well overall</p>

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1163902	4/3/2021	WI	65	M	4/3/2021	4/3/2021	Pt had second Moderna vaccine around 1100. Because he had dizziness with the last vaccine it was requested that he wait 30 minutes. At the end of the 30 minutes the patient complained of severe dizziness. He also had nausea but stated that this was present prior to the vaccine. The patient was pale and sweaty. He denied any chest pain or difficulties breathing. Attempted to get vital signs. O2 was 96 on room air. HR was 52. Unable to get a blood pressure as the patient would not keep his arm straight. Rapid responders were called to assist and a wheelchair was brought over. When we were going to move the patient to the wheelchair he complained of even more dizziness so we did not move him. He declined any juice due to nausea. He was given a few sips of water and a cold pack was placed on his neck. Urgent triage responded and attempted to get vital signs as well. Manual blood pressure was 80/62, HR 47, O2 97% on room air, respiratory rate 14. Patient denied diabetes or blood sugar issues. He had eaten breakfast and took all of his normal medications. First responders then moved patient to the gurney to take him to ER.
1163787	4/3/2021	NE	75	M	3/23/2021	3/30/2021	Patient presented to our ED on 3/30/21 @ 1149 with complaints of SOB and chest pain. D-Dimer was elevated > 3 times upper normal limit so CTA was performed. CTA showed bilateral lower lobe PE with moderate thrombus burden. Patient was given Lovenox 1mg/kg (90 mg) x 1, pain medication, and home medications he had not yet taken at home on 3/30. He was then transferred to a higher level of care. Course at transfer hospital unknown at this time.
1163744	4/3/2021	LA	36	F	4/1/2021	4/3/2021	Initial fatigue the afternoon I received the second dose. Slight soreness in arm and itchiness around the injection site. On 04/03/2021, approximately 9:30AM, I began having sharp, stabbing chest pains in my left chest. I have experienced these pains before, typically following recovering from an illness. Likely pericarditis.
1163712	4/3/2021	MO	61	F	4/2/2021	4/2/2021	Pt reports severe left arm pain. Pt also reports left sided chest pain and difficulty getting a full breath.
1163590	4/3/2021	IN	46	M	4/1/2021	4/1/2021	Same day/evening: chills, severe headache, sleeplessness, chest pain Next morning/afternoon: fever, muscle soreness, worn down

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1163427	4/3/2021	IN	41	F	3/27/2021	3/28/2021	Work up with fever over 104°, hallucinations and talking out of my head, right eye swollen shut, headaches, body aches, chest pain, cough
1163187	4/3/2021	NY	72	F	1/18/2021	3/22/2021	Pt presented to the ER on 3/22/21 c/o sudden chest pain and fever of 101.1. She was transferred to the hospital due to concern for possible acute MI. She was ultimately found to have idiopathic pericarditis after further work up and discharged home on colchicine 2 days later.
1163082	4/3/2021	WA	42	F	4/2/2021	4/2/2021	Patient received Covid vaccine and approx 5 minutes later pt c/o symptoms of nausea and heart palpitations. Per patient, she had received an ear exam earlier that morning and had vertigo following the procedure. Patient also states she has history of cardiac arrest in June 2020. RN assessed patient along with volunteer MD assessed as well. Vitals showed elevated BP and transient elevated HR. Patient experiencing significant anxiety at this time as well. Patient given 20 mg famotidine for nausea. Symptoms did not resolve after an hour, and at this time patient began to feel chest pain that did not diminish. Patient did not wish our to call 911 but stated she would have her partner take her to the local ED. RN followed up with staff MD.
1163002	4/3/2021	IL	40	F	4/1/2021	4/1/2021	After I got the shot April 1 2021..less that 2 mins I felt my lips swollen and had a hard time breathing I ask for help the. They put me on the side.my lips gets more swollen and my tongue all the way to my throat that I can't breathe paramedics give me 2 benadryl and pepcid and oxygen my BP went high as well..stayed there for long hours to make sure ill.be back to normal.im reporting this incident that happen to Me, coz I don't knw if someone will report this incident. DR was the attending physician that day and she took care of me.today is my 2nd day after I got vaccine I'm feeling chest pain and episodes of difficulty breathing.i hope someone will get in touch with me about my severe reaction to the Moderna vaccine.they didn't tell.me what to do after I got home..if I need to see my family doctor?they just said continue to take benadryl. I really don't knw what to do.and I don't want to panic.

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1162446	4/3/2021		56	F			chest tightness/ chest tightness worsening slightly; lightheaded; vaccine-related anxiety; chest pain; shortness of breath; nausea; vomiting; diarrhea; This is a spontaneous report from a non-contactable health care practitioner (other HCP). A 56-year-old female patient received the first dose of BNT162B2(PFIZER-BIONTECH COVID-19 VACCINE solution for injection; Batch/Lot Number: EN6205; Expiry date was not reported) via an unspecified route of administration on an unspecified date (at the age of 56-years-old) at a single dose for covid-19 immunization. Medical history included chronic pain from an unknown date and ongoing. Concomitant medications included glipizide and lisinopril 10mg (taken at night) which were taken for an unspecified indication; and morphine taken two times a day for chronic pain. The start and stop dates of these medications were not reported. The patient previously took pioglitazone hydrochloride (ACTOS) and was taken off in the last couple of weeks and switched over to Glipizide. On an unspecified date during the patient's 15-minute waiting period after the vaccination, the patient began to experience chest tightness. The patient was transported to emergency department (ED). The patient also experienced lightheadedness and chest tightness worsening slightly while she was being monitored after the treatment was given. The events were reported as non-serious. Differential Diagnosis: Vaccine- Related Anxiety (include misc mental health, unspecified) and Red flag symptoms (CP (Chest pain), SOB (Shortness of breath), NVD (Nausea, vomiting, diarrhea), and unspecified Visual/Neuro concerns. Treatment included antihistamine, Cetirizine (Zyrtec), and water for the event chest tightness. The outcome of event chest tightness was not recovered (reported as worsening); while other events was unknown. No follow-up attempts are possible. No further information is expected.
1163934	4/3/2021	TX	63	F	3/23/2021	3/23/2021	Redness at shot spot, with minor itchiness lasting 11 days so far Increase in chest pain and palpitations also lasting 11 days so far

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1163227	4/3/2021	MI	58	F	1/12/2021	1/1/2021	Full body w/Torso Anterior & Posterior focus - raised, red, rash, mildly itchy. NO blistering. This rash is lingering still. I have worked diligently to rule out causes and the vaccine is the only thing left that I can think of that may be causing the rash. The rash is not on my face, hands or feet, is on my arms, legs, and torso. ALSO after the second vaccine within the first 24 hours, I had an acute chest pain reaction, it felt like I imagine a directing aneurysm or heart attack would feel like. It woke me up it was so bad. It resolved on it's own and there have been no additional symptoms. No prior symptoms have been experienced along either of these lines before.
1165033	4/3/2021	PA	67	F	3/31/2021	3/31/2021	within 10 minutes of shot burning pain in chest and a tightening of chest. Shortness of breath. shortness of breath and chest pain sporadic since the shot.
1165082	4/3/2021	OH	35	F	3/28/2021	3/31/2021	Hot sensations all over body, dizziness, light headed, shortness of breath, convulsions ? main episode lasted about 5 minutes. After that, continued light headedness and shaking. Tremors in extremities. Left chest pain/pinching sensations
1164969	4/3/2021	TX	37	F	4/2/2021	4/3/2021	chest pain, shortness of breath, left arm pain, bil. arm pain, headache

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1164029	4/3/2021	CA	26	F	4/3/2021	4/3/2021	Patient is a 26 year old female who presents immediately following administration of a single dose of J&J COVID19 vaccine in the left deltoid. Patient was walking with her mother to their vehicle when she lost consciousness. Per patient?s mother, the patient has a developmental delay and can be a poor historian. Patient states that she has never experienced syncope. She denies allergies to medications and foods. She has never had a vaccine in the past. Patient denies a medical history. Patient states that she takes Concerta and Lexapro on a daily basis. She denies chest pain/tightness, shortness of breath, wheezing, swelling of the face/lips/mouth/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting. Vasovagal syncope with loss of consciousness. Patient not displaying active signs and symptoms of anaphylaxis. Patient was transferred to a cot and very quickly regained consciousness. Patient was A&O x 4 and in NAD. EMS was called to the scene for further evaluation due to limited resources. EMS called to the site for further evaluation due to vasovagal syncope with loss of consciousness. EMS related patient was experiencing orthostatic hypotension. EKD and blood sugar levels were within normal limits. Patient transported to ER.
1164913	4/3/2021	FL	48	M	4/3/2021	4/3/2021	Patient received his first Moderna Vaccine today. The dose was given in his right arm and about 10 minutes after administration patient reported chest pain on the left side. Patient was monitored and reported no signs of breathing problems, also no swelling, rash or problems with airways. Patients Blood pressure was taken and recorded as 141/91. His pre vaccine temperature was 97.1, and he reported no allergies or health conditions. He is a 48 year old hispanic and smokes. Patient agreed to have ambulance called to check him out as he had no need for Epi-Pen or benadryl. Paramedics arrived at the store approximately 10 minutes after called and released patient with no further treatment and stated that patient possibly had anxiety after the administration as he checked out on all other observations.
1165098	4/3/2021	IL	34	F	4/1/2021	4/2/2021	High Fear, body aches, lower back pain and spina pain. Follow by chest pain. Left side where my shot was given it was extremely sore Home care- a lot of liquid and rested for 24-48 hrs

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1164836	4/3/2021		31	M	3/26/2021	3/26/2021	Chest pain / Heart pain (localized to left side of chest). Most intense the day after the shot, but still continuing 8 days later. Was constant at first, at the 8th day it only comes on after physical activity, but does not subside for hours.
1164441	4/3/2021	MD	70	M	3/10/2021	3/10/2021	Routine home care provided by PA-C of MD 3/10/2021 11:40 am vaccinated at home since bedbound with myositis. Unclear when began to feel bad. 3/11/2021 9:07 pm EMS transported to Hospital Center ED for altered mental status following vaccination. ED physician note states "70 y/o male with pmhx of CAD, CVA, HTN, DM, myopathy and DVT on Xarelto presents to ED with complaints of generalized weakness and change in mental status onset yesterday. Patient received his COVID vaccine yesterday and since then, patients wife is concerned he is not behaving himself and appears confused. Wife is also concerned he has a decreased appetite and decreased PO intake. Patient has no complaints at this time. Patient denies chest pain, shortness of breath, abdominal pain and back pain. HPI is limited due to patients mental status." 4/3/2021 when being scheduled for follow-up dose on 4/7/2021 his wife informed us "He had a bad reaction to the first dose of the vaccine, had to go to the hospital, was admitted and had to stay for 3 days does not want the 2nd dose." 4/3/2021 Dr (one reporting) checked system and talked to wife to obtain this history. Agreed with her that he should not receive the second dose due to how badly he felt after the first. In addition, his prior history of COVID likely gives him sufficient protection against COVID-19.
1164303	4/3/2021	OR	57	M	3/21/2021	3/22/2021	Progressively worse chest pain, beginning with left side moving to entire chest. Progressively worsening shortness of breath.
1164279	4/3/2021	FL	50	M	3/31/2021	4/2/2021	2 days after my vaccine, I experiences chest pain, which I would describe as a dull pain in the center of my chest. I thought it was possibly angina. I have no previous history of heart disease. I have had high cholesterol that is managed using Crestor. In addition, my heart would spike throughout the day to as high as 108 bpm, without significant activity. My normal resting heart rate is ~74bpm.

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1164252	4/3/2021	FL	49	M	4/2/2021	4/2/2021	10 minutes after vaccination patient stated he felt faint and thought he would pass out. We sat patient down to monitor and took BP and pulse rate (120/59 and 60). After a few minutes, patient stated he was nauseated and still feeling dizzy. We continued to observe patient and after a few more minutes he stated he was starting to have intermittent chest pain. We then contacted 911 to request assistance. While waiting for EMS to arrive, patient stated the chest pain was becoming more constant. At this time we also observed patient was very pale, sweaty, and his skin was cold to the touch. EMS arrived quickly and took over patient care, stabilizing him and then transporting him to the hospital. We have not received an update on his condition at this time.
1164200	4/3/2021		38	F	3/30/2021	3/30/2021	Arm pain (injection site); fatigue; muscle aches; headaches; brief back of neck (upper spinal) pain; chest pain (left side); pressure on chest when lying flat on back; irregular heart beat, eventually leading to a significant heart episode, including chest aching, difficulty breathing, cold extremities, lightheadedness; brief sore throat; digestive discomfort; labored breathing, primarily focused in the larynx area. Nearly all symptoms diminished by the fifth day.
1164195	4/3/2021	CT	39	F	4/1/2021	4/1/2021	Within first 10 minutes Metallic taste Tingly feeling in throat & mouth Hives Within 15 minutes -Took Benedryl - checking in at ER Felt dizzy (low blood pressure) Felt as though I was about to pass out Mental confusion, foggy brain Extremely dry mouth Within 20 minutes - treated with more Benedryl, Pepcid, and a steroid Tightening in the chest Chest pain Oxygen saturation 80% for approximately 10 minutes. Oxygen saturation 92% for approximately the next hour. Palms of my hands were blue. By 6:20pm I was released from the hospital. Most symptoms were resolved. My chest was still tight and I started a mild cough. I used my rescue inhaler at 8:00pm and that provided some relief.

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1164475	4/3/2021	CA	44	F	4/3/2021	4/3/2021	Patient is a * year old * who received a single dose of J&J COVID 19 vaccine in the right deltoid. Immediately following administration of the vaccine, patient began experiencing the sensation of heart racing, difficulty breathing, and feelings of anxiety. Patient relates this has happened with vaccines received in the past, as she has postural orthostatic tachycardic syndrome (POTS). She feels as if this is an aggravation of her POTS. Patient states she has allergies/sensitivities to ciprofloxacin, bactrim, and sulfa drugs, but she has never needed to use epinephrine. She denies chest pain/tightness, wheezing, swelling of the face/lips/mouth/tongue/throat, skin rash/itching, cramping abdominal pain, nausea, and vomiting. She does not take any medications on a daily basis. POTS aggravation. Patient was not displaying active signs and symptoms of anaphylaxis. Patient's heart rate and breathing continued to slow down once patient was brought to a quiet place and started to enact breathing techniques. Vital signs continued to improve as patient sat. Patient encouraged to consult her PCP and inform them of their post-vaccination reaction. She was instructed to go to the emergency department if she should develop chest pain, difficulty breathing, swelling of the face/lips/airway, cramping abdominal pain with nausea and vomiting. Patient discharged to home
1163114	4/3/2021	WA	37	F	4/2/2021	4/2/2021	4 hours after vaccine, significant arm pain. 12 hours after vaccine, full body joint pain, low grade fever, chills, headache, mild chest pain.
1160253	4/2/2021	NY	46	F	3/29/2021	3/29/2021	Beginning 6 hours after, extreme fatigue, brain fog, weakness, arm pain at injection site, loss of appetite, nausea, mild sporadic chest pains, loss of breath once. Felt all this for 24 hours. Arm pain, chest pains, loss of breath decreased after 24 hours. Brain fog, weakness, fatigue started to decrease after 48 hours. I am still having fatigue, weakness and GI issues like loss of appetite, nausea and going to the bathroom frequently. I want to hold off on my 2nd shot for several weeks.
1159403	4/2/2021	MI	56	F	3/31/2021	3/31/2021	Patient complained of mid sternum chest pain after vaccination. Pain radiated down arm. Onsite EMS called HR 77 BP 130/79, patient stated at 4:17 pm pain was resolved and went home.

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1159690	4/2/2021	FL	45	F	3/28/2021	3/28/2021	3/31-Received call from mother, her daughter c/o fever, general body aches, fatigue, cough and headaches; states that her daughter is feeling poorly. Advised that tylenol/ibuprofen is ok to take. Advised to go to ER if she experiences any shortness of breath, chest pain or neuro changes. 4/1-Follow up: Spoke to patient she stated she still has symptoms but feels about 60% better. She went to urgent care on 3/31/21 and they stated she has laryngitis but no antibiotics or any medications were prescribed. Patient continues to take the ibuprofen for the body aches and headache. She was also taking nyquil for the cough but stated it wasn't helping. Advised to take OTC cough medication such as robitussin if cough continues and continue with ibuprofen or tylenol for body aches/fever/headache.
1159758	4/2/2021	FL	58	F	3/18/2021	3/18/2021	nausea and "sweating", diarrhea & abd cramps starting on 3/23. Taking imodium and pepto, able to eat and drink. Denies shortness of breath, chest pain, or fevers. Advised to continue taking OTC meds as directed and to contact PCP due to ongoing abd issues and diarrhea. -
1159775	4/2/2021	CA	68	F	3/3/2021	3/6/2021	3/6/21-About two in a half days following the 2nd dose, patient had sudden onset of right sided chest pain, pleuritic, lasted several days- did not seek attention. 3/17/21- Sudden onset of severe left sided pleuritic chest pain and dyspnea. Presented to ER, found to have extensive Bilateral Pulmonary Emboli. 3/17/21- Patient admitted to Hospital. Initially put on anticoagulation, but due to GI bleeding had placement of Inferior Vena Cava Filter. 3/23/21- Discharged from Hospital.
1159861	4/2/2021	OR	72	M	3/24/2021	3/24/2021	Right after leaving the clinic son called stating recipient vomited; returned to clinic. RN from clinic went out to car and assess patient who was dizzy all day and had just vomited. Denied chest pain, dyspnea, fever. Recommended being seen in ED for evaluation and offer to call EMS declined but family decided to go to ED and son drove/EMS not called.

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1159979	4/2/2021	NY	60	F	3/24/2021	3/24/2021	Received 1st dose of Pfizer vaccine at 1:50 pm and verbalized no discomfort. At 2:10pm complained of slight tightening in her throat that was not there before the vaccine was given. Oxygen Saturation = 98% on room air. Vitals were: BP 110/76, HR 86. Given 2.0L oxygen via nasal cannula. Oxygen Saturation = 99%. Pt. denied any complaint of difficulty breathing or chest pain. NP assessed patient and ordered Diphenhydramine 25mg IM stat. Order given via right arm. Patient continuously monitored. At 2:20 pm vitals were: BP 107/67, HR 82. Patient verbalized relief of symptoms. At 2:45pm, vitals were: BP 104/67, HR 79 and 134/89, HR 92. Patient remained asymptomatic. Patient was discharged to home ambulatory alert and oriented x 3 and MD was informed of event.
1160142	4/2/2021	KY	49	F	4/1/2021	4/2/2021	Chest pain, uncomfortableness.
1160145	4/2/2021	IN	58	M	4/2/2021	4/2/2021	1st dose Pfizer administered at 0940 at clinic. patient experienced no reactions or symptoms during observation period at the clinic. Patient had been home for approximately 2 hours when he started experiencing some chest pain prior to his seizures around 1210. He does have a history of seizures which are uncontrolled ranging from having them twice a week to twice a month. patient reports the seizures were no worse than any other seizure he has had in the past. The seizures lasted periodically for approximately 20 minutes. patient reports he didn't consult with his PCP or neurologist prior to the vaccine. The patient was encouraged to seek medical treatment if symptoms persist or worsen over the next hours. He was also encouraged to reach out to his neurologists prior to the second dose.
1160233	4/2/2021	OH	48	M	4/2/2021	4/2/2021	chest pain
1160265	4/2/2021	VA	70	F	3/19/2021	3/19/2021	Post vaccine - Anxious, exacerbated COPD, c/o chest pain. Evaluated with 12 point lead. Administered nitro w/relief. Transported to ER

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1159326	4/2/2021	NY	71	M	3/17/2021	3/21/2021	PATIENT RECEIVED THE 2ND DOSE OF THE MODERNA VACCINE ON 3/17/21.THE NEXT MORNING HE BOARDED A PLANE. THREE DAYS AFTER HIS STAY, HE BEGAN TO EXPERIENCE SHORTNESS OF BREATH AND CHEST PAIN THAT LASTED ABOUT 30 MINUTES AND WERE NEVER REPEATED. HE DID NOT GO TO THE HOSPITAL OR SEEK MEDICAL ATTENTION. UPON HIS RETURN HOME, HE CONTACTED THE PHARMACY TO REPORT THESE SYMPTOMS . WE ADVISED THE PATIENT TO CONTACT HIS MEDICAL DOCTOR FOR OBSERVATION/CARE AND TO SELF REPORT .
1158374	4/2/2021	HI	33	M	3/30/2021	3/31/2021	Body aches; chest pain; left armpit/axillary lymph node swelling; brain fog

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1160173	4/2/2021	TX	57	F	3/30/2021	3/30/2021	ASSESSMENT: 57 y.o. female with PMHx of HTN who presented today to the Vaccine site for her second COVID vaccine. She c/o only a sore arm for 1-2 days after her first vaccine but otherwise tolerated it well. NKDA. She states that about 5-10 min after the vaccine she developed rhinorrhea so she went to the bathroom and blew her nose and it improved some but did not resolve. She did not inform us of this until her 15 min timer went off so I completed an evaluation. I am the physician assistant on site at the vaccine clinic who monitors the patients and is there for emergencies. If a patient feels they are having a reaction I complete an exam on the patient. She states the rhinorrhea was still there but was better than it was. Associated with a sensation of "oil in my throat, like eating some butter" but denies throat itching or tightness. Associated with intermittent dry cough and throat clearing. Denies difficulty breathing, wheezing, tongue/lip swelling, mucosal or skin itching, hives, palpitations, lightheadedness, dizziness, SOB, headache, nausea, vomiting, diarrhea, abdominal pain. She has experienced similar rhinorrhea and dry cough in the past with certain medical masks like the one we provided her today. She also experiences this with her seasonal allergies. Her allergies have not been flaring up the last 2 weeks or so but they were before that. She states she has dry mouth and has to drink a lot of water or she will develop a dry cough and throat clearing like she has today. Reports she has never had an allergy to any vaccine or injectable medication in the past. ROS: Constitutional: Negative for chills, fatigue, fever, diaphoresis and weakness. Eyes: Negative for blurred vision, photophobia, vision loss and visual disturbance. E/N/T: Positive for rhinorrhea. Negative for hearing loss, ENT Pain, ear pain, nasal pain, sore throat and hoarseness. Cardiovascular: Negative for chest pain, palpitations, tachycardia, edema, dyspnea on exertion, irregular heartbeat and near-syncope. Respiratory: Positive for cough (dry, intermittent, associated with PND). Negative for shortness of breath, wheezing and sputum production. Gastrointestinal: Negative for abdominal pain, diarrhea, stool changes, nausea and vomiting. Musculoskeletal: Negative for myalgias. Integumentary: Negative for pruritus, rashes, color change and flushing. Neurological: Negative for

dizziness, headaches, paresthesias, weakness, difficulty with concentration, disturbances in coordination, focal weakness, light-headedness, loss of balance and vertigo. Allergic/Immunologic: Positive for allergies and environmental allergies. Negative for frequent illnesses, urticaria, hives and persistent infections.
Psychiatric/Behavioral: Negative for anxiety and depression. OBJECTIVE: Vitals: 15 min after vaccination B/P: 140/88 Pulse: 70 Temp: 98.2 Resp: 12 SpO2: 99% Vitals: 25 min after vaccination B/P: 148/90 Pulse: 68 Resp: 14 SpO2: 98% Vitals: 40 min after vaccination B/P: 150/92 Pulse: 67 Resp: 12 SpO2: 99% Vitals: 70 min after vaccination B/P: 142/82 Pulse: 70 Resp: 12 SpO2: 99% PHYSICAL EXAM
CONSTITUTIONAL Vitals reviewed. GENERAL APPEARANCE: Well-developed. GROOMING: Well groomed. LEVEL OF DISTRESS: The patient is not distressed, nervous/anxious, diaphoretic or tearful. She appears to be well. The patient is not lethargic or toxic. The patient does not appear tired. EYES: LIDS/CONJUNCTIVA: Lids and conjunctiva are normal. PUPILS/IRIS: extraocular movement intact. ENT EXTERNAL EARS/NOSE: External ears and nose are normal. SEPTUM/MUCOSA: Negative for sinus tenderness. LIPS/TEETH/GUMS: Normal lips, teeth and gums. No lip edema. OROPHARYNX:Mucosa: Mucosa appears normal. No edema of lips, face, tongue, oropharynx or posterior pharynx NECK: Neck normal. RESPIRATORY EFFORT AND PATTERN: Effort normal. No tachypnea, intercostal retractions, accessory muscle usage, hypopnea and irregular rate. AUSCULTATION: Normal breath sounds with no rales, rhonchi, wheezes or rubs. No coarse breath sounds or decreased breath sounds. CARDIOVASCULAR AUSCULTATION: Rate: Is normal. Rhythm: regular. Heart sounds: S1 is normal. S2 is normal. S3/S4 not present. With no murmurs heard. EDEMA/VARICOSITIES: No edema or varicosities. RADIAL: radial pulses normal bilaterally PEDAL PULSE: Normal bilateral posterior tibial pulses. LYMPHATIC OTHER NODES: No neck adenopathy. MUSCULOSKELETAL STABILITY: Normal stability. INTEGUMENTARY SKIN INSPECTION: Normal. PALPATION: Normal. No diaphoresis, no flushing, no urticaria Injection site is unremarkable, no swelling or erythema NEUROLOGICAL GAIT, COORDINATION,

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REFLEXES Gait: normal PSYCHIATRIC
ORIENTATION: She is alert and oriented to person, place and time. MOOD/AFFECT: Normal mood and affect. INSIGHT/JUDGEMENT: Normal insight/judgement. The patient has good insight with good judgment. ASSESSMENT/PLAN:
Rhinorrhea - Airway remained clear, breathing was normal, circulation was good and mentation was good. - She was monitored for 60 min after the rhinorrhea began, vitals remained stable and WNL (despite slightly elevated BP). She drank 1.5 bottles of water which improved her dry cough. She stated she was feeling back to normal before she left the clinic. - Warned her that she likely was having a mild allergic reaction to the vaccine and warned that it is possible for allergic reactions to worsen. Reviewed signs and symptoms of anaphylaxis in detail and gave strict ER warnings if any develop, especially difficulty breathing, throat/facial swelling or any worsening symptoms occur. Warned her while driving to work (15 min drive) she keep an eye on her symptoms and pull over and call 911 if any signs or symptoms of anaphylaxis develop. - Advised she take a non-sedating antihistamine like Claritin on her way to work. I advised she let her colleagues at work now to keep a close eye on her at work. - She expressed understanding and stated she was feeling well and wanted to go to work - All questions were answered. I informed her PCP and sent them my note. I called 4 hours after the vaccine to follow up but had to leave a voicemail,. I spoke with her the following day on 3/31/21 and she stated she felt great besides localized soreness at the injection site. Otherwise she felt well. The rhinorrhea, cough and throat clearing had completely resolved after taking 1 claritin. Denied shortness of breath, difficulty breathing, wheezing, fever, chills, n/v/d, chest pain, hives, itching, palpitations, dizziness, syncope, near syncope or headache. She did not require any further treatment and did not need to have a visit with her PCP and did not need to go to the ER or hospital.

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1159317	4/2/2021	MO	90	F	3/23/2021	3/26/2021	Patient presented to the ED with CC of weakness. N/V, fever and SOB requiring oxygen. Mild left shift of total WBC, SARS-Cov-2 swab positive, CXR noted mild pulmonary vascular congestion and small bilateral pleural effusions. elevated troponins with no chest pain. diuresis was given and patient had improvement of symptoms of SOB. Patient was discharged to maintain isolation.
1159304	4/2/2021	MI	59	F	3/29/2021	3/29/2021	Patient complained of chest pain. Onsite EMS was called vitals BP 161/90 HR 71. 12 lead EKG done in car. She wanted to go to hospital & was transported to the hospital.
1159224	4/2/2021	AZ	58	M	3/29/2021	3/30/2021	Extreme chest pain (first 3 hours), arm pain (both arms, 24 hours) nausea (24 hours+), alternating chills and sweating, (36 hours, no temperature taken). Extreme lack of energy, sleepyness (36 hours) Everything started about the same time, very suddenly.
1159104	4/2/2021	FL	56	F	3/27/2021	3/27/2021	nausea, headache, fever & fatigue beginning on 3/27/2021, mostly resolved as of today. Caller woke up today with facial swelling under left eye and cheek. No swelling of tongue or mouth, no swelling in neck or of any lymph nodes. Denies chest pain, shortness of breath or difficulty breathing. Took ibuprofen & claritin this morning before work, unsure if medications are helping. Advised to contact PCP or urgent care if she feels that facial swelling is getting worse.
1159101	4/2/2021	IA	84	M	3/25/2021	3/29/2021	My Father was ill for approx 3-4 days after first vaccine with fatigue and some minor chest pressure, this start approx 3 days after injection and had made a complete recover, he then recieved his 2nd vaccine shot and again 3-4 days later he again stated began having severe fatigue and mobility issues, (he stated his legs felt like jello) , no chest pains and no breathing issues were associated. 3 days later he was still feeling the same with symptoms and on the 4 day he was found deceased in his home.

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1158916	4/2/2021	FL	63	F	1/12/1958	3/29/2021	3/30-C/o headaches, sinus congestion, injection site pain, nausea & lightheadedness beginning last night. Took ibuprofen with minimal results. Denies SOB, chest pain or difficulty breathing. 3/31-Spoke with pt to follow up with her symptoms. She said that she is doing much better, about 75% back to normal. She still has nasal congestion and drainage. I told her to call back if she had any other concerns for us to document. She thanked me for my call and I wished her a good day.
1160269	4/2/2021	MO	64	F	3/1/2021	3/1/2021	Felt like she was spinning around, headache. Denies SOB, Chest Pain, sweating, oral swelling or swelling to face hands or feet. Provided with cup of orange juice, placed on cot to lay back. after 15 minutes stated she felt better. Started sipping water. States spinning and headache are gone completely. Observed an additional 20 minutes. Discharged home accompanied by husband. Advised to stop at nearest hospital ER in route to home if symptoms return or if she feels any swelling to lips, face, hands or has any shortness of breath. Patient and husband agree.

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1158665	4/2/2021	MI		U	3/9/2021		<p>BLOOD PRESSURE ABNORMAL; CHEST PAIN (BELOW THE BREAST) AFTER AN HOUR OF VACCINATION; AFTER AN HOUR OF VACCINATION REDNESS OF FACE AND CHEST; FEVER; FATIGUED; This spontaneous report received from a patient concerned a patient of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805018 expiry: UNKNOWN) dose was not reported, administered on 08-MAR-2021 08:00:00 for prophylactic vaccination. No concomitant medications were reported. On 09-MAR-2021, the patient experienced blood pressure abnormal, chest pain (below the breast) , after an hour of vaccination redness of face and chest, had fever and was fatigued. Laboratory data included: Blood pressure (NR: not provided) 185/88 (units unspecified), 177/80 (units unspecified), and Body temperature (NR: not provided) 98.9. Laboratory data (dates unspecified) included: Blood pressure (NR: not provided) 141/78 (units unspecified). Treatment medications (dates unspecified) included: ibuprofen. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from blood pressure abnormal, chest pain, after an hour of vaccination redness of face and chest, and fever, and had not recovered from fatigued. The reporter considered the causality between covid-19 vaccine ad26.cov2.s and blood pressure abnormal, chest pain (below the breast), redness of face and chest, fever, fatigued was possible. Company causality between covid-19 vaccine ad26.cov2.s and blood pressure abnormal, chest pain, redness of face and chest, fever, fatigued was possible. This report was serious (Other Medically Important Condition).; Sender's Comments: V0 :20210317973-COVID-19 VACCINE AD26.COVID.S - Blood Pressure Abnormal . This event is considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.</p>

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1160002	4/2/2021	CA	55	F	3/30/2021	3/30/2021	At approximately 2:40pm Rapid Response heard on radio to observation area. This RN presented to observation area immediately, noted employee hovering over trash can reporting nausea. Employee received vaccine about 10 minutes prior. Employee denies any breathing difficulty, chest pain, dizziness, itchiness, tongue or throat swelling. No visible facial swelling or rash noted. Skin is warm to touch, not cool or clammy. Dr. presented to scene and report given. Vital signs taken, employee is not actively vomiting, but intermittently spitting clear saliva to trash can. Employee states she was feeling overwhelmed/stressed given some concerns at home with her mother. She denies any reactions to vaccines in the past. Offered apple juice and crackers. Per Dr. employee advised to remain in clinic area for additional observation, no epi advised at this time. Pt observed for approximately 10-15 minutes. She reports improvement of symptoms and denies any new sx. She feels well enough to leave accompanied by her co-workers who were also here for their immunization. Plan: Reviewed with employee emergency warning signs and advised she should call 911 should she develop any symptoms. Patient shows good understanding and is receptive to plan. Pt left in NAD.

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1158366	4/2/2021	CA	38	F	4/1/2021	4/1/2021	<p>On Thursday, 4/1/2021, client received her first dose of Pfizer COVID vaccine (LOT # EW0150, EXP 7/2021) at approximately 10:07 am by vaccinator RN. RN instructed client to self-monitored at the observation area. EMT found this 38 years old female in an observation chair sitting upright and requesting assistance. Due to the client needing translator, site manager present provided translation. lead RN came to assist EMT as needed. EMT reported client had a chief complaint of lightheadedness. Client stated that she felt like her head was "big" but that she did not feel like fainting. Client stated she had a history of high blood pressure and diabetes type 2 but did not take diabetes medication. Instead, she stated that she managed it strictly with her diet. Client had no known allergies. Assessment revealed no redness, hives, swelling, shortness of breath, chest pain or other signs of anaphylaxis throughout her body. Client denied having a headache but stated that she felt "hot" and that the heat was rising to her head. Client denied having a meal before her vaccination. Initial vitals were as follows: Alert and oriented x 4, Eyes were PERL (Pupils Equal and Reactive to Light) at 4 mm, pulse - 74, regular and strong at radial. O2 - 99%, blood pressure 160/98, Temperature 97 F, Respirations 20 and regular. Skins were warm and mildly sweaty. Client consented to staying present for an extra 30 minutes after incident onset. Staff present verified that client had no food allergies and was provided food to eat while under observation. Client's vitals were monitored at 5 minutes intervals after the onset of the incident as follow: 10:18 am: 160/98 (Blood Pressure), 74 (Heart Rate), 99% (Oxygen), 20 (Respiration), 97 F (Temperature); 10:23 am: 162/98, 68, 99%, 18; 10:28 : 162/98, 68, 99%, 18; 10:33 : 162/98, 72, 99%, 18; 10:38 am: 162/98, 72, 99%, 18, 98 F; 10:48 am: 162/98, 72, 99%, 18. Client reported at the end of her observation that she no longer felt hot and her head sensation was gone. Client's temperature improved from 97 degrees Fahrenheit to 98 degrees Fahrenheit and she ceased sweating at the end of her observation period. Client's husband was present and both were provided a Pfizer vaccine fact sheet and instructed to seek out medical advice or emergency care if a severe allergic reaction occurs later in the evening. Client left with husband in no apparent distress at 10:48 am with husband stating he would drive them home.</p>

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1158358	4/2/2021	CA	38	M	3/1/2021	3/1/2021	Severe chills, shaking, chest pain, crying. Unable to dress self or do basic tasks for about an hour. Chest pain felt similar to indigestion. Chills and shaking were extreme. Additionally had a sore arm that was painful to touch.
1158328	4/2/2021	AL	19	F	3/22/2021	3/24/2021	Sore throat 2 days after vaccine for 2 days, headache after vaccine for 2 days for 1 day, chest pain for a few hours 4 days after vaccine, joint pain for 4 days, body aches for 5 days, blue feet and grey nails for 30 seconds 3 days after vaccine, couldn't walk for 5 days after vaccine, a lot of weakness everyday for 5 days, bruises on both feet 4 days after vaccine for 3 days.
1158282	4/2/2021	OR	30	F	4/1/2021	4/1/2021	About two hours after injection, it felt like I was having a heart attack. Severe chest pains, headache, nausea, fever, sweating. After several hours I took 325mg of Aspirin, and after about an hour symptoms started to subside.

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1158710	4/2/2021			M		3/1/2021	Chest pain; difficulty breathing/having challenges breathing; have fluid around his heart; This is a spontaneous report from a non-contactable physician via Pfizer sales representative. A male patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Patient experienced chest pain and difficulty breathing/having challenges breathing in Mar2021. He was hospitalized on an unspecified date. The doctor attributed the events to the vaccine and he was advised not to get a second shot. Patient was released from the hospital and upon-follow up with a cardiologist, he was found to have fluid around his heart on an unspecified date. The patient is currently getting more testing. Outcome of the events was unknown. No follow-up attempts are possible. Information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on the limited information provided, the reported events are likely intercurrent medical conditions and unrelated to BNT162B2. Of note, medical history, patient's age and concomitant medications were not provided to determine pre-existing risk factors or conditions that may have led to the events. Case will be reassess once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.
1162590	4/2/2021	PA	16	F	4/1/2021	4/1/2021	Pain in injection area, sharp pain in underarm area, shortness of breath, chest pain, rapid heart palpitations, dizziness, tiredness,
1161039	4/2/2021	NM	29	F	4/2/2021	4/2/2021	Chest pain, lightheadedness

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1161162	4/2/2021	WA	82	M	2/5/2021	3/1/2021	82 year old male with history of hypertension, hyperlipidemia, mild dementia presented with progressive worsening weakness over the past 2-3 weeks. Patient reported that he has noticed whole body weakness that has progressively worsened over the past few days. Reported that he has noticed feeling weak, fatigue and requiring more energy to do his daily activities over the past few weeks. He went to his PCP's office yesterday and had laboratory tests for further evaluation. Initially his PCP thought he might have PMR since he had bilateral UE soreness. However, the labs returned reassuring and does not seem to suggest the diagnosis of PMR. Since yesterday, he has noticed worsening of his weakness. Reported that last week, he was still able to play golf. Today, he was unable to get out of his car or get up from a sitting position without help. Associated with unsteady and poor gait. And reported that he has numbness in both hands and feels like his grip is weak. Denied fever, chills, nausea, vomiting, diarrhea, constipation, chest pain, shortness of breath, headache, vision changes, no urinary/fecal retention or urinary/fecal incontinence. Primary Discharge Diagnoses 1. Guillain Barr syndrome., 03/16/2021 Secondary Diagnoses: Guillain Barre Syndrome (AIDP) Hypofibrinogenemia Thrombocytopenia and Anemia, have been fairly stable for more than a week Hypokalemia Hyperlipidemia Hypertension, BPs controlled Mild dementia

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1161233	4/2/2021	WA	65	F	3/31/2021	4/1/2021	Basic Information Chief Complaint Palpitations began at 0940 today, Hx SVT, received second dose of Moderna vaccine yesterday History of Present Illness 65F with hypothyroidism and hx of SVT, who presents with palpitations. She has had palpitations reportedly since childhood and has documented SVT on cardiac monitor in 3/2017. At baseline she has palpitations 1-4x per month, but she has had more frequent palpitations since receiving the COVID vaccine earlier this month. 2nd COVID dose yesterday. Today her palpitations lasted 1.5 hours prompting her to present to ED. She is asymptomatic aside from palpitations. No lightheadedness, syncope, chest pain, SOB, N/V, diaphoresis. No leg swelling. She is able to walk around while having palpitations. She does not take rate control agents or anticoagulation. She has plans to see her ARNP for outpatient cardiac monitoring in mid April.

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1161953	4/2/2021	AK	32	F	3/22/2021		ACHES; CHEST PAIN; FEVER; SORENESS AT INJECTION SITE; STIFFNESS; WEAKNESS ON THE ENTIRE LEFT SIDE OF BODY; This spontaneous report received from a patient concerned a 32 year old female. The patient's weight was 196 pounds, and height was 63 inches. The patient's concurrent conditions included sulfas allergy, penicillin allergy and alcohol consumption. The patient does not smoke and does not have any drug abuse or illicit drug usage. The patient stated that she has a general good health. The patient received COVID-19 vaccine AD26.COV2.s (suspension for injection, intramuscular, batch number: unknown) dose was not reported, administered on left deltoid on 22-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 22-MAR-2021, the patient experienced weakness on the entire left side of her body. On the same day, the patient experienced stiffness, fever, and soreness at injection site and also recovered from the left side body weakness. On 23-MAR-2021, the subject experienced aches and chest pain. The action taken with COVID-19 vaccine AD26.COV2.s was not applicable. The patient recovered from weakness on the entire left side of body on 22-MAR-2021, was recovering from soreness at injection site, aches, stiffness, and chest pain, and had not recovered from fever. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210345029-Covid-19 Vaccine Ad26.Cov2.S - Weakness On The Entire Left Side Of Her Body. This event is considered Unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event.

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1162020	4/2/2021	PR	62	F	3/16/2021	3/1/2021	A spontaneous report was received from a consumer concerning a 62-year-old, female patient who felt like a needle in her kidney/renal pain, feve/pyrexia, fatigue, tiredness/fatigue, chest pain, upset heart/cardiac disorder, headache and inflammation of heart muscle/myocarditis. The patient's medical history was not provided. Products known to have been used by the patient, within two weeks prior to the event, included levothyroxine, metformin, glimepiride, simvastatin, losartan. On 16 Mar 2021, prior to the onset of the symptoms, the patient received the first of two planned doses of mRNA-1273 (Batch number: 001B21A) intramuscularly for prophylaxis of COVID-19 infection. On 16 Mar 2021, 5 minutes later she experienced felt like a needle in her kidney. On 17 Mar 2021, she had fever. On an unknown date in Mar 2021, she had fatigue and tiredness. On 20 Dec 2021, she had chest pain and upset heart. On 21 Mar 2021, she had a headache and fever. On 22 Mar 2021 she had chest pain and went to the doctor and was diagnosed inflammation of the heart muscle. The event inflammation of the heart muscle was assessed medically significant. Treatment for the event included acetaminophen. Action taken with mRNA-1273 in response to the events was not provided. The events felt like a needle in her kidney was resolved on 16 Mar 2021. The events fever and headache were resolved on 21 Mar 2021. The outcome of the events fatigue, tiredness, chest pain, upset heart and inflammation of heart muscle were unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1161034	4/2/2021	OR	37	M	3/29/2021	4/1/2021	On the morning of 4/1 the patient presented to the hospital for evaluation of 12 hours of chest pain, found to have markedly elevated troponin, concerning for myopericarditis.

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1162123	4/2/2021			F			<p>it felt like she was having a heart attack; anaphylaxis; her blood pressure was 160/110; she had a rash on her neck and chest; chest pain; heart palpitations; chest pressure; her arm was numb; her heartbeat was ridiculous/heartrate went over 150; dizziness could be a symptoms of this type of reaction and she stated she was dizzy; She swelled up the first time but yesterday it felt like she was having a heart attack; She swelled up the first time but yesterday it felt like she was having a heart attack; she got the shakes; This is a spontaneous report from a contactable consumer (patient). A female patient of unspecified age received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, batch/Lot number was not reported) via an unspecified route of administration on an unspecified date as single dose for COVID-19 immunisation. The patient medical history included Drug allergy (had lot of drug allergies) and anaphylaxis (it was different than what she experienced yesterday). The concomitant medication was not reported. The caller stated she had the first dose of the vaccine and was in the emergency room with chest pain, heart palpitations, and her blood pressure was 160/110 all day. They gave her nitroglycerin and Benadryl because she had a rash on her neck and chest, had chest pressure, her arm was numb, and her heartbeat was ridiculous. They got it under control, and she was sent home. She stated she read that if you have had a severe allergic reaction you should not get the second dose and saw that dizziness could be a symptom of this type of reaction and she stated she was dizzy. She asked what would be considered a severe allergic reaction. she was scared about getting her second dose. She asked how many other people have had a rapid heartbeat, dizziness and a rash and still got their second dose? Is there treatment if you get the second dose and have a reaction? How many got the second dose with these symptoms and survived? How does she know she will live through it if she gets the second dose. It was also reported that patient experienced anaphylaxis. She swelled up the first time but yesterday it felt like she was having a heart attack. She stated the HCP wants her to go to an allergist. She said when they gave her Benadryl she got the shakes and her heartrate went over 150 with this medication. She asked if the second was worse than the</p>

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first dose. Therapeutic measures were taken for the events it felt like she was having a heart attack, anaphylaxis, her blood pressure was 160/110, she had a rash on her neck and chest, chest pain, heart palpitations, chest pressure, her arm was numb, her heartbeat was ridiculous/heart rate went over 150, dizziness could be a symptom of this type of reaction and she stated she was dizzy, She swelled up the first time but yesterday it felt like she was having a heart attack. The outcome of the events was unknown Information on the lot/batch number has been requested

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1162874	4/2/2021	MI	55	F	4/1/2021	4/1/2021	possible anaphylactic reaction vs. anxiety. HISTORY OF PRESENT ILLNESS: This is a 55-year-old brought by EMS from vaccine clinic after receiving the Pfizer COVID-19 vaccine. She reports having history of anaphylaxis to bee stings, most recently needing treatment about 2 summers ago. Today after the vaccination she began developed symptoms that were reminiscent to her of that. Soon after receiving it, she said she was feeling sweaty, starting to become out of breath, and felt like she had swelling developing in her throat. She noticed that she was breathing with some difficulty and started to feel tingling in her face hands and feet. She received an epinephrine intramuscular injection and soon after her symptoms started to improve. EMS responded within minutes and brought her to the emergency department for further evaluation. She did not have loss of consciousness. She did not develop hives. She had nausea but no vomiting or diarrhea. She reports that with her previous anaphylactic reaction to bee stings, she did not develop hives or GI symptoms, but felt like she was puffy all over and had airway symptoms. Today she and her husband do not think that she started to have a change in her voice, but she did think that her throat was starting to swell. After arrival in the emergency department, she said it was starting to feel a little bit harder to breathe again and that she is developing some central chest pressure. CHIEF COMPLAINT: POSSIBLE ALLERGIC REACTION Assessment/Plan DIAGNOSIS at time of disposition: 1. Vaccine reaction, initial encounter 2. Acute chest pain MEDICAL DECISION MAKING From the description of her symptoms it is unclear to me whether she truly had an anaphylactic reaction to the vaccination or whether she instead had an acute anxiety reaction associated with hyperventilating. The sense of tingling around the lips, hands, the along with her not having any change in the quality of her voice would tend to support this. However she notes that with previous bee sting systemic reactions she did not necessarily have a change in voice if she gave her epinephrine quickly enough and typically did not develop hives then either. To treat for the possibility anaphylaxis, I will also give her IV dexamethasone, IV diphenhydramine, IV famotidine. Given her complaint of some chest discomfort, we will check an EKG, troponin x2, chest x-ray. Given her history of diabetes and now

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						having chest pain, I would have some degree of concern for ACS and will give her aspirin as we do the workup. Her most recent workup was July 1, 2019 when she had a nuclear medicine stress test, with normal results. She does seem to be hyperventilating and feels nervous, in addition we will give a dose of lorazepam. If her symptoms improve, and her troponin is negative, based on her story EKG believe her HEART score would be 2 due to underlying risk factors and that she would be appropriate for outpatient followup of the chest pain. From the reaction standpoint, if she is feeling well few hours later without any recurrence of symptoms, it would be reasonable to discharge her. At this point her x-ray and labs are pending and I will sign her over to the oncoming physician.	
1162721	4/2/2021	WY	43	M	4/2/2021	4/2/2021	Patient complained of dizziness about 15 minutes after vaccine was administered. After another 5 minutes symptoms progressed to include shortness of breath and chest pains. Was sent to the Emergency Room immediately.
1162756	4/2/2021	CA	54	M	3/15/2021	3/16/2021	Hypertensive Crisis, chest pain, facial flushing which is still occurring. Went to ER at 12:15 am on 3/17/2021. Treated with Labetamol.
1162775	4/2/2021	VA	55	F	1/12/2021	1/26/2021	Severe Urticaria, hives, redness, chest pain, SOB. Went to ED X2. PCP prescribed prednisone but was ineffective. Referred to allergist. He prescribed both RX meds and OTC meds. Which were slightly effective. Blood work drawn. Awaiting f/u appointment now.
1160322	4/2/2021	OH	47	F	4/2/2021	4/2/2021	Started 1 minute after vaccination. Started with nausea and chest pain and tingling in vaccinated arm down to hands/fingers. Swelling at injection site. Then started to feel hot/sweaty. Swelling occurred in bilateral arms and fingers and weakness in the legs. No breathing issues but then reported swelling of lips and tongue. Gave 50mg Benadryl. Called EMS with consent

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1162899	4/2/2021	CA	36	F	3/19/2021	3/21/2021	Day 0 day of vaccine tingling hand post injection Day 1 sore arm 24 hrs Day 2 nothing Day 3 tingling lips, hand, middle finger pain Day 4 middle finger pain, tingling/burning spot on leg Day 5 nothing Day 6 leg pain, numb, tingly, burning sensation Day 7-8 finger pain, decreased sensation to left side Day 9-10 finger pain, chest pain Day 11 tingling left shoulder Day 12 decreased sensation left side Day 13 weakness with left side and grip strength Day 14 sharp shooting pain left back
1159941	4/2/2021	OH	48	M	4/2/2021	4/2/2021	pt is deaf. as soon as shot was administered pt was holding his heart and made a motion that he had chest pain. pt became diaphoretic. he wrote on a piece of paper that he had chest pain. plain twp ems assessed him. he did have elevated blood pressure of 130/90 as well. squad took him to the hospital.
1162100	4/2/2021	OK	32	F	3/20/2021	3/20/2021	heart flutters; Chest pain over an hour after the second shot; This is a spontaneous report from a contactable consumer (patient). A 32-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 2 via an unspecified route of administration, administered in Arm Right on 20Mar2021 08:00 (Lot Number: En6207) as SINGLE DOSE for COVID-19 immunization. The patient was not pregnant at time of vaccination. The patient's medical history was not reported. The patient have unspecified concomitant medication. The patient was previously had BNT162B2 first dose of BNT162B2 (lot number: En6203) in the right arm on 27-FEB-2021 08:00 AM for COVID-19 immunization, previously took codeine and experienced allergy. The facility where the most recent COVID-19 vaccine was administered was in the Health Clinic/facility. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. On 20Mar2021 9:00 AM, the patient experienced chest pain over an hour after the second shot. Chest pains and heart flutters the next morning after the shot on 21Mar2021. The outcome of the events was recovering. It was unknown if treatment for the event was given to the patient.

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1160364	4/2/2021	NY	60	F	3/13/2021	3/13/2021	Four and a half hours after the first dose of Moderna my arm began to ache. A severe headache followed. 12 hours post injection every joint in my body was in pain. This continued throughout the entire week. At 36 hours post injection I had severe chest pains. I went to urgent care and they ruled out any heart problems. The chest pains lasted for two hours. The migraine ended after 48 hours. The body aches ended after 6 days. I had the Covid 19 virus begging on 3/11/
1160982	4/2/2021	WI	65	F	3/24/2021	3/24/2021	3/24/2021 11:20am Was administered my 2nd dose of COVID vaccine. 3/24/2021 10:00pm Lightheaded, dizzy, fever, chills, severe stomachache, severe lower backache, severe head and neck pain, severe nausea, vomiting, dry heaves, chest pain, rib pain, heartburn, rash on stomach and sides, sore throat, earache, eyes aching, physical distress and agitation X 72 hours. 3/28/2021 - 3/31/2021 All of the above symptoms continue but symptoms are moderate instead of severe. 4/1/2021 All of the above symptoms are minor.
1160327	4/2/2021		73	M	2/23/2021	3/4/2021	chest pain, shortness of breath
1160430	4/2/2021	TX	25	F	3/31/2021	4/1/2021	High fever (102)- resolved after 24 hours Severe body pain- resolved after 36 hours Chest pain Nausea No appetite All began 9 hours after vaccine
1160440	4/2/2021	NY	28	F	3/30/2021	3/30/2021	1404 Pt reports increases of palpitations and chest pain. Pt with hx of POTS, depression anxiety and asthma. Pt reports did not take beta blocker today because she had a spirometry testing today and was told not to take medication. Pt also reports she does not have medication with her today. Pt has fitness watch and records and shows HR of 147. CP is in center of chest- no radiation or numbness noted. Pt is alone and is driving. Pt given water to drink--tolerated without complications. 1416 Pt reports feeling better but sill with tach and anxiety continues. Pt asst to medical examination-minimal assistance. 1419 EMS activated per pt request-report given to EMS and NP completed handoff. Completed by, FNP
1160575	4/2/2021	VA	43	F	3/24/2021	3/24/2021	Post vaccine c/o chest pain, sob. bp; 198/112. Given NG 0.4 sl Transported to ED via squad

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1160607	4/2/2021	PA	61	F	3/19/2021	3/19/2021	Injection site pain muscle joint pain headache fatigue chills, fever pain when lifting arm chest pain
1160840	4/2/2021	CA	36	M	4/2/2021	4/2/2021	1256 Patient c/o "slight tightness" in his throat 15 minutes after Moderna Vaccina given, No SOB. No chest pain. No facial edema. No swelling noted on tongue. No redness or hives noted. 1259 VS: BP=130/93; P=100 Diphenhydramine 50mg/1ml 1ml given IM. 1316 Patient stated "tightness" in throat slightly decreased. Patient stated he had to go to the BR so Staff escorted Patient to BR. 1318 Patient is back from BR; No further changes noted.
1160857	4/2/2021	GA	81	F	1/20/2021	1/23/2021	Besides my arm being sore, I had no issues. On the 23rd, I started having chest pains and worsened until I decided to go to the clinic. I was still having pain after they gave me some aspirin. I was taken to the hospital and admitted. They did a stress test and it was normal. I was sent home the next day and I was fine.
1160910	4/2/2021	OH	35	M	4/1/2021	4/1/2021	Fever of 100.6f Extreme full body muscle pain. Headache Shortness of breath. Shivering Labored breathing Chest pain Unable to eat or drink. Symptoms lasted from 10:30pm till 9 am the next morning. Extremely painful experience. Able to drink and eat again at 5pm 4/2/21
1160952	4/2/2021	ME	71	F	3/3/2021	3/8/2021	4 1/2 days after the shot, I woke with chest pain, pain down left arm. Went to ER. EKG was normal, but second blood draw showed elevated troponin level. Admitted to Cardiac unit. Tests included much blood work - nothing very abnormal. Left heart catheterization showed no significant obstructive coronary disease. Echocardiogram transesophageal 2D performed, almost normal. Cardiac MRI diagnosis is myocarditis. NSTEMI. Also had a couple episodes of Afib while at the hospital.

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1160833	4/2/2021	TX	38	M	3/29/2021	3/29/2021	Patient called and stated feeling some tingling on spots around my face. Nothing serious. Just like random small areas. Pt can still smile, talk and stick my tongue out normally. Pt states he had a red itchy spot over his eyebrow dime size but gone now, skin under his lower lip felt itchy and numb. He denies any chest pain pressure, SOB, wheezing, throat/tongue itching/swelling, diff swallowing, edema, GI sx. No hx of GB or Bells. He is able to move and talk, blink, stick tongue out w/o issues.
1160977	4/2/2021	PA	22	F	4/1/2021	4/2/2021	within seconds of vaccine administered patient began vigorously itching, visually seeing red hives, swelling around neck area coughing, chest pain, SOB. Within 3 minutes epinephrine was administered and patient was put on oxygen. Medic called for transport and patient became irritated and angry refusing all treatment and ripping off oxygen, pulse ox, BP cuff, ect? At approximately 1409 patient was doing better, hives still visible but walked out of facility.
1156028	4/1/2021	TX	65	F	3/4/2021	3/4/2021	Patient reports heart palpitations starting immediately after the vaccine was administered and lasted 2 to 2 1/2 hours. She also reports breathing problems but is unsure if it is related to her asthma. Patient reports no chest pains.
1155516	4/1/2021	MI	27	F	3/30/2021	3/31/2021	Patient reported chest pain that started on 3/30/21 at an unknown time after receiving covid vaccine. Vital signs were stable and EKG was normal at time of presentation on 3/31/21. Suspected that complaint is unrelated to vaccine.
1155551	4/1/2021	NC	61	F	3/13/2021	3/23/2021	Severe pain in center chest. Felt as if my chest/breastbone was being hit repeatedly with a ball hammer. 10 days after vaccine I had 4 episodes of extreme tightness/pain in chest & right side of lower abdomen. Walking dog when I experienced episode #2. Did not think I would be able to walk home 1 block away. Got on knees and vomited (in neighbors yard!). Got home tried to vomit again (nothing came up) So severe I almost went to ER but episodes dissipated. Experiences 2 more episodes on 3/24. Experienced 1 more episode during night of 3/24. Went to DR. on 3/25 early AM. Have not had any additional episodes!!

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1155556	4/1/2021	MA	37	F	3/30/2021	4/1/2021	Pfizer-BioNTech COVID-19 Vaccine EUA. Expected adverse effect of sore arm was experienced March 30th, 2021 a couple of hours after injection. Chills experienced around 17:00-19:00 on March 30th, 2021. Sore arm continued from March 30th, 2021 to March 31s, 2021. Chest pain on both sides of front and back experienced on April 1st, 2021 starting around 02:00 until about 05:00. Chest pain can be described as tightness and two sharp pain sources inside the chest one in each chest side. The chest pain woke me up from sleep. Oxymeter shows normal 94-95%, heart beats at 89-110 bpm. It was enough pain to consider taking two Advils, but took one instead just in case I was having a heart attack. I have never experienced chest tightness or pain like that before. Pain slowly subsided after taking one Advil.
1155562	4/1/2021	MD	42	F	3/31/2021	4/1/2021	Severe fatigue (unable to get out of bed for 15 hours), myalgia (ongoing pain in chest, shoulder blades, arms), brain fog/confusion, dizziness, shortness of breath, injection site swelling/tenderness
1155663	4/1/2021		59	F	3/4/2021	3/9/2021	chest pain
1155884	4/1/2021	OH	36	F	3/30/2021	3/30/2021	weakness, dizziness, difficulty walking, feeling faint, fall due to dizziness , chest pain, nausea, swelling, and redness at injection site, headache. Started night of vaccination and is still having symptoms as of 4/1/2021
1155910	4/1/2021		77	F	2/8/2021	2/17/2021	Chest pains
1156054	4/1/2021		66	M	1/11/2021	1/25/2021	chest pain, nausea, and shortness of breath
1155938	4/1/2021		25	F	4/1/2021	4/1/2021	chest pain, 4/10, eyes tingling. Evaluated by EMS-Cleared

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1155450	4/1/2021	CO	38	M	3/23/2021	3/24/2021	Moderna COVID- 19 Vaccine EUA: patient presents to urgent care reporting lower lip swelling for three hours one day after receiving vaccination. Patient also reports tongue feeling tight, tingly, and with pressure. Patient has been taking diphenhydramine. Vital signs all within normal ranges. No vomiting, diarrhea, drooling, rashes, shortness of breath, cough, chest pain, or nausea. Patient able to speak in full sentences and take full breaths. Patient prescribed Epi-pen to use as needed, advised to manage with antihistamines, and discharged to home stable.
1154232	4/1/2021	MA	48	F	3/11/2021	3/11/2021	48-year-old female past medical history recurrent neurocardiogenic syncope, Mobitz 1 AV block, hypertension, hypothyroidism, history of gastric bypass (2018), and anxiety presents from vaccine clinic with an episode of presyncope. Patient was at the vaccine clinic this morning to get the second dose of her COVID vaccine. Approximately 5 minutes after receiving the second dose, she noted gradually worsening palpitations, mild nausea, shortness of breath, and a sensation that she has been to pass out. Staff in the vaccine clinic were concerned the patient was having allergic reaction, so they gave her an EpiPen. Of note, however, patient denied any cough, chest tightness, sensation of throat closing, wheezing, abdominal pain, diarrhea. She reports that today's episode is nearly identical to multiple prior episodes of syncope/presyncope. She has been worked up extensively for these episodes, including echo, stress test, and Holter monitor. In the ED, she reports feeling back to her baseline. She denies any ongoing symptoms, including presyncope, chest pain, shortness of breath, palpitations, diaphoresis, nausea/vomiting.

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1156096	4/1/2021	SC	73	F	3/19/2021	3/19/2021	nurse was called to the monitoring area to evaluate a patient at 1505. Patient was sitting in chair, AAO x 3, complaining of itchy ears and a lump in her throat. Patient had dose #2 of the Pfizer covid vaccine (Lot # EN6207, exp. 7/31/21) today. Patient stated she had dose #1 of the covid vaccine and needed to take oral Benadryl when she got home for similar symptoms. Patient had no visible rashes, denied any chest pain or feeling short of breath. VS were assessed: BP 120/78, HR 79, pulse ox 98%. Patient drank some water and stated she did not feel any worsening of symptoms. Patient was offered IM Benadryl but refused. Patient took her own Benadryl orally. Pulse ox was rechecked (98%) and HR was 74. No distress was observed. Patient was held for an additional 20 minutes for observation. Patient had no worsening of symptoms during this time. Patient left without further incident. She was advised to call Emergency responders should she have any worsening of symptoms including rash, hives, or shortness of breath. Patient verbalized understanding
1156066	4/1/2021	SC	53	M	3/24/2021	3/24/2021	This nurse was called to the monitoring area to assess a patient. Patient was sitting in chair AAO x 3. Stated he felt like his heart was racing and he felt dizzy. RN obtained VS: 158/100, HR 142, pulse ox 98%. This nurse informed patient EMS was going to be called. Patient reports a PMH of COPD and Htn. Stated he did not take his medications this morning which included Lisinopril. He was concerned the medications would interact with the vaccine. Patient had dose #1 of Pfizer Covid vaccine (Lot # EN6207, exp. 7/31/21). Patient was slightly diaphoretic. VS reassessed: BP 160/98, HR 131, pulse ox 99%. Patient denied any chest pain or tightness, no difficulty breathing. Patient reported feeling his throat was itchy. Stated he felt hard to swallow. At that time, this nurse advised she was going to administer the epi-pen. Patient refused. Stated he wanted to wait. Symptoms did not subside. Nurse offered Benadryl to which patient agreed. EMS arrived. They stated they would administer the Benadryl. Final BP was 160/100, HR 114, pulse ox 98%. Patient left without further incident.

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1155918	4/1/2021	WI	79	M	4/1/2021	4/1/2021	Patient received first covid vaccination today, at around 1140. Volunteer monitoring patients noted that individual scooted down in his chair. She asked if he was okay and stated he was feeling dizzy. Vaccination clinic staff responded. Patient was able to assist to floor. Feet were elevated. He was provided water and ice pack. Patient did not appear to lose responsiveness at any point. He was able to state he was at the hospital as well as his name, DOB and where he was from, but patient was slow with answers. Patient then stated he was starting to feel better. He denies SOB or chest pain. As staff continued to interact with him, he was slower to respond again. He shared he had nobody in attendance with him and no family in the area. A code medical was called. BP cuff arrived BP was 164/110. ER nurse began assessment. Patient was able to get to standing position with staff assistance. He was taken to ER via stretcher for evaluation.
1155302	4/1/2021	NJ	38	F	1/14/2021	1/21/2021	A week after getting the shot the left side of my body went numb/tingling. My left foot felt like I was stepping in a puddle of water. Left facial cheek went numb, left side of my neck hurt, left eye went blurry, left ear pain and sore throat. Went to ER to rule out a stroke. They did blood work, CT scan and EKG. Since then I have seen a neurologist, ENT, Cardiologist and my primary doctor. I have had multiple MRI's and blood work done. I still am having chest pains, sore throat, ear pain, tingling in my left arm, and blurred vision.

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1155192	4/1/2021	KY	48	M	3/29/2021	3/31/2021	Pt is a 48 yr/o male who presents with transient episode of lightheadedness and feeling like he was going to pass out with blurry vision which started while he was driving to work today. Symptoms have resolved upon arrival to the ED. He had no other associated symptoms. Denies headache, numbness tingling weakness, chest pain, palpitations, shortness of breath. He ate a ham sandwich and drank plenty of water prior to leaving the house. He states he is often "dehydrated" because he works in a hot warehouse and sweats a lot on the job but had not begun working yet this evening. He tries to drink lots of water and electrolyte drinks such as Pedialyte when he is at work. Of note, he states his doctor was concerned recently because of some abnormal liver enzymes and mildly elevated blood glucose readings on routine lab work.
1155080	4/1/2021	FL	64	F	3/28/2021	3/29/2021	3/29/2021 5:32 PM:Searched for moderna, added Moderna COVID-19 Vaccine (SARS-COV-2 (COVID-19) Vaccine, mRNA (Moderna) 100 MCG/0.5 ML) Intramuscular Suspension Received call from 64 yo female wt 165 lbs who had received 2nd Moderna vaccine yesterday around 1045. Today about an hour ago, she developed chest pain which continues. I recommended that she needs to call 911 or ED eval. COVID staff will follow-up for more details. 3/30-Spoke to patient, she is feeling much better after taking 2 benadryls and ibuprofen last night.
1154458	4/1/2021		25	M	3/30/2021	3/30/2021	Was brought to the attention of EMS related to patient feeling "dizzy, lightheaded" and almost passing out. patient blood pressure low, diaphoretic. He remained alert and oriented during observation period. patient resting in stretched with improvement in vitals signs. patient left ambulatory, denies any chest pain, difficulty breathing, no hives noted, no tongue swelling noted.
1154443	4/1/2021		55	M	1/22/2021	1/30/2021	chest pain

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1153896	4/1/2021	NC		F		3/13/2021	<p>SHORTNESS OF BREATH; CHEST DISCOMFORT; LEG CRAMPS; OFF-BALANCE/DIZZINESS/LIGHT HEADEDNESS; JITTERY; BRAIN FOG; CHILLS; LEG PAIN; FEVER; This spontaneous report received from a patient concerned a female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received Covid-19 vaccine Ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802070, expiry: 21-MAY-2021) dose was not reported, 1 total, administered on 13-MAR-2021 11:13 for prophylactic vaccination. Vaccinated on right deltoid. No concomitant medications were reported. On 13-MAR-2021 19:00, the subject experienced leg cramps, off-balance/dizziness/light headedness, jittery, brain fog, chills, leg pain and fever.. On 15-MAR-2021, the patient started feeling short of breath and chest discomfort, which got worse on March 16th. On 16-MAR-2021 she went to the emergency room around 13:00. In emergency room she was treated with one liter of oxygen. Shortness of breath and chest discomfort and all other symptoms were getting to get better. The patient mostly had slight shortness of breath, chest pain and a little bit of leg cramping. The patient was going to make an appointment for F/U with her PCP. The patient was treated with steroids and inhalers. On 16-MAR-2021, Laboratory data included: Oxygen saturation (NR: not provided) 100% on room air, Pulse rate (NR: not provided) 120 bpm, and Respiratory rate (NR: not provided) 20 (units unspecified). The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from leg cramps, leg pain, fever, chills, off-balance/dizziness/light headedness, jittery, brain fog, shortness of breath, and chest discomfort. This report was serious (Other Medically Important Condition).; Sender's Comments: V0 20210335101-Covid-19 vaccine ad26.cov2.s-Shortness of breath. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).</p>

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1154248	4/1/2021		50	F	3/26/2021	3/26/2021	Durring monitoring period post Pfizer 2nd COVID-19 vaccine, pt experienced "stabbing, mild left sided chest pain". Patient evaluated. Upon assessment, patient reported that she had "left sided chest pain for 2-5 hours after 1st dose". No pain radiation, no shortness of breath noted. Patient heart rate upon palpation 82, regular. Resp rate 14, afebrile to touch. Patient takes female hormones daily, alprazolam (2/25) and ambien (2/25). Patient monitored for 30 mins without signs or symptoms of reaction. Patient ambulatory and went home.
1154205	4/1/2021	MI	55	F	1/20/2021	1/21/2021	I am not sure if this is from the vaccine or not, but ever since I received the second dose of the vaccine I have had alot of GI issues. Chest pain, belching, inflammation in throat, headaches, body aches, weight loss, fatigue.
1154200	4/1/2021	VA	36	F	3/31/2021	3/31/2021	Chest pains and chest tightness, on and off over the course of the 24 hours following the vaccine, starting about an hour after receiving the vaccine. The chest pains are mild, but uncomfortable.
1154045	4/1/2021	WA	34	F	2/21/2021	3/7/2021	able to express old blood out of nipple; Chest pains; a minor red rash on one side of breast; This is a spontaneous report from a contactable consumer (patient). A 34-year-old female patient received first dose of BNT162B2 (Lot Number was EN6198, expiration date was unknown) via an unspecified route of administration at left arm on 21Feb2021 16:45 at single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. Patient previously took Sumatriptan 1 week before vaccination on Feb2021. She did not receive any other vaccines within 4 weeks prior to the COVID vaccine. She was not diagnosed with COVID-19 prior to vaccination. She was not pregnant at the time of vaccination. The patient experienced chest pains in the left upper side close to her collar bone able to express old blood out of nipple and had a minor red rash on one side of breast on 07Mar2021 at 14:00. She did not receive any treatment for the event. Patient had been tested for COVID-19 via nasal swab with negative result on 01Mar2021. The outcome of events was not recovered.

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1154041	4/1/2021	FL	37	F	3/3/2021	3/3/2021	couldn't see right; Felt like she was going to throw up; lips, tongue, face, hands and arms went numb; lips, tongue, face, hands and arms went numb; Extreme weakness and dizziness; Extreme weakness and dizziness; had chest pains that would come and go near my heart; This is a spontaneous report from a contactable consumer reported for self. This 37-year-old female no pregnant patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 03Mar2021 12:00 Left arm at single dose (Lot EM9810) for covid-19 immunisation. No Pregnant at the time of vaccination. Medical history included Hashimoto's thyroiditis (autoimmune disease) and Allergies to food and Gluten, methergine. No covid prior vaccination. Concomitant medications included levothyroxine sodium (SYNTHROID), and calcium carbonate, colecalciferol (VITAMIN D 2000). No other vaccine in four weeks. Extreme weakness and dizziness, lips, tongue, face, hands and arms went numb. She couldn't see right. Had chest pains that would come and go near heart. Felt like she was going to throw up. The numbness only lasted about an hour. The extreme weakness and dizziness lasted about a day. The chest pains started about an hour after the vaccine was given and lasted on and off for about 12 hours. All events were on 03Mar2021 and non serious. No covid tested post vaccination. No treatments were received. Outcome of the events was unknown. Information about batch number has been requested.

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1153962	4/1/2021			M	3/12/2021	3/15/2021	Acute myocarditis; Chest pain; A spontaneous report was received from a physician concerning (patient age: unknown) male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced chest pain, acute myocarditis (myocarditis). The patient's medical history included COVID-19 in Mar 2020 and was exposed and may have had it a second time in Nov 2020. Concomitant medications were not provided. On 12 Mar 2021, prior to the onset of the event, the patient received their first of two planned doses of mRNA-1273 (Lot number: 038A21A) intramuscularly for prophylaxis of COVID-19 infection. On 15 Mar 2021, the patient developed chest pain and was admitted to the hospital. The patient underwent cardiac catheterization, echocardiogram and cardiac MRI (magnetic resonance imaging). Results of the echocardiogram and cardiac MRI were not provided. The final diagnosis of the patient was acute myocarditis. COVID antibodies were positive, about 561 for the patient. The events chest pain and acute myocarditis lead to hospitalization. Treatment activities for the events were unknown. Action taken with mRNA-1273 in response to the events was unknown. The outcome of events, experienced chest pain and acute myocarditis, was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1155463	4/1/2021	TN	57	M	3/27/2021	3/29/2021	Chest pain onset day of vaccine, tested positive COVID-19 3/29/2021- 2 days after vaccine. Left heart cath placed 3/29/2021
1156405	4/1/2021	IN	51	F	3/12/2021	3/13/2021	I first had symptoms of nausea, chills, fatigue and wooziness for 7 days after the vaccine, then developed pneumonia a week after taking this vaccine. I had chest pain and pressure and ended up in the urgent care. After 3 weeks and zpak I am feeling better but not back to normal.

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1154281	4/1/2021		45	F	3/20/2021	3/21/2021	I woke up at midnight and could barely move. I had extreme chills, fatigue and body aches and heart palpitations. My heart was beating so fast and hard, it felt like it was going to come out of my chest. I put a heating blanket and a heating pad on me to try to stop the chills. I took 50 mg of metoprolol to slow my heart beat. My heart beat was 75 beats per minute and it is usually 55-60 beats per minute. I went back to bed and woke up at 2:00am and did not feel better, I got some water, but my heart was still beating fast and I felt nauseas. I then vomited. I went back to bed and woke up at 4:30am in a big sweat, I felt even worse. I took my heated blanket off and my heart was beating at 85 miles per hours. I thought about going to have to go to the emergency room at this point but was scared of being exposed to COVID19 but I should have gone to the emergency room. I took 100 mg of metoprolol again and could barely walk due to the muscle aches and fatigue. I woke up again at 8:00am and my heart rate had gone down to 70 beats per minute but I was still fatigued and had muscle aches but at least the chills were gone. It took at least a week for my heart rate to return close to normal but I have been having chest pains ever since the vaccine. I had to stay in bed all of that next day to rest., I did not know that the side effects would be this bad because I would not have taken the vaccine. I would not take this vaccine again.
1157980	4/1/2021		78	F	4/1/2021	4/1/2021	Patient complained of dizziness and presented with substernal chest pain and mild shortness of breath within 15-20 minutes after receiving COVID-19 vaccine. History of hypertension and non-compliance with antihypertensive medications. Relative reports patient also with possible history of stroke with no anticoagulation. Patient hypertensive initially with Systolic in 180s and diastolic in the 80s, upon onset of symptoms. Chest pain minimized within 10 minutes after blood pressure came down to the systolic level in the 170s. Ground ambulance called to transport to Emergency Department, but patient declined ambulance transport and was taken to ED by car with son-in -law.
1157204	4/1/2021	WI	62	M	3/30/2021	3/31/2021	Patient developed chest pain at about 3:30AM the following morning. Ultimately diagnosed with anterior STEMI requiring stent placement.

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1157258	4/1/2021	CA	29	M	3/12/2021	3/14/2021	i got the vaccine on the twelve of march twenty twenty one. and on the fourteenth of march around ten pm. i woke up from a nap with a nasty coughing fit. i couldnt breath,i started to cough up blood. it lasted for 5 minutes at least. then again two hours later i woke up coughing and with a extremely painfull chest pain. my chest felt like it was being compressed. after that i was fine. except for the occasional pain on my arm from the vaccine shot.
1157262	4/1/2021	MS	38	F	3/31/2021	4/1/2021	Sore arm within a few hours of injection. Fever, chills, chest pain, shortness of breath, body aches, and lethargy around 24 hours after injection.
1157412	4/1/2021	NC	49	F	2/25/2021	2/25/2021	Chest pain; A regulatory authority report was received from a healthcare provider concerning a 49 year-old, female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced chest pain. The patient's medical history included allergies to tetracyclines and Wellbutrin, bipolar disorder, and hypothyroidism. Products known to have been used by the patient, within two weeks prior to the event, included trazodone, lamotrigine, celecoxib, buspirone hydrochloride, levothyroxine, and cariprazine hydrochloride. On 25 Feb 2021, the patient received their first of two planned doses of mRNA-1273 (Batch number not provided) intramuscularly in the right arm for prophylaxis of COVID-19 infection. On 25 Feb 2021, the patient developed chest pain 5-10 minutes after the first dose. The patient was hospitalized. Lab data included chest X-ray, electrocardiogram and troponin- all normal. No treatment information was provided. Action taken with the drug in response to the event was not provided. The outcome of the event, chest pain, was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the onset date of the event, a causal relationship cannot be excluded.

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1157490	4/1/2021	TX		F		3/24/2021	CARDIAC SYMPTOMS, CHEST PAINS, FEELS NOT GOOD, HR IS FAST; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805031, expiry: UNKNOWN) dose was not reported, one total, administered on 17-MAR-2021 in left deltoid for prophylactic vaccination. Concomitant medications included glyceryl trinitrate. On 18-MAR-2021, the patient experienced chest pain and called emergency services. On 24-MAR-2021, the patient reported to have heart attack, confirmed and experienced the following symptoms including cardiac symptoms, chest pains, feels not good, heart rate is fast, and was hospitalized. The patient stated that the ambulance came on 24-MAR-2021 and was admitted to hospital on 24-MAR-2021 and was discharged on 26-MAR-2021. The patient was hospitalized for 3 days. The patient reported that she have cardiac concerns prior to injection with the Janssen covid-19 vaccine and reported to have past medical history as 2007- by pass, 2008- single by pass, 2015 double by pass. The patient stated that she is going to have a stents by consulting Dr. The patient also reported that she is now on 8 more medications. (medications not reported). Laboratory data included: Troponin T (NR: not provided) 5.9 to 12.2. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from cardiac symptoms, chest pains, feels not good, hr is fast. This report was serious (Hospitalization Caused / Prolonged). Additional information was received from patient on 28-MAR-2021. The following information was updated and incorporated into the case. The patient's past medical history included bypass (2007), single bypass (2008), and double bypass (2015). The patient reported additional events as heart attack, heart rate is fast, and feels not good. The seriousness criteria of 'chest pain' was updated to serious. The patient had visit to emergency room. The patient was hospitalized on 24-MAR-2021 and discharged on 26-MAR-2021. The number of days hospitalized is 3 days.; Sender's Comments: V1 Additional information received in this version is regarding medical history (bypass (2007), single bypass (2008), and double bypass (2015)), events

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							(heart attack, heart rate is fast and feeling not good), seriousness criteria and hospitalization details. 20210340970- Covid-19 vaccine ad26.cov2.s -Heart attack. Follow-up received regarding Clinical Details. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY, UNDERLYING DISEASE
1157184	4/1/2021	KY	64	F	1/29/2021	2/2/2021	Dizziness, shortness of breath, chest pain
1157927	4/1/2021		33	U	3/18/2021	3/18/2021	Patient experienced dull chest pain/tightness, anxiousness, and lightheadedness which happened 1 hour after receiving the vaccine. Patient was alert and oriented but did have some delayed speech responses. Patient's vitals were monitored before being transported to ER via EMS. Vitals stable, however, patient was still dizzy and lightheaded.

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1157495	4/1/2021	NC		U		3/1/2021	GRAND MAL; SEIZURES; FAINT; CHEST PAIN; FLUSHED; This spontaneous report received from a health care professional concerned 49 patients of unspecified age and sex. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number were not reported, expiry: UNKNOWN) dose was not reported, 1 total, administered on MAR-2021 for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On MAR-2019, post-vaccination many patients needed to be seen by EMS for various medical incidents such as faint, flushed, chest pain. Later it was 49 people needing EMS attention and several seizures and 1 grand mal experienced took place after covid-19 vaccine ad26.cov2.s vaccination. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the seizures, faint, flushed, chest pain and grand mal was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0 20210342978-Covid-19 vaccine ad26.cov2.s-Grand mal, seizure and faint. These events are considered unassessable. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the events.

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1158035	4/1/2021	CA	46	F	4/1/2021	4/1/2021	<p>Patient is a 46-year-old woman with no known medical history who presents after receiving her 1 vaccine at the Clinic on 4/1/21. She received her dose at 15:01. Patient drove to the second floor for post-injection observation. Around approximately, 1520, patient honked her car horn for assistance. Subjective/Interval Events: - Upon arrival to patient's car, she was hyperventilating and appeared anxious, diaphoretic, warm, and clammy to touch on bilateral arms. She reported numbness and tingling in her bilateral hands, which radiated down to her lower extremities - Within minutes, patient began hyperventilating more and crying out loud "what's going on?" We were able to calm patient down for a few minutes. Her resp rate decreased - Moments later, patient began reporting severe chest pain and left upper quadrant abdominal pain. - At this point, 911 was called at 1528. - Patient was transported out of her car into a gurney. - A second set of vitals was taken at that time. She was tachycardia to 180s. She attempted to vasovagal. This was unsuccessful as it was difficult for patient to follow commands given anxiety. - Shortly after lying on the gurney, EMS arrived. - Patient was placed on oxygen. Objective: Initial Vitals @ 1521; SBP 128/103; HR 129; RR 30s; Sat: 100% RA; VS @ 1528 136/110; HR 186; RR 32. Sat: 100% RA; VS @1533 117/70; HR 130s; RR 40s; Sat: 100% RA; Initial assessment: Gen: Anxious, tearful, in acute distress, sitting in warm car with door propped open. Neuro: A/O x's 3; Cardiac: tachycardia ; HEENT: Airway clear, no angioedema, no oral swelling, no wheezing, no stridor. Speaking in short sentences with increased WOB, visibly using accessory muscles, hyperventilating. Bilateral upper extremities: bilateral arms warm to touch. Bilateral hands, cool, clammy, bilateral radial pulses present . Bilateral lower extremities: bilateral extremities warm to touch. MSK: MAE when transporting out of car into gurney. Sin: warm, pink, well perfused. No urticaria, not flushed. Plan: - Called 911 for cardiac workup, transported to local hospital for workup - Husband called and arrived on scene - Charge RN notified. Patient was stable upon transfer to EMS.</p>

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1158062	4/1/2021	CA	58	F	4/1/2021	4/1/2021	<p>client complained of numbness to lip after receiving the 1st COVID (lot # EW 0150, exp. 4/3/21) at 1150. Client signaled PHN and informed her she was starting to feel her left lip going numb, pressure to her lower base of the head and palpitations. First set of vitals: blood pressure 140/80, pulse 80, oxygen 98%. Client alert and oriented with flushed skin. Client denied shortness of breath, chest pain, no swelling at this time. PHN offered client Benadryl, per client would call friend first if medication was given so she could be picked up. History of anxiety and hypertension, per client had an allergic reaction to flu shot in the past. Current medication: losartan. At 1200 client stated numb sensation was radiating to left cheek PHN offered client Benadryl again and client accepted. 50 mg/IM Benadryl administered to right deltoid at 1203. Client informed we would keep her for further observation and would take vitals every 5mins. Vitals at 1205: pulse 94, blood pressure 180/95 oxygen 97%. Numbness to lip and face same, pressure to head same, palpitations same. Alert and oriented. Vitals 1210: blood pressure 120/80, pulse 81, oxygen 100%. Per client previous complaints improving. Client stated could feel cheek again. Vitals 1215: blood pressure 140/80, pulse 102, oxygen 99%. Client stated feeling nausea, emesis bag given and water. Per client also starting to feel drowsy. Palpitations improving and more sensation to lip area. At 1219 client stated having chills, palpitations returning. Per client was not sure if it was her anxiety. PHN offered 911, get paramedics for further assessment and to transfer to hospital for higher level care. Client refused, she felt benadryl was helping at this time. Vitals 1221: blood pressure 140/80, pulse 87, oxygen 99. Client stated all complaints improving. Vitals 1228: blood pressure 142/80, pulse 80, oxygen 100%. Vitals 1234: blood pressure 140/90, pulse 78, oxygen 99%. Per client lip and cheek no longer numb, normal sensation. Nausea had resolved and palpitations improving. 1241 vitals: blood pressure 140/90, pulse 80, oxygen 97%. Vitals 1247: blood pressure 130/90, pulse 75, oxygen 100%. Client stated feeling good. All complaints had resolved. Per client just tired feeling. 1257 vitals: 130/90, pulse 78, oxygen 96. No complaints. Client advised to speak with primary doctor prior to second dose. ER precautions given. Friend arrived at 1300 and would drive client home. last set of vitals 1305: blood pressure 130/90,</p>

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							pulse 75, oxygen 98. All symptoms resolved. Client left facility with a steady gait at 1307
1158092	4/1/2021	NJ	24	F	3/31/2021	3/31/2021	10 hours after shot developed fever 102. Shaking and holding chest. Was able to calm her down. Fever started to break in the afternoon on 04/01. Continued to vomit all day probably because of the fever. Gave liquids only. By 9:00 pm fever fluctuating 99 to normal. Hopefully by 4/2 all symptoms will have passed. I did not take her to the doctor for this although when the symptoms started I was very concerned because she does not speak and I didn't know if she was having chest pains.
1158098	4/1/2021	FL	26	F	3/24/2021	4/8/2021	Shortness of breath, High fever, rash, swelling and pain on arm. Heavy chest pain, headache, tiredness
1155320	4/1/2021	CT	73	F	3/25/2021	3/25/2021	Dose 1: headache chills body aches exhaustion 4 days Dose 2: immediate chest pain radiating up neck to both ears & nausea. Felt like pins & needles. ER via ambulance. Pain Gone after one hour. Kept for 6 hours to rule out heart attack. Not heart attack. Felt tired but fine next day.
1156419	4/1/2021	TX	21	F	3/30/2021	4/1/2021	Quick, heavy heartbeat for the day. Shortness of breath for one day. Intense chest pain for one day. Chest tightness for one day. I am on vaccine day three.
1157794	4/1/2021	CA	19	F	4/1/2021	4/1/2021	1602 PT C/O OF FEELING LIGHTEADED, AAO X3, RESPIRATIONS EVEN AND UNLABORDED, DENIES SOB OR CHEST PAIN. 1603 B/P 110/60, 18, 95, 99% 1610 126/69, 18, 93, 99%, IS AAO X4 SKIN WARM AND DRY, RESP. EVEN AND UNLABORDED. PER PT " I'M FEELING OK NOW". DENIES N/V/D. PT IS IN NO ACUTE DISTRESS AND HAS REFUSED FURTHER EMERGENCY MEDICAL CARE. PT WAS EDUCATED ABOUT COVID PFIZER VACCINE SIDE EFFECTS . 1631 129/81 88 24 98% PT VERBALIZES UNDERSTANDING 1635 PT IS AAO X4 SKIN W/D RESP EVEN AND UNLABORDED, DENIES ANY ACUTE DISTRESS. PT EDUCATED TO SEEK MEDICAL ATTENTION IF CONDITION WORSENS. REPORT SIGNED BY RN.

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1156610	4/1/2021	IL	57	M	3/30/2021	3/30/2021	syncope 2 hours after his vaccination. he felt nauseous and fainted. LOC lasted 30 seconds. no palpitations, dizziness, diaphoresis, chest pain. no seizure activity noted, but states he had urinary and fecal incontinence.
1156503	4/1/2021	IL	52	M	3/26/2021	3/30/2021	Chest pain and had STEMI. Patient had RCA occlusion and got a DES placed.
1157921	4/1/2021		51	F	2/26/2021	3/3/2021	Patient completed covid vaccinations 5 weeks ago. Since the vaccine she has been feeling poorly. States she had a sore arm and mild body aches for a few days after the first vaccination. A few hours after the 2nd shot she woke up with bodyaches. A few days later she developed a cough and a headache. She states she was feeling so poorly she is not exactly sure when the dizziness started. Other sx have resolved however she continues to have dizziness. She was seen in Urgent Care 3/3 for these issues and her labs were within normal limits. She was instructed to rest and follow up if sx did not improve. Patient states she continues to experience dizziness described as a mix of spinning but also like she is going to pass out. States it is worse in the morning, seems to get better during the day but never resolves. When she lays down it feels as if the room is spinning. Also complains of fatigue. States she has a poor appetite. Patient states she is drinking normal amounts and urinating in normal amounts. She states the dizziness is constant, does not seem to occur with position changes. Worse in the morning and during the day still feels it but improves. Hard to focus or get stuff done. No chest pain, palpitations, sob. Bodyaches/chills, headache occurred for a few weeks but now has resolved.
1156575	4/1/2021	VA	22	F	3/31/2021	3/31/2021	urticaria - onset at 7:15 (approx 4 hours from time of shot), localized to upper chest and felt hot, right arm sore, had a brief second of dull chest pain (has had before) also had some shortness of breath last night took inhaler and felt better, none currently presented next day over 24 hours from injection - no injection site redness, urticaria on upper chest only, normal airway and lung exam

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1158135	4/1/2021	TX	39	M	3/17/2021	3/20/2021	Got a sudden heart attack after developing chest pain/discomfort while walking outside on 3/20 afternoon time. Went to ER and shifted to hospital. Treated with 2 stents in heart. Arteries were found blocked and blood clot was removed.
1156614	4/1/2021	TX	39	F	3/6/2021	3/22/2021	about 2 weeks after Chest Pains and going down right arm and couldn't catch breath one night and woke up next morning and felt like I had fever but no fever and body aches like the flu. went to er and they ran a bunch of test and all test were good. Said my liver and spleen was enlarged but nothing to worry about, called primary doctor and they called me in zpak took for 2 days and severe diarrhea and started breaking out in welps on 3rd day and went to er and they told me to stop zpak. Ive always been able to take this medication til now after the shot. felt alittle better after stopping zpak and then had another break out in welps 3 weeks after shot
1156650	4/1/2021	NC	34	M	3/4/2021	3/20/2021	Skin Reaction and Chest Pain. Large wheals on arms, face, head, buttock, legs. Virtual appointment on 3/25/21 resulted in Prednisone being subscribed. When the prednisone gone, the wheals and worsened chest pain came back. Went to Emergency Room on 3/31/21 and diagnosed with Erythema Multiforme. Doctor could not confirm vaccination related, but ruled out all other possibilities and told my son NOT to take the 2nd dose of Moderna vaccine. He gave him stronger prednisone
1156670	4/1/2021	NH	54	M	3/20/2021	3/23/2021	Presented to hospital on 3/25 with flank and chest pain after telephone triage referral by PCP office. ER completed CT scan of abdomen and pelvis which showed evidence of wedge-shaped area of non-perfusion involving upper pole of right kidney (renal infarction). Admitted to telemetry floor. Serial troponins negative. ECHO showed apical septal wall hypokinesis with grade 1 systolic dysfunction. Nuclear stress testing showed high risk study, underwent cardiac cathertization which showed patent grafts. TEE negative for thrombus. Hematology labs pending at time of discharge. Unknown etiology of renal infarction at time of discharge.

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1156682	4/1/2021	NJ	20	F	4/1/2021	4/1/2021	Patient presented at 14:17 with urticaria on right forearm, pruritis on back, trunk, bilateral arms, scalp and facial flushing. Denies shortness of breath, chest pain, headache, difficulty swallowing and difficulty breathing. 14:22 BP 122/78, P 86, O2 99% RA, R 18. 14:24 administered 25 Mg Benadryl PO. 14:30 BP 116/76, P 81, O2 100% RA, R 18, patient reports improvement of symptoms. Advised patient to seek medical attention if symptoms worsen, additionally advised patient to consult with allergist prior to 2nd dose administration, patient verbalized understanding. Patient left at 14:45 with boyfriend in stable condition, no respiratory distress, patient refused medical transport to hospital.
1156760	4/1/2021	NY	21	F	3/28/2021	3/28/2021	Sore arm, chest pain, fatigue, nausea, headache, fever, vomiting, chills (shaking)
1156851	4/1/2021		50	F	3/26/2021	3/26/2021	In order, chills, nausea, severe vomiting, chest pain, shortness of breath, tingling in hands, headache, fever, swelling under armpit of same arm vaccine received.
1156952	4/1/2021	SC	50	M	3/30/2021	4/1/2021	Brief but very painful chest pain. Felt on left side about half way up my ribs. Thought I was having a heart attack for about a minute. No signs of arrhythmia or faintness. Feel fine now.
1156965	4/1/2021	FL	59	F	4/1/2021	4/1/2021	Patient in observation station after receiving vaccine. At 4:15pm she reports nausea and has emesis x2. Patient denies, headache, SOB, chest pain, respiratory distress. Patient evaluated by NP and EMS. BP 215/101 HR 75, 98% RA, EKG NSR, BS 332. Patient advised to be transported to ER for further evaluation but has refused. Patient continued to be monitored by NP and EMS. Reassessed at 4:45pm; BP 175/84, 98% RA, HR 63, BS 330. Patient recommended again to receive follow up treatment in ER, she has refused and was released home at 4:50pm. Patient advised to see PCP ASAP and not to return to work for the remainder of the afternoon

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1157068	4/1/2021	CA	34	F	3/30/2021	3/31/2021	Acute onset bilateral non-puritic painless purpura on buttocks Identified 38 hrs after vaccine administration. No no other lesions or petechiae identified. No associated bleeding or significant trauma or environmental exposure to the area. Associated acute onset chest pain 28 hrs after vaccine administration 8/10 expanding pressure with radiation to back spontaneously resolved no associated shortness of breath. No physical Exertion and no anxiety and using state prior to onset. Chest pain remain intermittent three out of 10 dull pressure throughout the rest of the day. No cause for purpura identified no treatment given besides monitoring. No acute cause for chest pain identified presume to be reflux secondary to pregnancy no additional treatment recommended besides monitoring. Pregnancy history: currently 29 weeks gestational age, Estimated due date June 16, 2021.
1157118	4/1/2021	OH	49	F	1/26/2021	1/27/2021	Day one : fever, fatigue, muscle aches and pain - from the shot to four days later. Fifth day: Chest pain and jaw pain- Hospital ER -Sunday- They monitored my vitals while I was there; They did some tests but nothing to treat. Within a week and a half I was feeling better. I didn't go to work the following Monday. Tuesday my fever was gone. By Wed or Thursday, I started feeling myself again.
1157151	4/1/2021	WI	35	F	4/1/2021	4/1/2021	PT complains of itching in anterior face. PT also complained of shortness of breath and difficulty swallowing. PT further complained of hot flushed skin and posterior center chest pain that radiated into her anterior chest. PT had no notable rash or hives to be present. PT treated with IV Benadryl 50mg and solumedrol which decreased pt symptoms. Pt transported to ER for further evaluation by ambulance.
1151944	3/31/2021	PA	77	F	3/4/2021	3/22/2021	Patient admitted to the hospital with a CVA with right sided weakness and chest pain. Chest pain radiated to her right arm and had significant shortness of breath. Symptoms started one week prior to seeking emergency care.

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1151308	3/31/2021	PA	66	F	2/1/2021	2/5/2021	Chest pain; Pressure in head & face; Pressure in head & face; Pains in nape, across the shoulders and front/top head; Weakness in arms right worse than left; Tingling in right hand; Nausea; Salty taste in mouth; Elevated blood pressure; Dry mouth; Indigestion; This is a spontaneous report from a contactable consumer (patient herself). A 66-year-old non-pregnant female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot number: EL3246), via an unspecified route of administration in left arm at the age of 66-years (non-pregnant at the time of vaccination), on 01Feb2021 at 08:00 AM at a single dose for COVID-19 immunization. The patient's medical history included osteopenia and allergies to PCN (penicillin) and latex. Concomitant medication included glucosamine, curcuma longa (TURMERIC [CURCUMA LONGA]), fish oil (OMEGA 3 [FISH OIL]), calcium citrate (CITRACAL [CALCIUM CITRATE]), colecalciferol (VIT D3), cranberry, and biotin. The patient previously took first dose of bnt162b2 (Lot number: EK9231), via an unspecified route of administration in left arm at the age of 66-years, on 13Jan2021 at single dose for COVID-19 immunization. The patient received other vaccine in four weeks was reported as no. Prior to the vaccination, the patient was not diagnosed with COVID. The patient experienced pressure in head & face, pains in nape, across the shoulders and front/top head, weakness in arms right worse than left, tingling in right hand, nausea, salty taste in mouth, elevated blood pressure, dry mouth, and indigestion on 05Feb2021. The patient also experienced chest pain on 10Feb2021. The adverse events resulted in doctor or other healthcare professional office/clinic visit. The patient underwent lab tests and procedures which included blood pressure measurement on 05Feb2021: elevated; nasal swab on 11Feb2021: pending result. The patient received paracetamol (TYLENOL) and ibuprofen (ADVIL) as treatment for the events. The patient also used heating pad and icepack as treatment for the events. The outcome of the events was not recovered.

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1151358	3/31/2021	TX	43	F	2/22/2021	2/23/2021	Chest pain and pressure; Chest pain and pressure; Unable to gasp air and hard time breathing; This is a spontaneous report from a contactable consumer, the patient. A 43-year-old non-pregnant female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number unknown), via an unspecified route of administration in the left arm on 22Feb2021 at 14:00 (at the age of 43-years-old) as a single dose for COVID-19 immunization. Medical history included rheumatoid arthritis. The patient had no known allergies. Concomitant medication included methotrexate from an unknown date at an unknown dose, for an unknown indication. Prior to the vaccination the patient was not diagnosed with COVID-19. The patient previously received the first dose of BNT162B2 (Lot number unknown) on 03Feb2021 at 15:00 (at the age of 43-years-old) via an unspecified route of administration in the left arm for COVID-19 immunization. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 23Feb2021 at 04:00 the patient experienced chest pain and pressure, the patient was unable to gasp air and hard time breathing. The events were reported as non-serious. The patient did not receive treatment for the events. The clinical outcome of the events chest pain and pressure and unable to gasp air and hard time breathing was recovering. It was also reported that since the vaccination, the patient has not been tested for COVID-19. The batch/lot numbers for the vaccine, PFIZER-BIONTECH COVID-19 MRNA VACCINE, were not provided and will be requested during follow up.

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1151409 3/31/2021

M

Dull pressing pain in the whole right side of his chest; Headache; Pain was radiating up his back and shoulders into his neck; Pain was radiating up his back and shoulders into his neck; Pain was radiating up his back and shoulders into his neck; Third night he started to shiver; he sweat a lot; This is a spontaneous report from a contactable consumer (patient) reported for a himself that. A male patient of an unspecified age received second dose bnt162b2 (Solution for injection) via an unspecified route of administration on an unspecified date as single dose for COVID-19 immunization. The patient medical history and concomitant medications were not reported. The patient historical vaccine included first dose bnt162b2 (Solution for injection) via an unspecified route of administration on an unspecified date as single dose for COVID-19 immunization. On an unknown date, the caller stated he had both doses of the vaccine. He stated he had a couple episodes of symptoms after the second dose. He had no problem with the first vaccine. 26 hours after the second shot he experienced dull pressing pain in the whole right side of his chest, kind of a pressure like on the lung spread over the whole area there. He took a TYLENOL and it went away and 10 days later had the same experience but it was the whole chest and the pain was radiating up his back and shoulders into his neck and he started having headache on an unknown date. He took a couple Tylenol and it went away but the next night had he same symptoms and the next couple nights he had the same symptoms and he took a couple Tylenol and went to bed. On the third night he started to shiver, like internal shivering and he couldn't get comfortable for about an hour and 15-20 min. Then he sweat a lot after that on an unknown date. At no time did he have a fever. He called the primary care physician and he suggested he call the cardiologist and had an appointment with him a couple days later. The next day he had symptoms again and he went to the Emergency Room and they performed tests as if he was having a heart attack, because he was having heart attack symptoms, and the tests were all negative. They were going to hold him over night but he had a stress test scheduled the next day so they let him leave and he had that test the next day and everything was negative and they couldn't find anything. Still when he wakes up he has the chest pain and they told him to

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1151414 3/31/2021 TX

27 F

3/12/2021

3/14/2021

still take Tylenol. The doctor prescribed nitroglycerin pills and nitroglycerin pain patches. He has not used any of those because the pain is not severe enough. He is reporting these but also wondering if other people have experienced these symptoms and he asked if it is possible that he got the side effects from the shot or is it a coincidence. The outcome of the events were unknown

Chest pain-radiating pain on right arm; Chest pain-radiating pain on right arm Went to the emergency room-14Mar2021; This is a spontaneous report from a contactable consumer (patient). A 27-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: Eng199 and expiration date not provided) via an unspecified route of administration, administered in left arm on 12Mar2021 10:30 as a single dose for COVID-19 immunisation. The patient's medical history was not reported. The patient is not pregnant. The patient has no known allergies. Concomitant medications included fluoxetine hydrochloride (PROZAC) and ethinylestradiol, ferrous fumarate, norethisterone acetate (BLISOVI FE 1.5/30). The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunisation. The patient did not receive any other vaccine within 4 weeks prior to the COVID vaccine. The patient experienced chest pain-radiating pain on right arm on 14Mar2021 19:30 and went to the emergency room. The event resulted in Emergency room/department or urgent care. The patient underwent EKG, Chest X-Ray, Blood work on an unspecified date with unknown results. The outcome of the events was recovering. The patient was not diagnosed with COVID-19 prior to vaccination and has not been tested for COVID-19 since vaccination.

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1151443	3/31/2021	TX	49	F	1/22/2021		<p>fatigue, diarrhea, nausea, and cough were all ongoing and have gotten worse; fatigue, diarrhea, nausea, and cough were all ongoing and have gotten worse; fatigue, diarrhea, nausea, and cough were all ongoing and have gotten worse; fatigue, diarrhea, nausea, and cough were all ongoing and have gotten worse; fatigue, diarrhea, nausea, and cough were all ongoing and have gotten worse; Dilated cardiomyopathy; fever; chills; vomiting; severely low potassium; fluid build up around her heart and lungs; fluid build up around her heart and lungs; This is a spontaneous report from a contactable consumer (patient's husband). A 49-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiration date not provided), via an unspecified route of administration (anatomical location; Arm) on 22Jan2021 13:00 as SINGLE DOSE for COVID-19 immunisation. Patient's medical history was not reported. Concomitant medication included biotin from an unspecified date and unknown if ongoing. The patient previously took 1st dose of the Pfizer COVID Vaccine on 29Dec2020 (around 10:00 am to 12:00 pm at a hospital) and had the usual side effects of a little bit of nausea, developed a dry cough, some fatigue, and diarrhea and that kind of stuff. The reporter called about the Pfizer COVID vaccine and was calling on behalf of his wife who was the patient. Reporter stated that before the Pfizer COVID vaccine, patient used to walk the dogs 6 miles a very fast pace and had no problem, then she got her 1st dose of the Pfizer COVID vaccine on 29Dec2020 and had the usual side effects of a little bit of nausea, developed a dry cough, some fatigue, and diarrhea and that kind of stuff. The reporter stated that after the 1st dose of the Pfizer COVID vaccine, the symptoms she reported have worsened and the cough, fatigue, nausea, and diarrhea began immediately after the 1st dose of the vaccine where the cough started a week or so after the 1st dose and then after the 2nd dose, the cough never went away and got worse and worse and worse. Reporter stated the fatigue, diarrhea, nausea, and cough were all ongoing and have gotten worse. Reporter mentioned that for the cough after the first dose of the Pfizer COVID vaccine, it was still there but was occasional and was not too bad but when the patient had the 2nd dose on 22Jan2021 and was knocked on her butt for about three days; also</p>

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stated that the patient had fever, chills, diarrhea, vomiting, nausea and the works and had all the symptoms. It was also reported that the patient was very sick for 3-4 days with same symptoms. Reporter mentioned that fatigue was getting worse and the cough never went away and always had the dry cough which was getting worse and worse and worse with any activity and was a dry cough and she never had any phlegm. Reporter also stated the patient got to where she did less and less activity and was worse and the dry cough was worse with nothing coming up. It was reported that the patient sought treatment for everything she believed last week on Monday but was unsure of the dates. Monday of last week, patient went to the emergency room in a hospital and was told that they thought that the patient had an enlarged heart and severely low potassium and the patient was put on an IV drip of potassium because she could not tolerate the oral potassium and threw up the oral potassium so she was put on two bags of IV potassium. On an unknown date, it was reported that patient started having pain in her chest from the IV drip of potassium but she was released from the emergency room and the 2nd day of last week which was the next day, patient went back to the emergency room because she was having issues and everything was getting worse. Reporter also stated that the 2nd of last week, the patient collapsed and an ambulance came and got her on Tuesday of last week though reporter was unsure of the dates. Reporter also mentioned that patient went to a hospital and had severe chest pain and collapsed pressure on her chest. Reporter stated that the patient at that time had the dry cough and stuff and the hospital told the patient that the patient had fluid build up around her heart and lungs which was maybe due to the treatment from the IV potassium and was told she has a weakened heart. It was reported that with a weakened heart, the heart can't process fluid around the lungs and the heart and it puts pressure on heart supposedly. It was reported that on Wednesday last week, the patient went to the emergency room for the 3rd day in a row and already had an appointment with the HCP which was an appointment with her new primary Nurse Practitioner for the first appointment and she confirmed that the patient had fluid on the lungs when she saw the patient. Reporter stated that the nurse practitioner could not admit the patient

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because the hospital she admits too was full so she sent the patient to a hospital emergency room where they did all the tests and everything confirmed what they said and they transferred the patient to another hospital where the patient stayed in the hospital a total of three days and was diagnosed with cardiomyopathy and they started treatment on the patient. The patient was started on Entresto later on and tomorrow there was a follow up visit with her primary HCP and they have to follow up because the patient was released from the hospital and was very weak and she has to wear a lifevest because she is a heart patient and has a weak heart. It was reported that patient is going to be taking medications and stuff and will go see the HCP and they gave her beta blockers and other stuff and she will follow up with the HCP. It was reported that any of the medications including the beta blockers the patient was taking, reporter has no names of the medications, dosages or lot numbers or other information to provide at this time and stated that the patient was treated with those medications in the hospital and that was the hospital in another city and state. Reporter mentioned that it was last week when the patient collapsed while trying to walk across the yard and she was diagnosed with dilated cardiomyopathy where part of the heart shrunk which is the expelling chamber of the heart and the HCP stated where a normal 20-30 year old would have heart function of 55, the patient had an output of 15. Reporter stated that the HCP said that stroke, disease or things like that can cause cardiomyopathy and there are various things that can cause it but they can't diagnose what caused this in the patient because she has not had various things and the only she had was the Pfizer COVID shots that hit her very hard and she just turned age 50. Reporter stated that the patient was age 49 at the time she began experiencing the symptoms that were reported and just turned age 50. Reporter clarified to state the potassium drip the patient had was not at this hospital but was at another hospital. Reporter stated he has no lot numbers, expiry dates or NDC numbers to provide as he does not have the patient card for the Pfizer COVID Vaccine that the patient received and that paperwork is with the patient who is staying at her sister's house so the sister can help monitor the patient. Reporter also mentioned that patient was not taking medications at the time she

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						received the Pfizer COVID Vaccine at that time but was taking over the counter Biotin and states he has no lot, expiry date or UPC to provide. Reporter mentioned that patient has no family history of heart conditions but he thinks the patient's mother is diabetic but she is the only who is diabetic and there is no other history he is aware of. Outcome of the events was not recovered. Information on the lot/batch number has been requested.	
1151450	3/31/2021	CA	61	M	2/24/2021	2/27/2021	Deep Vein Thrombosis/he have numbness , tingling on his left foot. It was also swollen; CT scan shows he have PE; This is a spontaneous report from a contactable consumer (patient) reported that a 61-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm left on 24Feb2021 10:15 as a single dose (at the age of 61-years-old) for covid-19 immunisation. The vaccine was administered at the hospital. Medical history included back pains, acid reflux and chest pain; all from an unknown date. Concomitant medication included esomeprazole sodium (NEXIUM [ESOMEPRAZOLE SODIUM]) taken for an unspecified indication, start and stop date were not reported. The patient reported that after several days of getting his first shot, he have numbness , tingling on his left foot. It was also swollen, he went to the Emergency and they found out he have deep vein thrombosis and CT scan shows he have PE on 27Feb2021. The reported events resulted in emergency room/department or urgent care. The patient received treatment for the events which was a blood thinner, Eliquis. The outcome of the events was not recovered. Information on the lot/batch number has been requested.
1151525	3/31/2021	NY	38	M	3/27/2021	3/27/2021	Day 4 so far. With severe nausea. Severe tiredness. Lightheaded. Runny nose. Headaches. Body aches. Chest pain. Hard to breath. Like I have the flu. I was tested for flu. Negative.
1151889	3/31/2021	CA	59	F	3/31/2021	3/31/2021	10:10 am - 15 minutes post vaccine, patient felt dizzy and light headed with tingling at the back of her neck. BP 128/84, P 78, R 14. No headache, no chest pain, no s/s of anaphylaxis. 10:40 am - Patient recovered, symptoms resolved.

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1151893	3/31/2021	IL	27	M	3/31/2021	3/31/2021	Lightheadedness , dizziness , sweating 10 mins after vaccine was given, . Denies SOB, Dyspnea, chest pain, or blurred vision. Alert and Oriented x4. Drank water and felt better , symps resolved. Pulse 64, BP 100/69 O2 100% on RA. Refused Transport
1151995	3/31/2021	PA	39	F	3/29/2021	3/30/2021	Got my shot on Monday at 5:00 pm. Arm started to hurt a little. Went to work the next day. Arm still hurting but around 9 am starting to feel nauseous and started having chest pains and feeling aches all over.
1151923	3/31/2021	AL	55	F	3/23/2021	3/23/2021	Lightheadedness (initially and lasting for about 1 hour), palpitations (still ongoing since vaccination), chest pain (off and on since vaccination), arm pain at injection site (occured some hours after injection and resolved in less than one day), pain with breathing (upon exertion some hours after vaccination, resolved by the next day)
1151253	3/31/2021	UT	36	F	3/17/2021	3/19/2021	I ended up with 105.4 fever that would not break for 1 1/2 hrs with ibuprofen. Horrible kidney pain, urine smelt like kidneys were failing. Rapid heart rate with chest pain. Pain all day long severe not normal flu like symptoms
1151985	3/31/2021	IL	90	F	3/19/2021	3/21/2021	3/30/21 ER HPIHPI Patient is a 90 y.o. female who presents with with complaint of weakness and poor appetite. Patient also complained of cough productive of brownish sputum. Patient got her 1st Pfizer vaccine for coronavirus on the 18th of March (3/19) and tested positive on the 20 (3/21)March 2021. Patient was admitted to the hospital treated and discharged on the 26th of March. Patient has no fever or chills, no shortness of breath, no chest pain, no nausea vomiting, no headache or dizziness. Patient says she is weak in both legs and afraid of falling Admitted inpatient to Hospital 3/31 Dx: Pneumonia d/t Covid-19
1152112	3/31/2021	MD	70	M	3/15/2021	3/18/2021	Patient presented and was admitted through the ED for palpitations and chest pain. In the ER patient notes blood pressure was noted to be elevated. D-dimer was 1509, CTA chest ruled out PE. Patient was observed for two days and was discharged in stable condition.

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1149362	3/31/2021		31	F	3/25/2021	3/25/2021	Pt c/o not feeling well after Moderna covid vaccine#2 received in outside facility. Had covid vaccine on 3/25/2021 around 2pm and started feeling nausea 4-5pm with dry heave, no vomiting. Having acid reflux, mouth watery. Denies throat congestion/tightness. Denies chest pain, SOB, abd pain. Overnight felt warm and cold, nasal congestion. Today with fever (did not check temp), some headache, dizziness, runny nose, feels weak. Pain by injection site, firm.
1151921	3/31/2021	PA	79	M	3/6/2021	3/6/2021	Male patient who to the hospital on 3/15/2021 due to 10 days of shortness of breath on exertion and right-sided chest pain. He went to his PCP for follow-up and had a CT PE study today which was positive for right upper lobe and right lower lobe pulmonary embolism. He notes that he received a 2nd 50 COVID-19 vaccination on March 6th and since then has not felt well, feeling short of breath and generally fatigued. He notes that he has not been very active since receiving the vaccine. CT PE study showed an increased RV to LV ratio 1.2. He had no elevation in his troponin or BNP. His echocardiogram showed an EF of 60% and there were no wall motion abnormalities and grade 1 diastolic dysfunction. Patient would prefer Eliquis at this time. He will need a 6 month course of Eliquis. Given the setting of recent COVID vaccination and recent decreased mobility as possible provoking factors, this will be treated as a provoked pulmonary embolus. Per hospital COVID vaccine protocol, patient presentation will be reported to pharmacy for FDA reporting.

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1150373	3/31/2021	NC	71	M	2/26/2021	2/26/2021	<p>foot became paralyzed; a deep gripping pain in the diaphragm area; leg experienced increasing pain/increasing pain from foot; increasing pain from foot to hip; left foot grew completely numb; Breathing labored; Weakness in left leg; Cramping of calf muscle; chest cavity pain/chest pains left side; ribcage pain; Chills; headaches; Skin hypersensitive on my upper back; back sensitivity; This is a spontaneous report from a contactable consumer (patient). A 71-year-old male patient received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration at the age of 71-years-old, administered in Arm Left on 26Feb2021 13:00 (Lot Number: EN6202) as single dose for COVID-19 immunization. The patient medical history was not reported. The patient had no known allergies. Concomitant medication included ibuprofen taken for an unspecified indication, start and stop date were not reported. The patient received 2nd Shingrix vaccination on 24Jan2021. The patient experienced "foot became paralyzed", "a deep gripping pain in the diaphragm area", "leg experienced increasing pain", "increasing pain from foot to hip", "left foot grew completely numb", "breathing labored", "weakness in left leg", "cramping of calf muscle", "chest cavity pain", "ribcage pain", chills, headaches on 26Feb2021 13:45. The patient also experienced "skin hypersensitive on my upper back" and "back sensitivity" on 2021. The patient reported that, "There were no immediate reactions during the 15 minute wait period. Forty-five (45) minutes after my injection I was hit with a rush of side effects. The first was a deep gripping pain in the diaphragm area. While seated, my left leg experienced increasing pain from foot to hip. In short order, my left foot grew completely numb and this extended up my calf to my knee. My foot became paralyzed. The intense leg pain remained steady. Breathing labored. The left foot and calf numbing and paralysis finally subsided 4.5 hours after injection. Saturday through Wednesday, 28Feb to 03Mar2021: Weakness in left leg. Cramping of calf muscle. The chest cavity pain began to intensify. Chills arrive plus daily headaches. During this reaction period: NO fever, nausea, diarrhea, loss of taste / smell, sore throat, congestion or runny nose. Headache, chills, joint & ribcage pain remain. Skin hypersensitive on my upper back. 15Mar2021: Day 17: Chest pains left side, mild</p>

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1149323	3/31/2021	OK	31	F	2/13/2021	2/13/2021	headache and some back sensitivity with chills remain." The adverse event started on 26Feb2021 02:30 AM (as reported). Adverse events did not result in either emergency room visit or physician office visit. No treatment received for events. The outcome of the events "foot became paralyzed" and "left foot grew completely numb" was recovered on 26Feb2021 17:30 (left foot and calf numbing and paralysis finally subsided 4.5 hours after injection) while for other events was not recovered. The patient was not diagnosed with COVID prior vaccination. The patient was tested for COVID post vaccination (LUMIRADXSARS-COV-2-AG TEST) via nasal swab on 06Mar2021 with negative result. The event "foot became paralyzed" was considered as serious (medically significant).
1152127	3/31/2021	MN	15	F	3/26/2021	3/26/2021	10 hours after vaccine, the mild soreness in my left arm increased in severity to constant pain, like I'd been hit with a baseball bat. Swelling and shooting pains in left armpit made it difficult to sleep. The following day, the pain continued, spread to my left breast, and any amount of pressure made the pain worse. The pain continued the third day, with constant chest pain that felt like bad heartburn. The worst of the pain subsided four days after vaccination.
							Pre-syncope. Chest tightness/short of breath. Sternal Chest pain. Symptoms started 30 minutes after vaccination. Serial vitals and exam x 2 were normal. Symptoms resolved after another 60 minutes of observation.

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1149406	3/31/2021	KY	36	F	3/29/2021	3/29/2021	presents to the ED with complaints of chest pain that started yesterday. She states she got the first dose of the Covid vaccine in the morning. Several hours later she started having generalized body aches, fever/chills, shortness of breath, nonproductive cough, and pain in her chest described as a pressure, worse with deep breath. She states her symptoms have been persisting for about 24 hours, which concerned her so she presented today for evaluation. She has not taken any OTC medications for her symptoms. She is a smoker, but states she has not smoked since the onset of her symptoms. She has a history of SVT that was treated with a cardiac ablation. No known history of CAD. No known family history of heart disease. She did get a flu shot last fall.
1149812	3/31/2021	TX	26	F	12/22/2020	2/8/2021	Red rash all over my body with hives that were itching uncontrollably. Anytime I was touch my body or a red rash/whelp would appear. I felt nauseated, had chest pain and felt fatigued. This occurred at all times of the day and night and was worse when I wore loose clothing.

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1150152	3/31/2021	IL	57	F	2/1/2021	2/2/2021	<p>Arm sore, swelling in arm, headache, fever, chills, body aches, nausea, diarrhea. Missed 3 days of work . Had a telemedicine visit with Dr. on Feb 5. Then arm was still sore and saw Doctor at Medical Center. on Feb 26th and then again saw another Dr. on March 4th and also have a appt on April 1st. The arm is still sore and hurts to move. Have added the additional information page with all the visit summaries from those visits. I have had a x-ray and also taking muscle relaxers, heat, ice and Tylenol still no relief. Feb 5-HPI Pt. female was scheduled for a video visit-(in response to COVID-19-pandemic) for. Fatigue, body aches.--needs letter for work. Patient reports she received her moderna COVID vaccine 1st dose on Monday February 1st, she started to have low-grade fever on Tuesday--99.6. Also had body aches and fatigue. Last night she had 2 episodes of diarrhea. Today her temperature is 96°, but she has severe body aches and her arm from the injection site is still very sore. She has been using ice every couple of hours. She is taking Tylenol 2 tablets every 6 hours for last 4 days. Denies cough, chest pain, change in breathing, sinus congestion, sore throat. Denies known exposure to COVID 19, but in the family has traveled outside. Works at Hospital. She never had a COVID positive test but she feels in March of 2020 she was sick with symptoms of loss of taste and smell and body aches but never had fever, therefore she did not qualify for COVID-19 testing. Would like to go back to work on Monday No vitals were taken since this is a video visit. Appearance--appears to be alert and oriented, face without gross asymmetry. Patient talks in normal speech and in full sentences, answer to questions appropriately. Mood and affect normal. Past labs/radiology --reviewed and discussed with patient . ASSESSMENT AND PLAN: Diagnoses and all orders for this visit: Vaccination side effects, initial encounter Encounter for issue of other medical certificate Advised to take Tylenol 1-2 tablets every 8 hours Cannot take NSAIDs due to history of allergy. Maintain hydration. If has fever again tomorrow--should be tested for COVID-19. Advised to call back on Monday to update, if she feels fine no fever for 48 hours then can return to work on Monday Feb 26th-Progress Notes NP D Cousins at 2/26/2021 5:00 PM Medical Decision Making: Assessment and Plan Diagnoses and all orders for this visit: Chronic right shoulder pain - XR</p>

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SHOULDER COMPLETE RIGHT Symptoms and exam most consistent with shoulder pain. Signs and symptoms requiring re-evaluation and include follow up care with primary care provider. Signs and symptoms discussed requiring evaluation in emergency department. Side effect profile of new medications discussed. Return for follow up for PCP. .
Subjective: Chief Complaint Patient presents with ? Shoulder Pain E. x4weeks, pain right after 1st covid injection HPI Patient presents with complaints of shoulder pain after 1st covid shot. Symptoms started about 4 weeks ago Pertinent negatives include numbness / tingling of the lower arm, wrist, or fingers Home treatment has been nothing ROS negative except as documented in HPI and/or assessment and plan Chief complaint and all history documented by ancillary staff were reviewed and verified with additions or corrections as appropriate. Patient allergies, medication list and problem list reviewed. March 4th- NP A Medical Center at 3/4/2021 8:00 AM INTERNAL MEDICINE Medical Decision Making: Assessment & Plan Diagnoses and all orders for this visit: Hyperlipidemia with target LDL less than 100 - CMP (COMPREHENSIVE METABOLIC PANEL); Future - LIPID PANEL; Future - COMPLETE BLOOD COUNT (CBC) WITH DIFF; Future Hypertriglyceridemia Hypothyroidism, postsurgical - THYROID STIMULATING HORMONE (TSH); Future - THYROXINE (T4) FREE; Future Chronic right-sided thoracic back pain - NM HEPATOBILIARY WITH PHARM; Future Right arm pain - baclofen (Lioresal) 10 MG Tablet; Take 1 Tablet by mouth 3 times daily as needed for Muscle spasms. Labs today with gyne labs. Nuc med scan. Heat/baclofen to arm. Unlikely to be r/t anything other than the vaccine. follow up in 6 months, sooner if needed. Will fill out FMLA paperwork in may when it comes due. No follow-ups on file. Subjective Subjective: HPI: Pt. presents for Arm Pain (right arm) Also here for 6 month follow up. 1. Arm pain: ever since her last COVID vaccine 4 weeks ago. Pain in the deltoid, radiates to the front of the shoulder. No skin changes, no trauma to the joint. Tylenol helps somewhat, difficulty sleeping as a result. 2. Hyperlipidemia: needs follow up labs. 3. Hypothyroid: feeling well, needs follow up labs. 4. Chronic right sided back pain: x several years, when

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1150155	3/31/2021	CO	34	F	3/29/2021	3/29/2021	she had hernia repair, surgeon felt like her gall bladder was enflamed. She has had a nondiagnostic gall bladder sono. Would like to look into this further. Review of Systems Review of systems was negative, except as documented in HPI.
1149674	3/31/2021		78	M	2/15/2021	3/9/2021	Moderna COVID- 19 Vaccine EUA: patient presents to emergency department (ED) reporting shortness of breath, headache, nausea, one episode of emesis with breakfast, tingling around lips and both hands, and abdominal pain starting one day after receiving vaccination. Denies fever, chills, sore throat, runny nose, chest pain, coughing, and diarrhea. Vital signs respiratory rate= 17 breaths per minute, blood pressure 138/81 mmHg, heart rate 104 beats per minute, and rest within normal ranges. Physical exam notable for rales. Administered intravenous fluids, famotidine, lorazepam, and ondasetron and observed. Symptoms resolved and patient discharged to home stable with follow-up in place.
							Chest pain and heaviness

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1150357	3/31/2021	CO	45	F	1/23/2021	1/24/2021	Exercise intolerance; Chest pain; Lymphadenopathy; Fever; Severe neck pain; Fatigue.; Myalgia; Headache; Dizziness; This is a spontaneous report from a contactable physician. A 45-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number:EL9262 ,expiration date not reported), via an unspecified route of administration, administered on the right arm on 23Jan2021 14:00 (at the age of 45-years-old) at single dose for COVID-19 immunization. Medical history included asthma and known allergies: latex. Concomitant medications included melatonin (manufacturer unknown), ubidecarenone (COQ10 [UBIDECARENONE]), ergocalciferol (VIT D); fexofenadine hydrochloride (ALLEGRA), and birth control all taken for an unspecified indication. The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number:EK9321, expiration date not reported), via an unspecified route of administration, administered on the left arm on 02Jan2021 18:00 at the age of 45 years-old at single dose for COVID-19 immunization and experienced headache, myalgia, chills, lymphadenopathy and brain fog on 03Jan2021. On 24Jan2021 08:00, the patient experienced fever, severe neck pain, fatigue, myalgia, headache, and dizziness. On 25Jan2021, the patient experienced fever, lymphadenopathy, fatigue, myalgia and dizziness. On 26Jan2021 and 27Jan2021, the patient continued to experience the events previously stated with headache. On 28Jan2021, the patient continued to experience the events previously stated with chest pain. On 29Jan2021 to 31Jan2021, the patient continued to experience the events previously stated. On 01Feb2021, the patient experienced continued fever, fatigue, lymphadenopathy, chest pain, and exercise intolerance. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 28Jan2021. Events resulted in physician office visit and was treated by steroid. Outcome for events reported were not recovered.

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1151173	3/31/2021	TX	28	F	3/30/2021	3/31/2021	Approximately 10 mins after vaccine administration patient began to experience rapid heart beat. Pt denied Shortness of breath or chest pain. After 15 min of rest, pt reported feeling better and HR decreased to 95.
1150542	3/31/2021	MN	79	F	2/18/2021	3/29/2021	Pt presented w/crushing chest pain, diaphoresis, and SOB. Unlikely from vaccination, but entering VAERS for "Serious adverse event requiring hospitalization" 39 days COVID vaccination
1150544	3/31/2021	FL	53	M	3/31/2021	3/31/2021	Patient alert and oriented stated feeling lightheaded soon after arriving to the observation vaccination area. The patient denied chest pain, headache, difficulty breathing or any skin sensitivities such as itching. The patient stated takes a variety of medications including multiple blood pressure medications. BP 82/48 HR 68 RR 18 O2sat 98% and EMS called immediately to assume patient care. As per EMS patient refused medical care at a hospital facility and was discharged.
1150688	3/31/2021	NY	36	F	3/25/2021	3/28/2021	Syncope episode after getting up from toilet. Hit head as a result of falling. Found face down, turning purple, jerky movements. Nausea and vomiting after regaining consciousness. Had not eaten anything yet that day. Have a history of vasovagal syncope episodes, but usually can feel them coming on and lie down. This episode struck suddenly without warning. The previous night was very fatigued presumably from vaccine. No headache, no neck pain, no vision issues, no weakness, no chest pain, no shortness of breath. Menstrating.
1150707	3/31/2021	ME	71	F	3/26/2021	3/27/2021	pt experienced "she was driving in the car and she suddenly has a feeling of something in the center of her chest that shot up into her eyes and she had blurred vision. Pt stated also that was associated with a warm feeling, this lasted less than 5 minutes". No soreness or redness at injection site. Today pt reports no chest pain, shortness of breath, palpitations, or any issues with her visions since Saturday.

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1150709	3/31/2021	NJ	22	F	3/30/2021	3/30/2021	Patient stated she felt numbness over her covid-19 vaccination injection site moments after receiving the injection followed by radiation to though her shoulder, lower arm and chest. She felt a lump in her throat with no visible swelling. She then stated she felt chest pain. EMS was called at approximately 1734 hours and arrived at 1755 hours. Patient agreed to leave via EMS. Vitals stabilized while on scene into normal ranges after initial pulse of 100. BP 122/82, HR 100, SpO2 100% -- > BP 118/84 HR 97, SpO2 99% -- > BP 110/82 HR 84 SpO2 98%.

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1150853	3/31/2021	SC	45	F	2/3/2021	2/4/2021	Fever; Body ache; Severe chest pain behind my sternum around; it was very sharp; Back pain; This is a spontaneous report from a contactable Nurse. This 45-year-old female nurse (Patient) reported for herself that she started to receive BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number; EN9581), is Covid-19 Vaccine a Pfizer product; Yes, covid-19 vaccine manufacturer; unspecified, NDC number, UPC number, expiry date; unknown via an unspecified route of administration from 03Feb2021 to 03Feb2021 at single dose (dose number; 2) for covid-19 immunisation. Patient was 45 years old at the time of vaccination with weight 56.7 kg and height; 152 cm. Patient's medical history included tremor (dates unspecified). Past drug included oxycodone hydrochloride, paracetamol (PERCOCET, Batch/lot number; unknown), Is Percocet a Pfizer product; unspecified, Percocet manufacturer; unspecified, NDC number of Percocet; unknown, UPC number of Percocet; unknown, reason for no lot number of Percocet: not probed over call, call back unsuccessful, expiry date of Percocet; unknown; I don't use Percocet, I am allergic to Percocet (dates unspecified). Patient's concomitant medications included Primidone for tremor (therapy dates unspecified). Nurse (consumer) stated, "I was just calling to report a side effect, I received my second dose of Covid-19 Vaccine on Wednesday (03Feb2021) and on Thursday (04Feb2021) has started normal side effects with fever and aches "something like that" (not clarified) and I had some severe chest pain behind my sternum around the "muscle pain" (not clarified) and it was very sharp it only responded to antacids (treatment) and I had to continually to take them and this lasted probably 18 hours." When paraphrased the concern, Nurse stated, "Yes, I don't have fever, I had fever and body ache." When probed for reporter type (HCP), Nurse stated, "I am a Midwife and Nurse." When probed for the start date of the event (problems), Nurse stated, "It was yesterday about probably 20 hours after my back pain (04Feb2021)." When probed if any doctors prescribed the vaccine, Nurse, stated, "I have no idea, I went to a Vaccination Centre." When probed for specialty if vaccine prescribed by any doctor, Nurse, stated "Again I don't know that's all I got on vaccination site." When probed for the follow consent with the facility center, Nurse stated, "Yes." When probed date of vaccine

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(second dose) administration, Nurse stated, "It's on 03Feb2021." When probed for vaccine expiration date, Nurse stated, "I don't think, that's not on here." When probed for vaccine NDC#, Nurse stated, "No that's not on here either." When probed for vaccine (UPC#), Nurse stated, "Not on here either". When probed for causality, Nurse stated, "Yes due to the vaccine." When probed for vaccine dose, Nurse stated, "I don't know (incomplete sentence)." Nurse added, "I don't use Percocet, I am allergic to Percocet. Forget the Percocet that's an allergy." When probed if any concomitant medication, Nurse stated, "I am using other medication "Condom" (not clarified) just birth control contraception." When probed still having the problems (event), Nurse stated, "No, it lasted about 18 hours (incomplete sentence)." When probed for if the event has been worsened, improved and persisting Nurse stated "I feel like it's resolved." When probe to confirm the treatment for the problems, Nurse stated, "Yes, I took Antacids." Investigation Assessment: No. The outcome of events was recovered on an unknown date.

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1150955	3/31/2021	NJ	47	F	3/3/2021	3/3/2021	<p>it triggered an exacerbation (attack) of my underlying genetic disease (acute intermittent porphyria); it triggered an exacerbation (attack) of my underlying genetic disease (acute intermittent porphyria); after each vaccination, 12 hours later typical side effects developed (low grade fever, chills, muscles pain); after each vaccination, 12 hours later typical side effects developed (low grade fever, chills, muscles pain); after each vaccination, 12 hours later typical side effects developed (low grade fever, chills, muscles pain); This was characterized by severe abdominal pain; headache; extreme dizziness; chest pain; brain fog; numbness in feet; This is a spontaneous report from a contactable consumer (patient). A 47-year-old female patient (not pregnant) received bnt162b2, via an unspecified route of administration, in left arm on 03Mar2021 09:00 (second dose, Batch/Lot Number: EN6203), via an unspecified route of administration in left arm on 09Feb2021 12:45 (first dose, Lot number: EC(L?)8982) both as single dose for covid-19 immunization. Medical history included acute intermittent porphyria, migraine, hypertension (HTN), dermatitis contact (Known allergies: adhesives (contact dermatitis)), COVID-19 (If COVID prior vaccination: Yes) all from unknown date and unknown if ongoing. Concomitant medications included givosiran sodium (GIVLAARI); lisinopril; hemin (PANHEMATIN DRY); zolmitriptan taken for an unspecified indication, start and stop date were not reported. The patient experienced after each vaccination, 12 hours later typical side effects developed (low grade fever, chills, muscles pain), it triggered an exacerbation (attack) of her underlying genetic disease (acute intermittent porphyria), this was characterized by severe abdominal pain, headache, extreme dizziness, chest pain, brain fog, numbness in feet all on 03Mar2021 20:00. After each vaccination, 12 hours later typical side effects developed (low grade fever, chills, muscles pain) and it triggered an exacerbation (attack) of her underlying genetic disease (acute intermittent porphyria). This was characterized by severe abdominal pain, headache, extreme dizziness, chest pain, brain fog, numbness in feet. She received treatment for the attack and symptoms resolved after several days. The treatment included: Intravenous treatment with hemin (PANHEMATIN). The events resulted in doctor or other healthcare professional</p>

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1150247	3/31/2021		23	F	3/26/2021	3/27/2021	office/clinic visit. The outcome of events was resolved. Facility type vaccine was hospital. No other vaccine in four weeks. No COVID tested post vaccination.
1154606	3/31/2021	FL	69	F	3/3/2021	3/10/2021	Woke up at 12:35 AM with a fever, chills, body aches, and nausea. chills in the morning that went away, nausea was on and off and had an on and off headache. Started having intense chest pain around 10 AM- felt like pressure on my chest and almost squeezing, it kind of shot out and I could feel it in my throat and in my headache. It was still happening around 1 PM so I went to the ER after calling urgent care but the pain subsided once I was at the ER. Nausea, dizziness, haziness, and headache were on and off the rest of the day, subsiding around 6 PM.
							Patient began having symptoms 7 days after vaccination: chest pain, shortness of breath, feeling like a lump in the throat. Over several days symptoms worsened, and included upper back pain and some pain in the upper left arm. Patient went to urgent care clinic on the morning of March 15, where staff decided to send patient by ambulance to the hospital. She was admitted to the hospital and diagnosed with having 5 blood clots in her lungs. She was discharged March 16 in the evening on Eliquis 5mg twice a day. She states the hospital did not know what caused the blood clots, and were aware she had been vaccinated recently. She has not had a doctor visit in years, but is now established with a primary care physician for follow-up care. The second Moderna dose was given today 3/31/21.

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1153495	3/31/2021	PA	59	F	3/3/2021	3/3/2021	coughing with a "wheezy sounding cough; she felt "not so good in my chest"; pain in chest; mild allergic reaction; a lot of pressure and pain and tightness in my ears; a lot of pressure and pain and tightness in my ears; This is a spontaneous report from a contactable consumer (reporting for herself) via the medical information team. A 59-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date: unknown), via an unspecified route of administration, administered in left arm on 03Mar2021 at 04:15 as single dose for COVID-19 immunization. The patient's medical history was not reported. There were no concomitant medications. On 03Mar2021 at 17:00 (reported as 05:00PM), the patient experienced mild allergic reaction. The patient waited for 15 minutes before leaving. On the way home, the patient experienced a lot of pressure and pain and tightness in her ears. She stated that she felt "not so good in her chest". The patient took 2 Benadryl to help. At 18:00 (reported as 06:00PM), the patient developed pain in her chest and was coughing with a "wheezy sounding cough". Her doctor instructed her to go to the emergency room where she was told she was having a mild to moderate reaction and was administered Albuterol. She states that the next day she was still coughing, but by the day after that, she felt fine. She states she already spoke with her doctor who recommended she not get the second shot. At the emergency room, they checked her pulse oximetry for the blood oxygen level. She had an albuterol treatment for her breathing. They listened to her chest with a stethoscope. The outcome of the event coughing, she felt "not so good in my chest", and pain in chest was recovered on 05Mar2021 while the outcome of the other events was recovered on an unspecified date. Information on the lot/batch number has been requested.

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1153501	3/31/2021		51	F		3/3/2021	blood clot in her lungs; shortness of breath; chest pain; This is a spontaneous report from a non-contactable consumer. A 51-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 03Mar2021 as single dose for COVID-19 immunisation. Medical history included obesity and inactivity. The patient's concomitant medications were not reported. On an unspecified date, patient experienced blood clot in her lungs and was hospitalized on 14Mar2021. Patient also experienced shortness of breath and chest pain on an unspecified date. She was treated with anticoagulant therapy for the event "blood clot in her lungs". Outcome of event "blood clot in her lungs" recovered on an unspecified date while for all other events was unknown. No follow-up attempts are Possible. Information on lot/batch cannot be obtained.
1153542	3/31/2021	KY		M		2/25/2021	Potassium was too high; chest pain; This is a spontaneous report from A contactable consumer (patient's wife) reported that a male patient of an unspecified age (husband) received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), first dose via an unspecified route of administration on 25Feb2021 (batch/lot number was not reported) as a single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The consumer was calling on behalf of her husband. Her husband got his first dose (25Feb2021) and his second dose schedule was on 18Mar2021. It's just that the patient missed his second dose and didn't make it because he's in the hospital because his potassium was too high and having chest pain on an unspecified date, was planning for a reschedule for his second dose. The outcome of the events was unknown. Information on the lot/batch number has been requested.

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1154143	3/31/2021		68	M	2/9/2021	2/14/2021	weakness, fatigue, body ache Narrative: 67-year-old male with past history of diabetes type 2, hyperlipidemia, left BKA, who presented to hospital 2/14/21 with generalized weakness, fatigue, body aches and left leg pain for the past 5 days. He reported it started after receiving his COVID-19 vaccine on 2/09/21. He also had associated nausea, vomiting, diarrhea. He denied fever, chest pain, shortness of breath, abdominal pain. Labs showed mild leukocytosis 12k, AKI with Cr 4.6, K 3.2, Bili 2.9, trop 0.01, lactate 2.2. He was given 3L IVF, vanco blue in ED at 18:35. Asystole on monitor. ACLS initiated and once eventually stabilized he was transferred to ICU. Pt again coded 2 more times while in ICU with were halted due to medical futility.
1154151	3/31/2021		87	M	2/19/2021	2/26/2021	FALLS, CHEST PAIN, HEMORRAHAGIC CONTUSION, COVID, PNEUMONIA, HYPOXIC RESPIRATORY FAILURE Narrative: 2/22/2021 Patient presented to hospital with multiple complaints. He was reporting falls, chest pain, his wife was diagnosed with Covid. While he was there, he was found to have hemorrhagic contusion in the right frontoparietal region with minimal surrounding edema, Covid, pneumonia, elevated troponin. He was accepted in transfer by trauma surgeon Dr. and arrives with no complaints. 2/26/2021 Patient died after code blue was called Death Diagnosis: s/p fall with head trauma Focal area right intracranial hemorrhage per initial CT - serial CT head showing stability Acute hypoxic respiratory failure secondary to COVID-19 viral illness COVID-19 viral illness Acute chest pain, improved Elevated troponin, suspected type 2 NSTEMI Elevated D-dimer - V/Q scan with intermittent probability PE Acute kidney injury on CKD, improving unlikely that vaccine contributed to patient's death.

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1154825	3/31/2021	OR	39	F	3/31/2021	3/31/2021	felt hot, flushed, lightheaded, tight feeling around jaw and chin within 2 minutes of giving vaccine; reported feeling very nervous before getting vaccine, due to prior anaphylaxis with different type of COVID vaccine, felt sx were more likely 2/2 anxiety. after discussion of risks/benefits, given pt's history of anaphylaxis and her understandable anxiety about current vaccine and post-injection symptoms, gave 50mg PO diphenhydramine and 125mg IM Solu-Medrol. at no point did she have sensation of face, tongue, or throat swelling; shortness of breath; nausea or vomiting; syncope or pre-syncope; chest pain; skin changes such as hives. HR 80s, SpO2 98-99% on room air, and BP 160s/90s throughout time pt was symptomatic. pt felt much better after 30 minutes of observation, ambulated comfortably without dizziness or pre-syncope. after 50 minutes of observation pt felt comfortable going home with family member driving. pt was unsure whether she had epi-pen in her car or purse, so she was sent with epi-pen and family member was instructed in administration of epi-pen with trainer device. pt was escorted out without incident.
1153477	3/31/2021	OR	72	M	2/17/2021	2/18/2021	Awakened by serious chest pains. Rolling over and sitting up did not help. I took an 81 mg aspirin, sat in a rocking chair by the wood stove and the pains went away ten minutes later.
1154537	3/31/2021	GA	39	M	3/20/2021	3/20/2021	At 15:45 pm Pt complained of dizziness 10 minutes after receiving Pfizer vaccine, patient appears pale and diaphoretic, patient placed on clinic table with head down, B/P 100/50 HR 124, R 14 O2Sat 98%, Blood sugar 94, lungs clear . Pt awake with periods of lethargy, able to follow simple commands, denies chest pain/SOB/nausea, no hives/rash noted. EMS called to transport patient to A Medical Center for further evaluation. EMS arrived at 16:00 pm, repeat B/P 136/84 HR 101, patient left clinic alert and oriented x 3 via stretcher.

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1154298	3/31/2021		20	M	3/24/2021	3/25/2021	Patient is a 20 y/o Male received the MODERNA vaccine on 24 Mar. He started developing substernal chest pain the day after his vaccination. Presented to the clinic with worsening chest pain and was in severe pain upon presentation. ST elevations noted on lateral leads with depression in anterior leads with elevated troponins. Had CT, echo, and cath which showed mild inflammation and normal cardiac cath. Patient diagnosed with myocarditis.
1154633	3/31/2021	NJ	60	F	3/28/2021	3/29/2021	Important to share: I had a strong case of Covid in March, 2020. No hospitalization and no need to go to hospital but I was very sick for three weeks. Oddly, after Covid I had odd heart pains and erratic high blood pressure. I saw a cardiologist and my heart was fine but it lasted on and off for months. I've been very well for months now. 1) The day after the shot, I felt tired and had a headache, which is expected and no big deal. The evening after the shot I experienced a lot of pain around my heart area. It was very similar to what I experienced post-Covid but more painful. It hurt enough that I went to the ER at Hospital in because of the chest pain. EKG, chest x-ray, and all blood tests were normal. 2) The next day, I fell asleep on a hammock in my backyard. I was wearing jeans and a sweater so the sun wasn't directly on me but I noticed later that the outside of my R leg and the inside of my L leg were covered in a red, lacey-looking rash. Oddly, my arms and torso had no rash. I called my Internist (Dr.) who asked me to email photos. She said it looked like an allergic reaction to the vaccine and advised me to submit info on this site and to take a benedryl. The rash was definitely where the warm sun hit me.
1154654	3/31/2021	MO	77	F	3/31/2021	3/31/2021	1:30 pm after shot at 11:30 heart started to beat rapidly and erratic. Wouldn't stop after an hour. Went to emergency part of hospital. Took ekg, drew blood to see if anything was not correct, had chest X-ray. All came out fine except ekg. Did not settle down. ER doctor called my doctor and he said other AFib patients have had this happen also. Er doctor agreed with my doctor. Also had no chest pains or shortness of breath or dizziness. Told to take Tylenol for a couple days and was released. The erratic and fast pace of my heart has eased some but still persists.

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1154679	3/31/2021	HI	43	M	2/8/2021	2/25/2021	Patient reports he has noticed over the past week increased shortness of breath on exertion--at baseline able to exercise with walking 45-60 minutes without dyspnea, however noticed over the last week getting some shortness of breath even walking to the garage. No chest pain, no fevers, chills, cough. He saw his PCP for these symptoms who ordered EKG and CXR 1 day PTA which per patient were normal--plan was for referral to cardiologist. However on the morning on presentation around 6:45 AM after taking an elevator for work he began feeling lightheaded and lost consciousness, awakening on the floor. He went home as he was not feeling well however proceeded to have another 2-3 episodes of loss of consciousness at home witnessed by his girlfriend--the later 2 occurred while lying down and were not clearly associated with any presyncopal symptoms.
1154789	3/31/2021	NC	22	F	3/30/2021	3/30/2021	Chills, fatigue, soreness, dizziness, and sinus headache overnight after receiving vaccine. Chills, fatigue, soreness, dizziness, chest pain, and difficulty breathing the day after receiving the vaccine.
1152209	3/31/2021	NY	30	M	3/3/2021	3/4/2021	Left chest pain 24 hours after injection, sent to emergency room 48 hours later and held for overnight observation as blood test revealed elevated level of troponin. released the following day after tests revealed overall sound heart health. Symptoms developed into pins and needles throughout extremities and shortly after Joint pain consistent with early rheumatoid arthritis.
1152074	3/31/2021	IL	91	F	3/15/2021	3/24/2021	91 y.o. female who presents with difficulty breathing onset 1 week ago. States symptoms have worsened the last couple of days and has developed intermittent chest pain, at times on the right lower chest and today on the left upper chest. Patient does have a history of stage III kidney disease, hypertension and was told many years ago that she had congestive heart failure. 3/31/21 admitted observation dx chest pain , sob

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1154368	3/31/2021	CA	53	F	3/17/2021	3/17/2021	Extreme stomach cramps for 4 days. Dizziness and nausea. Headache. Continued stomach pain for 7 days. Had to change diet after vaccine to low fat no dairy and no wheat. Gall bladder had been removed 3 years ago. Stomach and chest pain felt similar to gall bladder attack.
1152252	3/31/2021	NE	34	F	3/31/2021	3/31/2021	Patient became lightheaded at time of administration. These symptoms subsided shortly after with consumption of food. At around 1315 patient began to notice numbness and sensation of swelling to left side of face. She also reports slight headache. No weakness or numbness throughout remainder of body. No difficulty with breathing, swallowing or chest pain. Symptoms appear consistent with Bell's Palsy.
1154390	3/31/2021	NY	29	M	3/7/2021	3/24/2021	I had extreme chest pain on the 24th of March. It really hurt to breathe and it felt like I had pressure on my chest. I went to the Emergency room and they did a chest x-ray and a Covid-19 both of which were negative. I went home and I returned to the ER because the chest pain became worse. The chest X-Ray the second day showed I had pneumonia. I was told that it could have been from the Covid-19 in December or if was community acquired. I was prescribed with antibiotics and discharged. I still feel some chest pain after about a week and I have already finished the full course of antibiotics. I've seen my Primary Care physician, my cardiologist and my Pulmonologist.
1152233	3/31/2021	PA	35	M	3/24/2021	3/29/2021	Immediate sever reaction with fever after 2nd dose, muscle pain and fatigue continued and strong uncomfortable chest pain developed, fearing cardiac problems, went to ER. No cardiac indications from bloodwork or xrays. Diagnosis was costochondritis.
1153474	3/31/2021		57	F	3/31/2021	3/31/2021	Patient complained of dizziness, headache, and mild chest pain approx. 30-40 mins after receiving the vaccine. Patient recovered after extended observation and was discharged to home.

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1152297	3/31/2021	ID	27	M	3/25/2021	3/25/2021	Lightedness, tightness in neck, anterior and posterior aspects without chest pain, without SOB Vital Signs: BP 140/82 HR 67 Resp 20 O2sat 96 Skin Signs: Warm and dry Circulation: Cap refill <2sec Respiratory: Breath sound clear bilaterally Initial treatment: nsg vs, assessment - resp, neurological Physician assessment performed by Dr. at 13:48 PM 13:50 PM Vital Signs: BP 122/82 HR 72 Resp 70 O2sat 97 Skin Signs: Warm and dry Circulation: Cap refill <2sec Wait an additional 15 minutes in observation in addition to 30 min wait observ time Did not have lunch, only breakfast this am - gave him apple jc and nuts as a snack Disposition: Home by Self
1152331	3/31/2021	VA	56	F	3/17/2021	3/17/2021	Patient was monitored for thirty minutes afterward. At approximately 11:00 am, she developed intense itching that started on her abdomen and arms, followed by her arms and legs. She describes intense itching from the top of her head, all over her entire body, down to her toes and in between the toes. She denies any difficulty breathing, shortness of breath, chest pain, confusion, hives, or rash. She had a prescheduled Dermatology appointment that afternoon and they assessed her. They did not find a rash or hives. They advised her to take Benadryl that evening. The patient took Benadryl at 7:30 pm and did not notice the itching resolve until approximately 3:30 am the next morning.
1152482	3/31/2021	MD	66	M	3/9/2021	3/17/2021	3/17/21: patient presented and was admitted through ED for chest pain. Patient had recent event of NSTEMI and stent was placed last Friday. Per the EUA, hospitalizations are to be reported irrespective of attribution to vaccine.

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1152505	3/31/2021	OR	52	F	2/16/2021	2/16/2021	Night of injection had very restless sleep, felt strange and had generalized discomfort. Day 1 and 2 after vaccine had severe headache, body aches, joint pain, chills, brain fog, weakness, fatigue, waves of severe weakness followed by severe pain over varying body parts/areas, SOB/chest pain w/activity, took 5 min to recover. Middle of day 2 all symptoms started to improve slowly. By the end of Day 2 the waves of severe weakness/then pain stopped. Day 3 after vaccine continued to have headaches, body/joint pain, occasional chills, weakness, fatigue, some SOB w/activity, and brain fog. Since then symptoms have slowly improved. Still have slight tiredness/fatigue, brain fog, headaches, occasional SOB, ankle/foot pain.
1152522	3/31/2021	WI	49	M	3/31/2021	3/31/2021	Moderna Covid 19 vaccine, he had syncopal/unresponsive episode. Medical emergency called; vitals and glucose obtained. RN and Dr. to vaccine clinic. Pt brady at 40-41, diaphoretic, pale, all other vitals wnl. 911 called. Oxygen applied 2L NC. Pt talking in short sentences, complains of headache and dizziness. No resp distress or chest pain. Has had anxiety (vasovagal) episodes to needles in past.
1152571	3/31/2021	ME	53	M	3/31/2021	3/31/2021	In observation area, patient reported feeling dizzy, short of breath and confused. He was brought to the observation area where he reporting that he was not able to take his morning insulin. He reported he felt confused and this was typical when he was not able to take his insulin. He did not know the date or the day of the week. He reported having took anti-viral medications this morning, but not diabetes meds, including Lantus He denied chest pain. He had a history of open heart surgery/valve replacement in December 2020. Recommended transfer to Medical Center ED via ambulance for further evaluation.
1153337	3/31/2021	ID	60	F	3/23/2021	3/23/2021	After leaving facility, lips were tingling and tongue felt swelling. Little chest pain. Got home and took 2 Benadryl. Symptoms stopped in about 20 min.

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1153405	3/31/2021	TX	84	F	1/20/2021	1/29/2021	MODERNA COVID-19 Vaccine EUA Patient received first dose of Moderna COVID vaccine on 1/20/2021, presented to Emergency Department on 1/29/2021 with complaints of left-sided chest pain below her breast, with an onset 1/26/2021. In ED diagnosed with Pulmonary Emboli in lower branches of left lung, and a urinary tract infection. Pulmonary Embolism diagnosed with CTA of Chest. Patient treated with Apixiban 10 mg BID with anticipated duration of therapy for at least 6 months. Patient subsequently received second dose of Moderna COVID vaccine on 2/26/2021
1153256	3/31/2021	KY		M	2/26/2021		low grade fever with temperatures going up to 99.F (his usual temperature is 98.F); Chest pain; This is a spontaneous report from a contactable nurse reporting for her husband. A male patient of an unspecified age (age: 77, unit: unspecified) received his first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date were not provided), via an unspecified route of administration on 26Feb2021 at single dose for COVID-19 immunization. Medical history included heart disorder (reported as long heart history). The patient's concomitant medications were not reported. On an unspecified date in 2021, the patient experienced low-grade fever with temperatures going up to 99 degrees Fahrenheit that lasted for about 24 hours, his usual temperature was 98 degrees Fahrenheit. The next day, he went to the ER because of chest pain, but they attribute it to his long heart history. The outcome of the event low-grade fever was recovered on an unspecified date in 2021 and unknown for chest pain. Information on the lot/batch number has been requested.

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1153245	3/31/2021	MA	61	F	3/6/2021	3/1/2021	violent heavying, sweating for 2 hours; pain in chest; diarrhea; chills; sore; This is a spontaneous report from a contactable consumer (patient) reported that a 61-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm left on 06Mar2021 14:00 as a single dose (at the age of 61-years-old) for covid-19 immunisation. The patient had known allergies to flu shot, contrast dye, aspirin and codeine. She had a major reaction to flu shot so was scared to have this. She took Pepcid and Zyrtec 3 days prior and 1 week following. The patient was not pregnant at the time of vaccination. The patient had no COVID prior vaccination. There were no other vaccine in four weeks. There were other medications in two weeks. The patient received the first shot, day 1 and 2 was fine. On day 3 (09Mar2021 11:00), diarrhea started, day 4 (10Mar2021) - violent heavying, sweating for 2 hours then pain in chest. The patient thought she was having a heart attack. After many test it was not her heart, then more test that would not cause these issues. The physician determined it was the vaccine. On Mar2021, she still feel chills and very sore. The patient was scared to get her second dose. It was unknown if the patient received treatment for the reported events. The reported events resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. The patient was not tested post vaccination. The outcome of the events was unknown. Information on the lot/ batch number has been requested.

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1153186	3/31/2021	OH	55	F	2/6/2021	2/1/2021	Temp elevated night 100.9 F; ear pain; ear pressure; lymph node swollen behind right ear; severe neck pain; right cheek numb/sometimes left cheek numb feeling in lower cheeks/numbness in chin; hot flash in ears; chest pain; intense shoulder/shoulder pain/elbow pain; feels like it runs up the nerves; Pain in shot site left arm and pain in right arm in the same; severe headache/intense headache/pressure headache/bad headache; body pain at night; Pain in shot site left arm and pain in right arm in the same; This is a spontaneous report from a contactable consumer (patient herself). A 55-year-old non-pregnant female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot number: EN5318), via an unspecified route of administration in left arm at the age of 55-years (non-pregnant at the time of vaccination), on 06Feb2021 at 01:45 PM at a single dose for COVID-19 immunisation. The patient's medical history included diabetes, high blood pressure, lacunar infarct, anemia, and non-rheumatic mitral regurgitation. The patient had no known allergies. Concomitant medications included losartan, aspirin [acetylsalicylic acid] (ASPIRIN [ACETYLSALICYLIC ACID]) and acetaminophen. The patient previously took first dose of BNT162B2 on an unspecified date for COVID-19 immunization. The patient received other vaccine in four weeks was reported as no. Prior to the vaccination, the patient was not diagnosed with COVID. It was reported that Immediately after the shot, severe neck pain that wrapped up my face, right cheek numb, hot flash in ears, chest pain, intense shoulder, elbow pain, feels like it runs up the nerves, severe headache, ear pressure, lymph node swollen behind right ear on 06Feb2021 at 01:45 PM. Headache, body pain at night on 06Feb2021. 07Feb2021, numbness in right cheek, sometimes left cheek numb feeling in lower cheeks and intense headache. On 08Feb2021, ear pain, pressure headache, shoulder pain, cheeks numb left work early not feeling good at all headache very bad with acetaminophen (TYLENOL). Second vaccine shockingly painful side effects day of shot and days after. Pain in shot site left arm and pain in right arm in the same. Temp elevated night 100.9 F. On 09Feb2021, Off work vice grip headache, ear pain. On 10Feb2021, bad headache, numbness in cheeks remain, numbness in chin. The outcome of the events was

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1152723	3/31/2021		59	M	3/31/2021	3/31/2021	recovering. It was also reported that post vaccination, the patient had not been tested for COVID. PT ARRIVED TO THE E.R. DUE TO HAVING LARGE RASH TO LEFT FACIAL REGION AND FELT SICK POST 2ND MODERNA SHOT. DENIES SOB, CHEST PAIN, OR DIZZINESS AT THIS TIME. RECEIVED CLARITIN 10MG/ DECADRON 6MG IN THE E.R.
1152716	3/31/2021	CA	20	M	3/31/2021	3/31/2021	While in observation, patient reported feeling nauseous and was mildly diaphoretic. Vilas taken, 95/58 bp at the time. Patient then began to complain of chest pain. Vital signs taken again, as vital signs were being taken, pt reported relief from both nausea and chest pain. pt observation extended to 30 minutes. @ more vitals completed, all within normal limits. Pt refused further evaluation by md. Patient left facility with no complaints and a steady gait.
1152688	3/31/2021	TN	42	F	3/22/2021	3/22/2021	Vaccine 3/22/21, started with fatigue/generally feeling unwell 3/25/21, fever. Received Tdap vaccine 3/26/21. Persistent fever, pain around eye, ear and radiating into her head, nausea. Symptoms continued to worsen, developed chest pain and new onset seizure 3/31/21- Sent to ER for evaluation
1147536	3/30/2021	CA	46	F	3/18/2021	3/18/2021	Employee received #2 Pfizer on 3/18/21 at 3pm. At 8pm she describes experiencing vague chest pain that she attributed to musculoskeletal pain. She took Tylenol and drank fluids, went to bed. The next am, she woke up with worsening chest tightness and diffuse back pain. At approximately 1-2 pm she experienced SOB, labored breathing, and a "weird" chest discomfort "like something was sitting on her chest." She called 911, was evaluated by paramedics, VSS, BP 120s-130s, O2 sat 100%. They did not transport her to ED. She took Tylenol and drank fluids and reportedly felt "much better" by 4pm

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1147481	3/30/2021	CA	45	F	1/8/2021	1/8/2021	In the evening - I had a mild headache and chills; And had generalized joint pain and soreness on the arm on Saturday and Sunday. Those all continued for a few days and then that resolved. Shortness of breath and chest pain started 10 days after - they lasted for about a week and they resolved simultaneously. I went to my doctor and he did some tests. Everything was normal. No treatment except diet and exercise.
1147284	3/30/2021	KY	43	F	3/5/2021	3/7/2021	high blood pressure, chest pain, shortness of air - intermittent after getting the dose. Patient experienced this 2x on different occasions, the first time was 3/7/21-3/8/21 and again 3/20/21-3/22/21. EKG, stress test, and ECHO were completed after second concerning episode and no urgent cardiac issues were found. Follow-up with PCP scheduled 4/7/21.
1147324	3/30/2021	MA	19	F	3/24/2021	3/27/2021	Vaccine was given in left arm on 3/24/21. Had fever and myalgia x 24 hrs. No further fever. Myalgia continued for 1 more day at a lower level. Day 3, started to have chest pain. Came to Emergency room at the night of Day 3.
1147389	3/30/2021	CA	45	F	3/12/2021	3/13/2021	Day1- Cold sensation, felt tight throat when trying to swallow liquids; day 2- went to er at Regional Medical Center for chest pain, SOB; went to PCP, reports that she has been having cold arms and leg (raynaud's like presentation) went to Hospital er twice, now is in Regional Medical Center er with chest pain, headache, generalized weakness, reports that the cold sensations continue, patient was started on hctz after the vaccine for high BP, then amlodipine, patient was then taken off amlodipine and hctz and started on bystolic; tight sensations in the throat continue along with cold sensations; intermittent chest pains, headache

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1147444	3/30/2021	VA	25	F	3/29/2021	3/29/2021	Client complained of "tongue feeling tight" and "metallic taste" approximately 15 minutes after 2nd COVID vaccine injection. She was assessed, had no other symptoms - no SOB, no itching, no chest pain, etc. She waited in the clinic area over an hour after she was provided Benadryl liquid 25 mg po. She sat quietly reading a book and was able to drink a bottle of water. Per nurse's recommendation, her sister presented to the office to escort her home. She left the office walking and talking without any problems. BP prior to leaving the office was 126/89, pulse 85.
1147477	3/30/2021	GA	54	F	3/9/2021	3/9/2021	Chest pain and pain radiating from L arm to neck. Pt. transported to the ER on 03/15/2021 and ER stated that reaction was inflammatory process from the vaccine per school nurse.
1147273	3/30/2021	MI	63	F	3/24/2021	3/27/2021	C: Hives Had vaccine on wed and broke out with rash on Sat HPI: Patient presents with recent onset of skin rash. Rash has moved to different areas of the body. Rash is erythematous, raised and very itchy. Patient is not sure about what caused the rash. Denies an insect bite, recent exposure to new meds, cloth, cologne, food or other allergens. No recent use of new meds. No trouble breathing, no wheezing, no cough, no chest pain, no palpitations, no dizziness. No problem swallowing or swelling in the tongue or throat. No recent Hx of upper respiratory infection or other illnesses. under sterile conditions the the buttock was prepped with alcohol prep and patient was given a combination of decadron 4mg im with depo medrol 40 mg im Patient tolerated the injection well witho side effect prescribed for steroids to take benadryl and zyrtec will repeort possible adverse effect to regulatory authority.
1147490	3/30/2021	MA	53	F	3/30/2021	3/30/2021	Pt received covid19 vaccine. Pt was waiting in observation area for about 10 minutes when she began complaining of itchy dry throat, ears ringing, light headed. EMS responded to evaluate. EMS notified Fire/Rescue to respond for assistance. PT began to complain of chest pain. Fire/Rescue and PT opted in for transport to emergency room.

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1147509	3/30/2021	IN	58	F	3/26/2021	3/26/2021	pt states that she got very achy and had a headache so went to bed. She woke up with chest pains and these pains would come and go and the chest tightness and heaviness was constant. She took Tylenol and Advil but nothing seemed to help. These symptoms lasted almost 3 days. The left side of her chest is still a little sore.

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1147682	3/30/2021	GA	67	M	1/19/2021	1/20/2021	Transverse Myelitis; Could not go to bathroom in spite his bladder was full; Could not get out of bed; Could not walk; Chest pain; Pain in middle back; Pain in both of arm; The blood pressure went high; Pain was intense that cannot be describe; Pain across shoulders; A spontaneous report was received from a consumer concerning a 67-year-old male patient, who received Moderna's COVID-19 vaccine (mRNA -1273) and experienced events of chest pain, middle back pain, pain across shoulders/arthralgia, pain in both of arm/pain in extremity, pain was intense that cannot be described, the blood pressure went high/hypertension, could not get out of bed/asthenia, could not walk/gait inability, could not go to bathroom in spite his bladder was full/urinary retension and transverse myelitis. The patient's medical history as provided by the reporter included, quadruple bypass heart surgery, partial lung removal, back problem and neck problem. No relevant concomitant medications were reported. On 19 Jan 2021, approximately one day prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 (Batch number: 028L20A) intramuscularly in the right arm for prophylaxis of COVID-19 infection. On 01 Mar 2021, the patient received their second of two planned doses of mRNA-1273 (Batch number: 002A21A) intramuscularly in the right arm for prophylaxis of COVID-19 infection. On 20 Jan 2021, the patient reported that after receiving the vaccine he was taken to the hospital for chest pain, pain in middle back, pain across shoulders, pain in both of arm, pain was intense that cannot be described and the blood pressure went high. On 21 Jan 2021, in the morning, he could not get out of bed, could not walk and could not go to bathroom in spite his bladder was full for which a catheter was installed to go to bathroom and he got hospitalized for three days. The physician diagnosed him having transverse myelitis which is a side effect from vaccine. The patient received both scheduled doses of mRNA-1273 prior to the events, therefore action taken with the drug in response to the events is not applicable. The outcome of the events, could not get out of bed, could not go to bathroom in spite his bladder was full were resolved on 24 Jan 2021. At the time of reporting, (16 Mar 2021), the outcome of the event, could not walk, was recovering/resolving as the patient reported he was able to walk a little and was on physiotherapy. At the

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							time of this report, the outcome of the events, chest pain, pain in middle back, pain across shoulders, pain in both of arm, pain was intense that cannot be described, the blood pressure went high and transverse myelitis were unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1147533	3/30/2021		35	F	3/30/2021	3/30/2021	Chest pain (sharp/stabbing). Evaluated by EMS- Transported to Emergency room/department or urgent care.
1147167	3/30/2021		21	F	3/26/2021	3/26/2021	Patient notes dizziness, chest pain, and right arm numbness/pain after vaccination. Monitored with provider for 15 minutes without resolution and addition of nausea. Transferred to ED.
1147630	3/30/2021	KS	66	F	3/9/2021	3/29/2021	Patient presents for pre-syncope and then subsequent development of chest pain. She was in therapy when she had to use the restroom. She was urinating and having a BM when she suddenly felt extremely lightheaded as though she were about to lose consciousness. She did not thankfully lose consciousness, but rather rapidly developed chest pain after this event. She was brought to ED for evaluation. COVID screen in ED is positive. She was infected with COVID in November, 2020. She has since had a negative COVID screen. She is now positive again >90 days after first positive test, thus this will be treated as a new COVID infection. Place in negative pressure room. I am inclined to begin. Remdesivir as patient is always at high risk for progression to severe disease. 11/11/2020 positive COVID-19 2/13/2021 negative COVID-19 3/29/2021 positive COVID
1147662	3/30/2021	IL	55	F	3/30/2021	3/30/2021	C/o numbness, tingling in both arms ,face and feels warm all over. No swelling rash redness, flushing, SOB, chest pain or nausea. Pat feels nervous/ anxious. v/s HR 79, 119/77, 97% O2 RA. Pt felt s/s resolve and reported 126/79. No tingling after assessment . Refused transport.

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1147514	3/30/2021		46	M	2/4/2021	2/6/2021	Woke up by epigastric pain, radiating to chest. Associated with nausea. Went to ER with persistent chest pain. Ruled out cardiac cause. Nausea persisted after discharge from ER leading to another ER visit for hydration. Pain and nausea improved 24 hours later.
1146765	3/30/2021	NC	63	M	2/22/2021	3/23/2021	Blood work from a routine PE done approximately 1 month post covid-19 booster shot, (first shot was 1/29/21 and second given on 2/22/21) showed platelet level of 9,000 on 3/22/21. It was 7,000 on 3/24. Patient went to ER and was admitted on 3/25/21. Recently started Losartan was held for admission due to hematology recommendations as rare side effect of thrombocytopenia and not restarted while at the hospital. Multiple bruises on body noted in different stages of healing. Platelet count was 8,000 on 3/25/21. Platelet antibody tests positive, no platelet clumps on smear, denies HA, chest pain, SOB, n/v or fever. Denies hematochezia and hematemesis, blood in urine or epistaxis. CT scan negative. PT/INR results normal
1147710	3/30/2021		49	F	3/30/2021	3/30/2021	chest pain (sharp). Evaluated by EMS-Refusal to transport.
1146288	3/30/2021	MI	82	F	3/24/2021	3/24/2021	Vaccine administered at 1816. Patient walked to the observation area and while in the observation area, got up to use the restroom. Patient exited the restroom and said she needed assistance. She indicated to the observation nurse that "this ain't good" or "this ain't right". Patient reported seeing spots and having chest pain. The time was approximately 1830. She was assisted to the floor. Help was summoned and 911 called at approximately 1834. Upon being lowered to the floor patient was breathing, she was not cyanotic, her eyes were open and she was not responsive. The patient had a pulse. Sometime after 1830, but before 1835, the patient was observed to have seizure like activity as bilateral

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1146353	3/30/2021	GA	51	F	3/2/2021	3/2/2021	I remained in vaccination site for 15 minutes. Upon leaving and walking to vehicle I felt itchiness and tingling in throat. Upon visual inspection there was a quarter inch red ring around throat. I did not experience any shortness of breath or chest pain or difficulty speaking. I drove down the street to Pharmacy and bought Benadryl and took 50mg PO. There were no further side effects other than a normal expected sore arm.
1146348	3/30/2021	TX	34	M	1/29/2021	1/29/2021	arrhythmia; bradycardia; tachycardia; weird sensations in heart accompanied with light-headiness. Sharp pain in chest and pressure. Diagnosed with pericarditis and inflammation. Mostly resolved 8 weeks after receiving vaccine.
1146211	3/30/2021		42	M	3/22/2021	3/24/2021	Chest pains, sporadic over 5 days. Center and both sides near center of chest
1146357	3/30/2021	FL	86	F	2/2/2021	2/3/2021	02/03/2021 EXPERIENCING CHEST PAINS. 911 CALLED. TRANSPORTED TO HOSPITAL . ALL HEART TESTS (ECHO, BLOOD TEST) CAME BACK NORMAL. CHEST XRAY SHOWED CONGESTIVE HEART FAILURE AND ADMITTED TO HOSPITAL TO REDUCE SWELLING IN LEGS 02/03/2021 EVENING. HOSPITAL DR'S STARTED 80MG LASIX BY IV. DISCHARGED 02/05/2021 @ 12:00PM. TOOK HOME - PASSED OUT X4 BEFORE CALLING 911 AGAIN. TRANSPORTED BACK TO SAME HOSPITAL. ER DR. ASKED IF POSSIBLE FOR HER TO LOOSE 21.6 LBS IN LESS THAN 48 HRS. RE-ADMITTED INTO HOSPITAL 02/05/2021 @ APPROX 9:30PM FOR RE-HYDRATION ORALLY. DISCHARGED 02/10/2021
1146238	3/30/2021	VA	55	F	3/12/2021	3/12/2021	Palpitations, Shaking, Chest Pain
1146762	3/30/2021	MS	62	F	2/27/2021	2/27/2021	Pt c/o tongue swelling. NP evaluation: No SOB; No Chest Pain; No Aphagia; VS Stable & WNL. Benadryl 50 mg PO @ 1604. Pt state felt better @ 1610. Advised to say additional 30 minutes post Benadryl. Pt advised to f/u with ER if s/s return or worsen. Pt left department @ 1615. Stated VS no longer swollen and s/s had resolved

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1147061	3/30/2021	NJ	68	F	3/29/2021	3/29/2021	pt states that immediately after taking the vax she got light headed and her limbs felt very very heavy. Her BP was up to 192/90. They had her sit to monitor her BP and she became nauseas. She went to the ER. They continued to monitor her BP and she was given IV Benadryl. The heaviness in her limbs lasted many hours. Once her dizziness, heaviness in limbs, and her BP was 141/67 and still coming down she went home. Walking to her vehicle she had the dizziness, heaviness and was light headed again. When she got home she went to bed. Pt woke up having heart palpations. No chest pain or SOB. These palpitations lasted about 15 minutes. On 3/30/2021 she has some fatigue and a tightness around the top of her head. Pt has a FU appt w/ PCP on 3/31/2021.
1146774	3/30/2021	OH	70	M	3/30/2021	3/30/2021	Patient started to experience dizziness a couple seconds after the shot. Provided patient with water and he waited another 30-45 minutes and he started to experience nausea and chest pain that was rated a 3/10. 911 was called and his blood pressure was measured at 210/110 (previous blood pressure was 190's/110. Nitroglycerin was given but it did not help with his chest pain and he began to have a headache. He was taken to the hospital. He stated that he was not feeling good a couple days before today. He felt better today and received his J&J vaccine. Fired his cardiologist and was looking for a new one.

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1146786	3/30/2021	CO	67	F	3/19/2021	3/1/2021	<p>Extreme nausea; My symptoms were so severe I felt like I was going to die; I mean literally die; I thought I am going to have a stroke; My chest is still tight; I still feel low congestion; having hard time taking a deep breath; Chills; Headache; The chest pain was horrible; The joint and muscle pain were so severe; I am still little real nauseous; I feel like I mean like acid coming up constantly making me more nauseous; Unable to eat; The joint and muscle pain were so severe; My chest is still tight; I still feel low congestion; having hard time taking a deep breath; My chest is still tight; I still feel low congestion; having hard time taking a deep breath; This is a spontaneous report from a contactable nurse (patient). A 67-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 2 via an unspecified route of administration, administered in Deltoid Left on 19Mar2021 (Lot number was not reported) as SINGLE DOSE for COVID-19 immunization. The patient previously had first dose of BNT162B2 for COVID-19 immunization. The patient's medical history was not reported. Concomitant medication includes supplements and multivitamins. The patient stated "I wanted to ask you and I have some horrible concerns I got my second COVID shot last Friday, and by Saturday night, I am not exaggerating, my symptoms were so severe I felt like I was going to die I mean literally die on 20Mar2021. I couldn't get to emergency room, I figured out I am just going to die, I just laid down and let my door open down so somebody could find me, the symptoms I was having was extreme nausea, chills, headache, the chest pain was horrible, horrible, the headache I mean I thought I am going to have a stroke, the joint and muscle pain were so severe. So I have been taking Tylenol, Advil (Treatment) finally this morning, yesterday was tiny, tiny bit better, this morning its little bit better but I am still little real nauseous and I feel like I mean like acid coming up constantly making me more nauseous and almost like unable to eat. Ever since Saturday all I will have been doing is three bites of chicken soup three times a day. What in the world is going on with this vaccine that it would cause those severe symptoms and my chest is still tight I still feel low congestion having hard time taking a deep breath in Mar2021". The outcome of the event "my symptoms were so severe I felt like I was going to die I</p>

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							mean literally die" was recovered on unspecified date. The outcome of the event unable to eat was unknown. The outcome of the rest of the events was recovering. Information on lot/ batch number has been requested.
1146931	3/30/2021	NY	42	M	3/26/2021	3/29/2021	Patient states he received 2nd Pfizer shot 3/26 at approximately 10:40am, approximately 2 hours after developed fatigue. At approximately 2:00pm on 3/29 developed chest pain and shortness of breath. Patient was referred to local emergency room for further evaluation.
1146966	3/30/2021	AR	21	F	3/25/2021	3/25/2021	Patient states she is having chest pain, SOB, and dizziness. Did not resolve after 30 min wait. Transported to ED. Provider notified.
1147032	3/30/2021	VA	19	M	3/25/2021	3/28/2021	Pt reports generalized body aches, fatigue, fever 3/26, one day after receiving vaccine. Evaluated at ED 3/28, received Ketorolac and was discharged. While in parking lot, patient experienced blurring of vision, lightheadedness, nausea, SOB, and left-sided chest pain with return for re-evaluation. Pt treated for possible allergic reaction and concurrent EKG and blood work showed elevated troponin and transient ST elevation. Cardiology consulted and evaluated patient to have severe acute onset systolic heart failure, cardiogenic shock with pulmonary edema, Idiopathic fulminant myocarditis with myonecrosis, and hypoxic respiratory failure. Placed on furosemide, supplemental oxygen, and pending MRI.
1147033	3/30/2021	WI	56	F	3/29/2021	3/29/2021	3 minutes after receiving her first Moderna covid-19 vaccination in her left arm, she got hot and felt like she was going to throw up. She never did actually throw up and within 5 minutes all symptoms resolved on their own without any intervention. She denied any chest pain, shortness of breath, difficulty swallowing, lip or tongue swelling, and itching/hives.

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1146669	3/30/2021	NY	54	M	2/25/2021	3/12/2021	Heart attack; A spontaneous report was received from a physician assistant, concerning a 54-year-old adult male patient who received Moderna's COVID-19 vaccine and experienced heart attack/myocardial infarction. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 25 Feb 2021, prior to the onset of event, the patient received their first of two planned doses of mRNA-1273 (lot number unknown) intramuscularly for COVID-19 infection prophylaxis. On 07 Mar 2021, after first dose of vaccine, the patient had chest pain and shortness of breath. On 12 Mar 2021, patient had a heart attack and was airlifted to hospital. He was hospitalized from 13 Mar 2021 to 14 Mar 2021. Patient did not have history of heart condition nor was taking any medications prior to having the heart attack. During hospital stay, he had angiogram done, stents were placed. Treatment also included cholesterol lowering medicine, blood pressure medicine and acetylsalicylic acid. Action taken with mRNA-1273 in response to the event was not provided. The outcome of the event, heart attack was resolved on 14 Mar 2021.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the onset date of the event of myocardial infarction, a causal relationship cannot be excluded.
1148943	3/30/2021	WI	52	F	3/25/2021	3/25/2021	On the day of vaccination I was treated at the site for a reaction which started 40 minutes after the shot. I was hypertensive and Tachycardia and I had chest tightness . I was monitored for 90 minutes and I had taken some Prednisone and they gave me Allegra. I left there and six hours later I felt worse. I had been having intermittent chest pain. My chest pain got worse and my heart rate was elevated so I went the ED. I was given Benadryl and Pepcid. I was discharged after two hours but I still had some chest pain. I took another dose of Steroids after four days I felt better. I have a scheduled Stress Test at Hospital for follow up. I still have some burning chest pain on occasion.
1148391	3/30/2021	IL		F	3/27/2021	3/27/2021	C/O PAIN. CHEST PAIN

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1148411	3/30/2021	KY	67	M	3/27/2021	3/27/2021	a 67-year-old male with past medical history hypertension, CVA on aspirin and Plavix, diabetes mellitus on Metformin who presented to ED 3/30/2021 secondary to shortness of air. Patient son is at bedside and states he has had complaints of cough, chest pain and shortness of air for the past 3 to 4 days. He has associated subjective fevers at home. Patient son states that his daughter checks the patient's blood sugar daily. He has not missed any of his medications or had a change in medications. His blood sugar was checked this morning and noted to be high and he thus presented to ED for further evaluation. Patient was ill-appearing on arrival to ED with respirations in the 30's as well as tachycardia and mild hypoxia. He was placed on 2 L with O2 stats stable. He states he has some relief with IV fluids but continues to have chest pain and shortness of air. He is tachypneic with Kussmaul respirations noted. Pertinent ED labs: Elevated lactic 3.0, potassium 6.8, glucose 760, BUN 33, creatinine 1.8, WBC 16, D-dimer 2636, decreased GFR 38, sodium 124, bicarb 5 VBG with pH 6.97, CO2 25, bicarb 6 Patient started on insulin drip, 2 L IV fluids, IV antibiotics, calcium in ED.
1148508	3/30/2021	TX	53	F	3/30/2021	3/30/2021	mild swelling of left side of face and redness on upper chest area. Denies SOB, chest pain, denies swallowing problem. Seen and cleared by EMS
1148512	3/30/2021	CO	27	F	3/29/2021	3/29/2021	Fever (~101) Aches Chills Diarrhea Nausea Pain at injection site Chest pains
1148517	3/30/2021	IL	38	F	3/30/2021	3/30/2021	c/o numbness/ tingling around mouth and SOB chest pain x 2 minutes after vaccine. No swelling or facial flushing noted.rash not on patient not typical of patient . Patient felt numbness and tingling resolved but not chest pain/ SOB. 121/85,83,98% o2 RA . Patient transported to ED for unresolved chest pain and rash. Transported to hospital

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1148542	3/30/2021	WV	56	M	2/24/2021	3/12/2021	My father woke up 16 days after Pfizer medication was injected. According to his story, he briefly exercised, developed extreme chest pain. His significant other was present and took him to the ER and Medical Center. After obtaining EKG, the ER determined he was having an MI. Appropriate medication were initiated, he was stabilized, and transferred by ambulance to hospital. He received 2 stents in the LAD and an angioplasty for a blockage "further down".
1148388	3/30/2021	CA	25	F	3/23/2021	3/23/2021	3/10 chest pain, SOB, tachycardia Improved 2/10 chest pain, ambulated out of clinic, denied admission to ED
1148889	3/30/2021		38	F	3/30/2021	3/30/2021	Client received the 1st dose of Pfizer COVID vaccine (lot #ER8737 expiration date 4/3/21). Client had completed 15 minute observation when she reported feeling a warm sensation starting in her chest and spreading up to her throat to EMT. At 1215 EMT took first set of vitals: Heart rate 76, blood pressure 120/80, oxygen saturation 100%. Client denied shortness of breath, no swelling, no redness of skin. Per client history of anxiety and allergic to certain fruits. EMT stayed with client and gave water. Vitals at 1234: heart rate 69, blood pressure 130/90 and oxygen saturation 99%. Client reported symptoms improving. Client asked to stay an additional 15 minutes in observation. EMT informed lead PHN at 1238 and PHN went to assess client. Upon arrival client alert and oriented. Stated had warm sensation from chest to throat that had already resolved. Client denied shortness of breath, chest pain, no swelling noted. Client stated feeling better and was ready to go home. Last set of vitals at 12:42PM: heart rate 65, blood pressure 126/82. Client advised to speak to provider before second dose. ER precautions also given. Client left facility at 1240 with steady gait.
1149204	3/30/2021	FL	50	F	3/29/2021	3/29/2021	Headache, chest pain as pins and needles, shortness of breath, swollen throat, tongue, lymphatic nodes, difficulty to breath and to swallow, weakness, disoriented, pain in body, difficulty to urinate, dizziness, blurry vision, nausea, tachardia, pulse rate increase, blood pressure increase, fatigue, body and muscle pain.

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1149054	3/30/2021	VA	28	F	3/19/2021	3/19/2021	pain tenderness swelling in lymph nodes and arm headache dizziness confusion muscle weakness fatigue stomach pain chest pain hiccups joint pain and chills nausea Continuing effects: leg pain muscle pain headache light headiness fatigue jaw pain and some muscle weakness.
1149134	3/30/2021	UT	67	F	3/1/2021	3/21/2021	Day 2 fever, muscle pain, chills Day 3 woke up dripping in sweat, pajamas soaking wet, fatigue, aches +4 fever Day 4 all the above and intense chest pain and nausea. Called paramedics as concerned about heart attack. Heart OK, blood sugar OK, BP was 211. Day 5 fatigue, cold, aches, covid are, Day 6 started feeling batter Today, arm still itchy with rash.

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1149164	3/30/2021		36	M	3/2/2021	3/9/2021	<p>Patient had flu-like symptoms while deployed at start of pandemic (approx. Jan/Feb 2020), but testing was unavailable. His symptoms (URI-like) completely resolved. He received Moderna dose 1 on 02 Feb 2021 without incident, and Moderna dose 2 on 02 Mar 2021. Approximately one week later, he developed mild, dull, diffuse chest pain and shortness of breath which has persisted since. He was seen in clinic for chest pain and dyspnea on 15 Mar 2021. Patient noted his chest hurt ?all over? especially with deep or with normal inspiration. Reclining, laying down, and sleeping on his right side increased his pain (he did not trial sleeping on his left). Leaning forward decreased pain. He endorsed feeling short of breath, and stated he felt light headed twice while going up stairs, without passing out. He denied recent illnesses and other symptoms. He is a very physically fit Active Duty Marine, who has continued running despite his symptoms. During this encounter and later f/u encounter, he expressed he did not believe running made his symptoms significantly worse. Vital signs were within normal range and he did not appear in distress. Cardiac and lung exam were normal, and no friction rub or murmur was appreciated. EKG showed sinus bradycardia, with HR consistent with his known, athletic-type normal variant heart rate. No other abnormalities were detected. Due to limited ancillary services within clinic, he was sent to USNHO ED for evaluation. There, he had basic labs (including Trop I) drawn, which were normal. EKG and portable chest xray were also unremarkable, and he was discharged with Motrin 800mg PO TID. He was seen in clinic again 29 Mar 2021 for continued, unchanged symptoms, and reported he had been taking his Motrin only in the mornings and afternoons. Vital signs were unchanged (normal limits). Exam, including heart and lung, were normal. EKG again demonstrated sinus bradycardia, consistent with his normal resting heart rate. He was started on empiric therapy for pericarditis. He was released from clinic and will follow up in several weeks.</p>

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1149168	3/30/2021	PA	52	F	3/1/2021	3/1/2021	Spoke with patient on 03/29/2021 when she canceled her second dose of the Moderna COVID-19 vaccine. The patient reported that she received the Moderna COVID-19 in her left arm on 03/01/2021. By the night of 03/01/2021, she had arm soreness and began to feel itchy. On 03/02/2021, the patient woke up covered in full-bodied hives. She called her PCP and was told to take Benadryl. The patient took Benadryl 25 mg po as needed throughout the day and 50 mg po at bedtime. No epinephrine used. The hives continued x 1 week and the patient continued to take the Benadryl as needed. Patient denied any swelling, shortness of breath, gastrointestinal symptoms, dizziness or lightheadedness, chest pain, body aches, joint pain, fever, or any other symptoms. The patient has since fully recovered with no sequelae. Patient stated that her PCP felt she could receive the second dose of Moderna COVID-19, but another consulting provider told her not to take the second dose. The patient canceled her second dose appointment at our facility.
1149193	3/30/2021	NY	72	F	3/11/2021	3/24/2021	Wednesday night on 3/11/2021 around 9 pm dull chest pain under and around left breast. Called doctor on Thursday morning. Spoke with Dr in the afternoon. Office visit on Saturday morning. Administered EKG ... diagnosis ... Pericarditis ... prescribed Famotidine 40mg and Naproxen 250mg.
1146297	3/30/2021	KY	79	F	3/29/2021	3/29/2021	presented with chest pain onset around 1800 this evening. She describes it as "an elephant sitting on [her] chest" that began suddenly and was constant until she received pain medicine in the ED. She had associated shortness of breath and nausea. She did receive her COVID-19 vaccine today. She denies fever, chills, cough, vomiting, abdominal pain, diarrhea, constipation, urinary sx.

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1148573	3/30/2021	MA	38	F	3/29/2021	3/30/2021	Pt received Covid 19 vaccination at 17:73 hours. At approximately 18:12 hours PT began walking to the bathroom because she was not feeling well. staff noticed PT was sitting down in a chair complaining of shortness of breath and chest pain. Once notified of the situation, I alerted EMS staff and Fire Rescue to respond. PT began feeling light headed. PT was laid down on the floor and was becoming unconscious. EMS crew administered Epi to PT right deltoid. PT was administered oxygen as well. PT condition began to improve but was still not alert to surroundings or commands. Fire/Rescue responded on scene to assess patients condition. PT was treated by Fire/Rescue and was transported to .
1147876	3/30/2021	IL	23	M	3/30/2021	3/30/2021	SOB 3 mins after vaccine Denies chest pain, nausea, swelling , rash, itchy eyes. Patient describes it as if he went for air. Patient given water. v/s 136/76, 72,98% o2 RA, Alert and oriented x4. Patient felt s/s resolve after given water. 126/75
1147717	3/30/2021		69	F	3/30/2021	3/30/2021	chest pain (intermittent) under rib cage. Evaluated by EMS-Cleared
1147729	3/30/2021	IN	18	M	3/25/2021	3/27/2021	Patient presented to the emergency department early March 28, 2021 after experiencing 5-7 hours of chest pain. The chest started when the patient went to bed the evening of March 27, where he began having substernal non-radiating chest pain with inspiration. The pain was relieved by sitting upright and by taking some acetaminophen. He received his 2nd dose of the Pfizer COVID-19 vaccine on March 25 (first dose was March 5). He was initially treated with ketorolac 15mg IV and given 1 liter of lactated ringer's solution via IV. His chest pain resolved after this. He was eventually given colchicine 0.6mg twice daily and ibuprofen 600mg 3 times daily due to concern for myopericarditis. He was ultimately found to have no evidence of pericarditis after undergoing a cardiac MRI, thus colchicine and ibuprofen were discontinued. Due to findings of mildly reduced ejection fraction on imaging, he was started on metoprolol XL 25mg once daily at discharge.
1147737	3/30/2021	GA	43	F	3/30/2021	3/30/2021	chest pain, arm pain, dizziness

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1148365	3/30/2021	SD	61	M	2/24/2021	2/27/2021	Pt was treated in the emergency department for pleuritic chest pain, pneumonia, and nonspecific left greater than right lower lobe ground glass opacities found on CT scan on February 27, 2021 beginning at 1826.
1147829	3/30/2021	VA	44	F	1/12/2021	1/14/2021	At about 10:30p-11:30p on 01-14-2021 I went to bed and I woke up feeling weird. I had a rapid heart rate of 140bpm. I did not lose consciousness. I called 911 and they came to my home with an ambulance. My BP was 200/100. My heart rate was 130. They told me i had tachycardia with BP elevated and my husband took me to the ER for evaluation. At the ER, lab work was done, they hooked me up to monitors and I had an episode where my heart rate increased. I was discharged home and to follow up with my PCP and everything seemed fine. About two weeks later I had same episode where heart rate elevated and now with chest pain. I went again to the ER and they did more tests on me. I saw a cardiologist and he had me wear a holster monitor. With the holster monitor I had one minor episode where my heart beat elevated. I will see my cardiologist next week. I did not receive my second dose of Pfizer vaccine.
1147728	3/30/2021	IL	24	M	3/2/2021	3/3/2021	Patient had reported onset of symptoms 03MAR21 @1900 following 1st Dose of Moderna on 02MAR21. Patient reported to Emergency Department at 0000 04MAR21 with the symptoms of Vertigo, Lightheaded, Nausea, Chest Tightness, and SOB. EKG, UA, and Chest X-ray ordered by ED Provider. ED Provider notated that "CXR and ECG Normal". ED Provider diagnosis: "Acute Pleuritic Chest Pain, Dizziness, Immunization Side Effect". Patient received APAP and Ibuprofen in ED and reported that chest/pleuritic pain improved following administration but complete resolution did not occur for another 24hrs. Patient discharged from ED on 04MAR21.
1147913	3/30/2021	KS	47	F	3/27/2021	3/27/2021	Within 8 hours - Tiredness/generally un-well; Burning/pain in chest; Within 24 hours - In addition to side effects listed above, periodic chills and feeling feverish
1147996	3/30/2021	CA	53	F	3/29/2021	3/30/2021	102 fever, headache, aches, fatigue, chest pain.

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1148089	3/30/2021	CA	39	F	3/27/2021	3/27/2021	<p>S:The pt walked in, is a 39 year female C/O dizzy after Janssen J&J Covid-19 Vaccine O: Appearance: alert, well appearing, and in mild distress and oriented to person, place, and time. A: Pt received Janssen J&J Covid-19 Vaccine at 1424, pt observed for 30 minutes, 1453 pt reported she had been feeling dizzy for about 10 minutes, stated she only had breakfast additional 15 minutes of observation given, 1505 stated her head felt heavy and palpitations, rash on face The patient is in need of an appointment for medical evaluation. P: 1506 Notified Doctor. 1507 Transferred via wheel chair from vaccine clinic to triage nurse clinic, accompanied by MD 1512 VO Benadryl 50mg IM, administered 1521 VO Atenolol 25mg PO, given 1605 VO Atenolol 25mg PO, 1607 given 1618 Follow up appointment with pcp per MD Future Appointments Date Time Provider Department Center 3/29/2021 10:30 AM, M.D. 1640 Pt discharged home by MD in stable condition. Pt's husband waiting for pt outside. Electronically signed 3/27/2021 4:41 PM 3:16 pm patient taken back to nurse triage due to facial rash and pressure in head > 20 minutes after receiving J&J vaccine, she then advises has palpitations, no difficulty breathing, no oral symptoms, no lip swelling, History: patient with history of systemic mastocytosis diagnosed last year and history of frequent recurrent macular erythematous rashes frequently triggered by anxiety, last more significant reaction was 1 year ago after a facial, in which she had some lip swelling without oral swelling or difficulty breathing, patient on cetirizine 10 mg by mouth once daily which she took this am, (per allergy can take up to three times daily if needed) in past she has been given prednisone tapers, Although she states she has not had history of anaphylaxis, recent allergy referral for second opinion states "history of anaphylaxis" Patient denies reactive airways disease, or history of oral swelling or difficulty breathing with her reactions. Vitals: 03/27/21 1505 03/27/21 1514 03/27/21 1547 03/27/21 1602 BP: (!) 160/102 (!) 189/106 (!) 167/90 (!) 167/100 BP Patient Position: SITTING SITTING LYING LYING BP Location: LA-LEFT ARM LA-LEFT ARM LA-LEFT ARM LA-LEFT ARM Cuff Size: Standard Adult Standard Adult Standard Adult Standard Adult Pulse: 111 110 82 82 SpO2: 99% 99% 100% 100% Exam blood pressure 183/104 Pulse 100 , O2 sat: 100% on room air resp rate regular at 16-</p>

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1148105	3/30/2021	72 F	2/23/2021	3/18/2021	<p>12 / min Gen: In NAD Heent: Erythematous rash macular face confluent extending to neck, cheeks, no lip swelling Oropharynx, without swelling, Lung: Clear to auscultation bilaterally, no wheezing, Cor: Regular rate at 100 beats/minute Abdomen: soft 4:36 pm - rash less prominent on face, still with erythematous macular lesions, but less dark Patient denies palpitations, headache, chest pain, dizziness, or shortness of breath VACCINATION FOR SARS-COV-2 Note: given Plan: VACC COVID-19 , RECOMBINANT SPIKE PROTEIN-AD26, PF (JANSSEN/J&J), 0.5 ML SYSTEMIC MASTOCYTOSIS Note: has follow up with allergy URTICARIA Note: suspect triggered by anxiety, given diphenhydramine 50 mg im x 1, patient instructed to increase cetirizine as per allergy suggestion to 10 mg three times daily, continue benadryl 25-50 mg q8 h as needed hives, Plan: DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN ELEVATED BP READING WO HTN DIAGNOSIS Note: atenolol 25 mg by mouth given at 3:23 pm, with blood pressure drop to 167/90 from 189/106, in 40 minutes, second dose of 25 mg by mouth given at 4:06 pm , will give atenolol 25 mg by mouth once daily to take at home for elevated blood pressure until follow up this week by primary care provider by telephone visit Plan: ATENOLOL 25 MG ORAL TAB Patient and any caregivers present are advised if there is no improvement in Her symptoms, She is to follow-up with me in the above stated time. Orders Placed This Encounter ? VACC COVID-19 , RECOMBINANT SPIKE PROTEIN-AD26, PF (JANSSEN/J&J), 0.5 ML ? Atenolol Tab 25 mg (TENORMIN) ? diphenhydrAMINE Inj 50 mg (BENADRYL) 3/27/2021 3:32 PM</p> <p>BLOOD CLOTS : Two days after receiving Pfizer dose 2 my mother had difficulty breathing and had chest pain. She was hospitalized for six days due to blood-clotting in the lungs.</p>
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1148186	3/30/2021	WI	30	M	3/29/2021	3/30/2021	Initial soreness at injection site in right arm, which largely faded within four hours of vaccination; Ongoing as of this writing since 11:30 a.m. on 03/30/2021: mild stomach nausea (started at 11:30 a.m. and still going at 02:00 p.m.; vague chest pain (feels mild and seems like what I would expect from anxiety or drinking too much caffeine-- of which I have not consumed), which started at about 01:15 p.m. and still going at 02:00 p.m.; a brief headache that lasted about 20 minutes from 01:00-01:20 p.m.; and a few times I had trouble mentally and visually focusing on my work (I do not mean my vision was blurry, just that I felt somewhat distracted). No treatment sought at this time.
1148299	3/30/2021	NC	51	M	3/27/2021	3/27/2021	2.8kg 51 yo M with hx of hypothyroidism and allergy to penicillin was given his first Pfizer vaccine around 0915 3/27 at Medical Center (lot # not reported). Within 5 minutes he states he felt a "jolt" throughout his body and became very nervous and had sweaty hands. Patient reported symptoms at the vaccination location. Blood pressure was reportedly "low" and patient was told he could leave if he felt better. After about 30 minutes from the injection, patient decided to go home but continued to feel nervous and was twitching all over and decided to come to urgent care. He presents with chest pressure (4/10), muscle tremors, mouth dryness and mild dizziness. Denied any history of Covid. Denied any previous reactions to any vaccines. Denied any shortness of breath/trouble breathing, lightheadedness, nausea, or vomiting. No history of high blood pressure or high cholesterol. Denies any history of anxiety or nervousness. States he felt fine prior to the vaccine. Patient did drink his coffee and have a flour tortilla along with a breakfast bar today. HR 82 but BP elevated 199/122.at 1125. BP treated with SL nitroglycerin and four 81mg aspirin. Chest pain improved 1/10. EKG showed inverted T waves V4-V6 with no ST elevation or depression. Sent to ED where EKG was repeated. Incomplete right BBB. BP 128/73 and pulse 47. CXR negative. Unknown if patient was admitted. ED was at Medical Center.

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1148316	3/30/2021	TX	19	M	3/13/2021	3/14/2021	BEGAN FEELING CHEST PAIN AND LIGHTEADEDNESS BEGINNING 3/14, THE DAY AFTER GETTING THE VACCINE. HE PRESENTED TO THE EMERGENCY ROOM ON 3/17 WITH WORSENING OF CP THAT WOULD NOT GET BETTER WITH NSAIDS, PAIN RADIATING DOWN LEFT ARM. TROPONINS NOTED TO BE ELEVATED, PT ADMITTED TO INPATIENT ROOM FOR CARE ON 3/17. TESTING DONE AND PT TREATED FOR MYOCARDITIS POSSIBLY SECONDARY TO COVID 19 VACCINATION. DC'D HOME ON 3/24 WITH LISINOPRIL AND PREDNISONE. ORDERS TO FOLLOW UP WITH DR.
1148347	3/30/2021	NC	69	F	3/20/2021	3/20/2021	Patient reported chest pain shortly after having received second dose and on assessment, BP noted to be 208/102 and sustained high readings. Transported to ER via ambulance.
1148032	3/30/2021	CO	34	F	3/29/2021	3/29/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: patient reported lightheadedness, palpitations, lower abdominal pain (menstrual cramps), and tachycardia after receiving vaccine and not having any oral intake that day prior to vaccination. Denies shortness of breath, chest pain, nausea, vomiting, and diarrhea. Transported to the emergency department (ED) where vital signs were within normal ranges except for blood pressure 152/108. Patient was offered and able to tolerate food and drink by mouth, observed, symptoms improved, and discharged to home stable.
1147821	3/30/2021	CA	50	F	2/12/2021	2/12/2021	After the first dose I had chest pain, shortness of breath and dizziness which seemed to last for a week. It felt like there was a weight on my chest. The feeling came and went and I still went to work. I went to the ER. I got the second dose of the vaccine. Within ten minutes of the second dose I had chest pain and I felt dizzy. and strange. I felt like I was having an out of body experience. I need help to stand. I was taken to the Urgent care. All of the tests were negative. The next day I was very tired and I had chills so bad I couldn't stop shivering. I felt like that for three days and was unable to Work.

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1148349	3/30/2021	PA	66	F	3/27/2021	3/27/2021	Pt presents to ED from home after having covid vaccine at 1100 today, now stated having HTN, w/ a hx of HTN. 66-year-old female presents to the emergency department after having a COVID vaccine. States that he received his 1st dose of the 5 0 vaccine at the campus clinic at 11:00 a.m. Earlier today. States that within 15 minutes of observation he began to feel sweaty and has some palpitations. Now expresses he feels fatigued. States that he was observed at the vaccination clinic for approximately 1 hour. Did have something to eat and drink afterward. Sent to the emergency department for further evaluation. Denies chest pain or shortness of breath. Has not had reaction to vaccinations previously. Was not previously diagnosed with COVID. Patient went to ED later the same day presenting to the ED for evaluation of facial swelling and fatigue after receiving her first Covid vaccination at 11AM. Patient was seen in ED shortly after receiving the vaccine due to feeling dizzy, sweaty and fatigued. Patient also reported an elevated BP at that time. Labs and EKG were normal in ED. Patient was given a snack and drink and was feeling better at time of discharge. After arriving home, patient started to feel like their lips and tongue were swelling and had pruritus of both hands and abdomen. Patient denies shortness of breath, chest pain, palpitations, dizziness, wheezing, or N/V/D. Denies a history of allergic reactions to previous immunizations.
1144097	3/29/2021	FL	30	F	3/19/2021	3/26/2021	Shortness of breath, dry cough, and chest pain 10 minutes after getting the vaccine. Dry cough, sore throat, headache, mucus, tiredness, COVID arm from day 7 after vaccination.

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1144336	3/29/2021	TX	21	F	3/29/2021	3/29/2021	Known patient to center here for covid vaccination present with father at 1030 Patient tolerated well vaccine and after waiting 30 minutes started to depart and states felt jittery at 1100. Patient resume in supine position with legs elevated. Patient states had not ate all day was going to lunch after appointment. Patient conversant and BP taken Right arm 132/78 at 1105 VS @ 1110 BP 165/99 100 O2 sat and 92 HR. Ice paks applied. VS @ 1115 BP 148/96, O2 sat 99% 91 HR, Rep even 16 encourage deep breathing Patient drank juice x 2 , water and crackers without problems and felt better. Continue to monitor with Dr at bedside Patient HOB elevated in sitting position. Mother at bedside. Patient denies chest pain or difficulty breathing, denies throat swelling or itchy. noted eyelid tremors when shut. Discussion ensued on continued to monitor. Patient states feels better. BP 130/90 manual to right are. 149/101 Pulse 97, Resp 16 and even without problems at 1130. Patient amb in hall with assistance and tolerated well, no complaints. Patient escorted to car with out problems.
1144333	3/29/2021	TN	52	M	3/5/2021	3/17/2021	12 days after first shot, I experienced extreme chest pain and heart arrhythmia. I has to go to the emergency room and was hospitalized overnight. They performed echocardiogram, ct of chest, labs and venous dopplar. I was Diagnosed with new onset atrial fluttering and now seeing a cardiologist. I wore a heart monitor for 2 days and was told my heart paused/stopped 6 times and longest being for 8.6 seconds. I am scheduled for a TEE with cardio aversion, then a cardio ablation and /or pacemaker.
1144202	3/29/2021	ID	38	F	3/18/2021	3/18/2021	Racing heart very anxious Vitals Signs: B/P: 170/74 HR: 142 O2Sat:98 Skin Signs: Clammy Circulation: Delayed Resp.: Breath sounds clear bilaterally. Denies chest pain. Treatment: controlled breathing with guided imagery. Gave apple juice Reassessment: @16:12 Vitals: B/P: 138/80 (right arm) HR:134 Reassessment @16:16 B/P 132/70 HR:134 Reassessment @16:20 HR:100 O2Sat:97 Treatment: Patient D/C from triage without incident- Laughing and talking. Husband in parking lot in his own car. Pt d/c home by self.

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1144176	3/29/2021	AZ	61	U	3/25/2021	3/25/2021	at approximately 1310 patient was reporting chest pain at 9/10 on verbal pain scale with pain and heat radiating to lower back. In addition, patient reported SOB on exhalation, HA and diaphoresis. Facility staff EMT called 911 and county fire determined patient should be taken to hospital for a full workup. Facility staff EMT was unaware of what hospital patient was being taken to.
1144167	3/29/2021	MD	67	M	3/11/2021	3/23/2021	03/23/21: Patient presented and was admitted through ED for chest pain associated with shortness of breath which is worsening from yesterday. Patient also complains of diaphoresis. Shortness of breath worse with sitting straight up and better with lying on his side. In ER patient was found to have blood pressure 119/84 temperature 97.4 heart rate of 101 bpm saturation on 6 L and can supplement therapy via nasal cannula. PMH significant of COPD on 2 L nasal cannula at home. Per the EUA, hospitalizations are to be reported irrespective of attribution to vaccine.

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1144168	3/29/2021	KS	34	M	3/18/2021	3/18/2021	<p>Subjective Patient is a 34 y.o. male who was seen at Vaccine Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience difficulty breathing and throat tightness. He denied rash, hives, welts, difficulty swallowing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. Pt was given a water to drink and he reported the SOB was very mild and the water helped. He does have a history of childhood asthma but does not use an inhaler for years. ALLERGY REVIEW OF SYSTEMS: Patient complains of frequent throat clearing and shortness of breath. CONT negative Eyes negative Skin negative GI negative Musculo negative Neuro negative Previous Reactions: None Objective Vitals Vitals: 03/18/21 1052 03/18/21 1107 03/18/21 1114 BP: 133/86 119/80 129/82 Pulse: 50 53 (!) 49 SpO2: 100% 99% 99% Pt is a runner and states he runs a lower pulse. Physical Exam Constitutional: Appearance: He is well-developed. HENT: Head: Normocephalic and atraumatic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Musculoskeletal: General: Normal range of motion. Cervical back: Normal range of motion and neck supple. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: He is alert and oriented to person, place, and time. Assessment/Plan Treatment included: water Follow up response to treatment: excellent. Patient discharge: Stable to go</p>

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1144361	3/29/2021	CA	30	F	3/27/2021	3/27/2021	home and follow up with PCP. Differential Diagnosis: Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) Pt was dismissed at 11:15 to return to work. No symptoms at time of discharge. He was told to take an antihistamine before his next appointment.
1144426	3/29/2021	CA	67	F	3/19/2021	3/19/2021	Patient experiencing tingling in mouth and throat. No SOB or chest pain. Provider assessed and ordered 25mg Benadryl IM. Administered. Two subsequent vitals taken. Patient feeling much better. Observed for additional 30 minutes. Provider reassessed and patient discharge home with mother
1144437	3/29/2021	OK	26	F	3/19/2021	3/19/2021	Extreme body and mind agitation, thought psychosos (first night after shot) Chest pains in left side (first night after shot) Pain spot inside of left elbow for 9 days Shortness of breath for first 2 days with intermittent recurrences for next 7 days Achy, dizzy, headache, fever, & fatigue starting evening after shot, lasting 2 days with intermittent recurrences for next 11+ days
1144509	3/29/2021	WI	24	F	3/22/2021	3/23/2021	Chest pains. Chest pains have persisted from 3 days after test until this day (3/29)
							The next day I started feeling extreme fatigue. Other symptoms I've had are chest pain, congestion, a slight cough, and brain fog. I have mucus buildup as well.

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1144561	3/29/2021	NJ	58	F	1/18/2021	1/23/2021	5 days after I started to have chest pain. It was variable and now I have been diagnosed with Prinzmetal angina; This is a spontaneous report from a contactable other healthcare professional (patient). A 58-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EL3247) via an unspecified route of administration, administered on the left arm on 18Jan2021 11:00 at a single dose for COVID-19 immunisation. Medical history included high BP that was under control and allergy: glue on tape used in hospitals. Concomitant medications included losartan, levothyroxine and hydrochlorothiazide. On 23Jan2021 02:00 PM (5 days after), the patient started to have chest pain. It was variable and now I have been diagnosed with Prinzmetal angina. Treatment was received for the events. The events resulted to a doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. The patient is in the process of stabilizing the angina. Prior to vaccination, the patient was not diagnosed with COVID-19. Post vaccination, the patient has not been tested for COVID-19. Patient was not pregnant. The facility where the vaccine was administered was in a hospital. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Outcome of the events was not recovered.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the event Prinzmetal angina cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.

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1144644	3/29/2021	MI	25	M	1/12/2021	1/13/2021	I had chest pains that felt like tightness of my chest. Friends and family said it sounded like a heart attack (despite being only 25 years old). It hurt to sit up or maneuver my chest/rib cage in any manner, for example, a sit up caused extreme pain. The pain was consistent throughout the day. After it began to dissipate, it was only reproducible when my chest/rib cage was moved or had pressure put onto it. Went to the doctor, diagnosed me with costochondritis. Received an anti-inflammatory shot. Reduced the pain. From initial pain to full recovery was about 3 days (if memory serves correctly, VSafe should have the correct dates as I responded accurately there). A slight discomfort in my chest did occur after my second shot, but nowhere near the same amount of discomfort.
1144056	3/29/2021		23	F	1/27/2021	2/11/2021	Covid-19 Covid chest pain migraine nausea
1144667	3/29/2021	TX	29	F	3/23/2021	3/27/2021	3/27 Light headedness, dizziness, faint @12:45 Light headed and dizzy along with panic Attacks on and off until 3:00pm Chest Pain accompanying panic attacks every 5-10 min until 3:00pm Nausea on and off with each light headedness 3/28 All Day Continued light headness, dizziness, and nausea. Only 2 panic attacks. Headache starts at 3:00pm 3/29 All Day Continued light headness, dizziness, and nausea
1143594	3/29/2021	MI	70	F	3/25/2021	3/25/2021	RN notified of patient having reaction and being taken by ambulance. Per EMT report, pt. began having chest pain radiating down her arm, chest heaviness, right arm numbness, and some shortness of breath. Vitals BP:146/78, O2 94% on room air. Patient also pale and diaphoretic. Taken by ambulance to emergency room. Patient has extensive cardia history per EMT report: has pacemaker, had stress test and scheduled for a cardiac procedure. 3/29/21 Phoned patients daughter to follow up with patient's status. Patient does not have cell phone and speaks Bosnian. During hospital stay, she reports her O2 sats were low, had a heart cath. procedure,

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1144651	3/29/2021	NY	72	F	3/20/2021	3/27/2021	Presented to the ED with difficulty closing the R eye with notable R-sided facial droop that began on Saturday, March 27th. On physical exam, cranial nerves 2-12 intact, but notable R-sided facial droop and 7th nerve lesion in the peripheral distribution. VFF, PERRLA, 4/4 strength in the biceps/triceps/hand grip/hamstrings/quads/plantar/dorsiflexion. SILT UE/LE. No pronator drift. Normal finger-nose-finger. Normal rapid alternating movements. Reflexes 2+ in the patella bilaterally. Normal gait. BP on the presentation was 226/111, pulse was 78, respiratory rate was 20, oral temperature was 36.8 degrees Celsius, and SpO2 was 99%. Denied COVID-19 symptoms, activity change, chills, fever, congestion or dental problems, discharge or itching of the eye, chest tightness, shortness of breath, stridor, chest pain, leg swelling, abdominal distention or pain, dysuria, frequency, arthralgias, joint swelling, color change or rash, dizziness, syncope, back or neck pain, weakness, N/V, HA, vision changes, confusion, bowel changes, behavioral problems or confusion. Has been taking medications as prescribed, no prior history of CVA. PMH of DM and HTN.
1143639	3/29/2021	IL	28	F	3/27/2021	3/27/2021	C/O Chest Pain: Vital With in Normal limits
1144781	3/29/2021		69	F	3/1/2021	3/1/2021	Pt was vaccinated at a clinic. Pt reports that while sitting in her observation time on March 1 at clinic, she started to experience physical neck swelling, and chest tightness, but did not report to the monitor at that time. The Pt arrived for her 2nd dose of Moderna on 3/29/21. Pt then reports that she had neck swelling and chest pain for the next 9 days post her 1st dose. Initially the Pt denied having talked with her doctor during that time. I called Dr. to consult with him about if we were able to administer vaccination to this Pt today. Pt denied troubles breathing or swallowing, rash, N/V/diarrhea, but did state she took her inhaler and Benadryl because of the chest tightness she was experiencing. Per Dr., he states to not give this Pt her 2nd dose of vaccination at this time as she had a mild anaphylactic reaction to the 1st dose of vaccination. Pt was not given 2nd dose and educated to consult with her physician to determine if and where appropriate to receive 2nd dose.

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1144752	3/29/2021	AZ	31	F	3/22/2021	3/23/2021	3:00: Fever climbing 101.8 Left work and by the time I got home fever was 103.4 Fever/chills/body aches/dizzy/short of breathe/mild chest pain/high heart rate all lasted for about 6 hours. Fever ranged from 103.4 (highest)-102.6 from 3:00-9:30 Heart rate elevated to 112 for most of the time (was laying down resting through entire episode) IWatch EKG were "inconclusive"- arrhythmia present EKGs: also showed high heart rate I got cold clothes on myself and got the fever to start coming down. 9:30 dropped under 102.00 by 11:00 pm I felt completely back to normal as if nothing happened. normal temperature and heart rate under 100.

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1142665	3/29/2021	TN	36	F	2/12/2021	2/14/2021	Working full time during this post injecting time but 2days later started with nausea and vomiting and then itching and then next day asthma started to flare up and by the next day it developed into full blown exacerbation. As everything worsened and couldn't control anymore with inhaler and even tried nebulizer, I went to hospital. I went to ER that day on 2/17. They did breathing treatments, several Blood tests, chest xrays, Epi injection, IV steroids and several other meds, oxygen, and was admitted. As it worsened I had to be intubated 3 different times, where I would get to point they thought could be weaned off and for a day or two and would be a little better and then would worsen again requiring me to be reintubated for a total of about 10 days on the ventilator. During this time on vent second time I developed pneumonia, staph/MRSA, UTI. After being put on vent 3rd time I had to be life flighted to bigger hospital ICU. Then after a few days they were able to wean of ventilator but during which time I developed laryngospasms. I continued to improve with breathing but mentioned I had leg pain and the said probably due to low sodium and lack of mobility. I was finally released on 3/5 and discharged home with home health but sent home in supplemental oxygen due to says dropping and poore tolerance without sitting O2 stay at hospital prior to DC home. After getting home the next day or two right leg pain worsened along with breathing worsenining and HH sent me to PCP who discovered blood clots and sent me to local er, that day which was 3/8. That hospital evaluated breathing issues and took blood work and chest xrays, started me on heparin drip and sepsis protocol and then called in life flight to send me to bigger ICU hospital within a few hours after arrival which they debated on ventilator or bipap but ended up on bipap and flown to hospital. There I was treated for breathing issues, infection, clot, vocal cord dysfunction from the multiple intubations then sent home when stable again with home health RN, PT, PT and ST. Also during all this hospital stay I was treated 4x for covid and all negative. Then after coming home this last time on 3/13 i had 15-20lb with gain in a little over a week and in 3 of those last days almost 9lbs with abdominal distension and chest pain/ nausea/ dizziness/low BP but fluctuating high at times / high Hr, so referred back to PCP 3/23 who sent me to ER that day concerned of abd blessed, kidney and

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or liver issues/sepsis/etc. PCP sent to ER. They did blood work and Abd CT and xray not showing anything and blood levels of liver slightly elevated, with blood in urine and so they said nothing of concern even though I went from looking normal to 6/7 months pregnant in less than a week. Followed up with pulmonologist who said bases of lungs hypoventilated, PFT very poor, wheezing and tight and WBC still up and gave me more steroids and asthma meds. Went to urologist due to blood in urine and also having urinary retention. They advised me to self cath and I will follow up in 1 month to determine if they need to do more tests to look into it more. PCP still concerned about these new abd. And other symptoms, and referring to specialists (cardiologist, Gastrointerologist, and Nephrologist) along with others already seeing too find the root of what are causing these new problems and if other organs are being affected with this whole immune response. I work full time, had 3 kids and works out with no limitations in my daily activities or ability to function, however since all this and being the hospital for pretty much most of laar month, the ongoing breathing issues (which I'm still requiring O2 at home) and all the other medical issues and the physical weakness/ lack of cardiopulmonary endurance I am unable to work (on short term disability/FMLA) and limited to home with ability to do much at all. Now I'm left with decreased income and tons of medical bills to come which is very concerning in itself how I will even pay since i can't work right now, but the most concerning is I'm still in this waiting game to figure out why things are not improving that much and why these other symptoms are arising. I have worked my whole life and love my work and my life and was trying to protect from this horrible virus by doing my part and getting vaccinated. But it seems that my life went from nothing wrong to one crazy medical reaction to another after this 2nd covid-19 moderna injection.

1142679	3/29/2021 NV	78 F	3/19/2021	3/19/2021	Chills, pain in legs, back, neck, teeth, headache, chest pain, site pain, weakness, fatigue
1143222	3/29/2021	70 M	2/20/2021	3/20/2021	CHEST PAIN WEAKNESS - GENERALIZED Hyperkalemia Lactic acidosis Hyponatremia SEPSIS EKG abnormalities Acute kidney injury (CMS/HCC) Neutropenia (CMS/HCC) DEATH

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1143362	3/29/2021	VA	88	F	3/25/2021	3/25/2021	Client was vaccinated at a community event. Twenty minutes after receiving the vaccination she began complaining of chest pain and difficulty swallowing. Her VS remained stable, however, she reported difficulty breathing and at that time emergency responders was called. She remained alert and responsive for the 23 minutes between symptom onset and EMS arrival. She was transported out of the facility.
1143676	3/29/2021	OH	34	M	2/27/2021	3/1/2021	pt started having shortness of breath and chest pain days after receiving vaccination
1143588	3/29/2021	TX	57	M	3/19/2021	3/25/2021	A previous event was submitted 03/22/21 VAERS. Employee was seen in the ER initially for chest pain and under the care of a doctor. He his not working at this time. He reports additional symptoms of bilateral ankle swelling, Shortness of breath and easily fatigue, which he states he did not have before the vaccine. Employee reports his doctor believe it is a negative reaction to the Covid-19 Moderna Vaccine.
1143961	3/29/2021	IA	78	F	3/20/2021	3/21/2021	complaints of generalized weakness. Patient states she was sitting at home when she developed sudden weakness throughout her body. She states she walked to the bathroom and felt as though she was going to fall down. She reports feeling sweaty as if she was having a hot flash. She states her symptoms lasted approximately 45 minutes and resolved after arriving to the ER. She denies feeling dizzy, lightheaded, no visual disturbances, paresthesia or headache. She denies any chest pain or shortness of breath. No recent fever, cough or chills.
1143723	3/29/2021	NC	51	F	2/24/2021	2/25/2021	Received 1st dose Pfizer vaccine 2/24 and reports sx (SOB/Chest pain) started after getting vaccine. Also reports a dose of benadryl helpful. Veritor neg, PCR negative. Tetanus vaccine listed under allergy/advReactions with "unknown" reaction. Discharged from ED same day.
1143733	3/29/2021	WI	55	F	3/20/2021	3/20/2021	8 hours post injection Patient reported pain in chest, feeling like her heart was working extra hard. Checked her fit bit in the morning and her normal heart rate is 60 but dropped down to 40bpm during episode. Also felt flushed.

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1143823	3/29/2021	NY	57	M	3/29/2021	3/29/2021	Patient had Moderna Vaccine Dose #1. He started to feel light headed. He fell from chair to floor. He was unconscious when first found approx 950 am. Nurse administered Chest compressions. Patient regained consciousness. EMS was called 9:52 am by clinical staff. At same time vitals were stable 129/62, oxygen sat at 95%, pulse 77. No supplemental oxygen or medications were administered. Vitals at 10:02am 130/74 pulse 78 oxygen sat 95%. Vitals at 10:07 were 113/76 oxygen sat 98% pulse 79. EMS was on scene at 10:08am. Patient stated he has a history of vasovagal syncope. He denies any current medications, medical history, or allergies. He refused EMS services to be transported to hospital stating he was "fine" and he "usually has these reactions". He denied any difficulty breathing, shortness or breath, chest pain, palpitations, or any symptoms pertaining to an anaphylaxis reaction.
1143888	3/29/2021		33	F	3/27/2021	3/27/2021	Tachycardia. Pt presented with c/o rash that once she saw she said it made her more anxious. She has anxiety disorder and being in the line waiting she became more anxious. This culminated upon the shot being given and once she saw the rash she became more anxious. Her vitals were B/P 148/100, Pulse 108 and SaO2 was 99%. She started to become more calm. No Chest pain SOB or dizziness. Her current B/P is 122/77 pulse 84 and SaO2 99%. She felt better and was discharged after 30 minutes observation
1143904	3/29/2021	IN	61	F	3/17/2021	3/17/2021	Pt c/o chest pain 20 min after vaccine. Pain in middle of chest, dull quality. Asked pt if she wanted to be seen by ED, and she agreed. Pt wanted to walk, so staff assisted patient to ED. After arrival ro ED, pt stated chest pain resolved. pt was checked in to be further evaluated. Pfizer dose #1. Lot EN6198 Exp 6/30/21.

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1143905	3/29/2021	MS	83	F	1/19/2021	1/26/2021	Starting approximately one week after the first dose of vaccine, my mother began suffering what she describes as "episodes" of chest pain, neck pain (front and back), pain going down her arms, pain up into her jaw that are very sudden onset and cause her to have to lay down and rest until the episode is over. Timing of these episodes are random, but seem to occur when she first gets up in the morning or after she takes a shower or has been active. They lasts between 3 and 7 minutes and then completely resolve. She has never had any similar symptoms. She reports that these episodes occur between 4-6 times during the course of 24 hours.
1143404	3/29/2021	ME	29	M	3/24/2021	3/25/2021	Felt like passing out around 12:30p the day after my first dose of the vaccine. Internal temperature of 95 degrees at that time. Fatigue, headaches, minor chest pain, and shortness of breath since that event.
1145658	3/29/2021	FL	50	F	3/15/2021	3/15/2021	Very strong headache, very high blood pressure, Chest Pain, Fever, Nauseas, Dizzy, Vomiting, Fatigue, Leg Pain
1145440	3/29/2021	TX	51	F	3/20/2021	3/20/2021	Fatigue, Headaches, Fever, Neck pain, Back pain, Abdominal pain, Nausea, Diarrhea, Arm swelling, Arm tingling, Face tingling, Chest pain
1145449	3/29/2021		68	F	2/11/2021	2/12/2021	For 24 hours: extreme fatigue, nausea, moderate joint pain, overall flu-like aches, slight chest pain for a brief time, moderate headache. For 1st 12 hours: fever 103° For 2nd 12 hours: fever 101° All symptoms disappeared once fever went away.
1145505	3/29/2021	CA	60	F	3/1/2021	3/1/2021	Strong headache, nausea, muscle pain, joints pain, dizziness, chest pain, feel very thirsty, chills, fever, sore throat, fatigue, itching all over my body. The headache was very strong to me, I am afraid to have the second dose next month
1146024	3/29/2021	WA	35	F	3/27/2021	3/28/2021	Chest pain, chest tightness as soon as 12 hours after the shot, went away for several hours, came back and lasted another 24 hours. Extreme menstrual cramps, menstrual period came 3 days early, 36 hours the vaccine was administered. All other side effects went away after 48 hours and were listed as common side effects.

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1145524	3/29/2021	WI	58	F	3/24/2021	3/24/2021	Burning upon injection. After a few minutes the burning went down left arm. Then left cheek started to feel numb and flushed. Left cheek started swelling. Headache. Throat scratchy. Chest pain started 20 minutes after shot. Left arm felt heavy. Throat started to feel tight just before benadryl was given. Benadryl helped relieve the throat symptoms and the face swelling and numbness subsided.
1145546	3/29/2021	IL	61	F	3/29/2021	3/29/2021	Pt felt dizzy after vaccine. Denies any chest pain, SOB, nausea or vomiting. At this time patient feels better and does not want to go to hospital blood pressure 160/93, 98,16 150/88,84,18
1145313	3/29/2021	OR	70	F	3/18/2021	3/20/2021	By Day 2 I noticed new tinnitus sounds, louder and hauntingly disturbing. Roaring in ears different than before and scary. My blood pressure dropped when I stood up and although I did not faint, I had difficulty standing up and moving about. My chest burned and I coughed a lot, shortness of breath worse than usual, and my O2sat went down to 94 when it usually was no lower than 96. These mild but disturbing symptoms persisted, and then on Day 6 I had a sudden onset of dizziness and cognitive dysfunction that made me a "bobble head" that put me to bed for 3 days. I had a headache and chest pains and dizziness that wanted to become vertigo if I moved my head. I am afraid to get the 2nd dose because I'm concerned that these symptoms will be triggered again and become permanent.
1145656	3/29/2021	MT	31	F	2/26/2021	2/27/2021	A day after I got the first Moderna shot, I noticed chest pain. It felt like tightness and pressure. The pain felt the worst in between my breasts and radiated outward in a circle around my chest. It hurt when I pressed down on my chest. I tried massaging and stretching, it didn't help. Went to ER on 3/27/21.
1145519	3/29/2021		60	F	3/29/2021	3/29/2021	Patient immediately reported onset of a throbbing headache, consistent with her first shot. A few minutes later she noted that she had some "tingling" sensation along the back of her throat with the sensation of tightness, though she denied any shortness of breath, chest pain, or any difficulty breathing. Pt examined intermittently without any progression of symptoms. At 4:50 pm, pt checked out,

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1145750	3/29/2021	OR	51	F	3/24/2021	3/25/2021	Fatigue, fugue, low fever, sever body aches, nausea and dizziness and chest pain (like a weight was on me). Considered going to urgent care during chest pain hours but did not have the energy to move. Total event lasted about 30 hours, peaked at about 24 hours after shot. By 48 hours after shot I was pretty much back to normal.
1145751	3/29/2021	NC	44	M	3/8/2021	3/12/2021	I have experienced two episodes of dizziness with sudden onset. The first hit me suddenly while sitting at my desk and the second while I was in the cockpit of an aircraft. The second episode felt like the aircraft had fallen on its side. The second episode being more severe than the first. An immediate change in axis it seemed. Both episodes left me nauseous with mild sweating. I experienced nausea and fatigue lasting between 24-48 hours afterwards. There was no chest pain or palpitations. I did have a lingering headache after each episode of dizziness. I was evaluated at an UTC after the first episode. I was treated with Meclizine but it has not alleviated the symptoms. I followed up with my doctor who advised symptoms were not associated with BPPV or vertigo. Requested an MRI of the brain which was completed and was unremarkable. The dizziness has continued since the onset of symptoms above.
1145910	3/29/2021	CA	42	F	3/23/2021	3/25/2021	SORES ON HER BACK CHEST PAIN AND HEADACHES
1145958	3/29/2021	CA	34	F	3/21/2021	3/22/2021	8-10 hours of severe nausea, headache in frontal lobe, muscle aches, joint pain, chills, 100 degree fever, sweating, ringing in ears, lymphs swollen, overall fatigue, chest pain with breathing, elevated heart rate, site of injection pain for 2 days deep inner ear pain for 6 days, headache subsided after the second day but came and went for 5 days I stayed in bed all of 3/22/21, stayed hydrated, took light soup toward the end of the day was able to walk 3/23, and resume eating regularly

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1145995	3/29/2021	VA	69	M	1/15/2021	1/17/2021	2/12/21-48 hours after first Moderna vaccine adverse event occur. He has a history of MI and Agent Orange exposure. He awoke from his sleep with palpitations and chest pain. He said he maybe breathing was affected. He arose from his bed, sat in a chair, and sipped warm water with easing of discomfort. Although he had a NTG, he did not choose to take any, nor did he check his pulse. Not wishing to repeat the experience, he refused a second vaccination.
1144691	3/29/2021	OH	16	F	3/29/2021	3/29/2021	Approximately 15 minutes following vaccination, the patient complained of headache, dizziness, chest pain and throat burning. I asked that she wait an additional 15 minutes so that we could monitor her. Approximately 30 minutes after vaccination, patient appeared to experience syncope or absence seizure (prev. history). we called 911 and paramedics transported her to hospital
1145612	3/29/2021	PA	25	F	3/21/2021	3/21/2021	Shortness of breath, vomiting, severe fatigue, lightheadedness, chest pains, severe pain in left arm, fever, chills. Symptoms lasted until 3/23/2021 (48 hours). Since then, personality has changed - angry and irritable.
1144841	3/29/2021	TX	55	F	3/2/2021	3/29/2021	Per EMS, " very mild rash/bumps that began to come up while in observation area. Patient's vitals were assessed and within normal limits. No SOB, chest pain, or low blood pressure." She was given oral Benadryl 25 mg to self-administer and reported relief felt.
1146083	3/29/2021	TX	59	F	3/22/2021	3/23/2021	Fever and body ache and chest pain
1145526	3/29/2021	CA	38	F	3/13/2021	3/14/2021	3/13- First shot of Moderna vaccine received. 3/14- Sore arm, chills and a headache. 3/15- Shortness of breath and rapid heartbeat. 3/16- Went to ER because of more severe shortness of breath and rapid heartbeat. 3/17- COVID test with negative result. 3/19- Patient messaged her PCP explaining persisted symptoms. 3/23- Chest pain and shortness of breath developed and she died at ER in PEA. 3/25- Autopsy showed pulmonary embolism with no evidence of peripheral vascular disease. Double check COVID test with negative result.
1144801	3/29/2021	VA	24	F	3/27/2021	3/27/2021	Patient having SOB, chest pain, fever, extreme fatigue

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1145310	3/29/2021	KY	63	F	3/27/2021	3/29/2021	Patient is a 63 yr/o female who presents to the emergency department complaining of dizziness since 0400 this morning. She endorses nausea, vomiting, and headache. Her symptoms are worse with position changes. She states that she has a hx of vertigo with her last episode being 11 months ago. She states that she does not normally have a headache with her episodes of vertigo, but today she developed one. Denies chest pain, sore throat, visual disturbance, or diarrhea. She reports chronic shortness of breath. She is a former smoker. Denies alcohol use. No other complaints at this time.
1144885	3/29/2021	WV	54	F	3/11/2021	3/12/2021	Day 2 I had severe shoulder blade, neck and chest pains. Day 4 I had a red swollen rash on the left area of the vaccine. Day 7 my left clavicle area became swollen. Very tired all the days!
1144919	3/29/2021	FL	33	F	3/26/2021	3/27/2021	Chest pain, inflamed lymph nodes, swollen arm, muscle ache, fever
1144943	3/29/2021	VA	32	F	3/29/2021	3/29/2021	5/10 SUBSTERNAL CHEST PAIN FOR APPROX 10 MIN. BP 146/86 HR 73
1144952	3/29/2021	NC	27	F	3/26/2021	3/26/2021	right arm went numb and fingers and right foot and leg burning. tongue swelled. then the next day i had chest pain and rib pain for a long time-5 hours

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1145308	3/29/2021		33	F	3/28/2021	3/29/2021	<p>3/29/2021 was observed post Covid-19 immunization for 30 minutes based on complaints of chest pain . During the observation period, she experienced an adverse reaction with the following symptoms: difficulty breathing.and chest pain Assessment : Time of assessment 1500 Alert and oriented. Actions taken: Vitals sign taken at 1458. BP-128/61, P- 63, O2- 99%, chest pain 9/10, at 1502 BP- 109/63, 69, O2- 100%, 911 called at 1500, 1509- BP- 108/95, P- 67, O2- 100% pain 6/10, EMS arrives at 1517, patient walks out of building with EMS to do EKG , comes back into the building , juice is given and she is discharged with further complaint, she is advised to follow up with her PCP. Medications administered: No medication given Disposition: Reports no further symptoms of adverse reaction after observation for 30 minutes. Discharged home. Immunizations Administered Name Date Dose VIS Date Route Pfizer COVID-19 Vaccine 3/29/2021 2:47 PM 0.3 mL 12/11/2020 Intramuscular Manufacturer: Pfizer, Inc Lot: EP7534 NDC: 59267-1000-2 Electronically signed by RN at 3/29/2021 3:45 PM Immunization on 3/29/2021 Detailed Report Note shared with patient</p>

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1145022	3/29/2021	WI	43	F	3/19/2021	3/19/2021	43 year old female with a past medical history significant for asthma, anxiety, DM, migraines, thyroid papillary carcinoma who is presenting to the ED with an allergic reaction. She received her COVID vaccination at 1700. At approximately 1715 she felt a lump in her throat. Shortly after she felt as if her tongue/lips were tingling/becoming swollen and then she developed nausea. No rash or abdominal pain. No dyspnea or chest pain. All symptoms are consistent with prior episodes of anaphylaxis. She has had anaphylaxis to vaccinations in the past but was advised by her allergist to get the COVID vaccine today. On arrival patient is quite anxious. Vital signs are stable. Her tongue is enlarged/mildly edematous, additionally appreciated mild lip/perioral swelling. There is no stridor or wheezing, no evidence of respiratory distress. Given examination findings, symptom description, findings concerning for anaphylaxis. As such, epinephrine promptly administered as well as solumedrol, famotidine, and benadryl. Shortly after the epinephrine she endorsed improvement in her swelling, though during benadryl administration she endorsed a sudden onset of subjective throat swelling/felt as if she could not breathe. Patient was reassessed, no change in initial examination findings, within a few minutes she felt her symptoms improve without intervention. A short while later she again felt as if her throat swelling was worsening, as such epinephrine dose re administered. Following a 2.5 hour period of observation she endorsed continued improvement in her allergic symptoms, requested discharge home though continued observation offered. A course of prednisone prescribed, patient already with epi pen. Patient discharged home.
1145053	3/29/2021	TX	32	F	3/25/2021	3/26/2021	103.0 temperature x 12 hours, chills, fatigue, muscle aches, chest pain, nausea, vomiting, arm tenderness at vaccination site

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1145094	3/29/2021	WI	61	F	3/29/2021	3/29/2021	Signed Pt here for her initial Covid 19 vaccine. Denies Hx of allergies to any component of the Covid 19 vaccine, severe allergies to any vaccine or injectable or any Hx of severe allergic reaction to anything. Covid 19 vaccine given to left deltoid site. Pt tolerated well, but immediately after receiving the vaccine reported feeling dizziness. Pt was escorted to the sitting area, and reported feeling chest pain to left upper chest area. BP at 149/85, pulse rate at 62. No shortness of breath or facial swelling present. Due to reports of chest pain, dizziness and "feeling funny" pt was taken immediately to the ER per wheelchair.
1145177	3/29/2021	CA	54	F	3/27/2021	3/27/2021	Patient received her second dose of the covid-19 Moderna Vaccine today at Vaccination site. Pt began feeling ill about 10 minutes after receiving the shot. Assistant came to inform me as the RN on site. She assisted with translation as Pt is a native Spanish speaker. Pt stated that she felt numbness and tingling in her Left leg, numbness and scratchiness in her throat, and nausea. Pt was noted to be visibly diaphoretic. Pt denied any trouble swallowing, speaking, or trouble breathing. Pt denied any chest pain or pain anywhere. Pt received shot in her Left arm and denied any pain or tingling in her Left arm. Pt did not have any facial droop, slurring of speech, changes in vision and was able to demonstrate ability to lift both arms equivocally. Pt A&O x 4. I decided that calling the paramedics was best practice as Pt was borderline appropriate for administration of Epinephrine. Paramedics arrived on scene within 5 minutes of 911 call and assessed Pt. Paramedics stated that they did not feel that Pt necessitated taking to the hospital at this time and that it was good judgement on holding giving Epinephrine at this time. Pt son was brought in to speak with paramedics who informed him to monitor patient for the rest of the day and that if anything changed with her symptoms or became worse- that he needed to either call 911 or take her straight to the ED. Pt was released by paramedics and her son took her with him.

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1145248	3/29/2021	NY	51	F	3/26/2021	3/27/2021	Patient reports second dose of Pfizer on Friday. Reports intermittent chest pain and pressure since Saturday. Reports she was dizzy on Fri and Sat., denies that she is dizzy currently. Denies any SOB but reports her pain does radiate into her L arm.
1145011	3/29/2021	IN	63	M	3/26/2021	3/27/2021	Started to feel a little different in the first 8 hours. Then the next 10 hours I got a headache in the front of my head & the back of my neck. Chest pain when I had to cough. My whole body ached & slept for the next 12-16 hours. I started to feel better after 48 hours from the shot. All I did was drink plenty of water & eat bananas & apples & blueberries, just like I did when I had Covid-19 back in first week of November 2020. The only difference between the shot & having Covid-19 is I slept for almost 96 hours with Covid-19.
1144783	3/29/2021	CT	49	F	2/21/2021	2/22/2021	After the first vaccine 3 weeks prior to this I had chest pains 3 days later but attributed it to anything else. The night of the second vaccine shot I had severe chest pains (which I later discovered was gall bladder attack). the morning after I woke up with a fever of 102.9 which maintained for 4 days along with accompanying symptoms, then a delayed allergic reaction started on day 5. I had hives and redness on arm. Took benadryl and called doctor, and was told by doctor to take zyrtec for a week. Approximately 3 weeks after the 4th shot I had the 3rd incidence of chest pains and went to ER. Turned out to be a gall bladder attack and the first two attacks were as well, had never had an issue prior to covid shots. So with the delayed allergic reaction, multiple days of high fevers and gall bladder removal I figured I should report it.
1141633	3/28/2021	CA	83	M	3/27/2021	3/27/2021	Pt sts to nurse that he "feels weak" 20 minutes after receiving vaccine. Radial pulse 67 and slightly irregular. Day was very warm and patient sitting in very warm vehicle. EMS called. Patient transported to hospital.. Remained awake and alert. No syncope, shortness of breath or chest pain.
1141552	3/28/2021	FL	57	F	3/9/2021	3/9/2021	rapid heartbeat, full-body flush, chest pain, ear ringing. etc side

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1141526	3/28/2021	PA	60	M	3/26/2021	3/27/2021	Saturday 313 am, chills, 400am extreme sweats ended by 630am - 718am unable to breathe, It felt like right lung collapsed. I was able to pull up breath, however light chest pain persists at this time, 12;12pm.
1141470	3/28/2021	WA	38	F	3/15/2021	3/15/2021	dizziness 20 minutes after shot; chest pain and dizziness 24 hours after shot.
1141312	3/28/2021	MD	41	M	3/27/2021	3/27/2021	vitals were 155/104, HR 59 and SP02 94% at 11:37. Patient was getting ready to leave after waiting 15 minutes. patient walked to bathroom and started with chest tightness and SOB. Chest discomfort is rate 1/10, no HTN hx. Patient has hx of panic attacks. 1141 patient states the SOB of breath is better than it was when he was walking to the bathroom. Vitals were repulled at 157/98, HR 91. at 11:47 patient denies chest pain and SOB at time. patient having full sentence conversations and laughing. kept for 15 minutes and repeated BP last time: 1208 PB at 139/95, HR 88.
1141258	3/28/2021	GA	56	F	3/15/2021	3/22/2021	Sarcoidosis was in remission. I am now in full blown flare with severe joint pain and stiffness, swelling, redness. Extremity swelling. Coughing and chest pain. Extreme fatigue. Today, the pain is so bad I am on the couch. Doctors visit tomorrow

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1141205	3/28/2021	MD	62	F	3/27/2021	3/27/2021	Pt states approx 10 min after injection started with a headache and dizziness. Pt ate something around 0900. Patient was given a granola bar and water. at 1405 BP 171/90, HR 83, SP02 98%, RR 16. Pt states heart is "fluttery", pulse regular. 1416 pt states headache is better. pt denies chest pain or SOB. After sitting up from laying position pt states she was dizzy, repeated BP at 1427, no improvement. Gave pt juice b/c she felt shaky and thinks it's because she hasn't eaten. Had pt rest for 10-20 mins more and then obtained orthostatic vitals, no concern for orthostatic HTN, pt states she no longer has headache or is dizzy. Per pt's visitor her color had returned to normal, pt still feels a little shaky. Pt rested another 5 mins, repeated vitals and pts BP was elevated. Discussed with pt and visitor that due to her hx of HTN and her already being on BP meds, pt should be seen in ER and EMS called. Explained that she should have an EKG done b/c of flutters and HTN along with headache. Educated pt on importance of being seen in ED. Gave pt and visitor time to discuss suggestion, when returning pt states, "Talked to niece who is EMT and said I should be fine if I just went home, rested, ate, and checked BP and took another BP pill (1/2) like suggested with doc before getting ahold of physician. All they'll do in ED is continue to check BP". Advised pt that ED would do more than that. Pt refused EMS and wished to go home. Pt visitor stated that they would watch patient and if anything changed take to ED. Patient left clinic in wheelchair and assisted to vehicle. Pt denies any symptoms that she initially presented with but states she just feeling weak.
1141118	3/28/2021	MO	58	M	3/25/2021	3/25/2021	Dizziness, chest pain, cough, subjective fever, body aches

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1140659	3/28/2021	TX	70	F	3/12/2021	3/12/2021	sweating; Pain in arm; Fever; Chest pain (left side); No bowel movement-watery; Labored breathing; Over sleeping; Passed out; Chills; Dizziness; Headache; A spontaneous report was received from a consumer concerning a 70-years-old female patient who received Moderna COVID 19 vaccine and experienced pain in arm, dizziness, major chest pain (left side), pain in shoulder, neck, headache, no bowel movement-watery, chills, labored breathing, passed out, over sleeping, no urine, sweating, fever and sore throat. The patient's medical history included congestive heart failure, high blood pressure and gout and had 3 heart attacks in lifetime. No relevant concomitant medications were reported. On 12 Mar 2021, prior to the onset of the event, the patient received their first of two planned doses of mRNA-1273 (lot/batch number: 031A21A) intramuscularly for COVID-19 prophylaxis. On 12 Mar 2021, the patient experienced headache and dizziness. On 13 Mar 2021, the patient experienced pain in arm, major chest pain (left side), pain in shoulder, neck, no bowel movement-watery, chills, labored breathing, passed out, over sleeping, no urine, sweating, fever and sore throat. Treatment for the event included nitroglycerin and paracetamol. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the event dizziness was resolved on 12 Mar 2021. The outcome of the events chills, fever and headache was resolved on 14 Mar 2021. The outcome of the events pain in arm, major chest pain (left side), pain in shoulder, neck, no bowel movement-watery, labored breathing, passed out, over sleeping, no urine, sweating and sore throat was resolved on 15 Mar 2021.; Reporter's Comments: This case concerns a 70 Y/O F with a serious unexpected loss of consciousness and NS unexpected dizziness, chest pain, dyspnea, gastrointestinal motility disorder, hypersomnia, hyperhidrosis, and expected pain in extremity, pyrexia, chills, headache. Event onset Day 1 after first dose mRNA-1273. Events resolved. Based on current available information and temporal association between use of the product and the start date of the event, a causal relationship cannot be excluded.

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1141696	3/28/2021	NY	62	F	3/14/2021	3/25/2021	Pt was admitted on 3/27/2021 with c/o chest pain and new SOB and new sinus tachycardia x 3 days. saw PCP who felt she had an abnl EKG and sent her to ER. troponin was neg. She was found to have new sinus tachycardia with out cause associated with chest pain. she will be following up with cardiology for echo and stress test.
1141138	3/28/2021	CA	79	M	3/27/2021	3/27/2021	Systemic: Chest Tightness / Heaviness / Pain-Mild, Systemic: nervousness-Medium, Systemic: Hypertension-Severe, Additional Details: Patient felt chest pain and nervous after receiving Moderna COVID vaccine in left arm. 2pm: BP 200/11 HR 68, 2:05pm BP 186/106 HR 67; 2:37pm BP 208/118 HR 71. Patient mentioned he did not take his BP medications today. Could not establish what patient's baseline BP is. Ambulance was called to make sure patient was not having hypertensive emergency. EMS took patient to the hospital.
1142342	3/28/2021	IN	59	F	3/26/2021	3/27/2021	The next morning, my arm was quite sore. I had a mild headache and was fatigued. As the day progressed, my headache and fatigue worsened. I had stabbing pains in the middle of my back and my front chest area. I rested in bed or slept most of the day. In the evening I started to get a fever, which peaked at 101° around 2am or so. The headache was very intense, and the back/chest pains continued. I took 1/2 Vicodin® around 10pm. That was having no effect, so I took another 1/2 around 11pm. Still no effect, so I took another 1/2 around 1am, which finally eased the pain. I woke up around 4am with a somewhat milder headache, and stayed in bed until around 10am (Sunday, 3/28). Then I got up, had some breakfast, and all the symptoms were gone.
1142403	3/28/2021	MD	64	M	3/28/2021	3/28/2021	Chest pain, flushing of face. No SOB, no edema, BP and HR stable, ASA 325mg given po and 911 called
1141709	3/28/2021	NJ	31	F	3/26/2021	3/26/2021	Vomiting, dizziness, sharp chest pain/pressure, difficulty breathing
1142370	3/28/2021	ND	75	M	2/25/2021	3/4/2021	Patient presented to the ER with chest pain, he had stents placed to his RCA 3/2/2021

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1142281	3/28/2021	PA	65	F	3/9/2021	3/9/2021	Chest pain, projectile vomiting, hives and swelling of the face, mouth and throat. Benedryl, steroids, Nitroglycerin 3 times. I was not aware of any other test or results.
1142234	3/28/2021			U			I got an infection in my injection site. Chest pain. Hip muscle pain. Nausea and throwing up. Circular thing on tip of tongue. Body aching. Tiredness and fatigue. This is day 2 and went to the doctors today. I got cephalexin 500 mg cap for my symptoms. I also take Tylenol normal doses for my symptoms also.
1142196	3/28/2021	AL	48	M	3/27/2021	3/27/2021	Patient became anxious and feeling faint and diaphoretic.. He laid down on the ground with his feet propped up. He felt warm and clammy. Unable to capture BP initially then 82/46. Denied headache, chest pain or SOB. 1 dose of epinephrine 11:12 and BP improved from 89/60 at 11:14, 11/15: 90/42 11:17: 98/40 sat 85 11:18 104/44 sat 92 11:24: 108/68. 11:32 EMS Upright BP 112:74 Pulse 93. Felt better but then would feel dizzy all over again. Blood sugar 112. H was transferred to the hospital by EMS
1142132	3/28/2021	CA	51	M	3/28/2021	3/28/2021	12:56 patient received first dose of pfizer vaccine and was brought to the observation room for a 30 minute observation due to history of medication allergies. 1310 he began to complain of feeling dizzy with blurred vision and some nausea. He denied any shortness of breath or chest pain. Injection site without swelling or irritation. Transported the patient via wheelchair to Med A for further evaluation and reported out to RN who took over care
1142075	3/28/2021	PA	22	M	3/27/2021	3/27/2021	Within 6 mins of receiving injection, Pt experienced hot flashes, dizziness, ears ringing. Pt blood pressure was high at time of initial observation. Pt was clammy & noticeably pale. 12 hours after injection, patient was feverish with a high fever and inability to sleep. Pt had sore arm and chest pain along with fever. Patient experienced such issues until the 16 hour mark post injection. Patient took 2 tylenol at 14 hour post injection. Patient was considering going to emergency room from fear & severity of the fevers but was able to let subside. At 22 hours post injection, patient has sore arm but otherwise is feeling normal. This was only dose 1 for pt.

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1142068	3/28/2021	CA	61	F	3/21/2021	3/22/2021	at 3am I woke up with a racing heart rate and mild burning in my belly. I couldnt go back to sleep. The next day the burning in the belly got worse. My stomach became bloated and I was having shortness of breath walking short distances. The racing heart and chest pain ebbed and flowed. I made a video appointment with my PCP group on Thursday and they prescribed omeprazole and asked me to come in for physical exam the next day. When I went in the symptoms persisted, they did blood work, did a chest x-ray and sent me over to the emergency room. At the ER they did an EKG, more blood tests and recommended I have a abdominal CT on an outpatient basis. They couldnt say my symptoms were a result of the Pfizer shot but they could not rule it out that it was related to the shot.

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1141993	3/28/2021	NV	19	M	2/8/2021	2/9/2021	At 2-8-21 at approximately 1:00pm I recieved my 2nd shot. At 5:00am on 2-9-21, I woke up experiencing an extreme headache, nausea, body aches, and severe chest pain. I checked my heartrate with a PulseOximeter and found it to be elevated at 105-115. I called out of work and rested in bed for the day. On 2-10-21 most of my symptoms had subsided however the chest pain persisted through 2-11-21. On 2-11-21 at 2:00pm, I visited the Urgent Care. While there, the provider ran an ECG, Chest X-Ray, and bloodwork. Test results showed Troponin levels in my blood had reached critical levels of 7.72ng/ml. I was immediately transported to the ER at the Hospital, where upon arrival they did an EKG and bloodwork. I was then admitted and seen by a cardiologist, who ordered an CT Angiogram, more bloodwork, and an Echocardiogram. After I was admitted, my mother contact the nurses station to check on me and asked what was wrong. She was then told the hospital was treating me for an NSTEMI and Myocarditis. This resulted in a 3 day hospital stay where the results of the tests showed there was nothing wrong with my heart other than the increased Troponin levels. It should be noted that I have had ZERO previous cardiac issues, or any other significant health issues. I was discharged from the hospital with lower but still elevated Troponin levels, and told to follow up with my primary care doctor. I had no health issues and felt fine until I had my second dose of the Covid-19 vaccine. I have copies of my hospital records detailing all of this.
1142616	3/28/2021	NY	60	M	3/27/2021	3/28/2021	severe body ache, weak, chest pain, acid reflux,
1139403	3/27/2021	WI	28	M	3/27/2021	3/27/2021	Tongue swelling, shortness of breath, chest pain
1139670	3/27/2021	WY	42	F	3/25/2021	3/26/2021	Extreme nausea and headache, dehydration, body pains, weakness, inability to move easily from bed, care for children, drive. Chest pain and heaviness.

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1139963	3/27/2021	MI	70	F	3/24/2021	3/26/2021	Vaccine Dose #1 Swelling on bottom of both feet near toes. Painful when walking. Lasted 2 days Vaccine Dose #2 Nausea, Violent and frequent vomiting, chills, sweating, headache, dizziness left side chest pain, with body and joint pain. Cannot retain liquids. Unable to sleep. All symptoms lasted for about 24 hours. During adverse event: High blood pressure 180/100 due to stress and pain.(Normal Blood Pressure is 110/60.) Pulse rate = 74-80 bpm, blood oxygen saturation = 96%, and oral temperature = 98.1 F event. 95% Recovered from symptoms 36 hours after start.
1139959	3/27/2021	CA	51	F	3/27/2021	3/27/2021	developed chest pain with numbness radiating down left arm. Paramedics called, patient refused transportation to ED for evaluation. Patient instructed to seek care if symptoms continue or get worse. Patient verbalized understanding of all information.
1139785	3/27/2021	ME	73	M	2/25/2021	2/27/2021	At 5pm on 02/27/2021 I felt faint, checked pulse manually and with an Apple Watch. Pulse was 145. No chest pain, dyspnea or other symptoms. Neither pulse rate nor symptoms changed over the subsequent 36 hours. On March 1, 2021 I went to a local Emergency Department for evaluation.
1139724	3/27/2021	CO	59	F	3/20/2021	3/20/2021	Within 10 minutes of the vaccine patient experienced a "near syncope" episode and was noted to have some twitching when EMS arrived to the car. Patient states she felt dizzy, denies shortness of breath, denies chest pain, no rash, no swekking
1139637	3/27/2021	CA	39	F	3/27/2021	3/27/2021	Patient felt her heart raising her apple watch said 139, brought to EMS room and monitored untill 845 am then discharged in no distress, denied any chest pain nausea, or shortness of breath.

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1139541	3/27/2021	IA	41	F	3/23/2021	3/23/2021	<p>Pfizer COVID-19 Vaccine EUA 3/23: The patient presents with facial swelling and facial swelling. Patient a 41 y/o female with a history of HTN and anxiety presents to the Emergency Department with facial swelling in her left cheek that began today after she received her first dose of the Pfizer COVID-19 vaccine. She had a panic attack prior to getting vaccinated today. She was also feeling anxious while receiving the vaccine and states that she experienced a tingly sensation on the inside of her cheek as well as having a dry mouth. The patient denies trouble swallowing and eating, sinus pressure, shortness of breath, rashes, and dental issues. She notes that she has gone to the bathroom more frequently today but is not experiencing any diarrhea. Additionally, she has taken hydroxyzine for her symptoms. She is allergic to penicillin.. The onset was abrupt. The course/duration of symptoms is constant. Location: Left cheek. The character of symptoms is swelling. The degree at present is minimal. The exacerbating factor is none. The relieving factor is none. Risk factors consist of none. Prior episodes: none. Therapy today: prescription medications including hydroxyzine. Associated symptoms: Dry mouth and tingly sensation on the inside of cheek. Associated injury none. She states she had a panic attack upon sitting down in the chair to receive her COVID shot in her left arm. She had to take her anxiety medication there and then later in the day. She states she felt as if the inside of her cheek was swollen and scratchy this made her very anxious and decided to come in to get checked out. She denies any hives any abdominal pain nausea vomiting shortness of breath chest pain or redness at the injection site. She feels mildly improved from an anxiety standpoint now compared to the onset but still mildly anxious. She has a very normal physical exam no neck tongue or lip swelling there is no redness at the injection site she has no hives abdomen is soft and tender or buccal mucosa is unremarkable ultimately patient reassured discussed it is important she get her 2nd COVID shot. She understands return precautions for signs of allergic reaction. She received no medications.</p>

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1139491	3/27/2021	NY	45	F	3/22/2021	3/25/2021	I had my second vaccine on Monday, 3/22, and woke up at 1am on Thursday 3/25 with extreme chest pain, shortness of breath, sweating and chills. I went to the ER, and they discovered two blood clots in my lungs. I've never had pulmonary embolisms before, so this is a very strange coincidence. I am in cancer treatment, so my risk of PEs is higher, but the timing is too close for me not to think that the second vaccine traumatized my immune system, causing the PEs.
1139485	3/27/2021	WI	73	F	3/20/2021	3/23/2021	Pain in chest and neck. Headache with slight feeling of numbness on left side
1139295	3/27/2021	IN	50	M	3/23/2021	3/23/2021	Soreness in arm Tightness/pain in head Pain in chest when taking deep breaths (day 2) General fatigue Diminished appetite Symptoms continued for two days, took a Tylenol at bedtime on day 2. When I woke up on day 3 the symptoms were gone. Symptoms were similar to when I actually had COVID 3 months earlier, but not as numerous, severe, or long lasting.
1140134	3/27/2021		38	M	3/26/2021	3/26/2021	38 yo male with complaints of localized chest pain on the left side. Progressed to have chest tightness without breathing difficulty. Stated he had facial and oral numbness and numbness of top of L hand. Declined any intervention initially then agreed to take 25mg of benadryl solution orally. Lungs clear, tachycardic but regular rhythm, throat clear, uvula midline. Patient left with EMT's
1140965	3/27/2021	CA	28	F	3/26/2021	3/26/2021	Chest pain with changes in ECG, Sensation "rubbery lips",
1140181	3/27/2021	MI	35	F	3/25/2021	3/26/2021	Fever - 102.7 (lowest was 100.6 spiked to 102.7 several times in a 24 hour period); excruciating joint pain (scale 1-10 it was a solid 10 for 24 hours I wanted to die), bones felt like glass, fever prickles all over body, dizziness, slept 22/24 hours, chills, Chest pain and rash.

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1140959	3/27/2021	TX	28	F	3/26/2021	3/26/2021	10 hours after injection I immediately spiked a 101 fever I had chills, joint pain, nausea, vomiting, diarrhea, confusion, dizziness, blurred vision extreme chest pain, difficulty breathing, swollen fingers and toes, headache, loss of taste and smell , itchy throat , a cough and blood in my mucus. These side effects persisted until 7 am the next morning... currently I still have a headache , bodyaches, confusion weakness and extreme sensitivity to light ... unbearable I felt like I was dying... I tried sleeping it off but only laying bed all day drinking water was what I was forced to do as I could not drive myself to a healthcare facility
1140942	3/27/2021		40	F	3/27/2021	3/27/2021	lightheaded, dizzy, chest pain
1140786	3/27/2021	TX	31	F	3/22/2021	3/22/2021	Hour 2: numbness in right jaw, numbness in right leg, and abdominal cramping Hour 5: continued numbness in right leg, groin pain Hour 8: chills, shakes lasting 45 minutes), followed by fever for several hours, highest recorded temp of 103.8, took ibuprofen to reduce fever, numbness on right side continued Day 2: numbness on right side, low grade fever, patient stayed in bed and continued taking fever reducers Day 3: numbness on right side, now including arm and back, and abdomen pain brought patient to primary care doctor; strength, pinprick, and vibration tests came back normal. Patient was instructed to return home. That evening patient began experiencing numbness on left side in her ankles, and left calf. Numbness is described as electric pulsation, tingling, and dull feeling. Patient can walk, lift limbs, and control muscles. Patient then experienced breathing difficulties, tightness in chest, sharp pains in chest. Abdomen pain intensified. Mouth numbness and difficulty swallowing. Dizziness grew stronger when patient sat or stood. Day 4: breathing issues and chest pains resolved. Numbness throughout body continued and is described as moving in intensity from one area to another. Often intense in the legs, ?feeling like weights?. Day 5: patient goes to ER seeking answers. ER preforms routine lab work and collects a urine sample to test hydration and electrolytes. Patient shows some signs of dehydration. IV is given. Referred to neurologist.

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1140751	3/27/2021	CA	56	F	3/26/2021	3/26/2021	March 26th 2021- Dose 2 Again within 10 minutes, I felt very dizzy and nauseous, tightness in the chest and palpitations. I was given anti-nausea medication. I found the longer that I spoke the tighter and more sore my throat felt. Symptoms of lightheadedness, headaches, brain fog, pain in throat, ear pressure, nausea, diarrhea, body aches and pain, chills, fever of 102 at 6am on March 27th, neuropathy was exacerbated, palpitations and sore left arm. I feel a sharp pain in my right arm, deltoid muscle, when I try to lift it, I can barely move it. It feels as if I had the shot there but I know it was in the left arm for both doses. March 27th all symptoms continue and my temp is fluctuating between 99.5 and 100.5 so far today. March 5th 2021- Dose 1 Within 10 minutes I started to feel the vaccine. I felt a few pangs, brain fog, and exhaustion. The first night I had terrible nightmares. The first three days I experienced dizziness, light headed and off-balance, headaches, brain fog, pain in throat, ear pain, tinnitus and pressure, nausea, diarrhea, body aches and pain, difficulty breathing, chills, fever of 99.5, neuropathy was exacerbated, heart racing and palpitations and sore arm. On the fourth day, I felt normal but was very tired. On the fifth day (March 9th) I again felt exhaustion, brain fog, throat and ear pain, loose stools, body aches and pain, sharp chest pain and neuropathy.
1140714	3/27/2021	SC	43	F	3/19/2021	3/19/2021	Fevers, Vomiting, Diarrhea, Migraines, Sinus, Wheezing, Wheezy Cough, Muscle and Joint Pain, Chills, Stomach and Chest Pains, Reflux and Heartburn, Flushing, Swelling/Edema, Dizzy, Lethargy, Brain-Fog// I've been trying to get diagnosed- have had some of these symptoms since September, but a couple/ few hours after the shot, I have been having all of those symptoms throughout the day and the ones I've had have been very-exacerbated; I've finally been able to hold down food.
1140437	3/27/2021	WV	27	F	3/10/2021	3/11/2021	Extreme body chills, slight fever, body aches, dry heaving, extreme headache, tired, pain in chest when inhaling. These symptoms lasted 2 days, then I started having vision problems went to eye doctor on 03/26/2021 and got diagnosed with asteroid hylalosis.

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1140394	3/27/2021	AZ	69	F	2/25/2021	3/24/2021	<p>This is a 70 year old female with paroxysmal atrial fibrillation (anticoagulated on Eliquis), obstructive sleep apnea (uses CPAP), mitral valve regurgitation, remote tobacco use, hypertension and dyslipidemia who presents to the ED for worsening dyspnea, cough, subjective fever, chills and body aches that have been ongoing for the past several days. The patient indicates that her dyspnea is exacerbated with exertion but she denies chest pain, pleuritic chest pain, leg swelling or calf pain. She mentions that she has received both of her COVID-19 vaccines (Pfizer); the first immunization was on 02/25 followed by her second immunization which took place eight days ago on 03/18. She is not confident that she has had any contact with a known sick or definitive COVID-positive individual recently. Of note, the last documented incidence of testing for COVID-19 was performed on 10/31/2020 after the patient was seen at a Clinic after a exposure for a COVID-positive individual. Testing at that time had resulted negative. To her knowledge, she states that she had, in fact, tested positive for COVID-19 in late fall of 2020, but she was not hospitalized. Yesterday (3/26/2021), she was evaluated at a Pharmacy where she was testing for COVID-19 which has since resulted positive. The patient denies any other acute symptoms of illness. In the ED, the patient was found to have acute respiratory failure with hypoxemia and pneumonia due to SARS-CoV-2 infection. Review of Systems Constitutional: Positive for chills, fatigue and fever. Negative for activity change. Respiratory: Positive for cough and shortness of breath. Cardiovascular: Negative for chest pain and leg swelling. Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting. Genitourinary: Negative for dysuria. Musculoskeletal: Positive for arthralgias and myalgias. Negative for gait problem. Neurological: Negative for syncope. All other systems reviewed and are negative. Vitals Blood pressure 159/79, pulse 65, temperature 36.4 °C (97.5 °F), temperature source Oral, resp. rate 18, height 1.6 m (5' 3"), weight 107 kg, SpO2 98 %. Physical Exam Vitals reviewed. Constitutional: General: She is awake. She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is morbidly obese. She is ill-appearing. She is not toxic-appearing. Interventions: Nasal cannula in place. HENT: Head: Normocephalic</p>

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					and atraumatic. Nose: Congestion present. Mouth/Throat: Mouth: Mucous membranes are dry. Pharynx: Oropharynx is clear. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Decreased breath sounds present. Comments: Diminished breath sounds in all lung fields. Occasional cough. Abdominal: General: Bowel sounds are normal. There is no distension. Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness. Musculoskeletal: General: Normal range of motion. Cervical back: Normal range of motion and neck supple. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Behavior: Behavior is cooperative.		
1140299	3/27/2021	CA	47	F	3/24/2021	3/24/2021	patient was complaining of reaction s/p 1st dose covid vaccine approximately 15-20minutes after vaccine administration. Patient was alert and oriented and states that she is "itchy all over" including her throat. Her SBP at the time is 180s and elevated HR in the low 100s. O2 sat remained >98%. She denies any reactions to previous vaccinations but had an anaphylactic reaction to walnuts before. Patient examined with no visible rashes, patent airway, no enlargement or swelling of tongue or lips. Verbal order from Dr to start IV access and was given Benadryl 25 mg and Dexamethasone 4mg IV. Patient tolerated well. Vital signs rechecked every 2 mins with SBP trending down and HR stabilizing in the 90s. Patient denies any chest pain, SOB, cough, but complains of mild nausea. Patient was kept in clinic for observation for 2 hours and was discharged in stable condition. Spouse came to drive patient home as she was somnolent from benadryl 25mg IV administration. Spoke with patient again today 3/27 to check on her. She states there is still some pruritis at R deltoid injection site with some swelling. She notes it is about 50% improved in itchiness and swelling since the evening of vaccination. Patient reports that she did not have any swelling of tongue, lips, or throat during observation post vaccination and since being released from clinic observation.

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1140291	3/27/2021	TX	34	F	3/27/2021	3/27/2021	34 YO FEMAL W/PMHx OF SOCIAL ANXIETY C/O COMPLETE NUMBNESS IN HER FOREARM WHICH ASCENDED UP TO THE LEVEL OF HER ELBOW. SHE STATES THAT IT FEELS AS IF "SHE LEFT A TIGHT HAIR SCRUNCHY ON HER WRIST AND IT CUT OFF HER CIRCULATION OR A PRESSURE FEELING SIMILAR TO THE USE OF A BP CUFF". PT MENTIONED THAT THIS HAS NEVER OCCURRED BEFORE AND SHE HAS NEVER HAD A REACTION TO A VACCINE BEFORE. PT ALSO C/O NAUSEA WITHOUT ACTIVE VOMITTING. PT DENIES HEADACHE, BLURRED VISION, DIFFICULTY SWALLOWING, CHEST PAIN, OR SOB. VS @ 3:54 BP 108/54 HR 88 SpO2 95% ON PHYSICAL EXAMINATION, PT LEFT ARM AND FINGERS ARE MOBILE WITH MODERATE WEAKNESS. THE LEFT FOREARM IS NONERYTHEMATOUS AND NONEDEMATOUS WITHOUT ANY LESIONS. THERE ARE NO RESTRICTIVE BANDS OR JEWELRY PRESENT. PT BREATHING IS NORMAL . PT WAS GIVEN WATER AND INFORMED THAT THE "PRESSURE" SENSATION SHOULD RESOLVE ON ITS OWN AND TO F/U WITH HER PCP IF SYMPTOMS WORSEN. AFTER CLOSE OBSERVATION, HER SYMPTOMS BEGAIN TO RESOLVE AND SHE WAS COMFORTABLE WITH LEAVING THE VACCINATION SITE. PT VERBALIZED UNDERSTANDING OF THE INSTRUCTIONS GIVEN.
1140721	3/27/2021	AZ	71	M	3/11/2021	3/11/2021	Patient had severe flu-like symptoms for 48 hours, then felt better for a day and a half. Then started having chest pains. He went to the doctor on March19 and got a blood test. It showed he had a cardiovascular infarction. He went to the ER on March20 and they did one angioplasty and 2 stents in 2 arteries. The patient is doing good.

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1137986	3/26/2021	IL	56	M	3/26/2021	3/26/2021	Patient recieved his vaccine at vaccine clinic. During his 15 min post vaccine wait, he lost consciousness and rolled off of the chair onto the floor. Pt was unconscious for approx 5-10 seconds. He woke up and was able to stand and walk with assistance to the treatment area. He was markedly diaphoretic and grey in color. He was oriented to name and location at this time. Reports he did not eat today and drank a beer this morning only. He worked all day, then came for his vaccine. Initial vials as follows: 95/44, Pulse 75, Pulse ox 95% on RA. Dexi 104. temp 97.7 oral. Pt is not a diabetic and denies any heart disease or other medical conditions. He does not have a primary care provider and has not had any check up in years. Given a protein bar, a juice and a bottle of water. Also 1 glucose tablet. He reports he is feeling better. Second set of vitals as follows: 97/59, pulse 80, Pulse 97% on RA. LCTA bil, RRR with no murmurs. Palpated skull, spine and pt denied any pain. No chest pain, difficulty breathing, dizziness or confusion. Second water given. Vitals as follows: 100/60, Pulse 85, Pulse ox 96% on RA. Pt is refusing ambulance. Risks and benefits of EMS evaluation and transport to ER given and pt still refusing x 2. Spoke to supervising nurse who contacted Dr. Dr states pt ok to be monitored if he is refusing the ambulance. Pt will be discharged home under the care of his wife and his daughter. Daughter will drive him home. Dexi repeated: 125. Repeat vitals: 109/67, pulse 77, Pulse ox is 95% on RA. Discussed with patient need to eat a high protein meal, drink plenty of water and get rest. No work tomorrow and no alcohol. Pt has appt with PCP tomorrow at 11 am for an evaluation. Pt taken outside with RN in wheelchair with a 3rd water. Wife at his side. APN
1137585	3/26/2021	VT	76	M	3/5/2021	3/26/2021	Patient developed chest pain at 0500 on 3/26. He took 3 doses of Nitro without relief, mildly diaphoretic, left scapula pain. Emergency responders were called. EMTs performed EKG in ambulance and reported AFib. He arrived at hospital, and symptoms resolved prior to exam. EKG, Troponin checked twice, and patient discharge to home with recommendation to return if symptoms recur and to f/u with Cardiology.

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1137710	3/26/2021	MI	67	M	2/23/2021	3/4/2021	Pt received COVID-19 vaccine on 2/23. He felt tired and unwell after. He had a syncopal episode on 3/4 and presented to ED. He was in complete heart block. Pacer placed. No CAD on coronary angiogram. Normal heart function. Discharged home. Presented unwell to ED with chest pain and elevated troponin on 3/16 found to have cardiomyopathy EF around 25% (medically managed, sent home) Repeat left heart cath done at the time showed no CAD. Presented to ED 3/22 with cardiogenic shock, EF 10%. Proceeded to have multiorgan system failure, impella placed, had cardiac arrest, transferred to another facility for further support. Was placed on VA ECMO. Heart biopsy done 3/25 revealed giant cell myocarditis. Pt is in critical condition and not expected to live d/t sequelae from cardiogenic shock: shock liver, AKI, ischemic bowel with ecoli bacteremia.
1137747	3/26/2021	MA	65	M	3/19/2021	3/19/2021	AE: pt reported chest pain and tingling/ numbness of lips approximately 30 minutes post vaccination Tx: EMS eval and vitals Outcome: pt refused further treatment and transport
1137756	3/26/2021	GA	69	F	3/2/2021	3/25/2021	Vaccine 3/2/2021. Presented to ER 3/25/2021 with chest pain and found to have acute MI with completely occluded left main coronary artery with clot causing cardiac arrest, cardiogenic shock. Currently Critically ill, intubated, high risk mortality.
1137772	3/26/2021	WA	85	F	2/10/2021	2/10/2021	Patient monitored for reaction as recommended per ACIP guidelines after vaccine administration. Pt reported dizziness, flushing, numbness in both hands to patient monitor. This RN assessed pt, who also reported chest pain, described as "angina" but said she had not had this type of chest pain before. Said she takes nitro for other chest pain but that pain is sharp and stabbing. Pain today described as "dull" and on left side of chest. Also reported nausea. VS: BP 130/82, HR 86, SpO2 98%. EMS called due to chest pain. While waiting for EMS, patient reported that pain started radiating from chest around to left back. No SOB, talking in full sentences with RN and son. EMS arrived and brought patient to ambulance. Pt was not transported to ED, returned to car to go home (son driving). Electronically Signed by RN on 02/10/21, 1707

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1137784	3/26/2021	CO	74	F	2/2/2021	2/4/2021	Patient is a lovely 74-year-old female with a long history of PACs and hypertension. Her blood pressure has been getting a little bit worse over the past years. She was admitted through the ER with 1st known episode of atrial fibrillation and hypertension. She reports that on 02/02 she received her 2nd COVID vaccine. She had joint achiness and a low-grade temperature. She rested the following day but then on 02/04 went for her usual hour long runs/hike. She did not feel very well during exercise and started have a headache and some increasing palpitations. Later that evening she was watching TV and started to have significant tachycardia that was irregular. Symptoms persisted and she presented to the ER which sound to be in AFib with rapid ventricular response with a blood pressure of 215/158. She was started on a diltiazem drip and has converted to sinus rhythm with PACs. Blood pressure has improved significantly. Troponin negative x2. Her last evaluation at a Heart facility was in 2017. She had an echocardiogram in 2014 with normal EF, mild MR and mild TR with normal estimated PA systolic pressure. She denies chest pain or dyspnea. No history of syncope. Sometimes with palpitation she does get lightheaded. She gets occasional lower extremity edema that seems dependent in nature. She is still having palpitations but recognizes that she is no longer in atrial fibrillation as that was more severe in terms of symptoms of tachycardia.
1138002	3/26/2021		33	M	3/22/2021	3/23/2021	Patient received the J&J COVID vaccine around 10:00 a.m. In the evening began experiencing subjective fevers, chills, nausea, headache. He took ibuprofen around 4:45 a.m. in the morning and went to work. Symptoms do not improve and patient presented to ED for evaluation. Patient denies chest pain, shortness of breath, vomiting, diarrhea, dysuria. No Hx anaphylaxis. Denies sensation of upper airway stridor or other respiratory symptoms. Past medical history is unremarkable. He is not on home medications. Denies smoking or illicit drug use. Patient was given 1 gm Tylenol, 10 mg metoclopramide, and 1 L NS. Patient improved, and was discharged

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1137915	3/26/2021	FL	20	M	3/23/2021	3/23/2021	20-year-old male with a past medical history of vasovagal episodes, cerebral palsy, dorsal rhizotomy and VP shunt followed by neurology, taking no medications presents to the ED for evaluation of a first-time seizure which occurred 1 hour ago 10 minutes after receiving a Covid vaccine. Mother states that the patient receive the Covid vaccine around 11:15 AM and 10 minutes later he became very pale the e-stim to left lower and patient he had generalized body convulsions lasting less than 1 minute and turned very pale/cyanotic. When he stopped seizing mother states that he was slightly confused as to what had happened and continued to be pale. Patient is completely at baseline at this time answering questions appropriately, however he still complains of having dizziness with sitting up or standing. Patient is answering all questions appropriately. He denies any numbness or tingling. He states he generally feels slightly weak but there is no focal weakness. No headache, nausea, vomiting, diarrhea, recent head trauma, abdominal pain, chest pain or palpitations.
1137267	3/26/2021	SD	90	F	2/17/2021	3/17/2021	Started in her back and goes across her back, shoots down the middle of her back and both sides. Front in the ribs and around the breast - chest pains. Exhausted - energy is gone. Can't do normal activities that she was able to do prior to vaccine. Sharp pains. When I breath or cough/sneeze or laugh it hurts. Had some relief from heat and cold packs. Left knee has hurt a lot since this happened, too.
1136392	3/26/2021	TX	69	F	3/25/2021	3/25/2021	Anterior STEMI with symptom onset (chest pain, n/v) occurring 5 hours post vaccine

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1137792	3/26/2021	TN	79	M	3/18/2021	3/22/2021	Symptoms: fatigue, SOB, chest pain middle of chest b/t breasts, tachycardia started 3/22pm and worsened overnight to morning of 3/23/21. "Felt like heart attack". Crick in neck developed overnight after fixing pillows to help with leaning forward b/c that position felt better. Ambulance called 3/23 around 10am. CXR, abdom ultrasound, CT angiogram, lab work completed. MI and PE ruled out. No gallstones, other organs ok on u/s. Small pericardial effusion noted on CT. Symptoms improved after Toradol 15mg x1. Chills developed around 3pm. Discharged to home. Tylenol given at home, chills subsided. Pt felt better later that evening 3/23. Minimal chest pain on 3/24 pm and 3/25 pm. Continues to improve.
1137093	3/26/2021		72	F	1/30/2021	1/30/2021	After 1st shot had 8 days of a migraine and vertigo every day. Then after second shot 3 weeks later, had 11 out of 12 days of migraine and after 8.5 days after shot had a whole body rash for 4.5 days. I have had vertigo most every day since the last shot on 2/20 and have had 27 migraines since the 1st shot Jan 30th I used Hydrocortisone on the itchy, blistery rash. Not much sleep for 3 nights. The night before the rash popped out I experienced chest pain that I thought was heartburn but was not relieved with baking soda and water and charcoal pills. It didn't go away until the hours into the next day and the rash was there at 3am. I have had Migraines for many years but this is 4 times more migraines.
1137036	3/26/2021	MI	72	M	3/15/2021	3/24/2021	Severe pain across shoulders and neck. Pain in chest wh taking a deep breath.
1136955	3/26/2021	MI	22	F	3/19/2021	3/19/2021	Five minutes after receiving Moderna vaccine, patient became shortness of breath with chest pain(That went away), some tightness in low neck area and mild cough.
1136917	3/26/2021	MI	38	F	3/25/2021	3/25/2021	minor tachycardia, chest pain, nausea, hives, headache

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1138017	3/26/2021	WI	20	M	3/22/2021	3/22/2021	ED COURSE & MEDICAL DECISION MAKING Patient is a 20 y.o. male who presents emergency department for evaluation of fevers, chills, nausea, and shortness of breath. Symptoms occurred approximately 3 to 4 hours after his Covid vaccination today. He has not felt symptomatic for symptoms related to COVID-19 prior to his vaccination. Nausea was noted without vomiting and he was given Zofran prior to arrival. No objective evidence of anaphylaxis or angioedema was noted at urgent care nor was this noted on physical examination. He does have a fever on arrival with Tylenol taken a little more than an hour prior to arrival. Chest x-ray negative for findings of COVID-19. There was no evidence of pneumonia. His blood counts were otherwise reasonable though he did have relative lymphopenia that can be described in COVID-19 infection. Metabolic profile was otherwise benign. Differential diagnosis of his fever include the possibility of a vaccine reaction though the timing is rather quick for this reaction. Certainly this remains in his differential. His he has history of asthma and felt short of breath he was given Solu-Medrol. He was given Toradol with improvement of symptoms as well as IV fluid. With differential diagnostic considerations that he may have Covid, he was swabbed and tested at bedside. With his well appearance he was ambulatory in the emergency department. He was discharged stable condition with recommendations for Tylenol and ibuprofen in the short-term. Procedures MDM CHIEF COMPLAINT Fever and Chills HPI The history is provided by the patient, medical records and the EMS personnel. Patient is a 20 y.o. male who presents emergency department with fevers, nausea, and shortness of breath. He has generally not felt well over the course of the last 8 hours after receiving his first Covid vaccination this morning at 9 AM. Fevers have been noted. He took Tylenol with 2 tablets an hour prior to arrival. He has had shortness of breath with a history of asthma. He denies productive cough, or chest pain. He denies abdominal pain, or diarrhea. He denies dysuria or frequency or hematuria. Seasonal allergies are noted without significant medication allergies. He denies a sensation of throat closing. He denies tongue or lip swelling. He was seen in urgent care and sent to the emergency department for further evaluation.

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1136472	3/26/2021	IN	59	M	3/24/2021	3/25/2021	Chest pain and extremely bad heartburn. Symptoms have subsided since then.
1137647	3/26/2021	FL	28	M	3/25/2021	3/25/2021	Injection site soreness immediately Nausea a few hours later Fever that night - up to 102.8 Headache Chest pain Fatigue
1136298	3/26/2021	CA	45	M	3/24/2021	3/24/2021	Nausea, denies chest pain, SOB, no difficulty swallowing. Initial BP 143/87 (pulse 64), 100% O2 sat. Final BP 133/89 (pulse 63), 100% O2 sat.

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1135777	3/26/2021	FL		F	3/4/2021	3/1/2021	<p>potassium level was dangerously low (2.5); broken out in a rash that itches like crazy - from skull to toes; throat is closing up; can't swallow, drink or eat anything; Can't get the second dose; exhausted/tired; really sick; dry heaving so bad that her rib cage hurt; couldn't really eat for about a week; allergic to vaccine; Rib cage hurt; pink blotches in whole body; A spontaneous report was received from consumer, who was the husband of a 77-years-old patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced events really sick (vaccine complication), exhausted/tired (fatigue), dry heaving so bad that her rib cage hurt (retching), couldn't really eat for about a week (feeding disorder), potassium level was dangerously low (2.5) (blood potassium decreased), broken out in a rash that itches like crazy - from skull to toes/rash which almost looks like shingles, but it is not (rash pruritic), allergic to the vaccine (vaccination complication), throat is closing up (throat tightness), can't swallow, drink or eat anything (dysphagia), rib cage hurt (chest pain), can't get the second dose (intentional dose omission), and pink blotches in whole body (rash macular). The patient's medical history included allergy to morphine. Concomitant medications reported were hydrochlorothiazide, topiramate, tramadol, amlodipine, acetylsalicylic acid, alendronate sodium, and vitamins. On 4 Mar 2021, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (lot/batch: 027A21A) Intramuscularly for prophylaxis of COVID-19 infection. On 4 Mar 2021, a few hours after the injection, the patient was really sick and exhausted. The husband stated, "you name it, she had it". She was dry heaving so bad that her rib cage hurt. Also, she couldn't really eat for about a week. Her husband (the reporter) "tried to help with electrolytes". The patient was also broken out in a rash that itched like crazy-from skull to toes. The rash almost looked like shingles, but it was not (per the husband). On 09 Mar 2021 (reported as after 5 days), he insisted the patient go to the walk-in clinic. There, they drew up blood. After a few hours they called back and told her to immediately go to the emergency room since her potassium level was "dangerously low" (2.5). They told them that the patient could have a stroke so she was admitted until they could get her levels back up again. In the hospital, they told</p>

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the patient to take diphenhydramine hydrochloride "but they were worried about her levels, so they didn't pay attention to the rash." They told her she was allergic to the vaccine and "can't get the second dose." The husband said he had "never seen her so sick." The patient was in the hospital until 10 Mar 2021 (reported as 2 days in the hospital) with intravenous (IV) potassium. The reported said she was "still tired" after all that. The husband called back a few minutes after his first call and said his wife told him her throat was closing up and she couldn't swallow, drink or eat anything. He also reported that she had pink blotches in her whole body. Treatment for the events included IV potassium and methylprednisolone 4 mg for 6 days. Action taken with mRNA-1273 in response to the events was unknown. The events of really sick, dry heaving so bad that her rib cage hurt, couldn't really eat for about a week, rib cage hurt, and potassium level was dangerously low (2.5) were considered resolved on 11 Mar 2021. The events of exhausted/tired, broken out in a rash that itches like crazy-from skull to toes/ rash which almost looks like shingles, but it is not, pink blotches on body, allergic to vaccine, throat is closing up, can't get the second dose, and can't swallow, drink, or eat anything were considered not resolved at the time of this report.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1135754	3/26/2021	CA	53	F	1/22/2021	1/23/2021	Severe chest pain; Severe headache; Racing Heartbeat; Vomit; Pain in my left side of my arm; Pain in my left side of my arm, Shoulder; Dizziness; Very tired; Sleepy; Anxiety; Not knowing where she was; This is a spontaneous report from a contactable healthcare professional (patient). This 53-year-old female patient received BNT162B2 (PFIZER BIONTECH COVID-19 MRNA VACCINE) on 22Jan2021 at 18:15 (at the age of 53-years-old) as a single dose for COVID-19 immunization. Medical history included anemia, gastritis, and peptic ulcer. The patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the vaccine. The patient was not diagnosed with COVID-19 prior to the vaccine. Concomitant medications were not reported. The patient previously received penicillin from an unknown date for an unknown indication and experienced allergy. On 23Jan2021 at 21:00 the patient experienced severe chest pain, racing heartbeat, vomit, pain in the left side of her arm, shoulder, and chest, dizziness, very tired and sleepy, severe headache, not knowing where she was, and anxiety coming and going for more than a month. The patient went to a doctor or other healthcare professional office/clinic visit as a result of the events. The patient did not receive any treatment for the events. The outcomes of severe chest pain, racing heartbeat, vomit, pain in the left side of her arm, shoulder, and chest, dizziness, very tired and sleepy, severe headache, not knowing where she was, and anxiety coming and going for more than a month were recovered with lasting effects. It was also reported that since the vaccine the patient had not been tested for COVID-19. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow-up.

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1353916	3/26/2021		63	F	1/27/2021	1/27/2021	Throat swelling, tongue tingling Narrative: Code 99 called to the second floor auditorium where this simply received her second coronavirus vaccine. Approximate 10 minutes later she developed tightness around her neck and her tongue started to swell. No chest pain or shortness of breath. No rash. Didn't have a problem with her first vaccine. Epinephrine 0.3 mg 1M and Benadryl 50 mg 1M given. The patient started to feel better. Tip of the tongue was slightly swollen and red. Patient spoke in normal sentences. No stridor. Appears well and resting completely in the wheelchair. Brought to the emergency department for further evaluation and observation. ED provider note: 62 yo FEMALE w/ Wo multiple medication allergies p/w possible allergic reaction. Pt recieved her second covid vaccination today @ approxately 1330 and reports nearly immediate onset of sensation of "like a pill is stuck in your flu-oat" and feeling like her throat was swelling. Then states that she developed an abnormal sensation on the tip of her tongue described as tingling and swelling. Denies any n/v, abdominal pain, sob or difficulty breathing. Pt received 0.3 mg of 1M epi as well as 50 mg of 1M benadryl. Pt observed in ED for 6hrs, She was given steroids and Pepcid in the ER. She has an EpiPen at home due to an allergy to bee stings. I told her that while a recurrence of her reaction is she should pay close attention to any new or worsening symptoms and return to the ER immediately for chest pain, shortness of breath, oral swelling, GI symptoms, or any other new symptoms she develops that she is concerned about. She expressed understanding of this plan. She was given a short course of steroids and instructions for scheduled Benadryl for the next 24 hours. Other Relevant History.
1136750	3/26/2021	MD	72	F	3/12/2021	3/13/2021	insomnia; chest pain; woozy feeling in head; knee and back pain; high blood sugar

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1138770	3/26/2021	CA	59	F	3/26/2021	3/26/2021	Patient had tingling sensation that started on her body immediately after injection. Her face became red and she was moved into the EMS room for observation. The MD on call ordered zyrtec 10mg by mouth to be given x1 now and patient tolerated well at 1545. Apple juice was supplied to the patient at 1550. 1600 patient reported tingling sensation had decreased, denied any shortness of breath, chest pain or nausea. 1605 patient was discharged from clinic in no distress.
1138991	3/26/2021	FL	29	F	3/23/2021	3/23/2021	Chest pains, high heart rate, jerkiness, restless, muscle / body aches
1137554	3/26/2021	PA	41	F	3/18/2021	3/21/2021	I experienced left sided chest pain 2 days after the vaccination lasting 2 days. Then 4 days after the vaccine, some back/Lung pain causing difficulty and painful breathing lasting for at least 3 days. I went to the Emergency department 6 days after the vaccination. I am reporting this information on the 8th day of vaccination.
1138067	3/26/2021	WI	28	M	3/18/2021	3/21/2021	24 hours following administration patient developed body aches, fever (101), sore throat and nausea. 72 hours after receiving the shot he developed sudden onset substernal chest pain described as sharp and burning with radiation to his bilateral arms.
1138980	3/26/2021	NV	59	F	3/19/2021	3/19/2021	Terrible taste immediately following injection. My tongue and lips felt weird and tingle sensation in my head and body. Tiered, nausea, chest pain, indigestion and a burning sensation in my stomach.
1138856	3/26/2021		33	M	3/26/2021	3/26/2021	PT STATED THAT HE HAD LEFT EYE PAIN AND SUTTLE CHEST PAIN
1138800	3/26/2021	CO	50	F	3/21/2021	3/22/2021	Pt states that at 1 am the day after the vaccine she started to feel dizzy, she started with diarrhea and felt ill all day Monday. Monday night when she went to bed she started with chest pain and cough. The chest pain would radiate to her back. Patient had never felt this pain before. she started taking a tea with ginger and lime. The chest pain lasted all day Tuesday and by Wednesday she only had a cough left.
1138769	3/26/2021	NJ	76	M	3/26/2021	3/26/2021	pt developed worsening chest pain/pressure after vaccine. 911 called

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1138686	3/26/2021	CA	62	M	2/23/2021	3/1/2021	Pt developed a RT Leg DVT Deep Vein Thrombosis and Pulmonary embolus. Started having symptoms of dyspnea, low oxygen saturations in the 80s and RT pleuritic chest pains one week after getting the shot. He had never had a DVT or PE before. Was seen in Emergency on 03-23-2021. He was admitted on 02-23-2021. Started on anticoagulation and went to the cath lab to have intraarterial administration of TPA in pulmonary arteries.
1138670	3/26/2021	NH	51	F	3/26/2021	3/26/2021	VR recipient with history of SVT/PVC's, anxiety and cardiac ablation felt symptoms of lower chest pain and PVC's approx. 5 min after vaccination; a somewhat normal feeling for her. EMS was called
1138638	3/26/2021	FL	38	F	3/26/2021	3/26/2021	Patient reported feeling cold sensation on right arm that quickly radiated up to the right side of her face immediately after receiving vaccine injection on right arm, then felt hot suddenly followed by palpitations. She denied any chest pain, difficulty breathing, difficulty swallowing or difficulty speaking, dizziness, headache, numbness or tingling to arm or face, vision changes, weakness, pruritus, or any other symptoms. 2:15 PM BP 159/101, HR 110, SPO2 100% on room air. Patient denied history of anaphylactic reaction or reaction to other vaccines. She reported she developed delayed injection site reaction 8 days after receiving first dose of Moderna given on 2/26/2021 that included large local reaction on vaccine arm with redness, itching and soreness; she did not report symptoms to any provider and treated at home with Benadryl, symptoms resolved. Patient reported history of anxiety and panic attacks, denied feeling anxious prior to receiving vaccine today, but felt anxious after experiencing the symptoms post injection. 2:20 PM BP 148/95, HR 108, temp 98.5 F, SPO2 100% room air, patient denied any new symptoms, reported feeling less anxious. Patient denied history of tachycardia and stated BP within normal for her. 2:23 PM BP 147/93, HR 103. Patient denied any symptoms. Patient agreed to be observed for an additional 30 minutes. 2:36 PM BP 147/95, HR 94, SPO2 100%, patient reported feeling well, asymptomatic. 3 PM patient denied any symptom, vitals stable, patient stated feeling well to be discharged home. Patient discharged home in stable condition.

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1138596	3/26/2021	MD	32	M	3/26/2021	3/26/2021	Light-headedness, minor chest pain, in about 45 minutes after injection experienced extreme dizziness.
1138587	3/26/2021	WA	68	F	3/6/2021	3/6/2021	#Tingling in face - Ongoing intermittently since 6 Mar 2021 - Notes that symptoms started immediately after she received her COVID vaccine and have progressively become more noticeable since then - She did not notify the post-observer that she was experiencing symptoms - Tingling starts in right eye and goes down into right lower lip with occasional twitching - slight facial droop on right lower cheek/mouth - Denies facial pain or eyelid drooping - Denies shortness of breath, chest pain/tightness
1138196	3/26/2021	FL	61	F	3/26/2021	3/26/2021	Patient reported feeling mild scratchy throat 17 minutes after receiving 2nd dose of Moderna vaccine, she denied difficulty breathing or difficulty swallowing. Denied chest pain, palpitations, dizziness, pruritus or any other symptoms. Patient reported scratchy throat resolved almost instantly and without intervention, she denied any other symptoms. BP 136/88, HR 75, SpO2 100 % room air. Patient denied reaction to first dose of vaccine given on 2/26/21 and stated she only experienced mild pain at injection site. She was evaluated by Nurse Practitioner; patient was alert and oriented, calm and in no distress. She reported feeling well. Patient agreed to be observed for an additional 15 minutes. Patient reported feeling well after observation and asymptomatic and was discharged home in stable condition.
1138115	3/26/2021	IL	74	F	3/23/2021	3/23/2021	Malignant hypertension Blood Pressure up to 220/108 within 12 hours after first dose vaccine Chest pain, SOB, headache and dizziness, ankles and wrists aches.. sever spinal pain. Debilitating pain and weakness
1138117	3/26/2021	TX	28	M	3/26/2021	3/26/2021	28 YO CAUCASIAN MALE PT C/O R-ARM TINGLING IN A DESCENDING PATTERN ALONG WITH NECK AND TONGUE TINGLING. THIS TINGLING SPREAD TO HIS LEFT DELTOID AND DOWN TOWARDS HIS FOREARM. PT STATES IT FEELS LIKE " CHILLS". PT DENIES BLURRED VISION, CHEST PAIN, AND SOB. PT HAS NEVER EXPERIENCED AN AE TO A VACCINE. W VS @ 9:12 BP 123/74 HR 55 SpO2 90s

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1138804	3/26/2021	GA	46	F	3/24/2021	3/26/2021	Awoke in am with a hard swollen area the size of tennis ball reddened. Then at 4 pm tingling and swelling started to the right side of face from jaw line to below left eye. Became foggy headed and felt as though shaking all over. Then around 5 pm lt side of neck from shoulder to ear on left side I took ibuprofen at 8 am and 4 pm. At 6:30 pm a tightness across the top of my chest but no shortness of breath or fever or actual chest pain no difficulty swallowing. At that time I called the pharmacy and spoke with someone (I think that was his name). He advised me to take Benadryl and ibuprofen and to go to er if any shortness of breath and to report to this site.
1138159	3/26/2021	GA	55	F	3/12/2021	3/13/2021	Joint pain swelling abdominal pain severe constipation, temporary obstipation, joint heat, chest pain, peripheral vascular prominence fatigue unilateral muscle cramp.back pain exacerbation and return of migraine headaches resolved after hysterectomy.
1138233	3/26/2021	TX	26	F	3/26/2021	3/26/2021	26 CAUCASIAN F WITH NO KNOWN PMHx. PT C/O WEAKNESS, PULSATIONS IN HER RIGHT PARIETAL HEAD REGION, AND A NON-PRURITUS URTICARIA ON HER MID CHEST, RT ARM AND BACK OF RIGHT SHOULDER POST VACCINATION. PT DENIED CHEST PAIN, SOB, OR PARESTHESIAS IN UPPER OR LOWER LIMBS. VS @ 2:38 PM BP 130/87 HR 85 PT APPEARED IN NO ACUTE DISTRESS WITH NORMAL BREATHING. ERYTHEMATOUS URTICARIA PRESENT ON RT BRACHIAL AND SCAPULAR REGIONS. PT WAS GIVEN PO BENADRYL 25MG AND GATORADE. SHE WAS EDUCATED ON THE RASH AND SIDE EFFECTS OF BENADRYL FOR WHICH SHE VERBALIZED UNDERSTANDING. PT WAS STABLE TO LEAVE THE OBSERVATION SITE WITH RELATIVE DRIVING. PT WAS ALSO INSTRUCTED TO F/U WITH HER PCP.
1138374	3/26/2021	AZ	54	F	3/26/2021	3/26/2021	Chest pain, light headed, drunk feeling.
1138445	3/26/2021		62	F	3/26/2021	3/26/2021	Patient started to complain of numbness, tingling, and soreness to left chest radiating to left neck and left jaw about 5 minutes after vaccine was given. Was observed for 1 hr post vaccine. Denied chest pain or shortness of breath. No facial asymmetry noted. Full ROM to both arms. Hand grips equal. MD assessed patient.

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1138503	3/26/2021	CA	67	F	3/15/2021	3/15/2021	Client complained of pain on the left side of her head. She stated began having a headache five mins after receiving vaccine. Assessment revealed no hives, no rashes, and no difficulty breathing, no chest pain or other signs of anaphylaxis. Client reported a 7/10 pain on the left temporal region. She denied pain or swelling upon palpation. She denied any allergies and has a history of hypertension with prescribed meds. Client declined any other pain throughout her body. She was given water, and vitals were taken at 5mins intervals. She was observed for an additional 30mins, After 20 mins she reported that she "much better" and her headache was gone. She decided to leave 10mins before her 30mins of observation were completed. She was in no apparent distress when leaving. She was given ER precautions. Pfizer fact sheet was provided.
1138537	3/26/2021		70	F	3/26/2021	3/26/2021	3/26/2021 Ms. Rudd was observed post Covid-19 immunization for 30 minutes based on pre-vaccination screening . During the observation period, she experienced an adverse reaction with the following symptoms: dizziness.chest pain and head ache Assessment : Time of assessment 1707 .Actions taken: increased observation time, VS taken with BP- 125/78. P - 75, O2- 98%, JUICE OFFERED AND DRINKING, TOOK TO STRETCHER VIS WHEELCHAIR TO CONTINUE TO MONITOR. Vs RECHECKED AT520P, 141/75, P- 77. DENIES FURTHER CHEST PAIN OR DIZZINESS. GIVEN WATER, OFFERED TO CALL DAUGHTER BUT PATIENT REFUSED. Medications administered: No medication administered. Disposition: Reports no further symptoms of adverse reaction after observation for 40 minutes. Discharged home. Immunizations Administered Name Date Dose VIS Date Route Pfizer COVID-19 Vaccine 3/26/2021 4:25 PM 0.3 mL 12/11/2020 Intramuscular Manufacturer: Pfizer, Inc

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1138111	3/26/2021	NJ	36	F	3/1/2021	3/1/2021	On 3/1/2021, received second dose at 3:15pm and at 3:45pm driving home from work I developed chest pains and went to urgent care. I got there by 5:30pm and they ran an EKG; results were normal. On 3/2/2021, I left work at 2:30pm feeling ill and when I got home by 3:30pm I had flu symptoms. Symptoms were body aches, headache, fever, chills, nausea. This lasted for 24 hours. When I woke up on 3/4/2021, I was just tired with chest pains. I went to work and on my way home at 3:45pm shortness of breath started with increased chest pains. I went to urgent care and they told me to head to the ER. I got to the ER by 6pm. They ran blood work, EKG and Chest X-ray; results all normal. I followed up with PCP. I was out of work from 3/5/2021 to 3/12/2021. PCP thought I might have COVID. Took PCP test on 3/9 and results were negative. I was able to return to work on 3/15/2020 but still had shortness of breath and chest pains as well as feeling exhausted all the time. Due to no change, PCP provided me with script for Echocardiogram, Exercise Stress Test, inhaler as needed and to see Pulmologist. Waiting on insurance company to approve echocardiogram and pulmologist appointment is 3/29/2021. It has been challenging to complete daily living activities like washing dishes, showering, climbing 20 stairs to my apartment, laundry, walking to the postal mailbox, etc. I get easily tired and winded. Prior to 3/1, I was healthy and exercising 3x's a week, walking 4 miles and hiked with no issues for the past year ranging 3.5-7 miles with incline.
1138580	3/26/2021	MS	52	F	3/15/2021	3/15/2021	Beginning at 9pm on 3/15/21, I had sharp pains in my chest and an elevated heart rate. Every day since, I have had chest pain/pressure, sharp pains in my head accompanied by a burning sensation throughout the top and back of my head and a burning sensation throughout my upper back and arms.

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1133498	3/25/2021	TX	28	F	3/10/2021	3/10/2021	Collapsed; difficulty breathing; weakness; Pain in chest; tingling all over body.; This is a spontaneous report from a contactable consumer (parent). A 28-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm right on 10Mar2021 at 12:15 (Lot Number: EN6206) (at the age of 28-year-old) as single dose for COVID-19 immunisation. Medical history included bipolar from an unknown date and unknown if ongoing. Concomitant medications included lamotrigine (LAMICTAL); amphetamine aspartate/ amphetamine sulfate/dexamphetamine saccharate/dexamphetamine sulfate (ADDERALL) and alprazolam (XANAX); all taken for an unspecified indication, start and stop date were not reported. On 10Mar2021 at 12:15, the patient collapsed and experienced difficulty breathing, weakness, pain in chest and tingling all over body. The events resulted in physician office visit. No therapeutic measures were taken as a result of the events. The patient outcome of the events was not recovered.
1134159	3/25/2021		41	F	3/24/2021	3/24/2021	Patient described burning and itching of the esophagus as well as chest pain. She was given 20 mL of bendaryl and watched for over an hour. I followed up with the patient at 6pm (6 hours post vaccination) and she still reported chest pain. I advised that she go to the ER.
1133634	3/25/2021		95	F	3/25/2021	3/25/2021	Feeling "funny", HA, Chest pain. Evaluated by EMS-Refusal of Transport

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1133509	3/25/2021	TN	48	F	1/13/2021	2/17/2021	early stages of pericarditis or the shingles; severe chest pain; early stages of pericarditis or the shingles; This is a spontaneous report from a contactable healthcare professional (patient). A 48-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection, Lot number: EL1283, unknown expiration), via an unspecified route of administration in left arm on 13Jan2021 at 13:00 (01:00 PM; at the age of 48 years old) at a single dose for COVID-19 immunisation. Medical history reported as none. There were no concomitant medications. The patient has no known allergies. The patient also received first dose of BNT162B2 (Brand: Pfizer; Lot number: EJ1685, unknown expiration) on 23Dec2020 at 01:00 PM in left arm (at the age of 48 years old) for COVID-19 immunization. The patient went to the ER with severe chest pain. After many tests were run, doctors believed that the patient was in early stages of pericarditis or the shingles on 17Feb2021 at 04:00 AM. The patient confirmed that she never developed shingles but have had all symptoms of pericarditis. The events resulted in emergency room/department or urgent care visit. The patient received NSAIDs and pain meds as treatment for the events. The patient had no COVID prior to vaccination and was not tested for COVID post vaccination. The patient did not receive other vaccine in four weeks. The patient is recovering from the events. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the available information, the Company considers the reported event pericarditis is unrelated to BNT162B2 vaccine, but more likely an inter-current medical condition. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1133560	3/25/2021	IN	21	F	3/19/2021	3/20/2021	Chest pain, elevated D-Dimer, shortness of breath

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1133592	3/25/2021	TX	48	F	3/25/2021	3/25/2021	received J&J vaccine. after observation period EE left. EE returned at 1124 after 5 minutes to report chest pain / tightness. IMT called for at 1125. Initial Vitals taken . 138/63 P 78 Spo2 100. IMT arrived at 1132. second set of vitals taken 132/72 P 67 Spo2 100. IMT assessed EE. EE declined transport. EE electing to remain and be monitored longer. Next set of vital 108/73 P 60 SPo2 99 at 1145.
1133623	3/25/2021	IL	20	F	3/18/2021	3/18/2021	CHEST PAIN RATING 10/10 AND HEADACHE WITH 'FOGGY HEAD'.
1131182	3/25/2021			U			Pericarditis; A spontaneous report was received from a nurse concerning a patient of unknown age and gender who received Moderna's COVID-19 Vaccine (mRNA-1273) and experienced pericarditis. No medical history was provided. No concomitant medications were reported. On an unknown date, one hour before the onset of events, the patient received their first of two planned doses of mRNA-1273 (Batch number: nor provided) intramuscularly for the prophylaxis of COVID-19 infection. An hour after vaccination, the patient had chest pain and "decided it was pericarditis" (medically significant). No treatment information was provided. Action taken with mRNA-1273 in response to the event was unknown. The outcome of the event of pericarditis was unknown. The reporter did not provide causality assessment for the event of pericarditis.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.
1133678	3/25/2021	MN	57	M	3/19/2021	3/19/2021	Patient started feeling dizzy and like his lips were tingling after dose. Given oral Benadryl and symptoms resolved. Presented to the ED the next day with a rash and intermittent chest pain and dizziness.

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1134123	3/25/2021	NY	35	F	3/5/2021	3/5/2021	I immediately felt a strange sensation in my head, and the hearing in my left ear dulled as if I were listening under the ocean. My left ear has a constant feeling of fullness. I have experienced tinnitus and a persistent need to "pop" my ears in my left ear since, as well as bouts of vertigo. I am very sensitive to sound in my left ear, and background noise is amplified and sounds "spotlighted." I have intermittently been experiencing pain in both of my calves since the injection, as well as joint pain in my hands. I have been experiencing a flushed feeling in the evening, though it is not accompanied by a fever. My muscles in my hands, feet, and legs have been cramping often, which is not a usual occurrence. I have experienced intense chest pain in what feels to be my heart. I have also experienced very vivid dreams.

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1134135	3/25/2021	KS	68	F	3/25/2021	3/25/2021	<p>Progress Notes (Nurse Practitioner) ? ? Hospitalist Expand AllCollapse All</p> <p>Subjective Patient is a 68 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness, . She denied rash. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, hypotension, increased swelling, rapid progression of symptoms and respiratory distress. ALLERGY REVIEW OF SYSTEMS: Patient complains of dizziness CONT negative HENT negative Eyes negative Respiratory negative Skin negative GI negative Musculo negative Previous Reactions: None Objective Vitals Vitals: 03/25/21 0852 BP: 132/71 BP Location: Left arm Patient Position: Sitting Pulse: 82 SpO2: 97% Physical Exam Eyes: Extraocular Movements: Extraocular movements intact. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulmonary: Effort: Pulmonary effort is normal. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: had patient remove mask and provide calming measures. Patient replaced mask before exiting clinic. Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Patient responded to removing of facial mask and her lightheadedness resolved. Patient ambulated out of clinic with steady gait.</p>

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1134211	3/25/2021	FL	36	M	3/24/2021	3/24/2021	Dizziness, shortness of breath, chest pain, tachycardia x w/in a minute of vaccine administration. VS 136/82, HR 98, O2 sat 98%, Temp 98 degrees, Accucheck 86. Patient transported to Hospital for further evaluation. 1st responder arrived on site @ 3:38 pm left at 3:52 pm.
1134181	3/25/2021	IN	57	F	2/3/2021	3/16/2021	I had my second covid vaccination on 2/3/21. On the morning of 3/16 I woke up short of breath, chilling, chest pain, chest congestion and cough, and a fever of 101F which rose to 102.5F. I was monitoring my pulse ox which would range from 90 to 91% but at times dropped to 84%. I had to mentally take deep breaths to get my pulse ox to 90%. These symptoms lasted 12 hours. Next day, short of breath at times and tired. Called the health department on 3/18 and was told to get a rapid test which was negative. The NP thought I might have pneumonia or a pulmonary embolus. I was sent to the ED and a CTa scan was done and everything was normal including 12 lead ekg, pulse ox and vital signs. The physician thought it was GERD. I'm a nurse and have GERD, this was not GERD. The PA that took care of me agreed the symptoms were, 'weird' and I should report this incident.
1133372	3/25/2021	IN	66	F	3/15/2021	3/15/2021	Thank you for the ability to receive the vaccine, I am reporting this for your documentation. 11:00 very tired , followed by chills and body aches especially chest pains. 2:00 pm upset stomach , 6:00 pm started throwing up for 90 mins. Tuesday still had chills and body aches foggy thinking could eat later in the day. I have a big bruise on my arm still 10 days later and a line of 4 blood blisters at my injection site . I have pictures did not see where I could up load them. My partner (67) was great on Monday after the shot.. did 5 miles on the treadmill. Tuesday he had a low grade fever 101, severe chills and body aches. Wednesday we were both still a little foggy . Other than than great

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1132108	3/25/2021	MI	88	M	3/4/2021	3/15/2021	Patient vaccinated with first dose of Pfizer with subsequent infection and hospitalization due to COVID-19 infection. Initial H&P reads in part as, "Patients symptoms began on or around Thursday 3/11 when he began to feel fatigued. After two days of fatigue, he presented to an urgent care facility on Saturday 3/13. He was noted to have a fever there and was diagnosed with a presumed UTI, though patient reports at bedside that he has not had any dysuria. He was treated with nitrofurantoin and increased his furosemide temporarily per urgent care's recommendations. He then presented to the ER on 3/15 with continued fatigue and a low blood pressure at home. We were unable to clarify the method by which the blood pressure measurement was obtained and/or if it was repeated. Antibiotics were changed to cephalexin at that time despite a relatively clear UA. His daughter brought him back to the ER today (3/18) due to persistent issues with low grade fevers in the 100-100.5 range, significantly worsening fatigue, anorexia, and oxygen levels of 92-93% on nonproductive cough. Does not have a home O2 requirement. In addition, he endorses feeling chilled during the admission evaluation. Denies any chest pain, nausea, vomiting, fevers, diarrhea, constipation. # Fever Progression of symptoms from Saturday 3/13 may constitute original presentation of Covid-19. Presentations on 3/13 and 3/15 with dyspnea and fatigue. Initially thought to be UTI and was treated with nitrofurantoin and cephalexin. UA on 3/15 in ED was negative for leuk esterase and nitrites. Tested positive for covid-19 on 3/18 with lymphopenia, 90-92% on room air. No home O2 req. Given duration of symptoms and worsening fatigue and fevers, will admit for treatment of Covid- 19. Also considered CHF exacerbation, COPD exacerbation as explanations for dyspnea. Possible CHF exacerbation as well given 1+ bilateral pitting edema to mid-shin and JVD to ear lobe. Suspicion for COPD is low given no report of increased sputum production and questionable history in chart to begin with. Would be beneficial to clarify history with collateral history 3/19.~~
1134268	3/25/2021	TX	62	F	3/25/2021	3/25/2021	reports itching throat, denies chest pain, denies SOB. vital signs stable. Seen and cleared by EMS

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1134127	3/25/2021	VA	52	F	3/18/2021	3/25/2021	After 15 minutes of observation, patient complained of left arm pain and chest pain. Patient was taken into an exam room, EKG performed and reviewed by Dr. EKG was normal however given patients previous history and symptoms, 911 was called and patient was transported to the Hospital. Patient was later discharged based on "suspected anxiety and perhaps minor reaction to vaccination are at play here.~~
1132372	3/25/2021	KY	23	F	3/22/2021	3/22/2021	Fever, body aches, chills, vomiting, chest pressure, headache, upset stomach, mental confusion. It was fine for the most part in a day and a half. The headache and chest pain lingered for two days.
1135436	3/25/2021	UT	58	F	3/25/2021	3/25/2021	Heart palpitations shortness of breath chest pains
1134281	3/25/2021	NY	51	F	3/24/2021	3/24/2021	pain in chest felt like crystals in lungs off and on over a few hours- no shortness of breath hurt to move arm and could not lay on it , day after shot cannot get warm
1131760	3/25/2021	MO	61	F	3/21/2021	3/22/2021	Huge bruise with a knot. Warm to touch Arm pain to the point I couldn't lay on it. Side effect symptoms started 3 days after injection on 03/24/2021. Headache, chills, fatigue, atypical chest pain.
1131769	3/25/2021	CA	21	F	3/23/2021	3/23/2021	Within an hour after getting the vaccine, I began to feel nauseous and had diarrhea. Upon calling the health center, they said that I may have eaten something bad. Around 6pm the same day, I started sweating but I was freezing, and had a headache and muscle pain. I had a 101 fever and that persisted until the next day (3/24/21). It is currently (3/24/21) and I have noticed sharp chest pains on the right side of my chest throughout the day, especially when exerting forces breathing (such as riding my bike or walking up stairs, or getting into and out of bed). I still have a slight fever and feel very cold, but I in fact, still have a slight fever of 100.4
1132009	3/25/2021	TX	50	F	3/22/2021	3/22/2021	Began with injection site, head, neck pain, nausea. Progressed to total body pain especially in head, small joints and large muscles. Pins and needles in extremities. Extreme fatigue and heaviness. Occasional chest pain.

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1132012	3/25/2021	IL	79	F	3/19/2021	3/24/2021	To er for eval of seizure activity at hospital . Nurse reported that seizure activity lasted 1.5 min and took approx. 30 minutes for her to start " coming around" to her self. Patient was bradycardic en route to hospital. er hpi: "79 y.o. female who presents with seizure activity. Patient is brought to the ER via EMS from nursing home with new onset seizure. Nursing home staff reports patient had tonic-clonic seizure which lasted approximately 1 min. Patient was apneic. Patient is slightly postictal but no urinary incontinence. Patient has no known history of seizure disorder. Patient is resident of nursing home and is a DNR comfort care. Patient with underlying dementia. In speaking with patient she denies any current headache, chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, fevers, or chills. She is alert only to name." Inpatient admission to hospital 3/24/21 dx acute hepatic encephalopathy, new onset seizure without head trauma
1132312	3/25/2021	WI	70	F	3/10/2021	3/23/2021	She reports she had a COVID-19 vaccine 2 weeks ago in her RUA. She just noticed the area on her arm yesterday because it was feeling tender to the touch. There is currently an approximate 2 in x 2 in circular area on her RUA deltoid. It is warm to the touch. It is not painful, other than just tender to the touch. She denies: chest pain, dizziness, headache, hives, any other new symptoms or concerns since the injection
1132368	3/25/2021		25	M	3/25/2021	3/25/2021	5 minutes after vaccine the patient complained of chest pain. the patient was monitored by ems and released on their own accord.
1133353	3/25/2021	KY	64	M	3/23/2021	3/24/2021	63yoM with PMH Anxiety, Depression, GERD, Arthritis here for evaluation of rash x 2 days. Pruitic in some spots. Started on L wrist yesterday. Awoke with red spots on face today. Got 2nd COVID19 vaccine (pfizer, with Norton) 48 hours ago. Called hotline and they advised coming for evaluation. Has applied no therapies. Took a single benadryl last night for pruritis. Denies chest pain, dyspnea, wheezing, dizziness. Did yard work 4 days ago and history of contact derm to plants, otherwise no prior history of rash like this.

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1132480	3/25/2021	FL	70	M	3/1/2021	3/2/2021	symptoms of heart attack; chest pain; hands and fingers tingly; dizzy; blurred vision; Vision decreased; extreme tiredness; lethargic; hurting all over; This is a spontaneous report from a contactable consumer (patient). A 70-year-old male patient received BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot # EN6198) intramuscularly in left arm on 01Mar2021 05:45PM (at the age of 70-year-old) at single dose for COVID-19 immunisation. Relevant medical history included 5 back surgeries, Barrett's esophagus and H. pylori. Known allergies included Eliquis. Concomitant medications included dexlansoprazole (DEXILANT), hydrocodone, atorvastatin (LIPITOR), famotidine and chondroitin sulfate sodium, glucosamine hydrochloride (TAZAN). For 4-5 days after vaccine the patient had extreme tiredness, was lethargic and hurting all over. On day 5 chest pain started, hands and fingers tingly, dizzy, blurred vision both eyes off and in, vision decreased by 50% right eye. He experienced all symptoms of heart attack. Onset date for extreme tiredness, lethargic and hurting all over was 02Mar2021, while all the other events occurred on 06Mar2021. The patient was hospitalized for 1 day. No treatment was received. The patient underwent COVID test post vaccination, nasal swab on 07Mar2021 and it was negative. The events resolved in Mar2021.
1132740	3/25/2021		76	M	3/23/2021	3/23/2021	Patient complained of chest pain 20 min after receiving the vaccine. Patient placed on the stretcher and called 911. Vitals good but he was brought to the hospital for further workup.
1132752	3/25/2021	TX	63	M	3/16/2021	3/17/2021	Decedent began noticing symptoms on 3/17/2021. He c/o worsening back pain, joint pain, headache and stiffness last Sunday (3/21/2021). Today (3/25/2021), he c/o chest pain. The decedent received his COVID-19 vaccine on 3/16/2021.

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1132795	3/25/2021	FL	70	M	3/23/2021	3/23/2021	Patient was "feeling flush" with no other symptoms after second dose of vaccine. Vital signs obtained. Blood pressure 106/61, pulse 83, temperature 98.0F, oxygen saturation 99%. Patient encouraged to drink some water and to stay in observation for another 15 minutes and to alert nursing to any worsening or new symptoms. After 15 minutes, this nurse reassessed patient to which he stated he was having chest pain and has extensive cardiac issues. Nursing obtained another set of vitals, blood pressure 107/60, pulse 79, oxygen saturation 100%. Patient then was encouraged by this nurse to be assessed and evaluated in the ER. Patient agreed and was wheeled down to the ER and checked in at 1514. This nurse then gave report to the ER charge nurse.
1132796	3/25/2021	WI	51	F	2/19/2021	2/21/2021	Tachycardia, chest tightness, chest pain
1132843	3/25/2021	OH	43	F	3/25/2021	3/25/2021	Patient complained of chest pain , vitals signs taken at 1109 and medical emergency response team called at 1109. 3-81mg Baby ASA given at 11:10. Transported to ER 1120

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1133333	3/25/2021	CA	80	F	3/24/2021	3/24/2021	<p>Patient incident report Pt: Allergies: Penicillin 14:45 client claims to feel new onset trembling in her legs bilaterally feel trembly with her second dose of the covid Pfizer vaccine Lot ER8732 Ex: 07/2021, denies feeling any reaction with her first dose, nursing staff was altered-----</p> <p>----- 14:52 she has history of high blood pressure and diabetes type II, she denies any chest pain, denies shortness of breath, denies trouble breathing, denies itching, denies rash, vitals taken blood pressure 190/85, pulse 97, SPO2 97% , pain scale 0/10, A & O x4 to person, place, DOB, and situation.----- 14:55 client was given a simple sugar and protein to eat14:59 reassessed client?s vitals BP- 199/88, Pulse 94, denies pain 0/10, denies shortness of breath, denies trouble breathing, denies chest pain, denies itching, denies rash, client claims she still feels the trembling in her legs-----</p> <p>----- 15:03Emergency services was called, stood by patient while she was in the car to monitor, client claimed to feel an improvement of the trembling, denies chest pain, denies shortness of breath, denies trouble of breathing denies rash, denies itching-----</p> <p>15:15Emergency Services arrived to the site started to provide treatment to the client, client claims to feel better still has trembling in the bilaterally legs15:23 blood sugar was taken by the emergency service team reported 138-15:31 client was being transported to Hospital</p>
1132145	3/25/2021		37	F	12/18/2020	1/7/2021	<p>03/24/2021-POSITIVE COVID-19 Test First dose no symptoms 1/10/2021 Second dose severe symptoms which sent me to the ER with chest pain, tachycardia, hypertension</p>

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1136061	3/25/2021	WA	28	F	3/15/2021	3/18/2021	3/18: Chest pain. It woke me up in the middle of the night with some dizziness. At first, I disregarded it, then I tried falling asleep again, but I was jolted awake again with worse symptoms - vertigo, palpitations. I measured my HR, it was all over the place and irregular. Went to the ER, they didnt find anything substantial on my EKG other than arrhythmia with short PR. No treatment was given, instructed to follow up with PCP. Left ER between 4AM-5AM. Was able to go back to sleep, but the chest pain woke me up around 7 AM. The chest pain remained fairly constant with severity changing throughout the day. Symptoms were worse at night and more: inability to sleep, sometimes restlessness - the need to move, increased chest pain/tightness/burning, palpitations. Saw PCP on 3/19, she didnt have any of the lab results, but prescribed metoprolol - this medication was misunderstood as to when I was supposed to take it, therefore didnt start it until another visit that I had with my PCP on 3/22. Over the weekend, I took some ibuprofen to try to lessen the chest pain, it helped a little bit but not for long. Began taking metoprolol 3/22. I didnt sleep more than 2-3 hrs from 3/18-3/22
1135874	3/25/2021	PA	62	F	3/12/2021	3/12/2021	ON 3/12/2021 I received vaccine at 12:15 pm. After it was administered I waited 15 minutes to see if I got an reaction to it. I was fine until about 3:00pm in the afternoon that I started to feel fatigue, body aches, also had chest pains on left side and in shoulder. pain stayed rest of the night. subsided on Saturday and returned on Sunday. Went to Hospital Sunday Night ground 7:00pm to get heart check out.

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1135880	3/25/2021	MN	65	M	3/3/2021	3/9/2021	<p>Seen at the walk-In clinic on 3/9/2021 where he presented with complaints of right leg weakness, numbness, and tingling. He was transferred to ER for further evaluation and management. The symptoms (numbness in his hip and thigh) began around 1400 while he was working. He went about his day. The symptoms progressively worsened while he was ambulating around the hardware store. In the ER, his sensation of his right leg was dulled as compared to the left. The numbness extended from his hip to his toes. Felt a pressure-like sensation in his thigh and calf. Denies pain. Felt as though his right foot is floating 2 inches off the ground when standing with both feet on the ground. Reported his right leg is 1-2 inches shorter after a femur fracture many years ago. Nothing made his symptoms better or worse. Did have an episode of feeling generally hot and then cold the evening prior to admission. Denied any trauma. Denied any dizziness, lightheadedness, headaches, shortness of breath, cough, chest pain, palpitations, vomiting, diarrhea, constipation, blood in stools, urinary habit changes, hematuria, dysuria, pyuria, myalgias, arthralgias, recent illness, or fever. MRI showed T2 changes on the right side of the cord down of the thoracic spine concerning for her transverse myelitis. Patient did have Covid vaccine 7 days prior to onset of symptoms, one dose mRNA vaccine. He is on day 3 high-dose methylprednisolone thousand milligrams IV x3 days. He has noticed an improvement in the pressure sensation from the knee up the thigh on the right, no longer having tingling in the right lower leg or the left foot. He is still having numbness over the anterior right thigh. Yesterday when he went to bear weight on the right heel, he had a sharp pain with increase in weakness. That has since settled down. He did have a few involuntary myoclonic movements as described yesterday. This writer reached out on 3/22/2021 for information on his Vaccine lot number. He stated "At this point I am attending physical therapy, I am walking with the aid of crutches or a walker. There is improvement in the foot and lower leg regarding the numbness, but the upper thigh is still pretty much completely numb yet.~~</p>

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1135883	3/25/2021	CA	58	F	3/25/2021	3/25/2021	<p>Situation: Pt here for covid vaccine #2. After vaccination pt experienced reaction. Background: @ 0815 TEAM ALERT was called to covid vaccine clinic. This RN arrived @ 0818 to find pt sitting in chair in observation room. Received report from RN, pt received covid vaccine #2 and began experiencing cough, clearing throat, runny nose, and chills. Benadryl 25mg PO given @ 0810. Overall discomfort 1/10. 0818: VS: BP 132/98. HR 63. R 14. O2 Sat 98%. Pt c/o clearing throat, chills, coughing, itchy throat, itchy chest. Pt alert & oriented. 0820: overall discomfort 3/10. 0828: VS: BP 124/92. HR 63. O2 Sat 100%. Still experiencing above symptoms plus dizziness, lip numbness and discomfort in diaphragm region. "feels like it won't go down. Like something is stuck there." pt moved to gurney in hallway. 0842: VS: BP 122/86. HR 63. O2 Sat 100%. Pt still feeling diaphragm discomfort. States other symptoms are resolving. Noted pt no longer clearing throat. States lip numbness improved and diaphragm discomfort improving. Pt alert & oriented. 0855: Manager, spoke to pt. Advised pt she may go home when she feels okay. Pt states she feels well enough to go home. This RN advised pt to go home and relax for the remainder of the day, benadryl will make her feel sleepy. Advised pt to watch for symptoms of shortness of breath, difficulty breathing, and chest pain and go to ED if she experiences any of those symptoms. Pt verbalized understanding. VS: BP 118/72. HR 63. O2 Sat 100%. 0857: Pt left covid vaccine clinic ambulatory in stable condition. COVID Vaccine Worksheet 1. Did the patient have an immediate allergic reaction of any severity such as urticaria, angioedema, respiratory distress, or anaphylaxis (<4 hours following administration of the COVID vaccine)? Yes 2. Did the patient previously have an immediate allergic reaction of any severity to polysorbate or polyethylene glycol? No 3. Has the patient had prior anaphylactic reactions from another vaccine, medication or any other cause? No 4. Did the patient have an allergic reaction >4 hours after administration? OR have an expected side effect of the COVID vaccine? No Assessment: Pt had reaction to covid vaccine. Pt reported previous reaction to first dose with similar symptoms. After close observation and benadryl 25mg PO pt symptoms resolved and pt was able to leave clinic ambulatory in stable condition.</p>

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1135886	3/25/2021	CA	32	M	3/18/2021	3/18/2021	5 minutes after receiving 1st dose of Moderna vaccine, patient slumped over in waiting area, patient aroused with contact, appeared pale, stated anxious, nausea, "not feeling right," A&O x 4, denied SOB, chest pain, swelling, itching, no redness, swelling, hives noted. B/P: 98/60, HR: 58, BG: 98, SPO2: 99%. Per DO, MA applied 4L face mask. Patient laid supine: feet up, given water, removed O2. After 15 minutes: B/P 105/66, HR: 59 supine, SPO2 99%RA. After 30 minutes: B/P 97/67, HR 59 sitting, SPO2 100%RA. Patient stated "feeling better" another 30 minutes later. B/P: 110/67 HR: 58. Patient stated all symptoms resolved, had been anxious about vaccine, has had syncope prior at dental appts. Patient denied SOB, chest pain, swelling, itching. Patient advised to call EMS if develops any above symptoms. Patient monitored for 1 hour total.

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1135954	3/25/2021	CA	51	F	3/25/2021	3/25/2021	Client complained of tingling on left arm after receiving 1st dose Pfizer Covid vaccine (lot# ER8732, exp 3/28/21). Client was sitting in post vaccine waiting area 30 mins when she alerted EMT of tingling of arm. EMT performed first assessment. Vitals 1445: blood pressure 128/92, pulse 81, oxygen 99. PHN joined EMT shortly after. Client stated tingling on left arm that began 5 minutes after receiving vaccine; did not alert EMT until later. Per client no shortness of breath, chest pain, numbness, palpitations, headache, or blurry vision. Client stated this was a new onset that she did not have prior to receiving vaccine. No history of reaction to vaccines in the past. Current medication include daily vitamin and nasal spray. Allergy to antibiotic, but unsure of name. PHN assessed bilateral strength, facial droop, and arm weakness. Per client feeling fine besides the tingling sensation. PHN asked client to stay additional 15 mins for observation. Vitals 1452: blood pressure 132/92, pulse 78, oxygen 100. Alert and oriented. Tingling sensation the same, no changes. Per client history of anxiety and also had caffeine this morning, which she usually does not take. Last vitals at 1515: blood pressure 128/90, pulse 80, oxygen 100. Per client no change in tingling sensation. Was not radiating or worsening. Client advised to follow up with provider prior to receiving second dose. Client instructed to seek medical care if symptom did not improve or worsened. ER precautions given. Client left facility with steady gait at 1517.
1135968	3/25/2021		21	M	3/18/2021	3/19/2021	fever,headache. PT got #2 moderna yesterday @ 1200. c/o headache and fever which started this morning. Pain localized around L eye. No dizziness or visual changes. No SOB. History: pt s/p 2nd Moderna COVID-19 vaccine yesterday and felt like having low-grade temp last night and felt like having hard time breathing deep with some itchy sensation in chest with deep breaths and woke up with fever and headache and muscle aches and took some Tylenol just PTA and feels significantly better currently. No rhinorrhea, cough, chest pain, vomit/diarrhea, rash, sick contact, recent COVID-19 hotspot visit, prior co-morbidities or surgeries.

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1135830	3/25/2021	IA	61	F	3/25/2021	3/25/2021	Within 15 minutes following her COVID vaccine with concerns for a lump in her throat. She states she is able to swallow without difficulty. She denies any shortness of breath, chest pain, nausea, rash, or any other symptoms. Benadryl 25 mg given. Continued to monitor and improved
1135999	3/25/2021		74	M	3/23/2021	3/23/2021	vaccine side effect. Patient reports slurred speech, difficulty forming sentences, SOB, R arm tingling x 3 hours. Patient reports symptoms have improved but not resolved. J&J vaccine today at 1045. Denies chest pain, N/V/D, HA, vision changes. Patient is a 74 year old male who presents to ED following a 10 second episode of right arm tingling followed by a 90 minute episode of difficulty finding words. This happened tonight at 8:30pm after dinner when he was with his wife. His symptoms resolved upon arrival at the ED at 10pm. He denies any weakness, no syncope, no chest pain or shortness of breath, no new visual symptoms. He does have a history of CHF, MI in 2013 s/p stent placement, he takes Plavix. He takes a beta blocker for PVC's. He reports he had a J&J COVID shot this morning at 11am and is wondering if his symptoms are a reaction to the vaccine. He is followed closely at Ajou hospital for all his medical care.
1136155	3/25/2021	NY	63	M	3/15/2021	3/24/2021	Pt received 1st moderna vaccine on 3/15/2021 and was admitted with sudden hypoxia , sob , low grade fever and pleuritic chest pain 10 days later. Pt is lifelong non smoker. no recent travel or recent illness. no new medications.

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1136074	3/25/2021	CA	37	F	3/22/2021	3/22/2021	Minutes after receiving the shot on Monday, 3/22/2021 at approximately 11:15am, I (F/37yo) felt a very small, but acute tightness/pressure in my upper right chest area. I didn't initially report it as it was not one of the listed reactions I had read about in the information given to me -- I assumed I was very anxious, maybe breathing nervously, and that it would go away. The next day I felt very fatigued, light-headed, had extreme muscle and joint pain throughout my body, slight nausea, and the injection site (my left arm) was very sore. I took Tylenol and slept. I felt weak and "off" the whole day. The acute chest pain I felt after the shot had now become less "acute" and turned into a wider and duller general pressure. The next day, Tuesday, I also began feeling intermittent flashes of hot or cold-like patches in my head, which I also consider a part of a general inflammation my body might be having. It is now Thursday, 3/25/2021 and the chest pressure has increased even more, having now spread from the upper right side to include the center of my chest. My headache is still lingering, I still don't feel like my normal self and feel "off" somehow, and the chest pressure is worrying me because I don't know what's going on internally. I reported the chest pain to my doctor and was told that my exact reactions don't make any sense in relation to the known adverse reactions to the Moderna COVID vaccine. I was advised to report this here and to also go to an urgent care clinic or emergency room if my symptoms worsen.
1136104	3/25/2021	CA	34	F	3/25/2021	3/25/2021	15 minutes following vaccine, patient experienced chest tightness, sensation of throat closing, and shortness of breath. No chest pain, dizziness, vomiting, chills, fever, cough, congestion. Patient brought immediately to on-site Urgent Care clinic. EKG revealed sinus tachycardia. Patient given 50mg Benadryl IM and 0.3mg epinephrine IM. Patient initially improved but then began to report chest tightness and more shortness of breath. Paramedics called and patient transported via ambulance to hospital for further treatment.

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1136112	3/25/2021	MA	41	F	3/25/2021	3/25/2021	Within 15 minutes: Dizziness, light headed, seeing stars, blurred vision, racing heart rate. I thought at the time I was having a panic attack. I tried to slow my breathing and relax. It did not help any. I monitored my Heart rate on my watch. My EKG said my heart rate was high and marked 138 at one point while at rest when my average resting rate is 52. By the time I walked to my car I felt chest pain and pain in my neck. It was a tightening and burning. In my car, at 1:25 I took antihistamine in a 24 hr dose of Claritin and an inhalation of OTC Flonase. I felt my body calming slightly, but not 100% returning to normal. I alerted my Dr. and she agreed I should not have the second dose without first taking an otc antihistamine and also having an epi pen on hand. I stayed with a friend so I was not alone, and continued to rest. At 6:12 i tried to move around and my hear rate shot back up to 132. I sat back down. At 9:30 I still have pain like I?ve been punched really hard in the chest.
1134291	3/25/2021	LA	49	F	3/16/2021	3/17/2021	Developed pain/numbness to injection arm, headache, fever, chills. Then developed chest pains/tightness and shortness of breath. Admitted to hospital on 3/17/2021 in MICU for observation due to tachycardia and SOB.
1136164	3/25/2021	SD	21	F	3/24/2021	3/24/2021	Immediately after injection: dizziness, nausea, light headedness, temporary loss of hearing, blurred vision, abdominal cramps, fever. 1+ Hour after injection: severe abdominal cramps, nausea, severe headache (severe pain behind eyes specially when eyes were open), chest pains, upper back pain, pain in all joints (primarily hips), muscle aches over whole body, fatigue, chills, fever, trouble breathing, light headedness Morning After Injection: full body ache, severe fatigue, trouble sleeping, fever, chills, body sweats, slight chest pains, even more severe headache. 24 -36 hours after Injection: reduced muscled aches, fatigue, headache, pain at the sight of injection.

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1134876	3/25/2021	OK	17	F	3/2/2021	3/5/2021	The day after the vaccine- chills and headaches- lasted for 3 days The symptoms worsened slowly & on 03/10/2021 presented: sore throat, cough, diarrhea, chest pains when coughing. Patient was tested for COVID-19 (PCR), for Strep (RST & THROAT CULTURE), Influenza A& B, EKG, CBC and Basic Metabolic. Patient was treated with AMOXICILLIN for possible Strep until culture was available, ALBUTEROL INHALER & DEXAMETHASONE for bronchitis. *** This patient was Positive for COVID-19 in August 2020. She had the same symptoms as in March.
1135974	3/25/2021	IN	59	F	3/13/2021	3/13/2021	Arm pain Left chest pain Difficulty breathing
1134347	3/25/2021	TX	43	M	3/25/2021	3/25/2021	Fainted. Denies SOB, chest pain. refused to ER. states he feels much better after 5min. History of same symptom in the past with needle stick. Seen and cleared by EMS

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1135574	3/25/2021	CA	43	F	3/16/2021	3/16/2021	Itching; Burning in my throat and chest and arm; Burning in my throat and chest and arm; Throat swelling; Chest pain/burning in her throat and chest; Rapid heart beat; This is a spontaneous report from a contactable consumer (patient). This 43-year-old female patient received the 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration in left arm on 16Mar2021 at 02:00 PM at single dose (lot number: EN6208, expiration date: 30Jun2021) for COVID-19 immunization. Medical history included known allergies to 32 meds and nuts and shellfish, asthma, COPD and seizures and chronic lung disease. Concomitant medications included prednisone and topiramate (TOPAMAX) in two weeks. The patient had no other vaccine in four weeks. The patient was not pregnant when vaccination. The patient was given the covid 19 shot and within mins. The patient tested the shot and started to have itching and burning in her throat and chest and arm and given 50 mgs of Benadryl in her inhaler then a hour later had to go to ER due her throat swelling closed and chest pain, rapid heart beat was given Benadryl n Prednisone. Events started from 16Mar2021 02:15 PM. AE resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, life threatening illness (immediate risk of death from the event). The patient was recovered with lasting effects. Treatment was received for AE at ER 50 mgs Benadryl and 60 mgs of Prednisone. The patient had no Covid prior vaccination, no Covid tested post vaccination. Outcome of all events was recovered with sequel. Seriousness criteria was reported as life-threatening.

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1134345	3/25/2021	IN	47	F	3/23/2021	3/24/2021	Several hours post injection: itchy hands and chest (no rash) Approximately 20 hours post injection: severe muscle cramps and tingling of hands Approximately 25 hours post injection: blacking out, chest pain, trouble breathing, low body temp (94.9), low B/P (60/40), unable to walk or stand, throat swelling up, dizziness, fatigue, profuse sweating through all clothes. My husband was monitoring me, laid down and elevated my legs above my head, took Benadryl, hydrated, and rested. When I could stand, I took a pure hot shower to warm up. I thought I was going to die. The episode started to lessen about 45 minutes after taking Benadryl and elevating legs. Much better today but still not feeling well.
1134386	3/25/2021	TX	54	F	3/25/2021	3/25/2021	Sour taste, irritated throat, bilateral ears pressure. Denies chest pain, denies SOB. SpO2: 96%; HR 80, BP 180/103. Refused ER transport, refusal form signed. seen and cleared by EMS
1134424	3/25/2021	NJ	56	F	3/23/2021	3/23/2021	Chest pain - about 30 minutes after inoculation, pt began experiencing chest tightness; resolved in ED without medical intervention.
1134476	3/25/2021	MO	71	F	3/22/2021	3/22/2021	Client began complaining of feeling dizzy and was flushed and hot. 3 RNs were on scene assessing client. Vitals were taken (180/90; 97% RA; hr 97. Client was given water and a fan was placed near pt. Client then began to complain of chest discomfort and burning in her throat like heartburn. She also began to feel nauseous. The dizziness began to get better. The client initially began to say she was feeling better, a couple minutes later she began to complain of chest pain/pressure. She described it as an elephant sitting on her chest. She also stated that her left shoulder began to hurt. She was also pale. Her vitals at this time were bp of 170/85; O2 of 97%; hr of 78. 911 was called at 4:10pm and arrived at 4:15pm. Chest pain was down to a 4 and nothing of significance was noted by EMS on the heart monitor. Client was given the option to be taken to the ER and she consented to transportation.

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1134496	3/25/2021	UT	26	F	3/24/2021	3/24/2021	Stayed 30 minutes after vaccine at vaccination clinic to be safe in case of a reaction. About 5 minutes after leaving 11:30 I could taste the vaccine in my mouth. I immediately felt intense sharp tingling in my lower lip, it felt hot and swollen (upper lip never had a reaction). I instantly felt a lump in my throat and had a hard time swallowing. I started with chest pain that resolved itself in a minute or two. A few minutes later a family member noticed my face was red and flushed and said I looked like I had a sun burn. Swelling in throat resolved within an hour. Lip never visually looked swollen but I could feel the tightness, burning and tingling that resolved within the hour. Redness on face resolved within a couple hours. Had tiny blisters about 3 show up above upper lip I still have them the next day with a couple more but they aren't causing problems. My airway was never blocked I never had a hard time breathing. I did have a sore throat this morning March 25 day after vaccine. All other symptoms seem normal.
1134515	3/25/2021	PA	35	F	3/18/2021	3/23/2021	3/23: hands & feet felt puffy and swollen, but not actually puffy. All day. 3/24: hands & progressively more puffy (feeling) with tingles in hands/feet. -2:30- Mild chest pain -3:30- rash with itching/hives -5:00- full body red rash/hives with chest pain that went across the whole front of chest and wrapped around ribs on both sides. NO difficulty breathing. -6:00 took Benadryll capsules

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1134526	3/25/2021	CA	58	F	3/19/2021	3/20/2021	58 Y female here for concern of allergic reaction due to covid vaccine. Received second dose of pfizer vaccine yesterday. Today awoke feeling funny, felt some tightness in throat, trouble swallowing, more SOB, palpitations, headache. When she arrived at work this morning, started dry heaving very nauseated and had to go home. Driving home, she saw her face and noticed it was swollen. No prior hx of allergic reactions. No other new meds or foods in that time. No chest pain. 58F with likely allergic reaction anaphylaxis to pfizer vaccine. No severe facial swelling, tongue swelling, wheezing but symptomatically concerning given throat tightness, subjective facial swelling (I did see some mild periorbital edema but unable to observe other differences but she could). Not on any ace inhibitor. Less likely CHF, ACS, PNA/PTX, asthma Pt symptomatically improved a lot after epi, benadryl Observed and deemed stable Dc with prednisone and pepcid
1134586	3/25/2021	WA	63	F	3/3/2021	3/3/2021	Within 2 hrs of Pfizer covid injection I developed chest tightness with difficulty taking a full breath. Significant substernal chest pain radiating to between shoulder blades. Sent to ER around 6:30 pm. Cardiac ez troponin negative, CBC, BMP normal, 2 12 lead EKGs normal, CXR normal. BP and HR slightly elevated but stable. Acetaminophen 650 mg po given. ER physician dx vaccine adverse effect.
1134595	3/25/2021	IA	70	F	3/2/2021	3/4/2021	Patient presented 2 days after injection with bilateral lateral chest pain radiating to back, intermittent, sometimes at rest and sometimes with walking. Had previously been walking 2 miles twice daily, found extreme fatigue stopped her from walking more than 4 blocks with onset at same time. Evaluation included normal CBC w/ diff, ESR, CRP, CMP, LFTs. With pain no better, further eval 3/12 included RUQ U/S ddimer, NT-ProBNP. US showed dilated IVC and hepatic veins, EKG showed only bradycardia at HR 47. Patient eventually agreed to admission, workup for ACS negative with normal echo, clear coronary angiogram. Continuous monitoring showed severe bradycardia with episodes in 20s, pain improved with nitroglycerine. Pa

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1134605	3/25/2021	NJ	28	F	3/24/2021	3/24/2021	Onset of sudden chest pain during 15 minute observation period post vaccine. "Hard to breath. BP 122/73 P 90, spO2 96%. Lungs clear. BP 118/74 P 90 SpO2 95%. Color pale. Not diaphoretic. EMS called. Patient transported to Medical Center ED. 3/25/21 - phoned for followup. All tests in ED negative for heart related issues. May have been a panic attack. OK to get second dose.
1134806	3/25/2021	FL	43	F	3/19/2021	3/19/2021	I did not eat before my appointment, and had taken 325mg of aspirin before the vaccine due to my chronic chest pain (undiagnosed). My other meds were taken the night before. Approximately ten minutes after receiving the vaccine, I developed a metallic taste in my mouth. After being observed for 45 minutes, I left and got something to eat. After I ate the metallic taste lasted another hour before diminishing.
1134901	3/25/2021	IL	42	F	3/8/2021	3/9/2021	Inability to move within 24 hours - lasting 48+ hours Vomiting Pain in left (shot) arm radiating to left breast Rash Headache on the first day Chest pain/tightness, consistent shortness of breath, worse with exertion Brain fog Fatigue Inability to concentrate Very acute depression in the first 3-4 days after the 2nd shot

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1135542	3/25/2021	CO	34	F	1/26/2021	1/29/2021	hurting from her hand to her chest; stress; nausea and threw up that night; nausea and threw up that night; Bell's palsy; arm on the side she got her shot was hurting; This is a spontaneous report from a contactable consumer (patient). A 34-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection) (at 34 years of age), dose 2 via an unspecified route of administration, administered in Arm Left on 26Jan2021 (Batch/Lot number was not reported) as a single dose for COVID-19 immunisation. Medical history included asthma wherein she doesn't take medication, it was usually when she was cold; she had this diagnosis since her childhood. She was diabetic and was diagnosed when she was 16 years old (2002). Concomitant medication included insulin human injection, isophane (HUMULIN N) and insulin human (HUMULIN R), both for diabetes mellitus. Historical vaccine include PFIZER BIONTECH COVID 19 VACCINE first dose on 06Jan2021 for COVID-19 immunisation. She got the second dose and her arm on the side she got her shot was hurting from her hand to her chest for about 10 days. Then she got diagnosed with Bell's Palsy. The left side of her face has been twitching and droopy and not right. She got the second dose on 26Jan2021. Three days later was when she started experiencing the pain on left arm (29Jan2021). The shot was given in the left arm. It took 10 days to heal. Then after that was when she started to feel her face. She tried to call the doctor and they couldn't see her until 08Mar2021 to get diagnosed. She had been on medication for two days. She started one medication on Monday. There had been no improvement yet. One of the medication was Acyclovir 800mg tablet. She was taking it five times per day. She started it on 09Mar2021. The other medication she takes three at the time for the first six days. Then two at a time. It was a steroid. She started it on the 08Mar2021. She added that she was a diabetic and being on the steroid had her blood sugars high now. They said it was stress and not eating right. Investigations included blood work and checked her thyroid, both with unknown result. Then when she got in to the doctor she was diagnosed because it had been going on for five weeks. The arm pain started a couple of days after the vaccination (29Jan2021). It was after 10 days when she developed Bell's Palsy (Feb2021). The day that she got it she had

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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1134553	3/25/2021	WI	43	F	3/25/2021	3/25/2021	<p>nausea and threw up that night (Feb2021). She had gone to the emergency room for the arm pain as she was in bad pain and didn't go to work for 2 days. The ER told her it could take 10 days. She doesn't remember the exact date. It was sometime the first week of Feb2021. The outcome of vaccination site pain was recovered on 08Feb2021, chest pain was recovered on an unknown date; while unknown for other events. Therapeutic measures were taken as a result of Bell's palsy and vaccination site pain. Information on the lot/ batch number has been requested.</p> <p>Patient called clinic with complaints of possible reactions to the second dose of the vaccine today. States that after she was observed for 15 minutes following the second dose of the Pfizer vaccine, she went home and noticed some slight tongue tingling that lasted for a few minutes then went away. She had her second dose today at 0945. Denies any reactions after her first dose. States now she has bumps on her skin similar to a skin rash with some pruritus. Denies wheezing, dyspnea, SOB, lip/tongue swelling, throat tightness, dysphagia, chest pain, nausea, vomiting. States she did take Zyrtec 10 mg this morning which is normal for her as she has allergies. She was currently at work when calling. Advised Pt of the following for treatment: 1. Topical hydrocortisone 1% cream to affected areas for the itch. Cool compresses for swelling and the itch. 2. OTC Zyrtec-- advised her to take a second dose of 10 mg tonight when going to bed. Also advised her to take Benadryl 25 - 50 mg every 4-8 hours as needed, max 300mg daily. Can be sedating, do not take with driving or operating machinery. Decided it would probably be best for her to leave work and go home in case she gets sleepy. She denied needing a work note at this time. 3. Advised to call 911 if signs and symptoms worsen at any time. Advised Pt not to follow up at center if having any red flag symptoms but rather go to the ED immediately. Red flag symptoms: SOB, wheezing, lip/tongue swelling, throat tightness, chest pain. Discussed reaction with collaborating physician who was also the clinical observer for the vaccines today. Also made clinic manager aware</p>

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1135567	3/25/2021	NY	20	F			chest pain; tachycardia; cold sweats; shakes; This is a spontaneous report from a contactable other health professional. A 20-year-old non-pregnant female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration, administered in arm left on an unspecified date (at the age of 20-years-old) as a single dose for COVID-19 immunisation. The patient's medical history was not reported. There were no concomitant medications. The patient previously received the first dose of BNT162B2 (Batch/Lot number was not reported) administered in arm left on an unspecified date for COVID-19 immunisation. The patient ended up in the hospital with chest pain, tachycardia, shakes and cold sweats, 5 hours after receiving second dose. The patient underwent lab tests and procedures which included SARS-COV-2 test: unknown results on an unspecified date. The outcome of the events was unknown. Information on the Lot/Batch number has been requested.; Sender's Comments: Based on available information, a possible contributory role of BNT162B2 vaccine can not be excluded for the reported events of chest pain, tachycardia, shakes and cold sweats due to temporal relationship. Case will be re-assessed upon the additional information provided. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
1129838	3/24/2021	IL	73	M	3/16/2021	3/16/2021	chest pain, vomiting, death
1129139	3/24/2021		58	M	3/19/2021	3/19/2021	Pt reported having chest pain and labored breathing 10mins after the vaccine. PT was nauseous and also felt faint. PT was also very sweaty. EMS to scene. Pt BP was 189/99. Pt was advised he needs to go to the ER. Pt refused transport and signed documents by ems. No Epi pen was given. Pt had a coworker take him to ED where he had an ACS workup. No findings. Discharged from ED

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1129392	3/24/2021	CA	54	F	3/23/2021	3/24/2021	Chest pain, chest tightness, stomach upset, diarrhea , headache, arm soreness, brain fog
1129472	3/24/2021	FL	65	M	3/1/2021	3/7/2021	Chest pain, left arm pain, joints, severe wobbliness in knees. Very tired, most days I take two naps
1129493	3/24/2021	NY	55	M	3/24/2021	3/24/2021	11:10 PT STARTED TO FEEL TIGHTENING IN THROAT, PT BROUGHT OVE TO VACCINATION STATION FOR FURTHER ASSESSMENT. AIRWAY PATENT, NO STRIDOR OR S/S OF RESPIRATORYDISTRES NOTED AT THIS TIME. VSS B/P 152/90, HR 90, RR 18, SPO2 99%. BENADRYL 50 MG PO GIVEN X 1. PA OVER TO ASSESS PATIENT. PT STATES HE HAD A SIMILAR MORE MILD EXPREIENCE WITH FIRST PFIZER DOSE. 11:30: PT STATES EVERYTHING STILL FEELS THE SAME, NO CHANGE OR WORSENING OF SYMPTOMS AT THIS TIME. 11:45 PT STATS LEFT SIDED CHEST PAIN 7/10 STABBING. MEDICAL PROVIDER NOTIFIED. PT BROUGHT BACK TO OBSERVATION ROOM. ASSESSED BY EMTS. 12 LEAD EKG PERFORMED. PT SR WITH 1ST DEGREE BLOCK. HR 70. B/P 149/94, SPO2 99% 11:50 PROVIDER IN TO SEE PT. PT TO BE TRANSFERED TO FACILITY FOR FURTHER TESTING AND TREATMENT.

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1129672	3/24/2021	CT	54	F	3/4/2021	3/4/2021	Neck and arms tightening; Swollen glands; Pain was everywhere; Headache; Had full blown chills; Nausea; To the 100th degree, fever; body aches; Hallucinations; vertigo; Dizziness; Fell over while trying to load dish washer; chest pain; Neck and arms tightening; heart racing 120bpm; I thought I was going to die, felt really bad so she tried to sleep it off, felt like someone was pricking me with a knife; A spontaneous report was received from a consumer concerning a 54-year-old, female patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced hallucination, COVID-19, vertigo, dizziness, fall, chest pain, heart rate increased, limb discomfort, lymphadenopathy, vaccination complication, muscle tightness, heart rate increased, pain, pyrexia, headache, chills, nausea and myalgia. The patient's medical history was not provided as exposed to COVID-19. Concomitant medications were not reported. On 04 MAR 2021, approximately one day prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number: 011A21A) via unknown route in an unknown location for prophylaxis of COVID-19 infection. After receiving vaccine, patient felt like she had COVID -19 and she was going to die. On 05 Mar 2021 the events started with neck and arm tightening, swollen glands and headache. The patient had full blown chills, nausea to 100 degree, fever, body ache, hallucinations. She reported that she felt pain everywhere, heartracing 120bpm, chest pain, dizziness. She fell down while loading dishes and also she reported vertigo. The event hallucination was considered as medically significant. The treatment taken for the events was reported as Tylenol once in every six hours. Action taken with mRNA-1273 in response to the events was unknown. All the events except headache, vertigo and nausea was considered resolved on an unknown date.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1129737	3/24/2021	NE	32	F	3/21/2021	3/21/2021	Within 10 minutes of receiving vaccine, got very lightheaded in waves. Got very shaky, felt weak. Felt heart palpitations, increased respirations, shallow breathing Recovered within 30 minutes and returned home. Symptoms have continued since receiving vaccine to include chest pain, feeling jittery/shaky and weak in the limbs
1129740	3/24/2021	CA	26	F	3/24/2021	3/24/2021	Pt developed dizziness and nausea approx 30 minutes after vaccination. Denies HA, SOB, chest pain. BP 131/84 HR 88 RR 18, unlabored SpO2 98% RA

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1129747	3/24/2021	NY	61	F	3/5/2021	3/5/2021	<p>Right hand feels tingly with numbness; Moderate chest pains; Passed out in chair; Super dizzy; Suffocation in chest; Sick to their stomach; Heart racing immediately after vaccine administration; Fever; Had allergic reaction at the vaccine site; A spontaneous report was received from a consumer concerning a 61-years-old male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced events suffocation in chest, super dizzy, moderate chest pains, sick to their stomach, heart racing immediately after vaccine administration, passed out in chair, fever, right hand feels tingly with numbness. The patient's medical history included COPD (chronic obstructive pulmonary disease), staph infection, CAD (coronary artery disease), depression, anxiety, shortness of breath and suffocation on chest. Concomitant medications reported were amoxicillin, gliclazide, acetylsalicylic acid, amlodipin, atorvastatin, clonazepam, hydroxyzine, multi vitamin, inhaler, albuterol as needed and nebulizer, all were used for an unknown indication. On 05 Mar 2021, prior to the onset of the events the patient received first of two planned doses of mRNA-1273 (lot/batch: 036A21A) Intramuscularly for prophylaxis of COVID-19 infection. On 05 Mar 2021, the patient had allergic reaction at the vaccine site, felt sick to their stomach, dizzy, heart racing immediately after inoculation with the vaccine. Pharmacist thought they were having a panic attack, but patient says no. That evening developed a fever. On 06 Mar 2021, the patient felt suffocation in chest that was tolerable. On 07 Mar 2021, the patient experienced bad suffocation in chest, super dizzy and passed out in chair. Stated that they were knocked out for 35 minutes. Suffocation decreased. On 14 Mar 2021, suffocation comes on with major chest pains. On 15 Mar 2021, the patient experienced the events moderate chest pains and right hand feels tingly with numbness. Treatment details included none. Action taken with mRNA-1273 in response to the events was not reported. The outcome of event, sick to their stomach and heart racing immediately after vaccine administration was resolved on 05 Mar 2021. The outcome of events, suffocation in chest and passed out in chair was resolved on 07 Mar 2021. The outcome of events, super dizzy, moderate chest pains, fever and right hand feels tingly with numbness was unknown.; Reporter's Comments: Based on the current available information and temporal</p>

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1129949	3/24/2021	OR	62	F	2/2/2021	2/2/2021	association between the use of the product and the start date of the events (suffocation feeling, abdominal discomfort, pyrexia, tachycardia, and vaccination site reaction) a causal relationship cannot be excluded. Very limited information regarding the events (LOC, hypoaesthesia) has been provided at this time. Further information has been requested.
1129803	3/24/2021	MA	41	F	3/24/2021	3/24/2021	Within 30 min of shot, starting feeling itchy tongue and throat. Drank water and within a few minutes got a full body heat flush and starting shaking all over. Heart beating fast and having some pain in chest. Drove to her work place and was assessed by MD and RN on staff. BP was 220/120, pulse over 100. She took a Claritin and was monitored in the work place. She became lethargic and chest pain continued so she went to the closest Emergency Room.
							Patient was given her first dose of the Moderna vaccine 3/24/21. Patient was directed to the observation room for monitoring and asked to wait 30min due to anaphylaxis allergy to peanuts and angioedema reaction to shellfish. Pt explained her throat was "scratchy" and "feeling funny, like I ate something I wasn't supposed to." Pt was alert and oriented. Denied SOB/chest pain. Reports slight wheezing. Vitals WNL-see below. ED rapid response was called. Vitals @ 0900 BP 110/80 HR 96 O2 sat 96% on room air Patient declined receiving epinephrine pens and requested diphenhydramine which she received when she was taken to ED for observation. Patient was discharged an hour later

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1129923	3/24/2021	MA	55	M	3/24/2021	3/24/2021	<p>Patient received first dose of Pfizer vaccine 3/24/21. Patient became unsteady and was directed to stretcher. Patient has a hx of HTN and reports not taking his BP medication for "a while." Patient was unsure what BP medication he was on. Reports potentially taking Lasix and Vit K. Patient reports not eating or drinking prior to receiving the vaccination. Alert and oriented. Denies SOB/chest pain. Vitals taken at 10:45AM: BP 197/11 HR 75 SPO2 98% RA ED rapid response called. Pt unable to stand up from stretcher. Patient was taken to ED and neurology was consulted. Neurology noted: 55-year-old man past medical history of hypertension coming with uncontrolled hypertension systolic over 220. Concern for gait instability, no evidence of strength weakness on any extremity with confrontational testing. No evidence of change in altered mental status, no evidence of cranial nerve palsy, and no evidence of sensory loss. No evidence of coordination problems with finger-to-nose testing and heel-to-shin testing bilaterally. He exhibits 5 out of 5 confrontational testing to all extremities muscles as above albeit with giveaway weakness. NIHSS 0. Although patient presents within TPA window he has had no disabling symptoms and therefore is not a candidate for TPA. Although the patient presents with a mechanical thrombectomy window he has no disabling symptoms and no evidence of LVO either on exam or my preliminary read of his CTA head and neck. As such he is not a candidate for mechanical thrombectomy. Symptoms do not localize well although patient presents with clear hypertensive urgency versus hypertensive emergency. Would recommend full medical work-up for this condition as we rule out signs of acute ischemic stroke. Patient passes dysphagia screen in the ED. Recommendation: 1. Admit to Observation. 2. MRI brain without contrast 3. Obtain stroke labs A1c, TSH, lipid profile 4. PT OT consult evaluation and treat 5. Social worker and case management consult for stroke work-up</p>

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1129132	3/24/2021	MD	60	M	3/24/2021	3/24/2021	Patient received his first dose of Moderna vaccine and reported feeling his heart rate go up around 20 minutes later. He alerted the nurse, who checked his vital signs, which were slightly elevated with a minor elevation in heart rate at 106. He denied dizziness, chest pain, extremity numbness/tingling, and any other signs. He continued to feel palpitations for about 30 minutes, but HR continued within normal limits < 100 during that time. After about a half an hour he began to feel better, and was assisted to his car by county staff. EMS offered and declined.
1128369	3/24/2021	IL	36	F	2/9/2021	3/17/2021	The vaccine I listed was my second vaccine. However I am sick and tested positive with covid-19 on 3/20/21. Symptoms begin around 3/17 with nasal congestion, sneezing, watery eyes, mild sore throat. Additionally so far headaches, myalgia, cough, chest pain, fatigue, anosmia.

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1129780	3/24/2021	MN		F	3/9/2021	3/10/2021	felt like having a heart attack; feeling very sick; Heart rate was racing; difficulty breathing; chest pain; lip and throat swollen on left side; feeling very weak and tired; tired; A spontaneous report was received from a consumer concerning a 62-year-old, female patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced feeling sick with heartrate racing, difficulty breathing, chest pain, throat and lips on the left side were swollen, felt like having a heart attack and very weak and tired. The patient's medical history was not provided. Concomitant medications was not reported. On 09 Mar 2021 prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number: 040A21A) for prophylaxis of COVID-19 infection. Prior to receiving mRNA-1273, on 10 Mar 2021 the patient feeling sick with heartrate racing,difficulty breathing, chest pain, throat and lips on the left side were swollen , felt like having a heart attack, and very weak and tired and the event heart attack was medically significant. Treatment for the events was unknown. Action taken with mRNA-1273 in response to the events was unknown. The outcome of the events, feeling sick with heartrate racing, difficulty breathing, chest pain, throat and lips on the left side were swollen, felt like having a heart attack, and very weak and tired, were considered resolved on 11 Mar 2021.; Reporter's Comments: Based on the information provided which includes a temporal association between the reported events, administration of mRNA-1273 vaccine and excluded all other etiologies, a causal association cannot be excluded
1129120	3/24/2021	MO	24	M	3/19/2021	3/20/2021	Patient passed out 5 minutes after receiving vaccine. 12 hours later the patient had severe chest pain and went to the ED. He received a ketorolac shot there and returned home. 36 hours later, red dots were noticed on the patients feet and ankles (appeared to be petechiae). No other s/sx of bleeding but extreme fatigue, nausea, head fogginess, etc. has been experienced over the past 4-5 days. Patient w/ no PMH of any significance.
1129086	3/24/2021	CA	35	M	3/23/2021	3/23/2021	Chest tightening/chest pain

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1129029	3/24/2021	IN	23	M	3/24/2021	3/24/2021	Patient (nursing home employee) was given his second dose of the Covid 19 vaccine today (March 24,2021) during a routine nursing home vaccination clinic. Patient was given his second dose at 8:35 am and at 8:39 am he was complaining of shortness of breath, chest pain, as well as pain in his extremities. Patient stooped in chair and lowered to the ground. Epi Pen 0.3 mg was administered by the attending pharmacist, at 8:41 am and the ambulance was called. His vital signs were taken: Blood pressure 123/77, Oxygen 99%, pulse ranged from 104 to 111 bpm. Patient complained of pins/needles feeling in extremities, his arms (both left and right) were contracting, and his pupils were dilated. He was given 4 L oxygen, and the ambulance arrived at 8:58 am.

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1128851	3/24/2021	CO	30	M	3/4/2021	3/7/2021	substernal chest pain; shortness of breath; Troponin peaked at 9.100; This is a spontaneous report from contactable physician. A 30-year-old male patient received his second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date were unknown), intramuscular in left arm on 04Mar2021 at 15:45 at single dose for COVID-19 immunization. Medical history and concomitant medication were reported as none. The patient has no known allergies and has other medications in two weeks. It was unknown if the patient has other vaccine in four weeks. He has no COVID prior to vaccination. The patient received his first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date were not provided), via an unspecified route of administration on 10Feb2021 at single dose for COVID-19 immunization. The facility the vaccine was administered was reported to be other. On 07Mar2021, the patient who has no prior medical history was admitted for substernal chest pain and shortness of breath; troponin peaked at 9.100 with no EKG changes. Heart catheterization was normal. The patient was not tested for COVID post vaccination. The events resulted in emergency room/department or urgent care and required hospitalization for one day. The outcome of the events was recovering. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information currently available, a possible contributory role of the suspect drug in the reported events cannot be completely ruled out given the known suspect drug profile and/or implied temporal association. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1128622	3/24/2021	PA	31	M	3/24/2021	3/24/2021	pt received vaccine at approximately 0730 in am. Waited his 15 minutes. He feels since he received the vaccine his heart is racing, and feels like his throat is tightening. He denies wheezing, has no angioedema. No exacerbating or alleviating factors, symptoms constant. Denies fever, chills, chest pain, shortness of breath or palpitations. Former smoker. No rash present. Pulse OX is normal 96-99. One blood pressure reading was elevated, temp normal. Treated with solumedrol, pepcid, benedryl, iv fluids. Observed for one hour, discharged home with steroids and antihistamine. Advised not to take 2nd covid vaccine by ER provider.
1128603	3/24/2021	WI	58	F	3/24/2021	3/24/2021	After about 40 minutes after administration, developed left facial numbness and chest pain rating 2/10. First response called and patient taken to ER for further monitoring.
1128566	3/24/2021	IL	74	F	3/13/2021	3/15/2021	Patient received 2nd COVID-19 vaccination on 3/13/21. Manufacturer and lot # of vaccine not available as administered at outlying clinic/facility. Date of 1st vaccination also unknown. Patient presents to ED after fall. Patient states that she has had significant weakness since receiving 2nd COVID vaccination. Patient states prior to COVID vaccine she was in her normal state of health. Patient troponin was elevated at 0.99. Patient denies any chest pain or shortness of breath. Patient diagnosed with non-STEMI. Treated with medical management including heparin drip and continue aspirin + Plavix + statin therapy. Patient was discharged to rehab facility on 3/18/21.
1130002	3/24/2021	KS	62	F	1/14/2021	1/17/2021	Patient received first COVID-19 dose on Jan 14th, 2021 and then developed chest pain and diarrhea 1 day later. On Jan 17th, she presented to hospital and was found to have a non-ST elevated MI and apical ballooning syndrome.

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1128494	3/24/2021	NY	63	F	3/19/2021	3/19/2021	Rapid Heartbeat started about 1-1/2 hours after the shot. Heartbeat was rapid for several hours and then intermittently for ~30 Hours. My face was flushed & hot. I started trying to look up Moderna side effects but could not find anything about rapid heartbeat until after I found the Moderna fact sheet online. I did not go to the hospital as I had no chest pains or shortness of breath. But I did take a baby aspirin 3 times over the course of the 30 hour period. I was also very fatigued during this time. The rapid heartbeat has subsided by now but I don't know if i should still get the 2nd shot which is scheduled for April 16.

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1128282	3/24/2021	FL	79	F	3/12/2021	3/12/2021	79 year old Female received the 1st dose of the Moderna COVID-19 Vaccine Lot# 030A21A on 03/12/2021 @ 09:40. Pt was placed in observation for 30 minutes and then released. On the drive home pt felt tightness in the chest, chest pain, roof of mouth was swelling and burning, severe itching on the arm, (shortness of breath was experienced while walking to the car), and immediately drove to ED. Pt was admitted to the ED 03/12/2021 @ 11:00 and was discharged 03/12/2021 @ 12:30. Pt was given Prednisone, Benedryl, Pepcid, Potassium, and Clonidine in the ED. Upon discharge, pt was advised by the ED to come back if symptoms come back/worsen, make an appointment with primary doctor, and was given a prescription for Prednisone and Atarax (hydroxyzine) 25mg. Morning of 03/13/2021 pt reported throat was narrowing, difficulty swallowing, lips feeling tingly, and shortness of breath when normally walking down the hall. Pt went to ED , was admitted 03/13/2021 @ 12:00 and discharged same day 03/13/2021 @ 17:00. Pt takes Amlodipine 5mg qd, Levothyroxine 25mcg qd, Losartan 50mg bid, Furosemide 40mg qd, Diltiazem 120 mg qd, Tizanidine 2mg qhs, Anastrozole 1mg qd, Venlafaxine ER 37.5mg qd, Clonidine 0.1mg (PRN when SBP > 170), K 20 mEq, Folic Acid, B12, Homocysteine Factor, IBU (PRN for discomfort), and Cetirizine. Pt is diagnosed with osteoarthritis, obstructive sleep apnea, degenerative joint disease, degenerative disc disease, scoliosis, hypertension, cardiac arrhythmia, hypothyroidism, breast cancer remission (5 years of remission on the left breast and 4 years of remission on the right breast). Pt is allergic to Sulfa drugs, Nitrofurantoin (Macrobid), and Prempro. Pt made an appointment with the primary doctor for 04/01/2021 and the cardiologist appointment is scheduled for 04/22/2021. Pt was advised to call cardiologist and move the appointment to the next availability, consult primary doctor and cardiologist to see if it is advised to received the second dose and abide by their recommendation, and immediately go to the ED for any symptoms/side-effects. SPI was consulted and Dr was notified.

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1128245	3/24/2021		30	M	3/22/2021	3/23/2021	30 yr/o male who presents with chest pain. He states that symptoms have been present for about an hour. He feels as if "somebody is punching me in the base of my heart." He also notices a racing heart beat as well as some shortness of breath. Symptoms are nonradiating and moderate to severe.
1128139	3/24/2021	CA	19	M	3/18/2001	3/21/2021	Patient complained of chest pain, admitted to emergency room and being treated with tests. doctor thinks vaccine may have caused the inflammation of the heart lining.
1128052	3/24/2021		83	M	3/3/2021	3/4/2021	Chest pain; felt really bad; Death; Vomited that night; Sore arm and pain in both arms; A spontaneous report was received from a consumer concerning a 83-years-old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced sore arm and pain in both arm /pain in extremity, felt really bad/feeling abnormal, chest pain and the patient died. The patient's medical history was not provided. No relevant concomitant medications were reported. On 03 Mar 2021, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number: unknown) intramuscularly for prophylaxis of COVID-19 infection. On 04 Mar 2021, patient experienced sore arm and felt bad. The patient vomited that night. On an unknown date patient reported chest pain and pain in both arms. On 05 Mar 2021, at 12:46pm the patient died. Action taken with mRNA-1273 in response to the event was not applicable. The patient died on 05 Mar 2021. The cause of death was reported as unknown. Plans for an autopsy were unknown.; Reporter's Comments: This is a case of death in an 83-year-old male subject with unknown medical history, who died 2 days after receiving first dose of vaccine. Very limited information has been provided at this time. No follow up is possible.; Reported Cause(s) of Death: unknown cause of death

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1130405	3/24/2021	CA	39	F	3/17/2021	3/18/2021	I have a history of anaphylaxis, and disclosed that to the medics so they watched me more carefully, which was good, as while I did not experience anything that severe, I did immediately get itchy, turn red and feel quite nauseated. However, after they monitored me awhile, I told them I felt okay to go home. The next day I had the expected mild flu-like symptoms, which I anticipated. However, what's been atypical is they returned tenfold three days later. This time with a much higher fever (103), severe chills, fatigue, a seemingly never-ending headache, muscle spasms, chest palpitations and suddenly I am experiencing asthma (which is typically seasonal) and am coughing, too. I'm now a week past when I was vaccinated and each day was feel worse, not better. I have had to cancel my clients and hire a sitter to care for my kids as I am too weak and ill to do it. I looked up common reactions and nothing states chest pain and/or asthma, nor that it should last this long. That said, as I am high-risk, I work from home and homeschool both of my young kids. Thus, I have been nowhere aside from the vaccine site. Moreover, my partner, our kids and sitter get routinely tested for me, and everyone is negative. Thus, it appears I am having prolonged, heightened side-effects much more intense than the 'mild' flu-like symptoms otherwise reported, which is concerning. I took no medication prior to receiving the vaccine, either.

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1128543	3/24/2021	PA	41	M	2/17/2021	3/18/2021	41yo male with history of HLD, LBP, and tobacco use who presented to care initially at the with chest pain. He received the second dose of the Moderna vaccine on 18MAR21 at clinic and within 14 hours developed chills and myalgias. He denies any immediate onset of symptoms after receiving the vaccine. The following day he reports experiencing chest pain 24 hours after the vaccine was administered that progressively worsened over the subsequent 36 hours that finally prompted him to seek care. He describes the pain as a central non-radiating squeezing pain that worsened with movement and breathing. He waited to seek care because he reports several of the soldiers in his unit have experienced similar chest pain that eventually resolved. He reports being at his baseline health prior to receiving the vaccine and denies any fever, cough, rhinorrhea, congestion, malaise, vomiting, diarrhea, or rash. Upon initial presentation to care at clinic he was noted to have a Troponin I of 0.9, WBC of 14, elevated CRP (7.3), and temp to 101.4. Patient was given ASA, Plavix, Lovenox, Tylenol, and Ceftriaxone. Since arriving to clinic and EKG was obtained showing ST elevation in lead 1 and avF concerning for ischemia and underwent a left heart catheterization which was clear of obstruction. Serial high sensitivity Troponin levels have been trended to peak of 465. Respiratory viral panel to include SARS COV-2 was negative. Cardiac MRI was consistent with myopericarditis, and show mildly reduced EF for 46%. Blood cultures have not grown any organism. His chest pain has resolved since starting Aspirin and Colchicine.
1131612	3/24/2021	CA	29	F	3/24/2021	3/24/2021	6:02 PM- 1st dose of Moderna administered on RA, Lot # 029A21A 6:12 PM- pt. Complained of throat closing and hoarseness in voice. Dr. by chair side monitoring patient 6:14 PM- EPI pen 0.3mg administered on right thigh by Dr. . Called 911 VS 147/97, 121, 96% 6:16 PM- Benadryl 50mg administered IM by licensed nurse VS 146/91, 119, 96% 6:21 PM- Pt c/o chest pain 6:23 PM- VS 128/85, 122, 96% Pt continues to complain of chest pain Fire arrives and takes over. Report given to , paramedic

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1131656	3/24/2021	AR	55	F	1/19/2021	2/10/2021	Day of shot developed pain in entire right side(chest area), also acid reflux and nausea. That went away about 12 hours after the vaccine. Ten days after I developed a slight pain in right lateral side that progresses to constant pain in 2 places on right side including under right clavicle. I had pain upon taking in a deep breath. Saw MD after 4 days of these SXS. Performed labs, Chest x-ray and EKG. All were essentially normal except elevated WBC count. Have 2 COVID test which were both normal. Md said possibly some sort of inflammation and suggested taking anti-inflammatories which did not help much at all with SXS. After a few more days the SXS changed to constant chest pain(pressure), SOB upon exertion and pain behind knee. F/U with MD again and it was decided to wait a few more days. Upon suggestion from friend asked MD to perform D-Dimer lab test. The result was 4,400. My normal value should have been 550. Sent to ER. CT of chest, EKG and more labs performed. CT revealed large bilateral pulmonary embolisms in pulmonary arteries. Started on blood thinners. Ultrasound of left leg revealed large DVT. Sent home after 2 days on blood thinners. SXS stopped after a few days.
1131551	3/24/2021	TX	34	F	2/12/2021	2/21/2021	Debilitating heart palpitations/chest pain. Dizziness/ fainted momentarily. Sought emergency care- no physical cause found- not associated with any health issues. fever newly present at discharge from emergency room.
1131536	3/24/2021	MN	29	M	3/19/2021	3/21/2021	Have had some chest pain for a few days and different breathing. Doesn't feel like my normal breathing just feels more restrictive than normal.

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1131528	3/24/2021	TX	60	F	3/16/2021	3/16/2021	Felt abnormal and went to bed. Woke up at 9:35am with 101.7 temperature and called into work to advise I will not be coming in. I went back to bed no food no medicine, Most information I read and was aware is that it would be better with sleep. Only to wake up at 8:30pm with a 102.7 had 500 mg acetaminophen went back to bed. Woke up Thursday morning at 9:45am fever free. Friday afternoon I noticed swelling on my left neck area. Just inside my left clavicle. I made a Dr appointment for Monday and Dr. found several Lymph nodes swollen as well as under my left arm pit area. Due to some chest pain she sent me for a chest x-ray.
1131420	3/24/2021	SC	62	F	3/16/2021	3/20/2021	4 days after vaccine, had fluttering in chest while sitting watching tv. 5 days after vaccine had fluttering in chest while on treadmill. 7 days after vaccine had fluttering in chest while dressing. Lasted few minutes. No SOB or chest pain.
1131329	3/24/2021	AZ	32	F	3/24/2021	3/24/2021	Lip swelling/ numbness, face numbness/ redness/ itchiness, trouble breathing, chest pain/ tightness, drop in blood pressure
1131048	3/24/2021	WV	51	F	3/24/2021	3/24/2021	Approximately 10 mins after vaccine, patient reported tongue numbness and dry mouth. Felt as if tongue was swelling. No dyspnea or chest pain. Mild anxiety. Vitals checked and BP was elevated, SaO2 stable as was pulse. Given 25 mg Benadryl and improved significantly. Monitored for additional 20 mins and released to go home.
1131029	3/24/2021	TX	83	F	3/11/2021	3/12/2021	Patient complains of nausea. This is nausea, without vomiting. This has been present for the past 2 weeks. The frequency of episodes is several times daily. Associated symptoms include lightheadedness and weakness. Pt received her first Moderna COVID-19 vaccine on 3/11/21, she has been experiencing these symptoms since that date. ROS: CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change. CARDIOVASCULAR: Positive for tachycardia. RESPIRATORY: Positive for dyspnea and unusual chest pain. GASTROINTESTINAL: Positive for heartburn. MUSCULOSKELETAL: Positive for bilat leg pain. NEUROLOGICAL: Positive for weakness. PSYCHIATRIC: Positive for frustrated.

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1130970	3/24/2021	IL	30	M	3/24/2021	3/24/2021	while standing up became lightheaded. No chest pain, SOB, diaphoretic, abdominal pain. no tingling at vaccine site
1130945	3/24/2021	MO	50	F	2/4/2021	3/3/2021	1st shot-nothing 2nd shot- shaking all over in 1st 15 minutes, progressing over the next few hours: muscle spasms/jerks, chest pain, SOB, bad right side pain in upper arm/shoulder, neck, jaw, face. Hard facial spasms, felt like I was in fight/flight physically- but not mentally, dizzy, very nauseous, hearing in right ear would drastically reduce for 30-60 seconds, heart palpitations, stuttering at times, difficulty finding words at times. Was driven to ER & evaluated (they said nothing was wrong with me-made to feel like I was faking).Called my doctor?s office the next day-symptoms were persistent but less than the previous day.She wouldn?t see me since I was seen in ER. I went to urgent care & got an appointment the following day with a new provider, . She sent me to ENT, who says it appears Mennier?s was triggered. Started on high dose Prednisone 60 mg tapered dose. My hearing showed some loss in lower frequencies. I feel slightly, very slightly better each day. Extreme fatigue Has also been an issue.
1130860	3/24/2021		72	F	3/23/2021	3/23/2021	Patient stated she had Moderna first vaccine at clinic, yesterday around 10:15 AM. patient satted after 5-6 hours she had sore arm , and slight itchy feeling. She stated today she had a headache, sore arm, light headed. She stated she is itchier than yesterday, but then said it was better. She denies any SOB, chest pain, rash, or any other symptoms.
1130782	3/24/2021	IA	56	M	3/10/2021	3/11/2021	Pfizer-BioNTech COVID-19 Vaccine EUA On 3/11/21, ran fever 103 to 104.5, coughing, some fluid in lungs, around evening time started heart palpitations and tightness pain in chest. As of 3/24/21 still have heart palpitations when doing yard work or light exercise. Tightness pain in chest area has gone away.

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1130777	3/24/2021	NE	76	F	2/20/2021	2/24/2021	1st vaccine on 2/20 and reported feeling "lousy" afterwards. On the evening of 2/23 felt like she was going to pass out. Felt worse when she woke the next morning. Presented to the ER on 2/24 with chest pain and "indigestion". Found to be in A.Fib with RVR. Vomited in ER triage. On 2/25 developed altered mental status, hypotension, hypoxemia. She was intubated and transferred to the ICU with severe lactic acidosis/shock/multiorgan failure. Had Right lower lobe infiltrate and right pleural effusion. Diagnosed with pneumonia and possible ischemic bowel. Died on 2/26. Family requested autopsy.

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1130394	3/24/2021	WI	71	F	2/28/2021	3/3/2021	The patient initially presented (3/3/21) with headache, fevers, nausea, vomiting, diarrhea, myalgias, malaise. Patient related she was in her normal state of health and only started to feel poorly after she received her second COVID-19 vaccination three days earlier. She interestingly related that after her first Pfizer COVID-19 vaccination she had significant burning in her stomach that she noted but no other major symptoms and notably did not experience this severe burning in her stomach after the second dose. She denied any chest pain, current dyspnea, productive cough, sore throat, urinary symptoms, sick contacts. She has no history of C. difficile, no recent antibiotics, no recent spoiled foods, no recent travel, no history of radiation. She does have a history of GERD and has had gastritis with mild gastrointestinal bleeding in the past and undergone EGD negative for H. pylori infection. She also has undergone colonoscopies with polyps that have been removed and reported as tubular adenomas. As her hospitalization progressed, she was diagnosed with Severe Sepsis due to E. Coli bacteremia in setting of liver abscess, Cholelithiasis without acute cholecystitis, Atrial Fibrillation with rapid ventricular response, Transaminitis (which resolved). Patient was appropriately treated for these conditions. Also, her known uncontrolled diabetes was treated. Per an Infection Disease note on 3/9/21: The patient has had hx of biliary colic (self diagnosis) now with discovery of non-obstructive cholelithiasis on RUQ US it is plausible that the abscess originated from self limiting cholecystitis/choolangitis which would be consistent with recent abdominal pain exacerbated with oral intake. Difficult to state definitively any relation to COVID-19 vaccination, though may have resulted from associated dehydration. Additional COVID vaccine info (both Pfizer): first dose: 2/7/21 lot# EN 5318 second dose: 2/28/21 lot# EN6202

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1130142	3/24/2021	IN	65	F	2/9/2021	2/12/2021	Flue like symptoms; Little off balance; Severe mid chest pain; Fatigue; Arrhythmia a couple of times; Tremors a couple of times; Itching all over the body; A spontaneous report was received from a consumer concerning a 65-year-old, female patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced itching all over the body/pruritus, fatigue, flue like symptoms/influenza like illness, little off balance/balance disorder, tremors and arrhythmia(intervention/medically important) a couple of times and severe mid chest pain/ chest pain. The patient's medical history as provided by the reporter included cochlear implant. Concomitant medications reported included domperidone. On 09 Feb 2021, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number: 013M20A) intramuscularly in the left deltoid for prophylaxis of COVID-19 infection. On 12 Feb 2021, the patient experienced itching all over the body. On an unspecified date, the patient experienced fatigue, flue like symptoms, little off balance, tremors and arrhythmia a couple of times and severe mid chest pain. Lab details were not provided by the reporter. Treatment for the events included ibuprofen. Action taken with mRNA-1273 in response to the events were not reported. The outcome of the events, itching all over the body, fatigue, flue like symptoms, little off balance, tremors and arrhythmia a couple of times and severe mid chest pain were unknown.; Reporter's Comments: events of unexpected influenza-like illness, chest pain, tremor, balance disorder, pruritus, and expected fatigue. Event onset occurred Day 4 after the first dose of mRNA-1273. Treatment with ibuprofen. Event outcomes unknown. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.
1130280	3/24/2021	MI	57	F	3/24/2021	3/24/2021	dizziness and itching....progressed to anxiety and chest pain.
1130756	3/24/2021	CT	51	F	3/24/2021	3/24/2021	pt reported slightly light headed ,felt like her neck was warm and left gland swollen, about 1/2 hour after vaccine, denied any difficulty swallowing, sob or chest pain(reported she had vaccine at other pharmacy and was fine after waiting 15 min.

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1131697	3/24/2021	AZ	63	F	12/19/2020	1/4/2021	at 2 1/2 weeks after first injection had severe asthma attack that caused right posterior chest pain, fatigue, chills- increased use of albuterol with nebulizer 3 times per day
1130208	3/24/2021	CA	43	F	12/28/2020	12/30/2020	I exp chest pain, rapid heart rate, dizziness, fatigue muscle/joint pain, brain fog lasting 2 months. I went to ER on 1/8, and have seen a Cardiologist, Allergist and Rheumatologist .I'm still exp brain fog as of today.
1130354	3/24/2021	MA	23	F	3/5/2021	3/17/2021	Chest pain, period cramps but no/late period

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1130469	3/24/2021	KS	70	F	3/24/2021	3/24/2021	<p>Progress Notes APRN (Nurse Practitioner) ? ? Family Medicine Cosign Needed Expand AllCollapse All COVID VACCINE CLINIC 3/24/2021 Date: 3/24/2021</p> <p>Subjective is a 70 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience a change in her cough and felt nauseated. She felt better shortly after 5 minutes but then her husband noted some redness in skin color in her legs and on her abdomen. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, collapse, hypotension, rapid progression of symptoms, respiratory distress, skin changes and increased in HR. Upon arrival to bay, HR 180-190. Pt's husband states pt with hx of svt. Usually in high 200's or low 300's if it comes on. Hx of having HR in the 150s at times. Usually resolves on its own with elevation of feet above pt's head per pt's husband. He is not worried about it but wanted to know what her pressures were doing. PT with alz. Pt's husband is main caregiver. ALLERGY REVIEW OF SYSTEMS: Redness went away after sitting down.: CONT negative HENT negative Eyes negative Respiratory negative Skin negative GI negative Neuro negative Previous Reactions: none Objective Vitals Vitals: 03/24/21 1045 03/24/21 1101 03/24/21 1115 BP: (!) 141/86 124/80 124/82 Pulse: (!) 180 (!) 158 (!) 150 SpO2: 100% 100% 100% Physical Exam Constitutional: General: She is not in acute distress. Appearance: She is well-developed. Comments: Flushed appearance upon arrival to bay. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Regular rhythm.</p>

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							<p>Tachycardia present. Heart sounds: Normal heart sounds. Comments: HR came down to 150-160's after Trendelenburg position. Ice pack placed on chest. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert. Mental status is at baseline. She is disoriented. Gait: Gait normal. Comments: Disoriented at baseline per pt's husband. Pt able to tell me who her husband is and their plans for cruise this summer. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Assessment/Plan Treatment included: water and Trendelenburg position Follow up response to treatment: fair. Patient discharge: AMA. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Discussed pt's HR despite of pt being stable here that they ought to seek further medical care in the ED. Pt husband declines as "she's done this before and I'm not worried. We will go to the hospital if she is not getting better. I think when we get home, in her normal environment, she will be fine." He voices appreciation for our evaluation and concerns. She was able to demonstrate assistance to standing position without reports of feeling dizzy or lightheaded. Pt color does look better. Redness is gone and she continues to report to feel well. Pt wheeled out in wheelchair. Husband is aware of our recommendations. APRN Electronically Signed 3/24/2021 10:59 AM Division of Health</p>
1130470	3/24/2021	IL	49	F	2/26/2021	3/24/2021	<p>3/23/21 ER HPI:49 y.o. female who presents with chest pain. Patient reports she was laying in bed this morning around 4:00 a.m. when she started developing pain to left side of her chest. Patient describes her pain as a sharp pressure that radiated to the left shoulder and jaw. Patient reports pain currently 8/10 and worse was 9/10. Patient reports associated shortness of breath, mild lightheadedness, and nausea. Patient denies any vomiting or diaphoresis. Patient has no known history of coronary artery disease and had a heart catheterization approximately 2 years ago that was negative. Patient's cardiac risk factors include obesity, smoking, and family history. Patient denies any history of DVT or PE</p>

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1130496	3/24/2021	OH	71	F	3/22/2021	3/23/2021	Patient has symptoms of chest pain that lasted for 4 hours
1130555	3/24/2021	IL	62	F	2/25/2021	3/3/2021	HPI: 62 yo with a "bad gallbladder attack" 20 years ago. She was sick for 2 weeks but had no insurance and was treated conservatively. Her pain was principally in the R post. Flank. Since then she's has occasional mild attacks associated with the same flank pain and nausea. Two weeks ago last Friday while working at the post office, she became acutely ill with the same flank pain but this time also with epigastric and chest pain with nausea. She saw Dr. 4 days later and still felt lousey and then followed up on March 13. At that time the patient related the history as "The pain is described as aching, colicky, cramping and pressure-like, and is 5/10 in intensity. Pain is located in the RUQ, epigastric with radiation to right back. Onset was 4 days ago. Symptoms have been gradually worsening since. Aggravating factors: activity and eating. Alleviating factors: none. Associated symptoms: anorexia, belching, flatus and nausea. The patient denies fever, hematochezia, hematuria and melena." Subsequent blood work was normal including CBC, LFTs and lipase. US: A 1.9 cm shadowing gallstone is visualized. It is mobile. There is no gallbladder wall thickening or pericholecystic fluid. Patient reports right upper quadrant pain during the scanning. The common bile duct is normal in caliber measuring 2 mm. She remains fearful of eating. No CBD sx/signs. She's had one of two Covid vaccinations
1130571	3/24/2021	AL	18	F	1/16/2021	1/16/2021	I started having the symptoms in the afternoon. I was really fatigued and throwing up multiple times (nothing left in my stomach); had chest pain. My boyfriend rushed me to the hospital. While I was at the hospital (about 3:00 am) I threw up again at the hospital. They monitored me and put an IV on me. When I was able to hold down water and stop throwing up they let me go home - which was about 7. Prescribed Zofran and Pepsin. And they put me on a clear liquid diet for a day. They told me to Zofran, Pepsin and Benadryl before the second dose and told me to eat a meal before getting the second dose and I had no symptoms at all with second dose.

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1130650	3/24/2021	CA	21	F	3/12/2021	3/19/2021	Large, tender, and erythematous rash present on the left shoulder (immunization site), which started on 3/19. Rash is 12 x 12 cm in size, Pt without other symptoms to include fever, chills, cough, SOB, chest pain, seizure, or other neurologic symptoms.
1130654	3/24/2021	CA	23	M	3/12/2021	3/12/2021	On 3/12/21 day of injection The patient got the Johnson & Johnson Covid vaccine this afternoon around 1400, after which he noted a red, itchy rash on his chest, back, and bilateral upper extremities. He also notes a dry mouth and mild throat swelling, but denies shortness of breath, vomiting, lightheadedness, chest pain. He took benadryl about an hour after getting the vaccine without any improvement.. He states that amoxicillin is the only medication to which has had an allergic reaction. On 3/12/21 He was s treated with Vistaril 50 mg, Deltasone 50 mg, and epinephrine 0.3 mL. The medications relieve most of his symptoms for 2 hours before it returned along with having developed a sore throat and sensation of swelling to his throat. On 3/13/21 at 0139am patient returned to ED for further evaluation. Patient re-medicated with benadryl, epinephrine and was given pepcid. On 3/14/21 at 1430 patient again seen in ED for further evaluation with worsening rash. patient that last night he had a severe allergic reaction and self administered epinephrine at 0440. This morning he woke up with a worsening rash that he describes as burning. He reports a sensation of throat swelling. He has had 3 episodes of diarrhea, but no nausea or vomiting. Yesterday, patient states that his heart was "racing" but denies any chest pain. He states that every time his rash is treated, it returns and is worse in severity
1130288	3/24/2021	CO	56	M	3/10/2021	3/11/2021	Chest Pain Chest Tightness Lightheadedness Headache Pressure in Head Cough Swelling in Ankles Leg Weakness Tiredness starting from day after shot until today.

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1125976	3/23/2021	NE	72	F	3/2/2021	3/3/2021	Headache and body aches were mild. Then, began to have burning in eyelids and down side of nose started and continues until now. It decreased after dermatologist perscribed medication. On 3/13 went to hospital with severe chest pain. They determined it was muscular-skeletal. While in the hospital and to this day has burning in bottoms of feet. Has weakness and numbness in both legs and feet. The weakness decreases ability for activity- very uncomforatable and making her unsteady when up. She also has some weakness in her arms.
1126024	3/23/2021		49	F	1/8/2021	1/29/2021	ABNORMAL LAB CHEST PAIN SHORTNESS OF BREATH
1126194	3/23/2021	IN	55	F	3/21/2021	3/21/2021	Chest pains and trouble breathing
1126233	3/23/2021	TN	35	F	3/22/2021	3/22/2021	First day arm pain shoulder and a bit chest pain. Gun pain too. Next day still arm pain.
1126252	3/23/2021	RI	74	M	3/11/2021	3/11/2021	Acute - Got Johnson & Johnson COVID-19 vaccine this past Thursday - Thursday night starting cramping with abdominal pain radiating to the back; remained quite bothersome through Friday, Saturday, Sunday - Had nausea but no vomiting; mild HA - Some episodes of loose stools but no blood - No fever and chills but some diaphoresis - Has been drinking water but not eating - Has been a little bit of SOB and dyspnea on exertion - No lightheadedness, syncope or near syncope; no palpitations or chest pain - No clear alleviating factors, worsens when he drinks too much water - no recent history of alcohol intake
1126327	3/23/2021	CA	33	F	3/14/2021	3/14/2021	Fever of 100 to 101 (by 09:00 PM) that Sunday evening. Fever gone by 2 pm Monday. Body aches remained. By Tuesday evening, 8 pm, I noticed extreme Breast tenderness and I called my doctor and talked to the nurse - lactation nurses - on the 17th. That persisted for more than 48 hours. (I am breastfeeding.) When I bent over, I had chest pain with that. Told to monitor it and if I got a fever to call back to call the doctor. Didn't get fever and my tenderness in my breasts went away and so did the body aches.

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1126341	3/23/2021	OH	60	M	3/11/2021	3/11/2021	This is a 60-year-old male who comes in today (3/22). Patient states that he received a Covid shot 11 days ago since then he has had mild fevers. However 6 days after he received his Covid vaccine he developed a fever of 102 he has been alternating between Advil and Tylenol without any improvement of his symptoms. Patient states that he now is having a difficult time breathing he has some nausea without any vomiting but has had a difficult time eating without any abdominal pain no diarrhea. Has had generalized myalgias as well. He denies any large cough states that he is coughing a little bit. No chest pain. Patient tested positive for Covid 19. Is now admitted and on oxygen.
1126425	3/23/2021	MD	74	M	2/20/2021	2/21/2021	First episode 2/21 [26 hours after 2nd shot]. Dull Chest pain. Took 2 Tylenol and it went away. Eleven days later, chest pain returns but pain radiates up back into neck and head. Took 2 Tylenol and went to bed. Pain subsides. Next 3 days pain repeats from chest to head. Fourth day I start to shiver internally. This lasted about 75 minutes before going away.. Next day went to ER. All ER tests were negative and was released. Went to cardiologist and had a stress test and several other tests that were all normal. A week later, I thought I was having a heart attack and went back to ER. All tests were negative again. Still wake up with neck pain alleviated with Tylenol..
1126464	3/23/2021	FL	51	F	2/25/2021	3/1/2021	The shot was given on Thursday. Flulike symptoms (chills, body aches, nausea, fatigue, headache) and left arm soreness continued through Friday and Saturday. Sunday I was feeling fatigued, but otherwise back to normal. I awoke Monday morning with severe abdominal pain, shortness of breath, back /chest pain, fever, body aches, vomiting. I went to the Hospital Emergency Department and was subsequently diagnosed and treated for acute pancreatitis (and diverticulitis).

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1125914	3/23/2021	KS	37	F	3/22/2021	3/22/2021	Covid-19 Moderna reaction: Patient was watched for 15 minutes, did not have any issues until the 15 minute mark. Pt reported having some left sided chest pressure that felt like someone sitting on her or as though she had climbed a flight of stairs. Vitals taken at that time 2:15 BP 118/60, P 111, O2 99, and RR 20; 2:25 BP 132/82, P 110, O2 99, RR 24; 2:43 BP 145/80, P 115, O2 99, RR 24. EMS was called at 2:30, they arrived at 2:43, pt was moved to different room before arrival to lay down. She reported chest pressure was starting to radiate across her whole chest, feeling lightheaded and she felt like she does when having a type of allergic reaction. She rated chest pain as 4/10 the whole time without any improvement in the pain. EMTs assessed her and took her by ambulance to the ER.
1126552	3/23/2021	TX	62	F	2/18/2021	2/19/2021	Intense enough Chest pain; jaw pain; back pain; nausea; This is a spontaneous report from a contactable consumer. A 62-years-old female patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration, administered in left arm, on 18Feb2021 at 14:00 (Batch/Lot Number: EL9267) as SINGLE DOSE for covid-19 immunisation Medical history included hypertension and allergy to penicillin. Concomitant medication and pravastatin (PRAVASTATIN. On 19Feb2021 at 100am, the patient experienced chest pain and jaw pain where she seriously considered going to the ER. Also, the other common side effects of back pain and nausea. The outcome of the events was recovering. The patient was not hospitalized nor was treatment received.

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1125384	3/23/2021	IL	89	M	2/26/2021	3/11/2021	3/11/21 orthostatic hypotension, Fall and N-Stemi dx at a hospital -3/12 transferred to another hospital - 3/16 discharged to Swing bed at another hospital HPI: History of Present Illness: Patient is an 89-year-old Caucasian male with a medical history significant for atrial fibrillation on anticoagulation due to prior GI bleed, HTN, HLD, T2 dm, BPH who initially presented to outside facility following a fall. Fall was mechanical in nature and occurred whenever he slipped on water while walking with his cane out the front door. Primary point of impact was on his left leg in hip as well as possible head trauma. Preceding this event, patient denies any presyncope, syncope, chest pain, shortness of air, palpitations. An extensive workup was performed outside facility including CT scan of the left hip without contrast, CT scan of the head without contrast, lumbar x-ray, CT scan of the left knee without contrast all of which showed no acute fracture or abnormality. EKG showed normal sinus rhythm heart rate of 75 with incomplete RBBB. Labs are included below. Vital signs normal. Patient was getting ready to be discharged from facility and whenever they sat him up, he had an episode where he stared ahead and got diaphoretic as well as dizzy. Patient has recollection of this incident. Outside ER decided to get troponin at that time and came back elevated at 0.163. Patient continues to deny any chest pain. Denies other associated symptoms including fever, fatigue, chills, shortness of air, palpitations, abdominal pain, nausea, vomiting, diarrhea. CBC: WBC 9.2, HGB 13.4, HCT 39.3, PLT 223 BMP: Na 141, K 3.7, Cl 104, HC03 31, BUN 22, CRT 0.94, GLU 124. PT 10.5, PTT 24.7, PLT 1.07. Due to lack of Cardiology coverage at outside facility, patient transfer was requested for further troponin trending and possible cardiology evaluation should be deemed warranted. hpi 3/16 The patient is a 89 y.o. male with a past medical history notable for atrial fibrillation, CAD, diabetes, BPH, hyperlipidemia. The patient presents for evaluation of worsening issues of weakness status post recent hospitalization were patient was fainted and was found to have orthostasis. Patient had a cardiac workup which was negative for any significant cardiac disease. Patient's plan is to hopefully get stronger return home to more independent living. Patient was seen today in his room. Patient notes that he has done very well with therapy after his fall. Patient is

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hoping to get stronger. Patient has no issues with any bowel or bladder function. Patient denies any shortness of breath. Patient has had good intake. Patient's past medical history, past surgical history, social history, family history, medications allergies were reviewed.

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1126549	3/23/2021	CT	67	F	3/9/2021	3/9/2021	Under eyes feels like hives; No appetite; Left arm is stiff; Knees, legs and back all hurt; Having some chest pain; Left arm is swollen; Cheeks are puffy; Chills; Head hurts so bad can barley lift it off the pillow; Fainted after vaccine; High blood pressure; A spontaneous report was received from a consumer concerning a 67-year old female patient, who experienced fainting after vaccine (syncope), high blood pressure, head hurts so bad and can barley lift it off the pillow (headache), left arm is swollen (peripheral swelling), cheeks are puffy (swelling face), under eyes feel like hives (urticaria), left arm is stiff (limb discomfort), knees, legs and back hurt (pain), chills, no appetite(decreased appetite), and having some chest pain (chest pain). The patient's medical history included breast cancer, seasonal allergies, and asthma. Products known to have been used by the patient, within two weeks prior to the events, included chemotherapy unspecified (chemo pills for breast cancer). On 09 Mar 2021, prior to the onset of the events, the patient received the first of the two of their planned doses of mRNA-1273 (Lot number: 027A21A) for prophylaxis of COVID-19 infection. On 09 Mar 2021, the patient passed out at the facility right after her shot. The patient also reported that her blood pressure was very high, and she was rushed to the hospital for a few hours where vitals got down to stable, and she was sent home. On 10 Mar 2021, the patient reported that her head hurt so bad and she could barely lift her head off the pillow, her left arm is very swollen, her cheeks are puffy, under her eyes feels like hives, left arm is stiff, knees, legs and back all hurt. The patient also stated having chills, some chest pain, and no appetite. Treatment information for the events was unknown. Action taken with mRNA-1273 in response to the events was not provided. The events, fainting after vaccine (syncope) and high blood pressure were considered as recovered on 09 Mar 2021. The outcomes for the events of head hurts so bad and can barley lift it off the pillow (headache), left arm is swollen (peripheral swelling), cheeks are puffy (swelling face), under eyes feel like hives (urticaria), left arm is stiff (limb discomfort), knees, legs and back hurt (pain), chills, no appetite (decreased appetite), and having some chest pain (chest pain) were considered as not recovered.; Reporter's Comments: Based on the current available information and temporal association between the use of

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							the product and the start date of the events, a causal relationship cannot be excluded.
1125861	3/23/2021		59	F	3/8/2021	3/9/2021	shortness of breath chest pain respiratory failure with hypoxia multifocal pneumonia
1125854	3/23/2021	CA	63	M	3/20/2021	3/22/2021	heart palpitations chest pain, BP 187/95 pulse 106 reported to emergency room
1125688	3/23/2021		71	F	2/6/2021	2/14/2021	CHEST PAIN SHORTNESS OF BREATH Respiratory distress Hypoxia Suspected COVID-19 virus infection Non-ST elevation (NSTEMI) myocardial infarction
1125655	3/23/2021		89	M	2/16/2021	3/12/2021	CHEST PAIN SHORTNESS OF BREATH Shortness of breath Pneumonia Elevated troponin Elevated CK Acute chest pain Elevated lactic acid level Pneumonia of both lungs due to infectious organism, unspecified part of lung Ground glass opacity present on imaging of lung Leukocytosis, unspecified type Hematuria, unspecified type Sepsis
1125648	3/23/2021	NC	38	M	3/20/2021	3/20/2021	heart palpitations and left sided chest pain reported Blood pressure elevated Oxygen administered Aspirin administered EMS called - patient refused transport to ED due to chest discomfort subsided
1125605	3/23/2021	OH	34	M	2/27/2021	3/1/2021	Diarrhea for 24 hrs, followed by shortness of breath and chest pain continuing for weeks.
1125413	3/23/2021	FL	70	F	2/10/2021	2/11/2021	2/10/21- RECEIVED MODERNA; 2/11/2021- FEVER AND FATIGUE; 2/19/2021- CHEST PAIN AND SHORTNESS OF BREATH; 2/20/2021- CONTINUED CHEST PAIN AND SHORTNESS OF BREATH- ER VISIT (ADMITTED FOR PULMONARY EMBOLISM); 2/23/2021- DISCHARGED FROM HOSPITAL TO HOME
1125198	3/23/2021	CA	27	F	3/2/2021	3/2/2021	27 year old female with PMHx as below notable for ulcers and GERD who presents for acute onset of nausea 5 minutes after she received her 2nd covid vaccine. Pt is A&Ox4, denies shortness of breath, denies chest pain. No angioedema, rash, swelling, stridor noted. Airway intact. VSS. Afebrile. Transported pt to ED for further evaluation.

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1125182	3/23/2021	CA	38	F	3/19/2021	3/19/2021	Evening of vaccine: immediate soreness at injection site, dissipating after stretching/massaging Day after vaccine, AM: fatigue; muscle aches; slight persistent headache; restless leg; occasional shooting chest pains in right side of chest, under the arm, or in middle of chest, or other varying areas Day after vaccine, early PM: continuing fatigue; continuing muscle aches; continuing headache; significantly diminished chest pains; mild chills 2 days after vaccine, AM: continuing mild soreness at injection site 2 days after vaccine, PM: diminishing mild soreness at injection site
1125096	3/23/2021	GA	76	F	2/23/2021	2/23/2021	heart pain; Shoulder pain; Neck ache; Stiff neck; severe chest pain; This is a spontaneous report from a contactable consumer (patient). This 76-year-old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm left on 23Feb2021 15:15 (batch/lot number: EN6198) as a single dose for COVID-19 immunization. Medical history included heart attack approximately 20 years ago). Family history included heart problems. Patient received unspecified concomitant medications. No additional vaccines administered on the same date of the Pfizer suspect. Patient experienced some side effects after receiving the first dose of the Pfizer-BioNtech Covid-19 vaccine. About 3-4 hour after she received the vaccine, on 03Feb2021 19:00, she had heart pain for around 5 hours, she also experienced shoulder and neck ache. These symptoms have resolved. She would like to know if she should receive the second dose of the vaccine, if these symptoms would be worse. Treatment for side effects: she put Spikenard, an oil, on the chest for the heart. At 15:10, she was fine, went home, had dinner, and then she first got shoulder pain/shoulder blade pain and then a stiff neck. Then she thought, she will go to bed and then had severe chest pain most of the night. Patient has never had flu or any vaccines. AEs did not require a visit to emergency room/physician office. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Outcome of the event shoulder pain was recovering, of the event neck pain was recovered in 2021, and of the events heart pain, stiff neck, and chest pain was recovered on 23Feb2021.

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1125075	3/23/2021	TX	72	F	1/25/2021	1/26/2021	Heart attack; Fatigue; Chest Pain; Cough; Fever; Muscle pain in chest area; Chills; A spontaneous report was received from a 72 year-old female patient who was administered Moderna's COVID-19 vaccine (mRNA-1273) and developed heart attack (myocardial infarction), fever (pyrexia), cough, fatigue, muscle pain in chest area (myalgia), chills, and chest pain. The patient's medical history and concomitant medications were not reported. On 25-JAN-2021, 26 hours prior to the onset of events, the patient received her second of two planned doses of mRNA-1273 (lot#: unknown) intramuscularly for the prophylaxis of COVID-19 infection. On 26-JAN-2021, the patient reported they have developed chills, fever, and muscle pain in the chest area. The reporter specified that it wasn't chest pain. The patient took acetaminophen for the pain. On 27-JAN-2021, the patient reported her fever subsided but she was still having a little cough and chest pain. On 28-JAN-2021, the patient had chest pain again during a nap and decided to call 911 because she was about to pass out. The patient was taken to the ER (emergency room) where an EKG (electrocardiogram) was performed. A few moments after the EKG, the patient had a heart attack. The cardiologist suspected the patient may have had a heart attack two days earlier because her cardiac enzymes were too high to be a result of a recent heart attack. The patient was admitted to the hospital from 28-JAN-2021 until 01-FEB-2021. Catheterization and stent placement were performed. Treatment medications included acetaminophen, clopidogrel, metoprolol, low-dose aspirin, and atorvastatin. At the time of this report, the patient was still feeling fatigued but other than that, she was feeling better. Action taken with mRNA-1273 in response to the events was not applicable. The outcomes of the events, heart attack, cough, muscle pain in chest area, fever, chills, and chest pain, were resolved. The outcome of the event, fatigue, was not resolved.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1126560	3/23/2021	NH		M			<p>passed away; chest pain; trouble breathing; This is a spontaneous report from a contactable physician and from three non-contactable consumers from a Pfizer-sponsored program. A 66-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection; lot number and expiry date not reported), via an unspecified route of administration, on an unspecified date, as SINGLE DOSE for covid-19 immunisation. The patient had just taken the COVID-19 vaccine and he was hospitalized due to the effects. The patient was rushed to hospital with chest pains and was experiencing trouble breathing. The patient was in the ICU fighting the effects of the vaccine. The patient passed away four hours late on an unspecified date. The outcome of chest pains and trouble breathing was unknown. Cause of death was unknown. It was unknown if an autopsy was performed. Information on the lot/Batch number has been requested.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the events death, chest pain and dyspnea cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.; Reported Cause(s) of Death: passed away</p>

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1126780	3/23/2021	NE	44	M	3/23/2021	3/23/2021	Pt experienced faintness and dizziness within 15 minute observation time after vaccination. Pt denied c/o difficulty breathing, swelling of tongue or throat, or other symptoms. No localized swelling or redness. Pulse was 92 and blood pressure initially was 152/98. Pt seated and elevated feet. Provided with 2 bottles of water and monitored for 45 minutes. Dizziness resolved after 15 minutes. Blood pressure lowered to 138/98. Patient called girlfriend for ride home. Pt was complaining of back and chest pain during the event, which patient claimed was normal for him since surgery.
1125544	3/23/2021		65	F	3/3/2021	3/15/2021	shortness of breath chest pain
1127707	3/23/2021	TX	46	F	3/23/2021	3/23/2021	Sever hypertension. Up to 215/157, severe chest pain and tightness. I was put in the emergency room department. It took about 2 1/2 for my blood pressure to go down to normal range..
1126604	3/23/2021	KS	96	F	1/26/2021	1/30/2021	1/30/2021 Admit Note: Patient presents to the ED complaining of chest discomfort. Patient has a history of hypertension, congestive heart failure, COPD, afib, and multiple other medical problems. Presented to the ED with some left-sided chest pain. She had an episode of chest pain when she received her first Covid vaccine a month ago and was thought to be related to a GI symptoms she had negative EKG at that time. She received her second dose of Covid vaccine couple days ago and was woken up at 4:00 this morning with a feeling of chest discomfort that she describes as a pressure sensation with no associated shortness of breath or cough or nausea or vomiting. (cont below)She states she was given aspirin and EMS was called but the chest discomfort is resolved by arrival to the ER after the aspirin. 2/2/21 Discharge Note: Chest pain did not appear to be cardiac in nature. Old CT scans that showed some chronic lung changes and also old rib fractures. The pain that she has seems to be consistent with either GERD or hiatal hernia.

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1128081	3/23/2021	VA	35	M	3/11/2021	3/12/2021	Currently 2-12 days after vaccination: severe headache in the back of the head. Sometimes include forehead area. Symptoms worsening when open a mouth to eat. Dizziness when turning left or right. These symptoms remain when awake, sleep, work, all days. Took ibuprofen and acetaminophen did help. 2-4 days after vaccination: Feel chest pain when woke up. Took low dose aspirin each times. 1-2 days after vaccination: normal injection site pain, joint pain, fever, cough, tiredness.
1127499	3/23/2021		52	F	3/23/2021	3/23/2021	After getting COVID vaccine, R eye vision was blurry and felt like she was hearing a loud fan. Denies SOB, chest pain, fever/cold, swelling in face/throat, itchiness. No rash. Sx resolved after 30min after vaccination.
1127483	3/23/2021	CA	64	F	3/23/2021	3/23/2021	Patient received Pfizer vaccine and waited 30 mins as directed. Patient left and ambulated to car. Started having chest pain with shortness of breath. Patient came back into clinic to inform nurse she was having symptoms. Patient having 4-5/10 chest pain. Initial vitals were BPL 170/94, HR:64, and O2:98% at 1435. Patient observed by nurse with education given about elevated blood pressure. EMS activated and arrived at 1445. Upon arrival, 12 lead EKG done and care transferred to EMS with report given. Daughter notified about mother's condition. SOB went away but chest pain lessened. Taken to Hospital Emergency Dept.
1127383	3/23/2021	IN	65	F	2/9/2021	2/12/2021	Severe itching for 3-1/2 weeks up to current date of 3/22/2021 (off and on) Occasional whole body tremors Flu-like feeling Fatigue Heart arrhythmia, palpitations and chest pain Off balance occasionally
1127354	3/23/2021		33	F	3/22/2021	3/23/2021	Fever, headache, chest pain and pressure
1127320	3/23/2021	NJ	93	F	3/23/2021	3/23/2021	12:30 Post vaccination reports generalized chest pain w/no associated symptoms, NAD, denies any sob/dizziness; medical monitoring x 30 min, rest, po hydration offered; vitals assessed: BP 114/87 P64 RR20 O2 sat 98% RA. "Some" chest pain persists post monitoring w/ recommendation for ER evaluation/ treatment w/relative decline. Released from facility w/daughter.

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1127294	3/23/2021	CA	51	F	3/23/2021	3/23/2021	Vaccine time- 1335 S/S onset- 1345 51/F reports SOB, chest tightness and heart racing 10 mins after vaccination. She states it feels like a panic attack. Pt AOx4, Tachypnea, Shallow respirations, speaks in short sentences but able to follow commands. Lungs CTA, heart sounds wnl. Instructed to bring mask down and take deep slow breaths. BP-140/100, Hr-76, O2-99%, RR-22. 1400- 122/90, Hr-70, O2-97%, RR-18. Denies any symptoms at this time. Lungs CTA, speaks in clear complete sentences. No chest pain. 1415- BP-119/90, HR-72, O2- 96%, RR-16. Pt AOx4, resp even, skin wnl, lungs CTA, ambulates with an even gait, denies any symptoms, chest tightness and SOB have subsided. RN
1127265	3/23/2021	NY	17	F	3/23/2021	3/23/2021	17 YEAR OLD PATIENT: AFTER RECEIVING VACCINE PATIENT SAT IN OVERVATION AREA, UPON SITTING DOWN EXPERIENCED DIZZINESS, SHORTNESS OF BREATH, FATIGUE. PATIENT DEMONSTRTING RAPID EYE MOVEMENTS, RESPONSIVE TO DIRECET QUESTIONS AND TO PAINFUL STIMULI THOUGH UNABLE TO SPEAK IN FULL SENTENCES. DENIED CHEST PAIN, COUGH NAUSEA, VOMITING. MOTHER STATES SIMILIAR BEHAVIOR WHEN SHE DEVELOPED BLOOD CLOT IN THE PAST. PATIENT THEN STATED FELT LIKE THROAT WAS SCRATCHY.

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1127240	3/23/2021	TN	72	F	3/19/2021	3/19/2021	Patient received her first Pfizer dose with no problems. She came back at her scheduled appointment for the second dose of Pfizer. She initially did well, but after 30-40 minutes the patient came back to the pharmacy complaining of chest pain and felt her throat was tightening up. She felt it was from the vaccine and not from any other reason. I asked her if I could call a paramedic and she declined. I asked about calling a family member/ friend and she also declined. I gave her 5ml of liquid Benadryl and asked her to continue sitting in the pharmacy. After apx. 10-15 minutes she stated she was starting to feel better. I checked on her every few minutes and kept her in my view the entire time. After apx. 30 more minutes she stated feeling a lot better and wanted to go home. I again offered to call someone or call paramedics and she adamantly refused. I gave her some additional Bendadryl to take home with instructions to take 5 ml every 4 hours for the rest of the day. She left the store. After a apx. 5 minutes a technician went out to see if she had left. She spoke to the patient in her car and patient stated she was fine and heading home. She stated she could drive b/c she only lives a couple minutes from the store. I called the patient at home later that night to check on her and she stated feeling fine, and thanked me for checking on her.
1127237	3/23/2021	ID	78	M	3/8/2021	3/9/2021	Pt developed sudden-onset of severe left-sided chest pain with heavy pressure, shortness of breath and diaphoresis; pt collapsed and had a period of unresponsiveness lasting approximately 10 minutes. EMS was called and noted significant ectopy as well as frequent NSVT on ECG. Pt was transported to the Emergency Department and subsequently admitted for observation.
1127207	3/23/2021	NY	58	F	3/11/2021	3/11/2021	experiencing mylagia Friday she has chest pain with deep inspiration the pain is sharp but also pressure like continue to have myalgia and headache pt has taken tylenol with no help she has difficulty breathing with activity no loss of taste or smell, no fever
1127202	3/23/2021	NY	51	M	3/8/2021	3/13/2021	Patient was found in the bathroom , urinating , walked to the wheelchair complaining of numbness over his whole right side denies any chest pain no tingling no trauma no incontinenc

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1126884	3/23/2021	CA	52	F	3/22/2021	3/22/2021	shortness of breath, difficulty swallowing, headache, chest pain, anxiety, and tremor
1126785	3/23/2021	VA	91	F	2/16/2021	2/16/2021	Patient developed chest pains shortly after vaccination. Aspirin was given and patient was transported to ER via EMS.

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1127112	3/23/2021	KS	59	F	3/19/2021	3/19/2021	<p>Progress Notes APRN (Nurse Practitioner) ?? Family Medicine Cosigned by: MD at 3/23/2021 1:26 PM Expand AllCollapse All COVID VACCINE CLINIC 3/19/2021</p> <p>Patient: _____ DOB: _____ Date: _____ 3/19/2021</p> <p>MRN: Subjective Patient is a 59 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience heart racing. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, rapid progression of symptoms and respiratory distress. PMH: insignificant. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, itching of skin, vomiting, abdominal pain, muscle aches, joint pain, dizziness and headaches Heart racing onset 5 minutes after injection. Briefly lasted. Resolved by the time she arrived to the medical bay. NO other symptoms reported. : She ate lunch today. Previous Reactions: none Objective Vitals Vitals: 03/19/21 1412 03/19/21 1422 BP: 137/80 129/65 BP Location: Right arm Pulse: 92 SpO2: 96% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort:</p>

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							Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water and close monitoring until end of her observation time. Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Possible anxiety flare up. Resolution of symptoms by the time of arrival to bay. Pt feels well. She is appreciative of her care today. APRN Electronically Signed 3/19/2021 2:31 PM
1126872	3/23/2021	MO	77	M	3/23/2021	3/23/2021	Patient reported a generalized headache minutes after receiving the vaccine. Became diaphoretic, pale, nauseated immediately. Assisted him to a cot to lie down. Pulse weak and thready. B/P 90/60. HR=42. Resps=20. Pt. disoriented, lips slightly cyanotic. FSBS = 156. Pt. stated he had taken his insulin today and eaten prior to arrival. Continued observation for 15 min with vital signs improved but profuse diaphoresis continued. Denied SOA, O2 sats 99% on RA. Denied chest pain. Considering the history and ongoing symptoms, he desired to be evaluated. EMS notified and he was transferred to their care.
1126637	3/23/2021	IL	57	F	1/29/2021	1/29/2021	Pain in muscle of at injection site, chronic chills, chest pain.
1126906	3/23/2021	VA	67	M	3/9/2021	3/9/2021	Patient reported chest pain approximately 10 minutes post vaccination. Patient transported to ER via EMS.

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1126941	3/23/2021	MI	61	F	3/15/2021	3/19/2021	<p>Patient with 2 Emergency Department visits after vaccination. (3.19.21 & 3.22.21) 3.19.21: Symptoms: Patient had the J&J vaccine on Tuesday, and felt fatigued on Wednesday. Today she is more short of breath than normal and states she has chest pain. Daughter has suggested an ambulance, but patient, who is A&O X 3, declines. Daughter will bring to ED for evaluation. 61-year-old female with history of asthma, sleep apnea, environmental allergies, and hypertension presents emergency department complaining of shortness of breath and cough that started this morning and midsternal chest tightness rating at a 7/10. Sent home with prescriptions to manage cough, inhaler and steroid burst. 3.20.21 Office Visit: Patient states Wednesday 03/17/21 morning cough and mild fatigue started. Thursday 03/18/21 patient had shortness of breath with exertion x2 days. Yesterday 03/19/21 patient went down the stairs and was having severe shortness of breath. Patient felt like she couldn't get enough air in. Patient was seen in ED 03/19/21 and prescribed cough medicine. Patient states cough is constant with intermittent coughing fits. Patient was tested for COVID-19 while in ED and results were negative Shortness of breath is still present, but is better after ED visit. Patient states she feels 50% better today 03/20/21. Patient has been using inhaler and prednisone. Patient is needing to move slower to compensate for shortness of breath. Cough is present still. Cough is deep and dry. Yesterday 03/19/21 cough was productive. Today 03/20/21 patient is getting a small amount of phlegm out and it is white in color. Denies fever. No known exposure to COVID-19. History of asthma, not much relief currently with inhaler. When shortness of breath is present, it takes patient about 20-30 minutes to recover. Intermittent wheezing with mild wheezing present currently. Tightness in chest is present and coughing makes it worse. Patient had COVID-19 in April of 2020. Any treatment So Far: ED visit, Inhaler, prednisone, and prescribed cough medicines 3.22.21: Mon Mar 22, 2021 1722 This is a 60 year female presents for evaluation of shortness of breath. Some been going on for about a week now. She was just seen in the emergency department 3 days ago for same complaints. At that time she had a cardiac workup that was unremarkable. On initial evaluation here today she appears in no acute</p>

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						respiratory distress. She has normal room air oxygen saturations. Complete blood count shows a slight leukocytosis of 11.93 which may be elevated secondary to her current prednisone use. About 4 positive relative normal limits. Troponin was normal as was her proBNP. COVID PCR was not detected. CT angiogram thorax was negative for PE, pneumonia or other acute process. Patient is notified of these findings. She otherwise is discharged home with instructions follow up closely with primary care physician.	
1126944	3/23/2021	FL	87	F	3/23/2021	3/23/2021	at approximately 10 minutes post injection, pt complained of feeling dizzy. BP was elevated at 200's/110's, pt was diaphoretic, c/o nausea and chest pain. NP on site and Paramedic on site immediately evaluated and sent via ambulance to ER for further evaluation.
1126972	3/23/2021	MD	25	F	3/21/2021	3/23/2021	Severe burning sensation and chest pain with discomfort in talking and breathing.
1126979	3/23/2021		20	M	3/23/2021	3/23/2021	Patient complained of left hand numbness around 15 minutes after receiving injection. Patient is alert, responsive, only other complaint is palpitations. Denies ShOB, chest pain, throat tightness. Both the numbness and palpitations are not new, have been happening intermittently and is being evaluated for these symptoms. HRRR no murmurs, CTAB no wheeze, MMM, BP 142/98 with pulse of 64. Numbness mostly resolved after a few minutes. Extended observation time by 15 minutes past original time. No further issues.
1127002	3/23/2021	CO	45	F	3/12/2021	3/16/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: patient has a mild urticarial, erythematous, macular rash on face, neck, and exposed area of chest that started four days after receiving vaccine. Lymph nodes are also swollen. Denies chest pain, shortness of breath, flu-like symptoms, fever, itching, or swelling at injection site. Patient has experienced urticarial symptomns with upper respiratory infections in the past. Provider recommended diphenhydramine and home management.

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1127055	3/23/2021	NC	79	M	2/12/2021	2/12/2021	As patient was leaving Observation area he complained of chest pains. He took nitro which he had from home and as instructed by his provider. BP 151/102 EMS arrived and patient still complaining of chest pains BP 82/58 patient transported to hospital by EMS
1126834	3/23/2021		78	F	1/13/2021	1/16/2021	vaccinated 1/13. presented for COVID screening on 1/14 due to a + exposure. Test was +. Patient came to ED on 1/16 with weakness, congestion, poor appetite, coughing. Previous headache and sweating had resolved by the time she presented. Discharged with isolation instructions. Returned to ED late on 1/22 with "right-sided chest pain described as sharp constant 6/10 nonradiating pain localized to the right side of upper chest, shortness of breath with exertion since this afternoon. She does endorse subjective fevers, with associated increased coughing which is productive in nature, shortness of breath." Admitted to ICU early 1/23, transferred to Medical Center on 2/4/21.
1122931	3/22/2021	MT	49	F	2/12/2021	2/12/2021	1st dose 1/19/21 resulted in 72 hours with fever 102, body aches, chills, headache, coughing, shortness of breath, extreme fatigue. Symptoms resolved pretty abruptly at 72 hours. 2nd dose 2/12/21. Again symptoms within 12 hours. fever up to 103, chills, headache, extreme fatigue, body aches, coughing, increased oxygen demand. Initial symptoms lingered over 14 days. On 2/25 was prescribed 20mg prednisone for 5 days which resulted in slight improvement. Then continued to slowly decline again with increased fatigue, chest pain, more shortness of breath. Saw pulmonologist on 3/10. Referred to cardiologist and echo on 3/11 with concern for heart failure. Echo on 3/11 showed acute right sided heart failure, new diagnosis. Cardiologist and pulmonologist both state that I reacted with severe symptoms to first dose of vaccine but recovered. 2nd dose I just could not recover from and with my compromised lungs from post-acute covid syndrome, wound up with heart failure.

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1122976	3/22/2021	CA	57	F	3/19/2021	3/19/2021	57y/o female presents with mild throat tightness ~15min after receiving Pfizer vaccine into the left arm. She states that it feels as though something small got stuck in her throat and is causing mild discomfort. She reports associated injection site pain, body cramps, and headache. She denies itching, difficulty breathing, shortness of breath, chest pain, palpitations, blurry vision, presyncope, difficulty swallowing water, or lip/tongue swelling. She reports no change in symptoms after 40min. post-injection. Physical Exam: Heart Rate 66bpm, Blood Pressure 115/74, Repeat Blood Pressure at 40min post-injection 120/80 Cardiac: regular rate and rhythm Lungs: unlabored breathing, clear to auscultation bilaterally Skin: no injection site erythema or swelling. No rash. No lip/tongue swelling or narrowing of oropharynx. Plan: Patient reports that her symptoms have improved at 1hr post-injection and would like to leave. I advised her that she should wait until all of her symptoms have resolved as throat tightness is a concerning adverse reaction. I provided her with options including contacting EMS right now to take her for observation at the hospital, however, the patient declined and said she would not go in the ambulance. She insisted that she wanted to go home and that her husband was driving and would take her to the emergency room if her symptoms worsen. Patient was well-appearing when she left the vaccination site.

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1123124	3/22/2021	CA	60	F	2/17/2021	2/17/2021	<p>Due to 4 days progressive worsen skin lesion. Lesion as erythema multiform, generalized on hand, forearm, body and lower leg; Oral ulcer; Chill; Body ache; Joint pain; Joints swelling; Diarrhea; This is a spontaneous report from a contactable other healthcare professional (HCP). A 60-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EN6201), via unspecified route of administration in the left arm on 17Feb2021 as single dose for COVID-19 immunization. Medical history included hyperlipidemia. The patient had no known allergies. The patient is not pregnant. There were no vaccine in four weeks. Other medications in two weeks included cholesterol med. The previously received the first dose of BNT162B2 on 26Jan2021 12:00 intramuscular at left arm (lot number: EL9262) for COVID-19 immunization. The patient was seen at urgent care on 04Mar2021 due to 4 days progressive worsened skin lesion. Lesion as erythema multiform, generalized on hand, forearm, body and lower leg from 28Feb2021 (12:00 AM). Patient presented with chill, body ache, joint pain, joints swelling and diarrhea since second dose of vaccine on 17Feb2021. She also has oral ulcer at the same time when rash started on 28Feb2021. Vital sign was stable, no shortness of breath (SOB) and no chest pain. Events resulted in Doctor or other HCP office/clinic visit. The treatment for the events included Hydroxyzine 25 mg prn. It was unknown if patient had COVID prior vaccination or if COVID tested post vaccination. The outcome of the events was not recovered.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of event Erythema multiforme cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p>

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1123134	3/22/2021		50	F			collapse; respiratory distress; hypotension; tongue swelling; throat tightness; blood pressure abnormality; chest pain; increased swelling; skin changes; This is a spontaneous report from a non-contactable other hcp. A 50-years-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Batch/Lot Number: EN6205), via an unspecified route of administration on an unspecified date) at SINGLE DOSE for covid-19 immunization. The patient's medical history and concomitant medications were not reported. During her 15 minute waiting period after the injection, the patient began to experience throat tightness. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, collapse, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes and tongue swelling. Treatment included: antihistamines. Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. The outcome of the events was recovering. No follow-up attempts are possible. No further information is expected.; Sender's Comments: A contributory role of vaccine BNT162B2 to the reported events cannot be excluded based on the plausible temporal relationship and product safety profile. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

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1123145	3/22/2021	CO	51	F	3/2/2021	3/4/2021	chest was a little tight; short of breath; 04Mar2021 7 am patient felt heart palpitation which woke her up. Patient's heart rate was jumping from 50-70 lasting 15 minutes/patient felt heart was racing and patient used the pulse OX which showed heart jumped back and forth from 140-150; This is a spontaneous report from a contactable Nurse (patient herself). A non-pregnant 51-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot number: E16198), via an unspecified route of administration, administered at Right arm on 02Mar2021 15:00 (at age of 51 years old) at single dose for COVID-19 immunisation. Medical history included: Diabetes, hypertension, asthma, vitamin D deficiency, known allergies: Serevent inhaler. No other vaccine in four weeks. No COVID prior vaccination. No COVID tested post vaccination. Concomitant medication included lisinopril, cefixime (FLEXERIL), colecalciferol (VITAMIN D). On 04Mar2021 7 am patient felt heart palpitation which woke her up. Patient's heart rate was jumping from 50-70 lasting 15 minutes. Then at 15:00, the patient felt heart was racing and patient used the pulse OX which showed heart jumped back and forth from 140-150, chest was a little tight and short of breath. No chest pain. Patient went to hospital. The patient was hospitalized in Mar2021 for all events. Patient still get heart racing on and off. AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. No treatment received for all events. The outcome of the events was Not recovered.; Sender's Comments: Pending the investigational results and clinical diagnosis, the company does not attribute the events palpitation, chest tight and short of breath to BNT162B2. The underlying hypertension, diabetes and asthma are considered as risk factors for developing the events. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

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1123212	3/22/2021	NY	74	M	3/11/2021	3/11/2021	Chest pain for 12 hours after shot
1123228	3/22/2021	CA	56	F	3/19/2021	3/19/2021	syncopal episode after injection. Patient unconscious for approximately 5 minutes, transferred from chair to gurney to EMT triage area. 5:20 pm - BP 129/78, p-64, O2 sat- 94%, given water, and monitored. Denies chest pain, Shortness of breath, dyspnea , no dizziness. Sitting- 5:30 pm - BP 128/76, p-69, O2 sat- 94% Able to stand without difficulty. 5:35 pm - patient discharged with husband, able to stand without difficulty. When she returns for second dose, she will let the staff know and she will receive her vaccine in the triage room while lying down on gurney.
1123288	3/22/2021	IL	76	F	3/22/2021	3/22/2021	She received vaccine at 1140 am. At 1200pm, she c/o dizziness upon standing and intermittent chest pain. She stated that she had not eaten today. Crackers and water given. Chest pain worsened. Dr evaluated pt. 911 called. EKG done;no acute changes noted. She was taken to the ER by fire department.
1123292	3/22/2021		67	F	2/11/2021	3/2/2021	CHEST PAIN SHORTNESS OF BREATH COVID-19
1123294	3/22/2021	AZ	81	M	3/17/2021	3/17/2021	Shortness of breath, chest tightening, nausea, lightheadedness. Chest pain while in the ER. Intubated after cardiac arrest. Transferred to ICU. Life support removed 3/22/21. Pt expected to expire today.

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1122909	3/22/2021	CA	33	M	3/17/2021	3/17/2021	33y/o male reports itching on the bottom of both feet at ~17min post-Pfizer vaccination into the left arm on 3/17/21. He states that he has h/o allergic reactions that typically present this way. He reports pain at injection site that he rates as a 3/10. He has associated itching/tingling sensation that he rates as a 2/10. He also feels flushed/heat in his face. He denies throat discomfort/swelling, difficulty breathing, shortness of breath, chest pain, palpitations, blurry vision, dizziness, lip/tongue swelling, or nasal congestion. Patient reports resolved sensations at 35min post-injection. He reports h/o allergic reactions to river water, Chantix, Zyrtec and seasonal allergies. He states that he has never needed epinephrine and his past symptoms resolved without intervention and he was monitored. Physical Exam: BP; 155/110 Cardiac: regular heart rate and rhythm. Radial Pulse 2+ Lungs: Clear to auscultation bilaterally Skin: no rash, erythema, or injection site redness/swelling Plan: Patient reported symptoms resolved at 35min after injection and left clinic. He was advised to call 911 if he develops any allergic reactions or respiratory issues including hives, difficulty breathing, chest pain, or throat/lip/tongue swelling. He was also informed that his blood pressure was high and that he would need to follow up with his PCP. Patient reports that it typically rises when he speaks to providers.
1123376	3/22/2021	VA	62	F	3/20/2021	3/20/2021	AFTER VACCINE, WHILE IN OBSERVATION AREA PATIENT HAD SUBSTERNAL CHEST PAIN FOR AT LEAST 5 MIN. REFUSED TRANSPORT TO HOSPITAL VIA EMS
1122180	3/22/2021	MI	65	F	3/4/2021	3/10/2021	Presented to ED on 3/14/21 with shortness of breath. She started feeling sick march 6th, with fatigue and no appetite. She developed a cough, loss of taste/smell, and then nausea/vomiting. She tested positive for Covid-19 on the 11th. She hasn't been able to hold down meds for the last week. She is having intermittent chest pains which she attributes to not being able to take her cardiac meds. Was started on supplemental oxygen and admitted to hospital. Is still admitted at time of writing.
1123301	3/22/2021	MI	59	F	3/9/2021	3/20/2021	Vomiting several times a day causing burning sensation in chest and across both shoulders, muscle stiffness in left and right arms, right chest pain.

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1122635	3/22/2021		42	F	1/24/2021	1/25/2021	Went into SVT with chest pain the next day after receiving second vaccine. The patient was cleaning her bedroom.
1122572	3/22/2021	PA	76	F	3/19/2021	3/19/2021	Patient was in the office on 3/19/21 for her first dose of Moderna COVID vaccine. 15 minutes after administration of vaccine, patient expressed she was feeling hypertensive and her hands were feeling cold. Patient was taken to an exam room for evaluation with assistance of language interpreter and RN. BP of 220/120 with symptoms of headache and blurry vision. No chest pain. No signs of anaphylaxis. Patient stated she was feeling slightly better after 3 minutes. Repeat vitals of BP 180/94, pulse 80, RR 32, O2 sat 98%. Patient did take BP meds as prescribed. Plan to go to the ED was communicated to patient and her brother in law to which they agreed. Patient requested that her brother-in-law drive her to the ED instead of activated EMS. Report was called to the hospital ED receiving provider by myself with diagnosis of hypertensive emergency.
1122537	3/22/2021	OK	19	F	1/15/2021	1/15/2021	Immediate dizziness and heart race. Constant chest pain and occasional dizzy spells to this day.
1122312	3/22/2021	VA	54	F	3/5/2021	3/5/2021	Feeling of tingling midline that radiated down mid chest to l/r; feeling of cold; no SOB; no chest pain; No heart or lung hx; Ambulatory with crew; requested transport for followup as recommended by Dr. Transported to Hospital. BP 185/70 at 1543 BP 175/82 at 1549
1122298	3/22/2021	NC	58	F	3/19/2021	3/19/2021	Patient complained of SOB, chest pain, throat tightness

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1121620	3/22/2021	FL	67	M	2/23/2021	2/23/2021	chest pains; chest pains; blood clot; light headedness; low fever; blacked out for about 5 minutes; onset of major body ache and fatigue; onset of major body ache and fatigue; Body aches at injection site and into upper back; Body aches at injection site and into upper back; This is a spontaneous report from a contactable consumer (patient). A 67-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN6200), via an unspecified route of administration, administered in left arm on 23Feb2021 10:30 AM (at age of 67 years old) as single dose for COVID-19 immunisation. Medical history included high cholesterol. Concomitant medications included atorvastatin; levobunolol (eye drops); latanoprost (LATANO). The patient previously received his first dose of BNT162B2 on 05Feb2021 for COVID-19 immunisation (brand=Pfizer; lot number: EL9269; administration time 03:30 PM; vaccine location=Left arm; dose number=1). 6 hours after injection on 23Feb2021, the patient experienced body aches at injection site and into upper back. After 24 hours after injection on 24Feb2021, started light headedness, low fever, blacked out for about 5 minutes, onset of major body ache and fatigue. Spent the next 36hrs in bed. 72hrs after injection recovered back to normal slowly. On 04Mar2021 at 8pm, started with chest pains called, admitted to Hospital with heart attack, immediately taken to Cardiac Cath Lab for coronary catherization in both legs, to partial remove blood clot and insert continuous balloon pump, IV Heparin infusion Troponin 6542.3 ng/l (critical), NO previous health issues for blood clots. Discharged 07Mar2021, Apixiban 5mg twice a day, Clopidogrel 75 mg /day. AE resulted in: Emergency room/department or urgent care, Hospitalization, Prolongation of existing hospitalization (vaccine received during existing hospitalization), Life threatening illness (immediate risk of death from the event. Number days hospitalization: 3 days. The outcome of events was unknown.

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1122245	3/22/2021	VA	89	F	3/8/2021	3/11/2021	Three days after receiving the Pfizer COVID 19 vaccination patient report waking up with chills, and heart racing . She did not take her temperature or pulse at the time. The chills and heart racing lasted about 15 minutes total while the patient was lying in bed. She has never had these symptoms before. She had no other associated symptoms at the time including, nausea, vomiting, sweating, dizziness, shortness of breath, chest pain, abdominal pain. Once the episode passed she got up and performed her usual routine. She noted her blood pressure was a little higher than normal at 140-145 systolic. Pulse was normal at that time on her machine. She continued to feel "wobbly in her legs" throughout the rest of the day and was back to her usual state of health by the next morning.
1122177	3/22/2021	WI	49	F	2/2/2021	2/3/2021	Developed chest pain and right armpit pain 1-day after vaccination. Condition has persisted and now includes indigestion and vertigo.
1122051	3/22/2021	NJ	28	F	3/5/2021	3/5/2021	Pt. c/o chest pain. Vitals 132/80, RR 17, spO2 97%, HR 92. Patient examined, felt a lot better. Will follow up with primary care doctor.
1121702	3/22/2021		34	F	3/15/2021	3/20/2021	Sharp chest pain, feeling of a lump in my throat, hypotension, elevated heart rate.
1121687	3/22/2021	WV	20	F	3/18/2021	3/18/2021	I had an extremely high heart rate. BPM was 118-156 for about three hours. For three days after that, I had severe chest pain and a burning sensation in my chest.
1122095	3/22/2021	FL	51	F	3/17/2021	3/17/2021	shortness of breath, cough and intermittent chest pain

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1123401	3/22/2021	KS	46	F	3/18/2021	3/18/2021	Notes (Nurse Practitioner) ? ? Nurse Practitioner Cosigned by: MD at 3/19/2021 9:22 AM Expand AllCollapse All 3/18/2021 Subjective female who was seen at Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness and dizziness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. Pt became hot and light headed after receiving her shot. She was brought by WC to the bay. She was given water and an ice pack was laid on the back of her neck. ALLERGY REVIEW OF SYSTEMS: Patient complains of dizziness Hot and sweaty: CONT negative HENT negative Eyes negative Respiratory negative Skin negative GI negative Musculo negative Previous Reactions: None Objective Vitals Vitals: 03/18/21 1535 03/18/21 1550 BP: 131/67 130/75 Pulse: 84 65 SpO2: 100% 100% Physical Exam Vitals and nursing note reviewed. Constitutional: Appearance: She is well-developed. HENT: Head: Normocephalic and atraumatic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: General: Normal range of motion. Cervical back: Normal range of motion and neck supple. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: She is alert and oriented to person, place, and time.

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1122286	3/22/2021	SC	51	F	3/17/2021	3/17/2021	<p>Assessment/Plan Treatment included: water and ice pack Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) Pt dismissed to go home at 3:57pm with coworker. Electronically Signed 3/18/2021 4:00 PM</p> <p>Starting having chest pain 5 minutes after shot. they are very sharp and a tightness in my chest. It has been on and off for five days now.</p>

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1124606	3/22/2021	CA	65	M	1/21/2021	1/22/2021	65 Y male who is referred for c/f dyspnea and chest pain. Per clinic notes: "Brief summary covid vaccine 1/21 with side effect within 12 hr lasting 3 d By around 1/26-1/29 had cp w/ exertion and SOB TST 2/2 w/ Minor ekg changes and min workload per pt (mod workload per note) nuc study pending. Cough and SOB worse over the last 5 d or so, sleeping in recliner, and having trouble sleeping. Though no desat on march test, he has freq intermittent coughing and he was tachycardic to 110 on exam this am." Pt states symptoms worsening over past week. No symptoms at rest. With exertion has anterior chest tightness and dyspnea. No radiation of pain or migration. He can walk usual distances but much slower. Improved at rest. Cannot lay flat at night. Cannot sleep much at night. Dry cough. No wt changes or LE pain/swelling. No f/c. No ill contacts. No chest pain currently. Pt underwent exercise treadmill stress test on 2/2/21 that showed borderline ischemic changes (so a myocardial perfusion study was planned) but patient's dyspnea on exertion worsened so he was seen in clinic on 2/10/21 where he was noted to have elevated BNP and D-dimer, was sent to the emergency department where CT angiography was negative for pulmonary embolism but it revealed pulmonary edema with bilateral pleural effusions. Patient was admitted, noted to have elevated troponin, anterolateral ST depressions on EKG, noted to have rapid atrial fibrillation, had NSTEMI so he underwent cardiac cath on 2/10/21 that revealed multivessel coronary artery disease, was hypotensive so IABP was placed, percutaneous coronary intervention of left main, LAD and RCA were done and admitted to the ICU. TTE on 2/11/21 showed LVEF 45% with moderate posteriorly directed MR, was diuresed, started IV amiodarone for SVT and atrial fibrillation, IABP was removed on 2/12/21, dopamine IV drip was weaned and patient was transferred to telemetry on 2/13/21 for further care. Heparin was transitioned to Pradaxa on 2/14/21 and dopamine drip was weaned off on 2/16/21. Patient then had an episode of epistaxis on 2/18/21 (resolved with pressure and Afrin spray), had cough on 2/18/21 and chest x-ray showed mild worsening bilateral central patchy parenchymal opacification so IV Zosyn was started (2/18-2/21/21) then changed to Augmentin (with plans to complete course on 2/24/21), Lasix give for diuresis, CT chest and abdomen was done on 2/20/21 for

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							anemia that showed no obvious hematoma or soft tissue collections. Patient continued diuresis and cardiac medications adjusted. Coronary artery disease, paroxysmal atrial fibrillation, NSTEMI status post percutaneous coronary intervention, cardiogenic shock, systolic dysfunction congestive heart failure, moderate MR: Patient was continued on current cardiac medications including aspirin (for 1 month post cath until 3/10/21), clopidogrel, atorvastatin, Pradaxa, losartan, spironolactone. Continued lasix 80mg PO daily as maintenance diuretic regimen per cardiology recommendations. Patient's current weight is 178 lbs (admission weight was around 189 lbs). Patient was not started on beta blockers given recent cardiogenic shock. Acute kidney injury: Seems to have resolved with current creatinine of 1.2. Leukocytosis: Resolved. Will complete about 7 day course of antibiotics with Augmentin until last dose on 2/23/2021. Tobacco smoker: Patient was counseled on smoking. Patient was advised to quit. Discussed smoking cessation classes. Continued nicotine patch. Anemia: No evidence of active bleeding. Will repeat CBC on 2/26/21 as patient is on dual antiplatelet therapy as well as anticoagulation. Patient was also placed on pantoprazole for GI ulcer prophylaxis. Patient got 2nd COVID19 Moderna vaccine as outpatient on 2/27/21.
1123650	3/22/2021	IN	47	M	3/20/2021	3/20/2021	Elevated blood pressure, dizziness, chest pain
1124839	3/22/2021	GA	35	F	3/9/2021	3/12/2021	72 hours after shot had horrible chest pain on left side of body, same side of the shot. Took Advil and went away, occurred for two days. On Wednesday a rash started showing up and Friday unable to sleep due to rash under left breast to armpit to back following the bra line. Went to the doctor and diagnosed with shingles.
1124794	3/22/2021	NY	31	M	3/17/2021	3/17/2021	Extreme head ache, chest pain, fever 101 F. Gave 1000 mg Tylenol, albuterol via nebulizer Q4hr. Died 3/20/2021 approx 11:00 am from Cardiac Arrest.

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1121951	3/22/2021	KY	78	F	3/20/2021	3/21/2021	Patient is a 78 yr/o female who IBS, HDL, GERD, gastroparesis, anxiety, depression presents to the Emergency Department complaining of fever and generalized body ache onset 3 AM this morning. She attributes it to the second Covid shot that she received yesterday. She progressively started experiencing abdominal discomfort which she attributes to gastroparesis. Reports she took Tylenol at 1 PM for body ache with no relief. She also took Zofran for nausea. She had associated diarrhea without any hemochezia. Denies chest pain but has shortness of breath. She did not check her temperature at home. States she had a fever upon arrival to the emergency department. She denies dysuria, hematuria, flank pain. Patient has a history of COVID-19 infection in April 2020.
1124730	3/22/2021	CA	28	F	3/22/2001	3/22/2012	At 4:15 pm, While under observation for 30 minutes, pt c/o heaviness in the eyes., and slight chest pain. pt. also c/o nausea and vomiting symptoms. pt. c/o numbness in the left arm. Pt. was encouraged to take deep breaths. Pt. was helped to the ground in a supine position. BP=140/90, HR=88, RR=18 . Pt was alert and oriented X4. 2 minutes after deep breaths, patient reported that all symptoms had subsided except numbness in the left arm.
1125110	3/22/2021	FL	62	M	3/19/2021	3/19/2021	Chest pain (middle of chest); wheezing; back pain; disorientation; light headed
1124710	3/22/2021	MI	56	M	3/20/2021	3/20/2021	Apprx. 6 hrs after the shots (both my girlfriend and I experience almost identical symptoms) Severe chills, Fever, severe headache, severe muscle pain throughout the body, chest pains, diarrhea, nausea, vertigo, increase heart rate! Two days later and I am still experiencing vertigo, diarrhea, nausea!
1124708	3/22/2021	CA	56	F	3/19/2021	3/19/2021	Severe burning in chest immediately after injection, sudden severe weakness, severe headache onset within 5 minutes, with some queasiness, subsequent chest congestion, cough, pain in chest area, sore throat.

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1124644	3/22/2021	WA	73	F	3/2/2021	3/11/2021	History of present illness: patient is a 73 y.o. year old female with a history of hypothyroidism, hypertension, history of breast cancer status post bilateral mastectomies who presented with complaints of bruising, petechial rash and gum bleeds. She noticed that when she was brushing her teeth this morning, her gums were bleeding and found a pea size hematoma in the bottom of her lip. Denies recent injury or trauma. Denies fevers chills nausea vomiting chest pain shortness of breath cough weakness dizziness lightheadedness. Denies hematuria or blood in stools or dark stools. Patient reports she received her first dose of Covid vaccine on March 2. She noticed a large bruise in her injection site this morning. Denies pain. She reports that her lower extremity started itching last week and she began scratching and knows it is small red dots diffusely distributed in her bilateral lower extremities. Denies starting any new medications. Denies history of HIV or hep C. She reports starting a new topical medication given to her by a dermatologist for dry skin but does not know the name. Denies history of blood disorders. 3/18: Patient diagnosed with idiopathic thrombocytopenia and admitted to medical floor. History of present illness as above. Plt <2; WBC 9.2; Hgb/Hct 13.2/38 3/19: Oncology provider consulted and recommended oral prednisone 100 mg daily, transfusing for any evidence of significant bleeding and considering IVIG if no improvement in platelets after 2 days. After further discussion plan was changed to dexamethasone 40 mg dailys x 4 days and rechecking CBC, transfusing platelets if <2 with a goal of >10. Labs showed plt <2, transfused 1 units, plt increased to 9, transfused additional unit. Plt <2, <2, transfused 1 unit plt, increased to 9, transfused additional unit of plt. WBC 94.6, 10.1, 13.4 (no s/s infection, monitored); Hgb/Hct 13.1/38, 12.8/37, 11.7/33 (decreased throughout day). 3/20: Provider consulted hematology who recommended rechecking platelets in 24 hours and considering IVIG on 3/21. Continued dexamethasone. Platelets increased to 11 after additional plt transfusion on 3/19. WBC 15 (no s/s infection, monitored); Hgb/Hct 11.3/32. 3/21: Platelets found to be <2 with morning labs. Transfused 1 unit of platelets, IVIG ordered by hematologist, and dexamethasone was continued. Plt <2, transfused 1 unit plt, plt increased to 21. WBC 14.2, 17.5 (no s/s infection,

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1125105	3/22/2021		26	M	3/21/2021	3/21/2021	monitored); Hgb/Hct 11.3/34, 13.2/38 3/22: Patient feels more comfortable this morning denying any new bleeding symptoms. ITP refractory to treatment with prenisone, high-dose dexamethasone and is status post 1 dose of IVIG. Patient to receive her last dose of dexamethasone today and reassess tomorrow. Additional dose of IVIG planned for 3/22. Plt 2 in the am, increased to 43 in the afternoon. WBC 11.5, 13.7 (no s/s infection, monitored); Hgb/Hct 11.2/33, 12.8/37 Patient is still currently admitted.
1124577	3/22/2021	MI	70	M	3/2/2021	3/3/2021	Immediately after standing up experienced ringing in the ears and faintness. Was helped back to nurse who laid me for 15 minutes for observation. When I laid down I became very flush and sweaty. Then at 12am experienced fever of 101, body aches, and sharp stabbing chest pain which has lasted 18 hours so far.
							My father received the first Covid shot 3/2; he woke up 3/3 with severe body aches and weakness, which we thought nothing of. However, every day, he got weaker and weaker. He has been treated for Liver cancer, he received his first infusion of Opdivo almost 4 weeks before the vaccination. About 7 days after the shot, he was having trouble swallowing so he went to the ER to get a CT scan. He was found to have greatly elevated troponins, the DR was baffled he wasn't having any chest pain; they were apparently not trending either., he has never had a heart attack or any other heart problems, takes Nadolol for high blood pressure. The CT scan showed significant growth of his tumors which had been stable for a year and the last CT scan was the end of January; liver enzymes were also significantly elevated whereas they were stable before. My father deteriorated rapidly, and died on 3/18/21. The day he got the shot just prior, he was hauling wood, shoveling snow and living a normal life feeling good. The day after the shot he could barely get out of bed he was so weak, until he finally died 16 days later.

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1124325	3/22/2021	PA	72	F	3/20/2021	3/20/2021	Patient developed some chest pain heaviness in her left chest area. The pain was worse with a deep breath She took 6 baby aspirins prior to coming to the ER - did not help with the pain She rec'd Nitroglycerin SL and Tylenol 650mg. Cardiac enzymes were negative X 2. D-dimer was negative. Patient was discharged without any further incidents
1124226	3/22/2021	IL	61	F	3/22/2021	3/22/2021	Chest pain/pressure, treated with Aspirin 324 mg PO with no change.
1124219	3/22/2021	IN	50	F	3/20/2021	3/20/2021	I felt cold and back pain at 9:30pm the same day of the Vaccination. I shivered inside the blanket in the bed for an hour, then I got fever. I drank some Tylenol and fell in sleep. the next morning, I still have fever, felt so drowsy and the back pain still hurt, I slept whole day. I also felt chest pain in my left chest as well as some arbitrary pain in many places. I drank Benadryl twice. All symptoms gone when I got up the third day (22nd).
1123710	3/22/2021	IL	65	M	3/11/2021	3/22/2021	65 y.o. male who presents with chest pain. Patient reports he has been having intermittent chest pain since Friday. Patient reports the episodes last only a few minutes to maximum 2 hr. Patient states his episode of chest pain hit him this morning around 7:00 a.m. after he got up. Patient reports his pain is currently a 4/10. He describes it as a sharp pressure located in the center of his chest. He denies any radiation the pain. Patient denies any associated symptoms of shortness of breath, lightheadedness, dizziness, diaphoresis, nausea, or vomiting. Patient does have cardiac risk factors including hypertension, hyperlipidemia, diabetes, family history, obesity, and former smoker. Of note, patient states he was recently diagnosed with angina and placed on metoprolol and given sublingual nitro to take as needed. Patient reports he has not used his sublingual nitros. Patient sees HCP. Patient had exercise stress test with nuclear scan that was negative in January of 2021.

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1123658	3/22/2021	VA	62	M	1/6/2021	1/7/2021	Second COVID vaccine received 01/06/21. Within 24 hours developed fever, chills, malaise, myalgia, nausea, vomiting, diarrhea. Duration 8 hours, clinical dehydration, missed one night ED shift(HCP). 5 days post vaccine, 01/11/21 developed neck and chest pain, progressed requiring ED visit 01/12/21. Cardiology consult, negative cardiac evaluation. Persistent intermittent chest pains, usually exertional and post-exertional. 02/05/21 developed atrial fibrillation with rapid ventricular response with unsuccessful cardioversions, small pericardial effusion by echo. 03/11/21 readmission for enlarged pericardial effusion and pericardiocentesis. Continue high dose aspirin, colchicine, metoprolol, flecanide. Have not returned to work.
1124682	3/22/2021	NY	34	F	3/17/2021	3/17/2021	No pain or adverse event for the first 4 hours after vaccination. Starting at 2pm, which was 4 hours after my vaccine, my chest began to tighten. It was not severe; I took a normal walk and was just mildly uncomfortable. It escalated hourly for about 10- 12 hours. At 8pm, the pain, pressure, and tightness around the chest went from mild to moderate, from a pain level of 2 to about 3 or 4. The sensation was one of a stack of books on my chest. There was pressure and mild pain (again, not severe), about 8-10 inches horizontally across my chest, from about the bottom of my sternum to the collarbone. I also felt some pressure in my lower throat, perhaps the bottom third of my neck. I did not have any shortness or breath, swelling, or difficulty swallowing. At about 9 pm, I became itchy on my neck, ankles, and flank. I developed some red spots, which were not large enough to be hives, They mostly became red from my itching, though they were more moderately itchy than seriously itchy. I have had hives before, and they did not appear to be hives, more just isolated red spots. Once I became itchy, I went to the ER. They worked me up for cardiac issues and a blot clot, but all tests were negative. I did not take any medication other than my standard Oxcarbazepine 8pm dose of 300 mg. The itchiness went away at about 11pm (two hours after onset), and the chest pain did not worsen. The following morning, it was significantly better, and about 36 hours after I first received the vaccine, it was gone entirely.

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1123665	3/22/2021	TX	57	M	3/19/2021	3/20/2021	Report chest pain that pain on day 1 post vaccination and progressively got worst. Treatment: Seen in the emergency room. Outcome: Need to follow-up with primary care doctor and off 3 days of work before returning.
1124023	3/22/2021	KY	57	F	3/22/2021	3/22/2021	3 DAYS AFTER VACCINE PATIENT DEVELOPED HIVES, CHEST PAIN AND THROAT SWELLING.
1123719	3/22/2021	MA	59	M	3/19/2021	3/19/2021	Patient reported feeling dizzy shortly after receiving his COVID19 vaccination. Denied Chest pain or SOB
1123769	3/22/2021	FL	71	F	3/17/2021	3/17/2021	Chest pains shortness of breath, headache, backpain and coughing.
1123783	3/22/2021	NC	38	F	1/11/2021	1/16/2021	1/11 vaccination; followed with flu like symptoms; 'run over by a freight train'. I took Tylenol and it went away. 1/16 2am, I woke up in my sleep. R sided chest pain; hurt to breathe in. Wouldn't go away. 7:30 I went to ER. The pain didn't subside. EKG; negative 1/18 I went to work at express care. After 1 hour, it still hurt to breathe. I ended up putting self on list for express care. 1/19 PCM; she ordered a chest CT. Steroids, antibiotics. 16-19 was the duration of chest pain tapered off after the antibiotics, steroids. I stayed the Prednisone for 9 days.
1123822	3/22/2021		44	F	3/21/2021	3/21/2021	3/21/2021 Patient was observed post Covid-19 immunization for 30 minutes based on pre-vaccination screening . During the observation period, she experienced an adverse reaction with the following symptoms: Chest pain, she reports that she is asthmatic .but does not have her inhaler. Assessment : Time of assessment 1615pm Alert and oriented and Anxious. No visible respiratory issues, no wheezing or stridor heard. Actions taken: took to stretcher, 1615 VS taken at 1615 BP- 144/58. P 84, O2 98%, 1625 recheck VS- BP- 114/65, P-74, O2- 94%, lying on stretcher family in the room, she reports feeling better. Medications administered: No medication administered. Disposition: Reports no further symptoms of adverse reaction after observation for 30 minutes. Discharged home. Immunizations Administered Name Date Dose VIS Date Route Pfizer COVID-19 Vaccine 3/21/2021 3:45 PM 0.3 mL 12/11/2020 Intramuscular Manufacturer: Pfizer, Inc

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1123834	3/22/2021	SC	45	M	3/6/2021	3/16/2021	Really bad hurting in chest pain, swollen lips and a headache. Had to go to ER. Forgot to mention the vaccine shot. They finally decided it was an allergic reaction. Gave a steroid shot and Benadryl. Sent home on steroids for 5 days. The next day had rash and itching. The next day it was worse looked like lace pattern rash over most of his body and really bad itching. Like this through the 20th then he took Claritin and put on anti - itch cream. The next day the rash had mostly cleared but still a little itchy. Today the 22 I have had a really bad headache.

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1123836	3/22/2021	KS	18	F	3/18/2021	3/18/2021	<p>Progress Notes (Nurse Practitioner) ? ? Nurse Practitioner Cosigned by: MD at 3/18/2021 2:51 PM</p> <p>Expand All Collapse All 3/18/2021 Subjective Patient is a 18 y.o. female who was seen at COVID Vaccine site today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience left arm numbness and tingly.. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. Complained of numbness and tingling in the left arm (shot arm) after shot. ALLERGY REVIEW OF SYSTEMS: All other systems negative Patient complains of muscle aches CONT negative HENT negative Eyes negative Respiratory negative Skin negative GI negative Neuro negative Previous Reactions: None Objective Vitals Vitals: 03/18/21 1120 03/18/21 1140 BP: (!) 141/81 125/74 Pulse: 88 85 SpO2: 99% 99% Physical Exam Constitutional: Appearance: She is well-developed. HENT: Head: Normocephalic and atraumatic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: General: Tenderness present. Normal range of motion. Cervical back: Normal range of motion and neck supple. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: She is alert and oriented to person, place, and time. Comments: Numbness in</p>

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							left fingers Assessment/Plan Treatment included: water Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) Pt left at 12:06. Numbness resolved in left hand Electronically Signed 3/18/2021 12:07 PM
1123921	3/22/2021	NJ	52	M	3/13/2021	3/13/2021	EUA Pfizer-BioNTech vaccine reaction About 101 min after receiving vaccine, patient complained of chest pain rated 7/10.
1123995	3/22/2021	CA	46	F	3/22/2021	3/22/2021	11:30 - Pt received Moderna vaccine at Immunization Clinic. 11:35 - Pt in observation area, c/o mild throat swelling, tingling, and dry mouth. She reports hx of allergies to Neosporin and contrast dye. 11:40 - Pt brought to triage area. VSS, BP 117/76 (96), O2 100%, P 77, RR 18. Pt provided orange juice and water. RN Leader notified and at bedside. 11:50: MD at bedside for evaluation. Pt states symptoms are not worsening. Pt offered PO Benadryl, but declined due to potential for sedative effects and not having a ride home at this time. MD in agreement to hold off on Benadryl - per his instruction, will continue to monitor pt for additional 30 min (1 hr total), and take Benadryl once she arrives home. 12:31 - VSS, BP 116/82 (95), O2 99%, P 75, RR 18, T 97.6. Pt is A&Ox4, speaking in full sentences. Reviewed MD instructions and ER precautions with pt, including to call 911 in case of chest pain, SOB, or throat swelling. Pt verbalizes understanding. Pt is able to ambulate independently to exit of facility.

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1123786	3/22/2021	KS	47	M	3/18/2021	3/18/2021	Notes: APRN (Nurse Practitioner), Cosigned by: MD at 3/19/2021 9:22 AM, COVID VACCINE CLINIC 3/18/2021 Patient/Date: 3/18/2021 Subjective: a 47 y.o. male who was seen at SVH COVID Vaccine Clinic today for his first dose of the COVID Pt is a 47 y.o. male who was seen at COVID Vaccine Clinic for his first does of COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience lightheadedness and dizziness. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. Pt received shot and complained of being hot and sweaty. He was laid on the floor in injection room 5, with his feet elevated, some water was given and once pt was feeling better he was transferred to the ER bay for observation. He refused a wheelchair and walked to the bay with help. After sitting for awhile we cooled down and he was allowed to leave. ALLERGY REVIEW OF SYSTEMS: Patient complains of dizziness, and hot and sweaty: CONT negative, HENT negative, Eyes negative, Respiratory negative, Skin negative, GI negative, Musculo negative, Previous Reactions: None, Objective: Vitals - There were no vitals filed for this visit. Physical Exam - Constitutional: Appearance - He is well-developed. HENT: Head - Normocephalic and atraumatic. Right Ear- External ear normal. Left Ear: External ear normal. Nose - Nose normal. Eyes - Conjunctiva/sclera: Conjunctivae normal. Pupils - Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm - Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort - Pulmonary effort is normal. Breath sounds: Normal breath sounds. Musculoskeletal: General -Normal range of motion. Cervical backN - normal range of motion and neck supple. Skin: Coloration: Skin is pale. Neurological: Mental Status - He

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is alert and oriented to person, place, and time.
Assessment/Plan: Treatment include - water and snacks.
Follow up response to treatment: excellent. Patient
discharge: Stable to go home and follow up with PCP.
Differential Diagnosis: Local reaction (arm pain,
bleeding/bruising, mechanical irritation, localized rash).
Pt was released at 3:26, he was accompanied by his
wife. APRN Electronically Signed 3/18/2021 3:19 PM

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1123662	3/22/2021	KS	34	M	3/18/2021	3/18/2021	<p>Progress Notes: APRN (Nurse Practitioner) Cosign Needed COVID VACCINE CLINIC 3/18/2021</p> <p>Patient: Date: 3/18/2021</p> <p>Subjective Pt is a 34 y.o. male who was seen at COVID Vaccine Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience difficulty breathing and throat tightness. He denied rash, hives, welts, difficulty swallowing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. Pt was given a water to drink and he reported the SOB was very mild and the water helped. He does have a history of childhood asthma but does not use an inhaler for years. ALLERGY REVIEW OF SYSTEMS: Patient complains of frequent throat clearing and shortness of breath CONT negative Eyes negative Skin negative GI negative Musculo negative Neuro negative Previous Reactions: None Objective Vitals Vitals: 03/18/21 1052 03/18/21 1107 03/18/21 1114 BP: 133/86 119/80 129/82 Pulse: 50 53 (!) 49 SpO2: 100% 99% 99% Pt is a runner and states he runs a lower pulse Physical Exam Constitutional: Appearance: He is well-developed. HENT: Head: Normocephalic and atraumatic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Musculoskeletal: General: Normal range of motion. Cervical back: Normal range of motion and</p>

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neck supple. Skin: General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Neurological: Mental Status: He is alert and oriented to person, place, and time. Assessment/Plan
Treatment included: water Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) Pt was dismissed at 11:15 to return to work. No symptoms at time of discharge. He was told to take an antihistamine before his next appointment. APRN Electronically Signed 3/18/2021 11:18 AM

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1119811	3/21/2021	WV	55	F	12/29/2020	2/1/2021	chest pain; signs of super ventricular tachycardia; swelling on the right side of my face; Frequent palpitations; From the knees down, both legs felt numb into her feet; Could not stand; shortness of breath; Premature ventricular contractions; A spontaneous report was received from a consumer concerning a 55-years-old female patient , who received Moderna's COVID-19 vaccine(mRNA-1273) and experienced the following: chest pain, could not stand (dysstasia), shortness of breath (dyspnea), signs of supraventricular tachycardia (supraventricular tachycardia), swelling on the right side of face (swelling face), from the knees down, both legs felt numb into the feet (hypoesthesia) , frequent palpitations (palpitations), premature ventricular contractions, a lot of them (ventricular extrasystole). The patient's medical history was not provided. Relevant concomitant medications as reported included metoprolol . On 29 Jan 2021, prior to the onset of events, the patient received their second of two planned doses of mRNA-1273(Lot/batch:013L20A) intramuscularly in the left deltoid for prophylaxis of COVID-19 infection. On an unspecified date the patient experienced events swelling on the right side of face , signs of supraventricular tachycardia , frequent palpitations . On 01 Feb 2021, the patient experienced shortness of breath and a lot of premature ventricular contractions (this was confirmed by patient's doctor on an EKG). On 05 Feb 2021, the patient reported they were starting to get in trouble. They woke up on 06 Feb 2021 with chest pain and very short of breath. From the knees down, both legs felt numb into the feet. By the end of the day, the patient could not stand. The patient's cardiologist prescribed metoprolol which was helping some. On an unknown date, the patient ended up in the emergency room (ER) with chest pain. An echocardiogram didn't show much. The last week of February 2021 (dates unspecified) the patient reported they went to the ER again for chest pain. At that time, the numbness and tingling had gone away. The patient was admitted for two nights to the local hospital and while there had a poor exercise test and signs of superventricular tachycardia. Treatment included an increase in metoprolol, but the patient still had frequent palpitations. Metoprolol was again increased to control and monitor the heart. The patient is wearing a heart monitor. The patient received both scheduled doses of

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1120608	3/21/2021	TX	25	F	3/18/2021	3/21/2021	<p>mRNA-1273 prior to the event(s); therefore, action taken with the drug in response to the event(s) is not applicable. At the time of the report, the outcome of the events ,swelling on the right side of face,signs of supraventricular tachycardia , frequent palpitations, shortness of breath, premature ventricular contractions, chest pain, and could not stand, was unknown . At the time of the report, the outcome of the event from the knees down both legs felt numb into the feet, was considered resolved .; Reporter's Comments: The events were consistent with increased risk of cardiovascular complications associated with age of patient. Company assessed the events to be unlikely related to company product.</p> <p>Patient had vaccine on 3/18/21 at 1600. She presented to the ED on 3/21/21 @ 2202 for chest pain that started at ~1600. She states the chest pain is in the center of her chest, feels like pressure, non-radiating, with occasional shortness of breath. It felt similar to when she had COVID in January. She denies other symptoms including fever, URI symptoms, palpitations, pain with deep inspiration, leg swelling, recent travel, nausea/vomiting, diarrhea, dizziness, feeling like she was going to pass out, rash or other symptoms. It is not exertional and was better with walking. Denies heavy lifting or injury. She was hypertensive in the ED BP 151/99 but all other vitals within normal limits. EKG shows NSR without evidence of arrhythmia or ischemic changes. She did have U waves seen so labs were drawn including CBC, CMP, cardiac enzymes. Chest x-ray showed no acute cardiopulmonary process. She received 30 mg Toradol IV for pain. Labs were all within normal limits except mild hypokalemia. She felt better on reassessment and BP was still elevated but improved 137/90. She was discharged and instructed to take OTC Tylenol as on the bottle as needed for pain and given return precautions and follow up with PCP on return to stateside.</p>
1120535	3/21/2021	MD	54	F	3/19/2021	3/20/2021	<p>Itching, , severe headache, swelling or lump under right armpit with severe pain, pain in area of injection , chest pain , runny nose, chills, fever, nausea, fatigue, muscle and body aches especially on right side.</p>

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1120503	3/21/2021	GA	65	M	3/17/2021	3/17/2021	Hard to breath, very bad chest pain and the worst head ache I've ever had. All symptoms went away in about 15 minutes.
1120401	3/21/2021	FL	68	F	2/23/2021	3/8/2021	First 48 hours fever 101 degrees, chest pain, aches, chills, unable to sleep due to pain everywhere Approximately 6 days later severe vertigo.....now still soon 4 weeks later, off and on vertigo mild to moderate. Blood work on 3/10/21 my basophils is high and my mean corpus all hemoglobin concentrate low. Two months before this shot, everything was normal
1120183	3/21/2021	AR	41	F	3/3/2021	3/5/2021	March 5th left side of face started twitching lasted all weekend. Headaches, arm pains, chest pains, tingling of toes and hands, numbness of tip of tongue started March 8th, 2021. Currently 3/21/2021 my face is tingling continuously with small twitches from time to time. Headaches off and on lasting about 4 hours. My right eye hurts, feels like electrical shocks to my head and scalp of my head periodically.
1120111	3/21/2021	GA	56	F	2/1/2021	2/1/2021	I had my first shot around 10 am and my left arm was very sore and got progressively worse. I played golf the next day (Tuesday) and I woke up in the middle of the night with nagging shoulder and chest pain. I was concerned it was heart related. It continued for 2 weeks off and on but fairly intense at times. Not sure if I slept on it funny. When to my primary care dr and had an X-ray and ekg. Both came back negative. I am still having chest pain so I am calling again 3/22 to discuss with dr.

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1119908	3/21/2021		34	F	1/14/2021	1/18/2021	flushed tachycardia; numb lips; chest pain; shortness of breath; chills; aches; This is a spontaneous report from a contactable nurse. The 34-Year old female patient received bnt162b2 (BNT162B2, Solution for injection), dose 1 via an unspecified route of administration, administered in Arm Left on 14Jan2021 (Batch/Lot Number: EI3246) as SINGLE DOSE for covid-19 immunisation. Medical history included asthma and seasonal allergy from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. On 18Jan2021 the patient experienced 5 minutes after injection, flushed tachycardia and numb lips. 3 days later chest pain, shortness of breath, tachycardia, chills, aches. Covid negative. Still not fully resolved. The patient underwent lab tests and procedures which included viral test: negative on 20Jan2021. The action taken in response to the events for bnt162b2 was not applicable. The outcome of the events was reported as not recovered.
1120637	3/21/2021	MD	72	F	3/21/2021	3/21/2021	72 yo F with cardiac history presented with nausea after vaccine administered. No vomiting. Endorsed skipping dose of Lasix today because she did not want to have to urinate so frequently at vaccination site today. Denies any chest pain, states she had chronic SOB, which is her baseline, no changes. NO additional symptoms. HR 70, BP 115/65, 96% on RA. Symptoms resolved spontaneously. Discharged home after 30 minute obs, but advised to go ER should symptoms recur and/or worsen.
1120061	3/21/2021	NJ	40	F	3/20/2021	3/21/2021	Burning chest pain, cough, sore throat, sweats, fever, shortness of breath, sore arm, achey
1121208	3/21/2021	NY	29	F	3/19/2021	3/20/2021	On the first day, a little over 12 hours after the first vaccine, I felt light headed and was nauseous. By noon of that day I had a persistent migraine like headache that remained the entire day and into the next (3/21/2021). On the 3/21/2021 I also experienced dull chest pain and a feeling of tightness throughout the entire day
1120722	3/21/2021	IN	25	F	3/19/2021	3/20/2021	Low-grade fever, chills, body aches, headache, chest pains: these symptoms lasted about 21 hours.

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1120735	3/21/2021	TX	25	F	3/18/2021	3/19/2021	Severe chest pain that felt like it was moving from injection site into left upper chest. Pain then moved to middle of chest then to right side and back and forth from 1:30am to 3:30am. Pain then became constant in left upper chest area near collarbone. BP started at 156/95 around 1:45am then decreased to 127/87 around 2:30am

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1120844	3/21/2021	TX	26	F	1/1/2021	1/25/2021	1/25/21 - numbness and tingling, feeling of nerve tension began in right arm and hand with no clear peripheral nerve pattern; next day in both arms with twitching of R middle finger; third day afternoon began in R foot and spread up into calf as well as L foot; went to the ER on 1/27/21; clear ECG, chest XR, brain and cervical CT, and bloodwork; referred to neurologist with concerns of MS or transverse myelitis; saw neurologist on 2/3/21 - he found mildly hyperactive reflexes and a (+) hoffman's reflex; ordered MRI of brain and cervical spine with and without contrast and more bloodwork; MRIs performed apx 1 1/2 weeks later and bloodwork done same day (2/3); bloodwork revealed elevated C-reactive protein of ~14 and ESR of 14 (higher than previous baseline of <2) but all else clear; MRIs came back clear 2/8/21 - 9 days after second dose woke up with throbbing headache, body aches, and overall feeling of being ill; on the third day of this went to go get tested for COVID and flu to be safe; both rapid and PCR came back negative; sx resolved by the weekend; 2/15/21 - began getting frequent headaches, inability to take a deep breath and sharp retrosternal chest pain up into the back of my throat when I would try; difficulty breathing with a mask on; significantly elevated heart rate; SOB at work esp with mask on; symptoms worse with mask and then eased on weekends without mask; then became able to take deep breath but with chest pain then began to need to cough with a deep breath then more frequent coughing esp after long days of mask wearing; several occasions of waking up at night unable to breath esp when lying on either side with racing heart; symptoms vary in intensity but on days when they would act up, heart rate is consistently elevated (normal resting heart rate ~55, would be up at 90 while lying down, 120 while standing making coffee) 3/9/21 - went to ER in the evening due to symptom increase of chest pain, SOB, and elevated heart rate; ER ran bloodwork and found elevated D-dimer of 0.6, WBC of 27,000, high neutrophils, and low lymphocytes; CT angiogram to r/o PE came back negative; (-) chest XR other than minor atelectasis; abnormal ECG with incomplete RBBB and prolonged QT interval; tachycardia; admitted to hospital; blood cultures, urine cultures, and respiratory pathogen panel including COVID test negative; started on albuterol breathing treatments and 40 mg of steroids 2x/day which

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							normalized WBC count and eased sx significantly; consult with pulmonology and cardiology; 2nd chest x-ray (-) and transthoracic ECHO (-); started on beta blockers 12.5 mg 2x/day which helped heart rate some; second ECG found no RBBB and normal QT interval but unable to rule out anterior MI or inferior ischemia. D/c on steroid dose pack, beta blockers, cough suppressant. Follow up with cardio and pulm. Now seeing immunologist as well who started me on corticosteroid inhaler, monteleukast. Running more blood work soon. PCP gave albuterol inhaler, did round of antibiotics, orders to use incentive spirometer for breathing capacity. Waiting on pulmonology follow up and 30 day holter monitor, stress ecg, and other cardiac tests.
1120869	3/21/2021	CA	33	F	3/16/2021	3/16/2021	Patient reports feeling flushed and having increased chest redness 5 minutes after taking her first dose of the Moderna COVID-19 vaccine. She denies swelling, itchiness, shortness of breath, or chest pain. Her vital signs were stable (BP 122/89, HR 71, RR 16, SaO2 99%RA). She self administered her own hydroxyzine 50mg and symptoms resolved. She was monitored for a total of 49 minutes. She was educated on angioedema and anaphylaxis symptoms. She was also given go to ER precautions if symptoms return or worsen.
1120930	3/21/2021	CA	25	F	3/18/2021	3/18/2021	Swelling, closed throat, burning in throat Chest pain Headache Nausea
1121014	3/21/2021	IN	28	F	3/21/2021	3/21/2021	Syncope, tachycardia, shortness of breath, chest pain/tightness, throat tightness. Resolved in 10 minutes. No treatment needed.

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1121064	3/21/2021	CO	67	F	3/1/2021	3/12/2021	Bad taste in mouth followed by increasing chest pain. B/p 200/100 (nl low) increase chest pain gradually better over 45?. Tried to leave didn?t get out of bldg, collapsed in chair bad chest pain felt really bad. Ambulance called, gradually progresses to weak r side hi b/p slurred stammering speech inability to swallow tongue thrusting to Uc health ct w contrast ok. Gradually improved discharged at 1700. Saw doctor following Monday. Cardiac work up scheduled 4/5/21 She does not want 2nd vaccine until cleared by cardiologist. I have had bouts of chest pain. Hospital tadmited me as Jane doe. Severe fatigue sleeping 12-14 h/ d for 5-6 d no fever flu sx. Low energy. Hospital never took he from me once better discharged as migraine but I don?t have migraines
1120716	3/21/2021	CA	25	M	3/14/2021	3/14/2021	At approximately 10:35am client had completed his 15mins observation and was ready to go home when he briefly felt his throat closing. He then called 911 and went back inside to EMT station and notified EMTs. He was then assessed and denied history of Anaphylaxis or allergies to food or meds. Assessment revealed no hives, rashes, skin flare ups, itchiness or shortness of breath. Client denied chest pain, difficulty breathing or pain throughout the body. Initial Vital signs were taken and taken every 5mins after that. He was asked to stay for 30mins. Client told 911 operator he felt safe to hang up and stay with EMT at vaccination site. Client's initial vital signs were a pulse of 112, Blood pressure of 164/92, O2 sat of 99% on room air and respirations of 24 with no signs of accessory muscle use. Due to client's vitals improving with his calmer demeanor, no additional interventions were felt to be necessary at this time. Client stated he felt better and was encouraged to follow up with his Primary Care Provider and emergency precautions were given. Vital Signs: 1035 - 164/92 (BP), 112 (HR), 99 (O2) 1040 - 160/90, 96, 99 1045 - 142/88, 94, 99 1050 - 138/88, 94, 99 1055 - 132/88, 94, 99 No medications were administered.
1121193	3/21/2021	IA	65	M	2/17/2021	3/10/2021	Presented to Emergency for ongoing Chest pain. Found triple coronary bypass grafting was needed with a 90% blocked left main artery

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1118136	3/20/2021	NY	67	F	3/20/2021	3/20/2021	Patient became diaphoretic and cold 10 minutes after vaccination. Vital signs: BP 170/90 , Repeat after 15 mins 165/90 HR 74, SPO2 100% RR 28 She denied chest pain, syncope, difficulty breathing, itching. Preferred to go home, refused offer to be transported to Emergency room.
1118107	3/20/2021	NY	87	F	3/20/2021	3/20/2021	Patient became diaphoretic 10 minutes into observation after getting vaccinated. She remained alert and oriented x3. She denied chest pain, difficulty breathing, itching. Vital signs taken : BP 130/69, HR 89, RR 16, SPO2 99%
1118092	3/20/2021		39	M	3/10/2021	3/10/2021	Chest pain , headache feverish with no fever , feels like the flu with no fever, achy all over
1117963	3/20/2021	MI	33	F	3/17/2021	3/19/2021	Tired/lethargic since time of injection. Progressed to flu-like symptoms on evening of 3/19/2021. Intense back pain, body aches, nausea, vomiting, sweating and chills, very tired but unable to sleep. Tylenol has helped some. Had a brief (few minutes) episode of bad chest pain/pressure on morning of 3/20/2021, made it hard to breathe. No fever, cough, or sore throat.
1117933	3/20/2021	IN	57	F	3/16/2021	3/20/2021	Chills headaches,fever,muscle pain,swelling, redness, pain,itching,nausea shortness of breath, mild chest pain,fatigue rapid heart beats at times joint pain lightheaded.
1117875	3/20/2021		62	M	3/18/2021	3/20/2021	Yesterday evening he was lifting some boxes and moving them to the right and started to experience left-sided upper chest pain. It is described as "tightness" and is constant, radiating to the shoulder with movement. He denies cough, fever or shortness of breath. Ibuprofen taken this AM has helped and over the past couple hours the pain has resolved completely. No recent prolonged travel
1117708	3/20/2021	TX	33	F	3/18/2021	3/18/2021	Fever, extreme headache, vomiting, body aches, light sensitivity, chest pain, extreme fatigue, arm pain at the site of injection.

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1117678	3/20/2021	CA	47	M	3/1/2021	3/2/2021	Pt had COVID in Early January 2021. He had mild symptoms and recoverec. On March 1 2021 had his first Moderna. Covid shot. Next day, (March 2) headaches, fevers, chills and chest pain. Pt had EKG findings of STEMI myocardial infarction. He was sent to the cath lab from the cath lab he was admitted. Finding of normal coronary arteries. However, he appeared to have developed a cardiomyopathy compared to a prior study. He had a echo on March 3. . Appeared to have a cardiomyopahty with estimated EF or ejection fraction of 40%. He had normal cardiac function three years earlier . On March 3rd his EKG normalizec. He was sent home on March 4
1119217	3/20/2021	FL	71	M	3/1/2021	3/18/2021	Patient presented with chest pain on 3/18/21, was found to have NSTEMI and underwent cardiac catheterization on 3/19/21 that found high-grade left anterior descending disease with 2 sequential lesions. There is moderate disease in the mid circumflex and the right coronary artery. He received PCI to LAD with DES and was discharged home on ASA and plavix on 3/20/21.
1118196	3/20/2021	CA	42	F	3/20/2021	3/20/2021	Chest pain, palpitations, dizziness, LT arm tingling
1117672	3/20/2021	CA	45	F	3/16/2021	3/16/2021	chest pain, fatigue, headaches, chills, arms soreness, insomnia
1118839	3/20/2021	AL	40	F	3/19/2021	3/19/2021	Received vaccine around 11:40am. Around 7pm same night on 3/19/21 noticed rash to tops of both feet, with mild swelling and itching to feet and lower legs. Took 2 benadryl and went to sleep. Woke up this morning with facial swelling, eyes swollen shut. Took Claritin and states improved greatly. Reports itchiness in throat but denies difficulty breathing, throat swelling, chest pain or shortness of breath. Rash on feet/legs was gone when she woke up, still has itchy sensation to body but no rash. Patient reports improving symptoms at time of evaluation in Urgent Care, but would like to report side effect/reaction.

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1118340	3/20/2021		78	M	2/5/2021	3/20/2021	<p>Patient is a 78-year-old male with history of COPD, paroxysmal atrial fibrillation, ischemic cardiomyopathy, type 2 diabetes mellitus, status post mitral valve replacement with metallic valve on Coumadin, stage II: CAD status post LAR. Presented to Hospital campus on account of severe shortness of breath in a patient with significant weakness. Patient has had significant shortness of breath progressively worsening. Patient was just discharged from this facility on 03/17/2021. The patient was admitted on 03/05/201 on account of shortness of breath. During the admission, patient had a multiloculated right-sided pleural effusion requiring video-assisted thoracoscopy and evacuation of hemothorax. Associated with chest wall mass. Subsequent biopsy revealed evidence of small cell carcinoma. The patient was seen by oncology during that admission with a Mediport put in place. With plans to follow-up with oncology outpatient for continued management and to hopefully initiate chemotherapy. There was also concern for acute congestive heart failure and required diuresis. Echocardiogram was showing EF of 40% at the time. Now, patient is presented to the emergency room on account of significant weakness in the patient well developed worsening shortness of breath over the last couple of days. Patient was still short of breath and weak he could not even get up the toilet seat. When EMS saw the patient he was satting 80% on room air and required 6 L via nasal cannula. Did not complain of any chest pain or cough with this finding. Neither did he complain of any fever. In the emergency room, patient was tachypneic and slightly tachycardic. Lab work shows lactic acid of 2.3 glucose of 302 and creatinine of 1.90. The patient's BNP was 1170 with GFR of 34. Patient INR was 4.5. Chest x-ray shows Trace right pleural effusion. No pneumothorax. With concern for pneumonia patient was given azithromycin and Unasyn. Also with concern for possible CHF patient was given Bumex.</p>

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1118918	3/20/2021		36	F	3/20/2021	3/20/2021	3/20/2021, Patient was observed post Covid-19 immunization for 30 minutes based on pre-vaccination screening. During the observation period, she experienced an adverse reaction with the following symptoms: rapid heart rate and chest pain and has history of asthma. Assessment : Time of assessment; Alert and oriented. Actions taken: Vital signs taken. At 6:04 Pulse 76, BP 119/83, O2 100% 6:34 pulse 73, O2 99% BP 132/78, Medications administered: No medication administered. Disposition: Reports no further symptoms of adverse reaction after observation for 30 minutes. Discharged home. Immunizations Administered; Name, Date Dose VIS Date , Route, Pfizer COVID-19 Vaccine 3/20/2021 5:50 PM 0.3 mL, 12/11/2020, Intramuscular Manufacturer: Pfizer, Inc.
1119132	3/20/2021	NY	31	F	3/18/2021	3/18/2021	fever chills chest pain 2 days later chest pain and swelling upper lip W vesicles c/w herpes simplex
1118915	3/20/2021	FL	60	M	3/8/2021	3/13/2021	The day after the shot 3/9/2021 pt had 104 degree fever and shortness of breath and chest pain. This continued for a couple days. By 3/13/2021 pt went the hospital and he was confirmed to be having an active heart attack.
1118740	3/20/2021	KY	62	F	3/15/2021	3/18/2021	3/19/2021 horrible chest pains hard to breath Itching all over my body Right eye lid red and swollen 3/20 4-5:00 am up sitting in the side of the bed . Very uncomfortable to lay down can?t breathe properly Taking pantoprazole again 3/19- 9:00 pm 3/20- 9:05 am 3/20 - 9:04 blood pressure 130/87 9:15 am extreme itching and rash on both arms Took a warm bath felt horrible. Took temperature 100.5 Main concern is breathing
1118683	3/20/2021	MD	29	F	3/13/2021	3/13/2021	Shortness of breath, asthma flare. Not improved with oral and inhaled steroids. Severe congestion, lost voice, cough, chest pain, lightheadedness, joint ache, muscle ache, low grade fever, stomach pain, headache. Dehydration. Require nebulizer 2x daily. Not made better after antibiotic and oral steroids. Been 7 days and no sign of improvement.
1118674	3/20/2021	PA	47	F	3/20/2021	3/20/2021	Chest pain, funny feeling in throat, hoarse voice, headache, flushed

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1118561	3/20/2021	TX	39	F	3/20/2021	3/20/2021	Intermittent coughing and fatigue. Pt c/o chest pain, pain to right arm. Pt was monitored for 1.5 hrs.
1118424	3/20/2021	CA	28	F	3/10/2021	3/13/2021	fatigue, slight pain in chest, athma-like symptom, joint pain
1118417	3/20/2021	TX	39	M	3/19/2021	3/20/2021	Patient presents to the ED on 03/20/21 at ~19:45 for palpitations and shortness of breath. Patient symptoms started 1 hour prior. He woke from sleep sweating, feeling short of breath and having heart pounding sensation. No chest pain. He was seen at Army clinic on base where they were concerned he was in A. fib and brought him to the ED. His VS where slightly hypertensive, tachypnic but not tachycardic with normal temperature and pulse ox. He was given 1L bolus of LR, had EKG, CXR, echo and cardiac stress test done while here. He was discharged in good condition with follow up with cardiology in 4 days for Holter monitor.
1115934	3/19/2021	AR	29	M	3/12/2021	3/19/2021	Severe Fever, Chest pain, Body pains, Spinal cord pain I was unable to walk properly for 2 days
1115619	3/19/2021	ME	36	F	3/18/2021	3/18/2021	Started with nausea, then chills, unbalanced, tiredness, chest pain, cold arm, rapid heartbeat, muscle fatigue, headache, diarrhea.
1115432	3/19/2021	FL	67	M	1/26/2021	1/27/2021	Jan 27th Began to run fever from the shot Jan 28th Continued to experience fever, uncontrollable chills, upset stomach, diarrhea through the day around 6PM I began to sweat, my stomach became upset again, diarrhea grew worse. Chest pain began and call to 911 was placed. Taken to hospital by flight
1115433	3/19/2021	FL	63	F	3/19/2021	3/19/2021	Pt had flushing and pt stated that she had chest pain. Pt was provided oxygen to ease breathing. EMS was called.

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1115571	3/19/2021	MO	70	F	3/13/2021	3/13/2021	About 5 minutes after receiving 2nd dose of Moderna vaccine client began complaining of chest pain, and feeling of throat closing. RN and EMT present at client's side. Noted that lungs had crackles. EMT gave a total of 324 mg of Baby Aspirin at 1630 (Four 81mg tablets). At this time client's BP was 197/98. At 1633 EMT gave one 0.4mg dose of Nitro sublingual. Client's BP at this time was 176/87. Ambulance arrived and took client to hospital.
1115392	3/19/2021	NC	56	F	3/19/2021	3/19/2021	Patient received vaccine and was sitting for her 15 minute observation. She reported after about 10 minutes feeling flushed, throat feeling dry and she started coughing. EMS triaged patient. BP 198/105, P 65. She reported taking all of her medication this morning and reported while the cuff was being pumped up a "twinge of chest pain, nothing bad though." She was able to drink water and reported swallowing with no problems. BP 187/110, then 176/90. Patient reported feeling better. She was instructed she will be observed another 15 minutes, she verbalized understanding. Patient was checked out without any other adverse reactions.
1115632	3/19/2021	OH	59	F	3/19/2021	3/19/2021	26 minutes after receiving the vaccination, the patient developed over her left forearm, right shoulder, posterior neck, and left scalp. Upon evaluation, she had no hives or rashes. Lungs were clear on auscultation bilaterally. No shortness of breath, nausea, respiratory distress, anaphylaxis. She was given Allegra 60 mg PO times one. Her blood pressure, taking by machine, was 205/117. No dizziness, chest pain, headaches, or vision changes. Subsequent manual recheck of her blood pressure were in the 160s to 180/ 100s, and after possibly 30 minutes of monitoring with serial your blood pressure checks, her blood pressure was 172/94 manually. Her itching resolved, and she developed no other symptoms.
1115787	3/19/2021	MD	61	F	3/19/2021	3/19/2021	Patient felt gassy with chest pain. History of GERD. Burping a lot during the sensation. Some reproducible L sided chest pain likely radiating from the vaccine site.

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1115812	3/19/2021	IL	47	F	3/16/2021	3/16/2021	Immediately broke out in a sweat and was very hot. Didn't think much about it. The staff noticed I was in some distress and kept asking if I was okay to which I replied I thought I'd be fine once I got some fresh air. Left the facility to drive home and didn't feel right, Within 30 minutes, developed chest pains, rash and labored breathing. I recognize the symptoms as the same symptoms I get when I've had morphine, which I now must list as an allergy. This lasted 4 hours, then got better. The next day around 1:00, I became ill again with flu-like symptoms and had to leave work. Headache and body aches mostly. I was ill with these symptoms for a 24 hour period. Hopefully all symptoms have passed, except my arm which is red, swollen, itchy and feverish.
1115156	3/19/2021	PA	65	F	3/19/2021	3/19/2021	Pt. states that she received the 1st pfizer covid vaccine to left arm at 0930 on 3/19/21. Pt. states that she started to have heart palpitations around 15 minutes after receiving the covid vaccine. Patient noticed arm redness to bilateral arms. Pt. states that heart palpitations have resolved. Pt. denies shortness of breath, denies chest pain, denies difficulty breathing.
1115904	3/19/2021	MI	63	F	3/18/2021	3/18/2021	Patient presented to clinic for Covid-19 vaccine. Patient started complaining of chest pain 5 minutes after vaccination. Patient denied shortness of breath, but states the pain worsened with deep breathing. Patient denies other complaints or symptoms. Vital signs stable and work of breathing normal. RN auscultated lung sounds, upper lobes clear bilaterally. Blood sugar 227. Patient states she has diabetes and hypertension. Patient kept closing her eyes, RN encouraged patient to keep her eyes open, but patient kept stating, "I'm tired." RN notified provider, provider in to assess patient. Per provider, patient to go to ED via EMS. Patient's husband notified and arrived to clinic to be with patient. RN contacted EMS and report given.
1117071	3/19/2021	TX	27	M	3/1/2021	3/12/2021	Patient developed chest pain, shortness of breath, and fatigue approximately 10 days after receiving 2nd dose of Moderna vaccine. Patient describes symptom onset as acute, and came to hospital 2 days after chest pain developed, as it became more unbearable. Described chest pain as worse with leaning forward.

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1115944	3/19/2021	NC	55	M	3/18/2021	3/18/2021	1-2 hours after receiving Moderna vaccination patient began complaining of chest pain to family members but refused to seek medical attention. He was found deceased this morning (03/19/21) by his family. Medical Examiner determined time of death was around 8:40pm on 03/18/21.
1115987	3/19/2021	NJ	61	F	3/18/2021	3/18/2021	At about exactly 12 hours after receiving the vaccine. I was sitting in my living room watching TV and a sudden severe pain shot through my chest and followed by tightness and difficulty breathing. It was immediately accompanied by a pain between the shoulder blades, cold sweat, nausea, then neck pain and faintness along with the uncontrollable need to move my bowels which was in diarrhea form and continued 3 times within 20 minutes with the other symptoms. After about 5 minutes of receiving the onset of the initial shocking pain, the intensity of the chest pain left but the tightness remained and faded but would return and then subside again every 10 minutes. I went to the emergency room at 11:20pm discharged at 2:50am on 3/19/21.
1115816	3/19/2021	TX	66	F	3/11/2021	3/11/2021	Symptoms began little after ten hours of receiving vaccine. Symptoms included flu like symptoms of aches, joint pain and fatigue with fever up to 101 lasting 3 1/2 days. Fever broke Sunday night 14th, approx 9:00pm. Awoke Monday the 15th light headed and fatigued but aches and fever gone. Then approximately 5 pm on Monday the 15th started having chest pain, upper right side. By midnight I was being transferred to ER for the chest pains. Released Monday morning the 16th from ER. Dx. Possible chest wall inflammation; Followed up with primary care office (not my regular Dr. but with Dr. Have been experiencing internal jittering; agitated cough, upper respiratory issues (but lungs are clear.) ever since I originally had Covid.

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1115115	3/19/2021	FL	45	F	2/3/2021	2/3/2021	Swelling in left arm down to hand and fingers. My hand and fingers went numb until I took Tylenol. Less than 24 hours I was in severe pain. Felt like my bones hurt. Swelling on the left side included my armpit and left side of the torso down to the waist. The pain stayed for another day. Felt like I had the flu. Swelling in the armpit and upper left torso stayed for about three weeks. Wednesday, March 17 I went to the ER for chest pains, throat tightening, pain from my shoulder to my hand on the left side.
1115076	3/19/2021	PA	59	F	3/17/2021	3/18/2021	At about 1 pm the following day of my Moderna vaccine I had severe chest pain along with severe intestinal pain!! Almost went to the ER but I just curled up in a ball and they subsided in about 1/2 hour!! Never felt so sick! Also had chills and Diarrhea all day with a slight fever 100.4
1114766	3/19/2021	IL	70	F	3/5/2021	3/5/2021	Short of breath headache chest pain nausea cold symptoms
1114740	3/19/2021	AL	57	M	3/10/2021	3/14/2021	SUDDEN ONSET CHEST PAIN PT WAS TRANSFERRED FROM LOCAL ED TO ANOTHER FACILITY WITH AN ICU BED AVAILABLE
1114505	3/19/2021	AL	37	M	3/16/2021	3/16/2021	Well I?m alive. It started about 45 minutes after taking the vaccine. It began as heavy salivating and turned into a numb tongue. I have never had an allergic reaction, so didn?t pay much attention to it. After returning home I became severely lightheaded and almost passed out. I immediately took a Benadryl and Motrin. Then my heart rate shot up to 160BPM according to my smart watch and maintained that for around 5 minutes. The home medicine helped it to subside, but the same feelings would return in moderate waves. By 2pm, I decided I should seek professional help and was taken to the ER by a family member. By this time I had moderate chest and jaw was very tight. At the ER I was monitored for 1 hour and then given an IV injection of Benadryl, Pepcid, and Decadron(steroid). I immediately get relived and well. I was released from the ER around an hour later and sent home with a prescription of Benadryl, Pepcid, and Prednisone Oral Steroid. I have since had a few different side effects like chest pain, extremely flushed face, and low grade fevers. The medicine taken at home immediately stopped the face flushing.

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1114481	3/19/2021	OH	51	F	3/18/2021	3/18/2021	Patient was getting her 1st Covid vaccine and 15 min later her tongue started to feel thick and both arms felt tingly. Patient has history of anaphylaxis from penicillins. Patient was a Rapid Response and brought to ER. Patient able to swallow and talk. Patient denies chest pain or shortness of breath. Gave Benadryl 25mg IV once, Pepcid 20mg IV once, methylprednisolone 125mg IV once, and sodium chloride 0.9% 1000mL IVP bolus once over 2 minutes. Patient was stable and able to be discharged.

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1114378	3/19/2021	TX	68	F	2/6/2021	2/10/2021	multiple blood clots in lungs; multiple blood clots in legs; feeling chest pain; short of breath; This is a spontaneous report from a contactable consumer (patient). A 68-year-old female patient (pregnant: No) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL9269), via an unspecified route of administration in left arm on 06Feb2021 at 18:00 at single dose for covid-19 immunisation. The relevant medical history included DCIS Breast cancer from 2016, Known allergies: pencillin from an unspecified date. Concomitant medications included levothyroxine sodium (SYNTHROID). The patient previously received first dose of BNT162B2 on 16Jan2021 at the age of 68 years old (lot number: EL3249, at 06:15 PM, in Left arm) for covid-19 immunisation. The patient received 2nd Pfizer vaccine dose on Sat, 06Feb2021. On Wednesday 10Feb2021 she became short of breath. On 11Feb2021, she began feeling chest pain. On 12Feb2021, she was advised by primary care Dr to go to the emergency room. She was admitted on 12Feb2021 to ICU with multiple blood clots in her lungs and legs. She was told by the emergency Dr this was a sign of Covid, they did a Covid test, came back negative. She remained in the hospital till 18Feb2021. She was at the time of the report on Eliquis (10 mg/d). A hereditary blood clot test was done that came back negative. She had never had an issue before the vaccination with blood clots nor anyone in her family and she was in good health before the vaccination. Dr didn't think the vaccine caused the blood clots but her primary care Dr thought it did-which was why she was reporting it. The patient also stated that event multiple blood clots in her lungs and legs resulted in Emergency room/department or urgent care, Hospitalization and Life threatening illness. The patient had hospitalization for 7 days. Treatment Heparin 25,000unit in .45% NaCl Premix, Narcan received. No covid prior vaccination. The patient underwent lab test included Nasal Swab which showed negative on 12Feb2021; Hereditary blood clot test which showed negative on an unspecified date in 2021. Therapeutic measures were taken as a result of all the events. The outcome of the events was recovered with sequel.

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1114368	3/19/2021	OH	83	M	2/27/2021	2/27/2021	<p>Didn't realize what was going on; Whole body felt like itching, whole body was just feeling funny; Feet are numb and cold; Feet are numb and cold; Ended up in the emergency room because I was having some problems with chest pain; heart problems; Sick all day Saturday, all day Sunday, and most of Monday; This is a spontaneous report from a contactable consumer (patient). An 83-year-old male (also age at vaccination) patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), second dose via an unspecified route of administration, administered in Arm Right (reported as Right upper arm) on 27Feb2021 (Batch/Lot Number: EN6205) as SINGLE DOSE for covid-19 immunization. Medical history reported that "I have had one stent and one angioplasty done. Stent was done last year in 2020 and angioplasty was done in '1990' (not confirmed)." The patient also added "I gained a bunch of weight when I had my thyroid removed." The patient previously took the first dose of bnt162b2 on unspecified date for Covid-19 immunization. For the concomitant medication the patient stated, "Yes, I am taking medications." (specified medications not reported/ provided). It was reported by the patient that, "I got this, my second COVID-19 Vaccine shot Saturday morning. All day Saturday (27Feb2021), all day Sunday and most of Monday, I was so sick, I didn't realize what was going on. Yesterday (02Mar2021), I ended up in the emergency room because I was having some problems with chest pain. So, I presume this is all connected to the second shot I got." It was added by the patient, "I am asking question. About an hour or less than an hour ago I woke up, and my whole body felt like it was itching. I mean my whole body was just feeling funny. I was itching all over, that went away, I took a pill a while ago for that. 'Lorazepam' (not confirmed over the call), it's a nerve, anxiety pill and it kind of helped. But right now, my feet are numb and cold." For the laboratory test the patient stated that, "Yes they did a lab test on me yesterday (02Mar2021) as I went to the emergency room with some heart problems. They did blood work, that's all they did." The patient reported for the results, "They said everything was fine." The outcome of the events was unknown. The patient explained that "No, I didn't take any medication for that." However treatment was received for Whole body felt like itching, whole body was just feeling funny.</p>

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1114319	3/19/2021	MA	73	M	2/19/2021	2/19/2021	<p>RA; Substernal CP; mild SOB; CP / pressure 5/10 radiating to neck; This is a spontaneous report from a contactable Nurse. A 73-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscularly in Right Arm on 19Feb2021 14:15 (Lot Number: EL9262) as single dose for covid-19 immunisation. Medical history included enlarged prostate and asthma. Concomitant medications in two weeks included salbutamol (ALBUTEROL); fluticasone furoate, umeclidinium bromide, vilanterol trifenate (TRELEGY, reported as triogy); morniflumate (FLOMAX, reported as flowmax). If other vaccine in four weeks: No. If covid prior vaccination: No. If covid tested post vaccination: No. Known allergies: No. Facility type vaccine Other (as reported). The patient experienced RA (rheumatoid arthritis), substernal cp (chest pain), mild SOB (Shortness of breath), CP/pressure 5/10 radiating to neck, all on 19Feb2021 14:15 with outcome of unknown. The patient underwent lab tests and procedures which included chest pressure: 5/10 on 19Feb2021, oxygen saturation: 97% on 19Feb2021. Clinical course: Substernal CP (Chest pain) approx 10 min post vaccine with mild SOB. Patient denied scratchy throat or throat swelling no swelling noted patient speaking in full sentences O2 sats 97 %, RA, no hives noted, no rash, no difficulty swallowing. Patient reported CP / pressure 5/10 radiating to neck. No pain on palpation lungs clr bi laterally EMS called patient care transfered to paramedics. The events resulted in Emergency room or department or urgent care. No treatment received for the events.; Sender's Comments: The reported RA (rheumatoid arthritis) was more likely an intercurrent disease, and less likely causally related to the use of first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE). This case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p>

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1114301	3/19/2021	KS	23	M	2/15/2021	2/15/2021	Chest Pain; Chills; Migraine; Cold Sweat; Light Headedness; Dehydration; This is a spontaneous report from a contactable consumer, the patient. A 23-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number EN5318), via an unspecified route of administration in the left arm on 15Feb2021 at 08:15 (at the age of 23-years-old) as a single dose for COVID-19 vaccination. The patient had no relevant medical history reported. The patient did not have any known allergies. The patient's concomitant medications were not reported. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number EN5318), via an unspecified route of administration in the left arm on 25Jan2021 at 08:15 (at the age of 23-years-old) for COVID-19 vaccination. The patient did not receive any other vaccine within 4 weeks prior to the vaccine or any other medications within two weeks of vaccine. The patient did not have COVID-19 prior to the vaccination. The patient was tested for COVID-19 on 11Feb2021 with nasal swab and the result was negative. On 15Feb2021 at 20:30 the patient experienced chills, migraine, cold sweat, chest pain, light headedness, and dehydration. The patient did not receive any treatment for the chills, migraine, cold sweat, chest pain, light headedness, and dehydration. The clinical outcome of the chills, migraine, cold sweat, chest pain, light headedness, and dehydration was not recovered.

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1114275	3/19/2021		75	F	2/3/2021	3/8/2021	Difficulty breathing; Chest pains; Blood clots in both of her lungs; Blood clots in both legs; Tired/ wiped out; A spontaneous report was received from a consumer (patient's daughter), concerning a 75-years-old female patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced difficulty breathing (dyspnoea), chest pains, blood clots in both of her lungs (pulmonary embolism), blood clots in both legs (deep vein thrombosis), tired/ wiped out (fatigue). No medical history was reported. No concomitant medications were reported. On 03 Feb 2021, the patient received their first of two planned doses of mRNA-1273 (Lot number: not provided). On 03 Mar 2021, the patient received their second of two planned doses of mRNA-1273 (Lot number: not provided) intramuscularly for prophylaxis of COVID-19 infection. On an unknown date, the patient was completely wiped out for a couple of days following the vaccine. She was very tired and out of it. On an unknown date, over the weekend, the patient had difficulty breathing. On 08 Mar 2021, in the morning, the patient was hospitalized for chest pains and difficulty breathing. On the same day lab data revealed that she had blood clots in both of her lungs. On an unknown date, the patient had clots in both legs as well. She was hospitalized for a week and was in rehabilitation being monitored. The reporter also informed that the patient will be hospitalized until 18 Mar 2021 for the clots in both legs. The patient received both scheduled doses of mRNA-1273 prior to the event, therefore action taken with the drug in response to the event is not applicable. The outcome of the events of difficulty breathing (dyspnoea), chest pains, blood clots in both of her lungs (pulmonary embolism), blood clots in both legs (deep vein thrombosis), tired/ wiped out (fatigue) was unknown. The reporter did not provide assessment for the events of difficulty breathing (dyspnoea), chest pains, blood clots in both of her lungs (pulmonary embolism), blood clots in both legs (deep vein thrombosis), tired/ wiped out (fatigue). Follow-up received on 16 Mar 2021 included hospitalization end date, date of first dose of vaccine.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1114261	3/19/2021	TN	56	F	2/3/2021	3/3/2021	<p>Chest started hurting really bad like a stabbing pain; Getting worse to the point she couldn't breath; Double pneumonia; Ear infection; Back pain; A spontaneous report was received on 08 Mar 2021 from a consumer, who was a 56-year-old, female patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced double pneumonia, ear infection, back pain, chest started hurting really bad like a stabbing pain/ chest pain, and getting worse to the point she couldn't breathe/ dyspnea. The patient's medical history was not provided. Concomitant product used, included hydrochlorothiazide (HCTZ) 25 milligrams, rosuvastatin, losartan 50 milligrams, acetylsalicylic acid, benzonatate, ezetimibe 10 milligrams and dulaglutide. On 03 Feb 2021, the patient received her first of two planned doses of mRNA-1273 (Lot number: 043L20A) intramuscularly in the right deltoid for prophylaxis of COVID-19 infection. On 03 Mar 2021, prior to the onset of the events, the patient received her second of two planned doses of mRNA-1273 (Lot number: 022M20A) intramuscularly in the right deltoid for prophylaxis of COVID-19 infection. On 03 Mar 2021, on the night of the same day of receiving the vaccine, the patient felt severely sick. The patient also felt like she got hit by a truck, she had back pain, extremely cold and felt like flu like symptoms. The next two days patient went to work. On Thursday of 04 Mar 2021, the patient's chest started to really hurt bad like a stabbing pain and kept getting worse to the point where she could not breath. On Saturday of 06 Mar 2021, patient had been to the urgent care and was diagnosed with double pneumonia and an ear infection. The patient was given an antibiotic shot in her hip and oral antibiotics doxycycline. The patient was quarantined till 09 Mar 2021. The patient received both scheduled doses of mRNA-1273 prior to the event, therefore, action taken with the drug in response to the event is not applicable. The outcome of the events, double pneumonia/ pneumonia, ear infection, back pain, chest started hurting really bad like a stabbing pain/ chest pain and getting worse to the point she couldn't breathe/ dyspnea, were unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded</p>

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1114245	3/19/2021	GA		F	2/13/2021	2/13/2021	Pulmonary embolism in her lungs; DVT in her leg; Chest pain in her right chest; Breathing was labored; Breaking out in hives; Chills; Dull Headache; A spontaneous report was received from a consumer concerning a female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced chest pain, breathing was labored, pulmonary embolism in lungs, DVT in leg, chills, dull headache, heartbeat is up and stayed up , D-dimer levels were high and breaking out in hives, and shortness of breath. Relevant medical history included cancer involving lungs . Relevant concomitant medication was not reported. On 13 FEB 2021, the patient received their first dose of two planned dose of mRNA-1273 (lot/batch: 015M20A) intramuscularly for prophylaxis of COVID-19 infection. On 13 FEB 2021, the patient experienced chills, headache, and heart rate increased. On 27 FEB 2021, the patient experienced chest pain, dyspnea, urticaria, pulmonary embolism, deep vein thrombosis, for which she required hospitalization. Relevant laboratory investigations included increased D-dimer. Treatment for the events included Heparin and oral blood thinner. Action taken with mRNA-1273 in response to the events was unknown. On 16 FEB 2021, the outcome of the event's chills, headache was considered as resolved. At the time of this report, the outcome of the event's chest pain, dyspnoea, pulmonary embolism, deep vein thrombosis, heart rate increased, fibrin D dimer increased and urticaria were considered as unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, the events Pulmonary embolism, DVT, is Unlikely related to mRNA-1273 and a very limited information regarding these events has been provided. Further information has been requested
1116017	3/19/2021	NE	42	F	3/19/2021	3/19/2021	dizziness 15 minutes after receiving the shot . Not able to walk . No shortness of breath, or ,chest pain or rash. Noted to have a thready pulse.

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1113931	3/19/2021	OH	23	F	3/2/2021	3/2/2021	Seizure; Headache; Couldn't feel lower legs; Extreme chest pains and chills; Extreme chest pains and chills; Arm swelling; Pain; Itching; This is a spontaneous report from a contactable healthcare professional (patient). A 23-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiration date unspecified), via an unspecified route of administration (left arm) on 02Mar2021, 16:15, as single dose for COVID-19 immunisation. Medical history included ongoing epilepsy, covid back in Dec2020, known allergies to flu vaccine and TB test and seizure (have history). Concomitant medications included levetiracetam (KEPPRA), lamotrigine (LAMICTAL), cenobamate (XCOPRI) and magnesium. The patient had no other vaccine in 4 weeks. On 02Mar2021 16:15, the patient experienced arm swelling, pain, itching, couldn't feel lower legs, extreme chest pains and chills. On 02Mar2021, at 17:15, the patient experienced headache an hour later. On 03Mar2021 01:00, the patient experienced seizure at the middle of the night around 01:00. The events resulted in emergency room/department or urgent care. The patient had Covid prior vaccination; and was not Covid tested post vaccination. Outcome of event seizure was not recovered; outcome of the rest of events was unknown. Information on the lot/batch number has been requested.; Sender's Comments: The patient had underlying epilepsy. However, based on the close temporal association, a possible contributory role of bnt162b2 to the development of seizure cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1117137	3/19/2021	CA	25	F	3/4/2021	3/4/2021	Pt had the pfizer Covid shot. she was sick from the first shot on Feb 4 2021. Fever , headache and chills. She decided to get the second pfizer on March 4. Immediate chest pains then 15 min later, syncope , followed by myoclonic or seizure type activity of both the RT upper and lower extremities. This was seen by me in the emergency room. She was given ativan and the seizure type movement stoped. I called her today on 03-19-2021, She told me she was sick for five days following the second pfizer, Had headaches. body aches and fevers. but today was doing well.
1116933	3/19/2021	SC	49	F	3/17/2021	3/17/2021	About 10 minutes after receiving vaccine, I experienced a gurgling sensation on the left side of the chest while breathing. That lasted for about 5 minutes and then dissipated. Throughout the day, I had intermittent chest pain. Upon going to bed that night I found I could not sleep on my right side because it hurt to breathe (primarily to exhale). On my back, I was okay. I had minor chest pain, all on the left side, the next day (3/18) in the morning. By lunchtime it was gone. The evening of 3/18 (roughly 5:15-7:00), I experienced extreme chills. Finally put on my winter coat over my sweatshirt to get warm.

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1116088	3/19/2021	CA	50	F	3/19/2021	3/19/2021	<p>Patient is a 50 year old woman who presents 10 minutes post-vaccination of her first Moderna vaccine in the left deltoid. She describes that 5 minutes following vaccination that she started to experience pain in the left arm, which was then followed by a burning sensation in her left upper back and mid sternum. She denies a history of similar episodes. She denies a history of reactions to vaccines received in the past. She does describe sensitivities to the top 8 allergen foods, relating that she experiences abdominal bloating. She also describes a sensitivity to codeine, specifically Tylenol #4, relating that she experiences itching of the skin. She denies chest pain, headache, lightheadedness, dizziness, cramping abdominal pain, nausea, vomiting, diarrhea, urticaria, pruritus, swelling of the lips, mouth, and tongue. Past medical history of obesity. During medical observation, while waiting for EMS to arrive onsite, the patient began to describe the feeling of something "being stuck in her throat," relating that it "felt odd to swallow" and that she was experiencing a metallic taste in her mouth. Upon examination, no signs of swelling of the throat, lips, and tongue. Neck was supple and without signs of edema. Bilateral lungs were clear to auscultation in all fields. No audible wheezing or stridor. No visible use of accessory muscles.</p>

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1117637	3/19/2021	IL	26	F	3/18/2021	3/18/2021	Patient stated that she received her vaccine in her left shoulder and then noticed a tingling of her left arm. Patient remained seated and then states that the next thing she noticed that she was being woken up by bystanders. Bystanders stated that she lost consciousness fell forward and hit her head on the floor followed by a few shaking/jerking motions and then regained consciousness after approximately 10-15 seconds. Patient denied any prodromal symptoms leading to her fall such as headaches, vision changes, lightheadedness/dizziness, nausea/vomiting, warmth, chest pain or shortness of breath. States that after waking up she noticed pain on the left side of her head where she hit her head. States that after her fall she felt fully aware denies any confused/disoriented state, tongue biting, urination or any other symptoms. Pt had a 4 x 5 cm scalp hematoma on left forehead and tachycardia. Pt was A&Ox3, was able to ambulate, and was discharged from the Emergency Department.
1117557	3/19/2021	TN	69	F	3/17/2021	3/18/2021	Chest Pain, Shortness of Breath, Dyspnea and epigastric pain. Started approximately 3 am on 3/18/21. Patient received second dose Moderna on 3/17/21
1117337	3/19/2021	OR	34	F	3/16/2021	3/17/2021	Rash across back Chest pain Cough
1117288	3/19/2021	AZ	73	F	3/18/2021	3/19/2021	Injection 2: day one: slight fever, chills, extreme muscle pain in both arms, legs and feet, headache, chest pain. First day. Injection 1: day one thru day three. Same as injection one. Headache was severe all three days.
1117225	3/19/2021	AK	63	F	1/14/2021	1/17/2021	I was exposed to Covid-19 in September, but my tests were negative. I had the same chest pain as when I thought I had Covid-19 on the third morning after vaccination. Started in the back with trouble breathing. I was lethargic and tired but I had a lot of trouble breathing for a week. I also took a course of Zithromax and the symptoms resolved after eight days but the tiredness persisted. I gave blood on the day of vaccination after the shot and it may have some effect.

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1117091	3/19/2021	NM	39	F	3/15/2021	3/15/2021	feels a knot above her collar bone - awoke her at 0100 in am while turning over no cough , - PND, - sore throat - runny nose felt weak tired and body aches and HA today much better no fever , no sinus pain, no NVD, -ear pain, mild sore throat, -wheezing, -no SOB , + PND, no chest pain No chest heaviness, no strange sensation chest, no chest tightness , no diarrhea injection received in the RUE
1116963	3/19/2021	NJ	34	F	3/15/2021	3/15/2021	chest pain, rapid heartbeat, headache, body shaking, nausea, back pain, cold sweat, lightheadedness, dizziness, fast heartbeat, shortness of breath, choking episodes,
1116894	3/19/2021	VT	67	F	3/19/2021	3/19/2021	Approximately 20min prior to admin of 1st dose of vaccine, patient developed tingling and numbness sensation of lips. Over the course of 3min this tingling and numbness sensation progressed to the left side of her face and the left side of her tongue. 0.3mg of epinephrine was administered via autoinjector 3min following onset of s/s. 50mg PO diphenhydramine was administered 5min following onset of s/s. Pt developed no further s/s, No: rash, pruritus, chest tightness, chest pain, angioedema, abdominal pain, nausea, emesis, dizziness, syncope. VS stable throughout evaluation. Ambulance arrived approximately 10min following onset of s/s and pt was transported to ED for evaluation.
1116769	3/19/2021	CO	64	F	3/12/2021	3/12/2021	Reports to ED 2 days after first Pfizer vaccine with SOB, chest pain, headache, fatigue. Normal EKG and troponin, normal D-dimer. Likely normal vaccine reaction. Discharged home in stable condition. 3 days later presents to PCP , still symptomatic and now with tingling all over body and slight numbness to right side of face and arm. No deficits, likely extended vaccine reaction.
1116750	3/19/2021	MO	64	F	3/17/2021	3/19/2021	Patient complained of feeling hot and diaphoretic and then complained of chest pain and some shortness of air

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1116711	3/19/2021	IL	84	F	2/25/2021	3/15/2021	2/23/21 84 y.o. female who presents with complaint of syncopal episode that happened about 6:30 p.m.. Patient was working with a family member to has across the street for a visit when she started feeling dizzy with unsteady gait and shortly after passed out and was cut by the family member. Family member says she was out for about 10 min and then came around. The patient complained of some headache but denies chest pain, nausea vomiting, abdominal pain, cough or shortness of breath. Patient has not been eating or drinking because she has and lost some. Has some food after this episode but was brought in because of continued dizziness. 3/15/21 84 y.o. female who presents with a skin tear on the left forearm and abrasion on the left temporal area after she tripped at home prior to arrival. Patient states she has mobility issues and normally uses a walker but she did not. Patient is on home oxygen. Patient denies loss of consciousness or neck pain but is on Eliquis due to atrial fibrillation and stroke. She does have a pacemaker. Patient denies any other injuries..
1116418	3/19/2021	NY	42	F	3/17/2021	3/17/2021	Patient reported low grade itching almost immediately after the second dose on 3/17/21 and continued though date of incident. Headache started 3/18/21 and continued through date of incident. While sitting at work on 3/19/21, patient reported a sudden onset of sharp pain in her left sternum. CHS Healthcare Paramedic conducted an assessment and reports no dizziness or nausea, clear breath sounds O2 WNL, non-smoker, chest pain with a deep breath and while at rest. Provided 324 mg aspirin and 0.4 mg nitro with no resolution of symptoms. Patient transported to Unity Hospital for further evaluation.
1116093	3/19/2021	WA	24	F	3/18/2021	3/18/2021	approx 15 min after patient was given moderna covid vaccine she started to experience hives on trunk and face and itching all over body with substernal chest pain weird feeling in the throat. Pt was given benadryl IM. Hives and itching greatly reduced, other sx remained. pt was reassessed multiple times and sent home.

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1117267	3/19/2021	IL	34	F	1/8/2021	1/12/2021	Symptoms initially started with exacerbation of my ulnar neuropathy (pain, numbness of the left 4th & 5th digits) as well as chest pain. The chest pain was midline and severe enough the evening of 1/12/21 that I sought care in the ED for evaluation. Since that time, I continue to have intermittent but daily episodes of left arm and chest pain as well as intermittent left face, neck, and head pains.
1116664	3/19/2021	OR	70	F	3/14/2021	3/14/2021	Pt reports post-vaccination facial flushing and scalp itching. Denies any shortness of breath, chest pain or itchiness in throat. Requests benadryl if available. - Pt given 25mg PO benadryl, symptoms improved.

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1116304	3/19/2021	KS	46	M	3/16/2021	3/16/2021	<p>Progress Notes (Nurse Practitioner) Family Medicine Cosigned by: MD at 3/18/2021 2:57 PM Expand AllCollapse All Subjective male who was seen at Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience lightheadedness. He denied rash, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, collapse, hypotension and rapid progression of symptoms. Pmh: htn, hld and sleep apnea. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, itching of skin, vomiting, abdominal pain, muscle aches, joint pain, dizziness and headaches (negative for headaches) Denies vision changes.: +lightheaded, lips tingling: Previous Reactions: none Objective Vitals Vitals: 03/16/21 1429 03/16/21 1432 BP: (!) 182/96 (!) 173/105 Pulse: 86 SpO2: 99% Physical Exam Vitals reviewed. Constitutional: General: He is not in acute distress. Appearance: He is obese. He is not ill-appearing. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds and air entry. Skin: General: Skin is warm. Coloration: Skin is not pale. Findings: No rash. Neurological: General: No focal deficit present. Mental Status: He is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal. Tingling resolved. Still feeling lightheaded. Pt rested and had snacks and water. Slowly</p>

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lightheadedness was reducing in severity. After 15 minutes of observation, he was able to stand w/o increased lightheadedness. He ambulates the bay w/o difficulty. Assessment/Plan Treatment included: water and snacks Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Lightheadedness/elevated bp. Anxiety as well. Review of his prior bp numbers in epic records show fluctuation of his bp ranging from 180's to 140's. Recommended that he monitor bp at home. He doesn't have red flag symptoms related to elevated bp. He's to follow up with pcp accordingly. Electronically Signed 3/16/2021 2:29 PM

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1116388	3/19/2021	KS	21	F	3/17/2021	3/17/2021	<p>Progress Notes Nurse Practitioner COVID VACCINE CLINIC Subjective Patient is a 21 y.o. adult who was seen at SVH COVID Vaccine Clinic today for patient's second dose of the COVID 19 vaccination. Patient was given the Pfizer vaccination in the left deltoid muscle. During patient 15 minute waiting period after the injection, the patient began to experience rash, hives, throat tightness and dizziness. Patient denied difficulty breathing, difficulty swallowing, wheezing, hoarseness, stridor, itching, lightheadedness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and patient on was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS: Patient complains of frequent throat clearing, itching of skin and headaches CONT negative Eyes negative Respiratory negative GI negative Musculo negative Previous Reactions: Itching with first Covid shot Objective Vitals Vitals: 03/17/21 1501 03/17/21 1508 03/17/21 1523 BP: (!) 157/100 (!) 154/66 (!) 170/65 Pulse: 90 84 90 SpO2: 99%</p> <p>Physical Exam Constitutional: Appearance: Normal appearance. Patient is well-developed. HENT: Head: Normocephalic. Right Ear: Hearing normal. Left Ear: Hearing normal. Nose: Nose normal. Mouth/Throat: Lips: Pink. Mouth: Mucous membranes are moist. No angioedema. Pharynx: Oropharynx is clear. Uvula midline. Eyes: General: Vision grossly intact. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Neurological: Mental Status: patient is alert. Psychiatric: Behavior: Behavior is cooperative. Pt had taken benadryl before her visit. She was given Zytec and still had some rash and hives, but the throat tightness had went away. She was given water and crackers while in the bay. Assessment/Plan Treatment included: antihistamines Follow up response to treatment: excellent. Patient discharge: Stable to go</p>

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1116251	3/19/2021	WA	62	M	1/27/2021	1/27/2021	home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Left at 3:42 Electronically Signed 3/17/2021 3:40 PM
1116497	3/19/2021	VA	55	M	3/18/2021	3/18/2021	Employee received his first dose of the Pfizer Vaccine and approximately 5-10 minutes after receiving his dose he began to feel very light-headed and faint. Vitals were taken. BP "higher than his usual" but within acceptable paramaters. Vaccine clinic staff continued to monitor, but he continued to report not feeling well. He was transported non-emergently to the ED for further evaluation. In ED: highest BP charted was 178/90. Patient monitored in ED for 1 hour then discharged. No chest pain, headache, n/v/d, or rash. No antihypertensives administered.
1116497	3/19/2021	VA	55	M	3/18/2021	3/18/2021	after vaccine about 10 min into waiting period patient began to C/O L chest pain. Patient rating pain @ 1-2. "intermittent stabbing". Vitals 11:10 120/ 70, A-72, 18, 99% lungs clear, HR regular 11:15 120/70, A- 70, 18, 98% No change in condition 11:20 110/70, A- 70 HR regular. Pain has subsided. Patient states he eat breakfast that consist of 2- BBQ chicken wings and cold cereal. 11:30 120/70, A-70, 18, 99% Patient resting quietly. 11:40 Patient ambulating hallway wo chest pains. Patient reports feeling normal. patient left with work friend. patient has been instructed to seek medical attention if chest pains return. patient states understanding.
1116518	3/19/2021	MA	61	M	3/19/2021	3/19/2021	Patient in observation reports feeling as if his heart was "fluttering" and his pulse "is too high." Patient denied chest pain and pressure. EMS attended to patient. BP=148/68 and 132/80, HR=65, O2 sat=98% on RA. Patient refused further assessment and transportation with EMS. Refusal form signed with EMS. Patient to be driven home by family member.
1116571	3/19/2021	MI	69	F	3/16/2021	3/16/2021	HEADACHE/MIGRAINE, DIZZINESS, CHILLS, BODY PAIN, IMPAIRED COGNITION,EARS RINGING, CHEST PAIN,BREATHING DIFFICULTIES

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1116589	3/19/2021	KY	41	F	3/11/2021	3/23/2021	Started on day 5. Began day feeling extreme fatigue, dizziness, chest pain. Went to emergency room for chest pain. No indication of heart attack per ER. Extreme fatigue lasted for 3 days.
1116633	3/19/2021	WV	34	F	3/18/2021	3/19/2021	Sweating, chills, body aches, headache, muscle soreness of the right arm and my entire body, swollen neck, fatigue, chest pain due to very painful indigestion(was not moving around much after eating peanut butter) pain so severe it followed with vomiting. Unkown if related. It?s very rare for me to vomit. Unable to get around well. Right knee pain which caused limping and not being about to walk at times. (Previous history of knee pain, but not for years). As of now I still have these symptoms besides chest pain and vomiting.
1116636	3/19/2021	OR	67	F	3/14/2021	3/14/2021	Pt developed facial flushing, throat itchiness and "chest tightness" post-vaccination. Pt with reported history of anaphylaxis. No shortness of breath or chest pain. - Pt given 25mg diphenhydramine - Sxs gradually resolved without further intervention
1116658	3/19/2021	CA	30	F	3/17/2021	3/18/2021	Shortness of breath, fever, chest pain. She was readmitted after emergency department visit.
1116318	3/19/2021	PA	30	F	3/19/2021	3/19/2021	At 13:55 on 3/19/21 patient received 1st Pfizer vaccine to left arm. At 14:05 on 3/19/21 patient developed itching to bilateral lower and upper arms. Denies shortness of breath, denies trouble breathing, denies chest pain, denies hives.
1110686	3/18/2021	WI	62	F	1/11/2021	1/13/2021	I had chest pressure and chest pain. 160/100 - blood pressure when I checked it. I just didn't feel good. I went to my doctor - they increased my blood pressure med dosage. Next day, I saw a cardiologist (16th) and he had another medication: Hydrochlorothyzide - HCTZ - 12.5 mg daily. Eventually they had to increase the HCTZ about two weeks ago and now my blood pressure is normal.

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1110720	3/18/2021	FL	20	F	3/14/2021	3/15/2021	<p>Patient reports to clinic with vaccine related illness. Patient received the 2nd Pfizer COVID Vaccine on 3/14/21. She reports having developed symptoms on 3/15/21 including fever, chills, headache, myalgia, chest tightness, runny nose, and productive cough. She reports coughing up purulent sputum. She reports having congestion and ear pain for 2 weeks prior to receiving vaccination, related to seasonal allergies. She denies sick contacts and has not been taking any OTC medications at this point. Vaccine Reaction Patient presents with: body aches, fever and fatigue Presenting symptoms: cough, fatigue, fever, headaches, myalgias, rhinorrhea, shortness of breath and sore throat Severity: Moderate Onset quality: Gradual Duration of current symptoms: 2 days Timing: Gradually worsening Chronicity: New Treatments tried: Rest Worsened by: Activity Response to treatment: Mild improvement Associated symptoms: arthralgias, chills and nasal congestion Associated symptoms: no abdominal pain, no chest pain, no decreased appetite, no dizziness, no ear pain, no neck stiffness and no lethargy Zika exposure risk: None Covid-19 Vaccine #1 Date: 1/21/2021 Covid-19 Vaccine #2 Date: 3/14/2021 Vaccine Manufacturer: Moderna Covid-19 Administration Site: Left Arm Patient prescribed: Bromfed, Ventolin, Flonase, Doxylyline, and encouraged to take Tylenol and rest. She was educated on when to go to the ER if worse.</p>
1111051	3/18/2021	FL	64	M	3/11/2021	3/11/2021	<p>Fever, headache, generalized "achiness" for 36 hrs post vaccine beginning on 3/11/2021. Caller states that last night while walking, he experienced "bone pain" in left leg, foot began dragging and leg numbness from knee down. Denies any pain, reports that he was able to walk home. Caller states that he went home and went to sleep, woke up 1.5 hrs later and symptoms had resolved. No other symptoms. Advised to contact PCP. Also advised of s/s of needing emergent care, such as SOB, chest pain, and/or neuro changes</p>

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1110929	3/18/2021	NY	58	F	2/25/2021	2/25/2021	1. arm pain developed over a few hours and increased with time thru the 2nd day then decreased till it subsided. 2. Fatigue began on 2nd day as the arm pain was subsiding, needed daily nap for 4-5 days. 3. on the day after the fatigue subsided had chest pains, severe enough that I took nitroglycerin, which had no effect. After 12 hours of chest pain went to the Emergency Room. After testing and 2 doses of aspirin and nearly 18 hours in the ED chest pain subsided and I was released.
1110935	3/18/2021	NJ	42	M	3/12/2021	3/14/2021	Chest pain Myocarditis. Admitted to hospital. Diagnosis confirmed by cardiac mri.
1110950	3/18/2021	IL	74	F	3/8/2021	3/8/2021	3/8/21: Immediate dizziness lasting all day. Headache, fatigue/lethargy all day. Intermittent chest pain/tightness, throat tightness, gas, fever, chills. 3/9/21: Gas, loose bowls, tired, but otherwise pretty good. 3/10/21: Still tired and mildly dizzy all day. In afternoon, chest pain/pressure with any exertion, even climbing the stairs in my home, Chest discomfort stopped when I stopped the activity. 3/11/21: Chest discomfort, mild dizziness and tiredness continued this day. 3/12/21: Chest pain gone. Sore throat started in evening. 3/13/21: Sore throat all day. Runny nose for about 10 minutes. 3/14/21: mild tiredness in afternoon.
1110952	3/18/2021	NY	22	F	3/18/2021	3/18/2021	Approx 4 min after her vaccine she becomes lightheaded, diaphoretic, weak, and nauseous. She was taken to the medical triage area where she laid down and felt much better within 1-2 minutes. She did not vomit. She did drink a few ounces of orange juice. Symptoms entirely resolved. Pt denies fevers, chills, chest pain, SOB, cough, wheeze, swelling, rash, vomiting, diarrhea, recent illness, chance of pregnancy, headache, and/or visual changes.

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1111412	3/18/2021	FL	68	F	3/7/2021	3/11/2021	Second vaccine shot given March 7th. 25 hours later I experienced headache, tiredness, fever, aches and chills. March 10th was a normal day. No symptoms; felt great, normal routine for the day. That night at 12:30 am I woke up with chest pain and shortness of breath. I was in extreme pain and felt like I couldn't breathe. My husband took me to the Emergency Room. Nitro and morphine administered. No relief. EKG, Chest X Ray, CT Scan with contrast, cardiac catheterization, Echo, and lots of bloodwork. I was in pain until 5:15 pm on the 11th. My primary doctor came and hospital switched morphine to toradol which provided some relief. I stayed overnight in hospital and was discharged at 6 pm on the 12th.
1111480	3/18/2021	NC	44	F	3/13/2021	3/15/2021	Around 7 pm on 3/13, I developed brain fog, trouble walking, and then fever, severe muscle pain worse in legs, and chills. Most of these symptoms seemed to improve on 3/14, but then on 3/15, I developed new onset of shortness of breath and chest discomfort. On 3/16 around 1 pm the shortness of breath worsened and I went to the emergency room. I felt that I couldn't take a deep breath in and I had chest discomfort on the left side of my chest worse when taking a deep breath. My legs were hurting as well, especially my left leg. I had sinus tachycardia (heart rate 106-120) and increased respiratory rate (rate of 20) with O2 sats 100% on room air. My breathing and heart rate improved somewhat with 1 liter oxygen therapy, 1 liter of IV fluids, albuterol inhaler, and decadron 6 mg orally. It was thought that I had a delayed asthmatic/allergic reaction to the vaccine. I do not have a history of asthma. I was prescribed a Medrol dose pack and albuterol inhaler. My hands and feet are very cold and tingling on 3/18. Shortness of breath and chest pain seems to have improved but not completely gone as of the time of this submission on 3/18.

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1111569	3/18/2021	CT	55	F	3/18/2021	3/18/2021	At the 15 minute mark, the individual c/o meatallic taste in her mouth, that was followed by tingling in her mouth, sudden sharp headache, then tingling in her right arm. Vital signs were wnl and stable. There was no SOB or difficuloty swqallowing. She then slumped in her chair and was immediately placed on the ground. She remained alert and answered questions apporpriately. Approximately 5 minutes later, she complained of sharp, left-sided chest pain and sat up quickly and began to dry heave. At this point EMS arrived and the patient was placed on the stretcher, still alert and answering questions apporpriately. She was transported to Hospital by EMS.
1111572	3/18/2021	NC	23	F	3/17/2021	3/17/2021	Prolonged muscle aches in lower extremities. Left Chest pain, fatigue, headache, chills, loss of appetite
1111659	3/18/2021	CA	20	F	2/17/2021	2/17/2021	Heart rate at 180-200 bpm at resting. Chest pain and nausea, abnormal EKG in the ER due to tachycardia . Now being seen my a cardiologist
1110684	3/18/2021	VA	44	F	3/12/2021	3/12/2021	Waited the required 15 minutes after vaccine and done just fine. Started my drive back home and about 15 minutes into my drive I began feeling very funny in my head, my heart rate went sky high, started shaking all over my body. Could barely drive called 911. Was advised to pull over and await for ambulance. Ended up at ER with elevated heart rate, chest pain and feeling winded. I could breath ok no swelling in throat but just felt like a elephant was on my chest
1111651	3/18/2021	SC	26	F	3/17/2021	3/17/2021	left arm pain, chest pain, shortness of breath and headache for 2 days
1111597	3/18/2021	PA	78	F	3/7/2021	3/10/2021	patient presented to emergency department with chief complaint of SOB, b/l rash on arms, neck, and chest, as well as chills. Patient admitted to observation status with diagnosis of precordial chest pain.

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1110290	3/18/2021	IL	63	M	3/12/2021	3/17/2021	3/17/21 63 y.o. male who presents with sudden onset of chest pain and palpitations, which occurred while patient was exerting himself. Pain is substernal, radiated to the left arm, associated with lightheadedness. Denies diaphoresis or nausea. Per EMS there were short runs of nonsustained ventricular tachycardia 3/18: - remains inpatient admission as of 3/18/21 @ 0900 63 y.o. male with a past medical history of nonsustained ventricular tachycardia. He states he was lifting a couch yesterday and his heart started beating fast. He did not really have any chest pain, but felt a little bit lightheaded. He called an ambulance and they brought into the ER. In the emergency room his EKG did show some frequent PVCs. However, he did not really require any intervention. He was given 3 nitro, but it really did not make any difference in the way he was feeling. The patient denies multiple times that he actually had chest pain. He states he just felt like his heart was beating funny. The patient's most recent stress test was a nuclear stress test in May of 2019. Overnight, the patient has felt very well. He denies any significant chest pain. He denies any further heart palpitations. On the monitor he would occasionally going to bigeminy, which is not abnormal for him. EKG this morning was unremarkable. After speaking with the patient's wife, she told me that he has had a several month history of very limited exertion. She states every time he exerts he becomes extremely dyspneic and has heart palpitations and sometimes almost passes out. She states last night he was extremely diaphoretic and very nearly passed out.
1111822	3/18/2021	OH	52	F	1/27/2021	1/27/2021	I received the second dose of the Moderna COVID-19 vaccine on 1/27/21 at 07:30 a.m.. Around 11:30 p.m. I developed a throbbing headache, chills, and severe muscle and joint pain. Throughout the night I developed dizziness, crushing chest pain and my left ear felt plugged. In the morning, I was up walking and started to not feel right due to the dizziness and fainted. After 6 days of feeling this way, I contacted my PCP and had a virtual visit. I was given a step down dose of Prednisone and a medication for the dizziness. My PCP advised me that I needed to report my reaction to this vaccine to the CDC. I contacted my Manager and also had to contact the nurse here.

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1109964	3/18/2021	TN	48	F	3/17/2021	3/17/2021	10 minutes after shot first noticed increased pulse, then lips and tongue tingling/slight swelling. Throat tight. Some dizziness. Some chest pain. Some itching (especially scalp and sole of feet and then some on arms). Stayed where medical professionals could see me for about 2 hours. Took Benadryl about 3 hours later (after shot) and lingering symptoms mostly cleared up. 8 hours later still some itching and lips feel a little "off" still. Arm is normal vaccine sore. I have a strong history of repeated anaphylaxis (from MCAS) and this didn't get too serious compared to previous reactions I had to be hospitalized for.
1109976	3/18/2021	FL	56	F	3/15/2021	3/16/2021	Chills, shivers, uncontrollable shaking, freezing, Fever (102.5), chest pains, high blood pressure, nauseous, aches and pain. Tylenol, motrin, liquids (tea and water).
1110001	3/18/2021	OK	24	F	3/16/2021	3/16/2021	Shortness of breath (~6 hours post-vaccine), fever (24 hours post-vaccine), chills (~18 hours post-vaccine), joint pain (12 hours post-vaccine), extreme fatigue (~18 hours post-vaccine), shaking hands (~18 hours post vaccine), chest pain (12 hours post-vaccine)
1110147	3/18/2021		83	F	3/13/2021	3/16/2021	chest pain
1109967	3/18/2021	CA	31	F	3/14/2021	3/15/2021	Chills Nausea Headache Cold sweats Dizziness Arm tingling / numb sensation Chest pain
1110261	3/18/2021	FL	83	F	3/8/2021	3/15/2021	Caller c/o of N/V/D beginning today every hour for 4 hrs., denies fever, shortness of breath, chest pain. Caller has no other symptoms, will attempt to drink water & eat bland foods. Advised to contact PCP if symptoms do not resolve. Spoke with caller, feeling much better, symptoms resolved, eating and drinking well -KLC

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1110662	3/18/2021	FL	74	F	3/15/2021	3/16/2021	caller states that his mother has become increasingly more tired, has a fever of 102, c/o chills, feeling dehydrated. Tingling in legs and feeling unsteady on feet. Was working in garage earlier today however had to lay down due to fatigue. Caller gave his mom 2 tylenol approx 20 min prior to calling, reports that he feels that is helping. Reports that she is A/Ox3 just "tired". Advised to increase fluids and monitor fever and effectiveness of tylenol. If she doesn't improve in the next hour, or if she begins to experience any chest pain, SOB or neuro changes, caller needs to take her to contact her PCP and/or ER. Spoke with son, his mom is doing much better, no fever and symptoms have resolved.
1110327	3/18/2021	NH	40	F	3/12/2021	3/14/2021	After first shot I got intermittent deep tissue numbing (not tingling) over the span of 5 days beginning about 12 hours after the injection on left side of body (injection on left arm. After the second shot (in right arm) I got tingling in right side of face about 30 min after injection. Effects weren't bad until Sunday night when I began feeling ?odd?, deep tissue numbing in left arm, could feel my heart but didn't feel like it was racing or pounding TOO hard, chest pains, loose stools, and when I took my BP it was high and rose to 188/???. It is usually 111/55ish. We called EMS and they gave aspirin, ekg showed PVCs (which is normal for me) and still high BP. At hospital still high. It seemed to have set off my orthostatic which usually drops but this time it was up and down. On Monday it was high 130s/80s to low 101/50s. And on Tuesday my HR kept dropping into 40s even when walking around. Wednesday I felt okay but started getting numbing late at night and just not feeling right. It is Thursday morning and I still don't feel right.

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1110438	3/18/2021	SC	67	F	3/17/2021	3/17/2021	10:50 am on 03/17/2021-Patient experienced flushing and warmth in her chest that initially resolved. At approximately 11:00 am, patient experienced unremitting flushing. Decision made to activate Adverse Reaction standing order per protocol. 11:05 am BP was 142/92 and HR was 74. Diphenhydramine 50 mg administered in left deltoid at 11:08 am. At 11:10 am BP was 188/110 and HR 88. At 11:15 am BP 200/120 and HR 92. At 11:20 am BP 208/120 and HR 78. At 11:25 am BP 208/100 and HR 76. Patient remained alert and oriented throughout entirety of event. Denies SOB and chest pain. 11:22 AM emergency medical was activated. At 11:34 AM EMS personnel arrived on scene and assumed care of patient. Patient was transported to Medical center
1110507	3/18/2021	MI	52	F	3/18/2021	3/18/2021	20 minutes after vaccination Pt c/o burning/tingling at injection site (lt arm) that radiates across the chest to rt arm. Pt denies any DIB, chest pain, SOB, tongue or lip tingling/swelling. Swelling and hot to the touch noted at injection site. Pt given 50mg of Benadryl IM to rt arm.
1110612	3/18/2021	NC	42	F	1/4/2021	2/9/2021	EDC: 25 APR 2021 AE1: Superficial Venous Thrombosis: On 10 Feb 2021, patient presents with RLL pain and swelling. Dopplers with non-occlusive Superficial Venous Thrombosis. Started on 40 Lovenox qd. On 23 Feb, had worsening pain and repeat doppler showed occlusive SVT. Her Lovenox was increased to 40 mg BID and referred to Hematology. Her hematologist increased her lovenox to 80 mg bid. SAE: Pulmonary Embolism: On 3/9 patient developed Shortness of breath and chest pain and went to ED where she was diagnosed with Bilateral pulmonary emboli. She was admitted to the hospital and started on an heparin drip. AE2: SVT: Patient developed a second SVT after discharge from hospital on 17 Mar 2021 that is located away from original SVT site.

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1110614	3/18/2021	VA	33	M	3/13/2021	3/13/2021	<p>Progress Notes R.N. (REGISTERED NURSE) ? ? Urology Patient is a 33 yr old male on 03/13/21 approximately 17:35 PM for 1st covid Pfizer vaccine Reviewed allergies and vaccine covid vaccine information provided to member. Allergies: Seafood, general rash, itchy and hives . 1st dose Pfizer given IM at 17:42 PM via left deltoid 5 minutes later started itching, redness bilateral hands Gen: Alert nontoxic No chest pain or dyspnea Pt denies Resp Distress Wheezing: no No SOB,tongue or Throat Swelling: no At :17:43 PM; 25 mg/10 ml liquid Benadryl given PO NDC # 0121- 0978-10 Lot # 4EF Expired Date: 11/21 At 17:45 PM second dosef 25 mg /10 ml liquid Benadryl given PO Lot # C4EF EXP: 11/21 Blood pressure : 151/101, sat 98%, RR 16. (left arm) At 18:00 PM; Blood pressure 144/104, hr 79, rr 16. Sat 97%. Right arm blood pressure 140/94 No sob or wheezing, no chest pain No Throat swelling At 18:15 PM: developed macular/Papular rash through out upper and lower ext, with severe itching At 18:25 PM, Accompanied member to ER, report given to ER charge nurse Pt registered via call center staff at PM. Pt in room 7,ER waiting to be seen per ER provider Approximately 19:15 PM Report given to ER provider. Approximately 19:45 PM member moved to room 8, resting,on cardiac monitor, states feeling sleepy now. Mother and sister waiting in the waiting area in ER, they both were made awarded. Completed by: RN, March 14, 2021, 12:46 PM 20:00 PM Primary Director was informed Completed by: March 14, 2021, 12:48 PM Allergic Reaction SUBJECTIVE Patient is a 33 yr old male presenting with allergic reaction for approximately 30 min. Accompanied by nurse upstairs that administered vaccine and gave 50 mg of benadryl as well. o Associated sx: rash o SOB, Tongue or Throat Swelling: No o Exposure/Trigger: covid vaccine 5 minutes later started itching and with rash o Any treatment prior to arrival: antihistamines Relevant medical history reviewed/updated. ROS All other aspects of the 10 point ROS performed and negative other than the pertinent positives and negatives listed below and in the HPI GENERAL No fever, weight loss CARD No chest pain or dyspnea on exertion PHYSICAL EXAM Vitals: BP (!) 148/96 Pulse 83 Temp 98.8 °F (37.1 °C) (Tympanic) Resp 16 Ht 5' 6" (1.676 m) Wt 182 lb (82.6 kg) SpO2 98% BMI 29.38 kg/m² GEN Alert, nontoxic EYES PERRL, EOMI,</p>

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anicteric HEENT Lingual edema: No Hydropic Uvula: No
 Airway Patent: Yes Mucosal Lesions: No NECK Supple, FROM CARD RRR, No murmurs RESP RR nl, No Resp Distress Wheezing: none EXT Well perfused, no deformity NEURO A&Ox3, moving all ext SKIN Rash: Macular/Papular through out upper and lower ext
 Skin Desquamation: No ASSESSMENT/PLAN Evaluation most supportive of allergic reaction. o Evidence of anaphylaxis, respiratory distress or airway compromise: No o Concern for Stevens-Johnson Syndrome or Erythema Multiforme Major No Tx/Plan: o Benadryl 50 mg given immediately after vaccine administration o Solumedrol given here with improvement in rash and redness after 1 hour o Discussed taking prednisone for the next 5 days and benadryl q6 at home. o Do not get second vaccine. 03/13/21 2025 Other Notes All notes ED Notes from L.P.N. (Hematology and Oncology) ED Notes from L.P.N. (Hematology and Oncology) ED Notes from R.N. (z Urgent Care Facility) ED Notes from L.P.N. (Hematology and Oncology) ED Notes from L.P.N. (Hematology and Oncology) Additional Orders and Documentation Results Meds Orders Procedures Flowsheets Encounter Info: Detailed Report, History, Allergies, AVS, Mark As Reviewed This Encounter Vitals Recorded in This Encounter 3/13/2021 1824 3/13/2021 1825 3/13/2021 1917 3/13/2021 1952 3/13/2021 1953 BP: 163/102Abnormal 148/96Abnormal 138/88 133/91Abnormal ? Pulse: 83 ? 62 69 ? Resp: 16 ? 18 22Abnormal 21Abnormal Temp: 98.8 °F (37.1 °C) ? ? ? ? Temp src: Tympanic ? ? ? ? SpO2: 98 % ? 100 % 98 % ? Weight: 182 lb (82.6 kg) ? ? ? ? Height: 5' 6" (1.676 m) ? ? ? ? All Flowsheet Templates (all recorded) Acuity/Destination Custom Formula Data ED Assess ED Reassessment MD Initial Contact Neurologic Respiratory Assessments ER All Flowsheet Data ER All Flowsheet Data Results for all Tests ordered in this Encounter Results for all Tests ordered

1110642 3/18/2021 TN

67 F

3/9/2021

3/11/2021

Severe pain in hips and lower back like passing a kidney stone, severe bone pain in chest area, could not sleep for 2 nights and then slept 12 straight hours, headache and blood pressure spike on 3/14 resulting in ER trip with bp at 204/100. Anxious and nervous with low appetite.

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1110159	3/18/2021	IL	48	F	12/28/2020	12/28/2020	sx started 5-10 min later-shoulder pain started in L shoulder, vaccine location, went across to other shoulder. next day, walking to garage-could not breathe, chest pain, heartrate elevated, 104 fever. ED-chest xray, EKG, blood work. 3-4 hrs. waiting for heart rate to go down. sent her home 103 fever. felt bad for 4 days after that-heart rate, fever. no Rx. otc Tylenol for fever. Doctor told her she should not have had vaccine since she recently had Covid.
1112605	3/18/2021	PA	78	M	3/14/2021	3/14/2021	Received the Vaccine Shot, waited 15 minutes with no issues. Went home, in about 15 minutes had extreme chest pain. Quickly moved to emergency room. Was given nitroglycerin paste on chest, Aspirin to chew, Heparin and cardiac cautherization. Cauterization showing no real issues. Eventually the pain was gone. Cardiac doctor mentioned heart possibly being highly stressed earlier. I have some thoughts that it may have been a temporary blood clot, but not proven. Chest pain was very bad until emergency room starting getting it under control. never had that much pain before with previous heart attacks in 2004-05
1112349	3/18/2021	MD	27	F	3/18/2021	3/18/2021	About 5 minutes after vaccine, pt feels warmness in her body and sob. It resolved about a few minutes. Denies chest pain, dizziness, swelling, rash and itching.
1112373	3/18/2021	HI	58	F	3/5/2021	3/9/2021	patient developed dyspnea and pleuritic chest pain 4 days after 2nd dose. improved on steroids then worsened after steroid completion. diagnosed with P.E. (Pulmonary Embolism) today in ED visit. patient is a physician

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1112444	3/18/2021	IL	66	F	3/17/2021	3/17/2021	Patient reported flushing in her ears after 5 mins in observation after receiving her 1st Moderna vaccine , she was brought to room 1 with no additional symptoms Her vitals were as follows B/P 168/88 Heart rate 84 SPO2 100 Dr. called to consult 104 pm , patients skin is warm and dry to touch, her injection site is clear of any rash or redness and is cool to touch. Patient denies chest pain, or Shortness of breath, no nausea or dizziness. Dr. did advise the patient to take an additional Zyrtec this pm if she is still feeling flushing in her ears. Vitals 12:09 pm B/P 162/86 Heart RAte 810 SPO2 100% Vitals 12:13 pm B/P 158/80 Heart Rate 64 SPO2 100% Patient symptoms remain stable no new symptoms and the flushing in her ears remains unchanged. Vitals 12:20 pm 159/80 Heart Rate 57 SPO2 100% Dr. did consult and released the patient to her vehicle. She will call our office to report any additional symptoms or phone 911 if anything emergent arises.
1112470	3/18/2021	MA	62	F	3/14/2021	3/15/2021	Flu-like symptoms lasting 3+ days, including lethargy, body aches, light sensitivity/headache, nausea, chest pain

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1112512	3/18/2021	CA	56	F	3/18/2021	3/18/2021	Client received the 1st dose of Pfizer Covid vaccine (Lot #ER 2613, Exp. 7/2021). Client was sitting on post-vaccine waiting area approximately 10 minutes and alerted EMT at 1408 of numb sensation on tongue. PHN joined EMT to further assess client. Client alert and oriented, stated numb sensation at mid top of tongue. Sensation not radiating anywhere else. Vitals at 1411: Pulse 87, blood pressure 176/108, oxygen 99, respirations 22. Minor headache per client on left side. Client denied tingling sensation, dizziness, shortness of breath, chest pain. PHN assessed for swelling around face and inside mouth. 1417 PHN reassessed blood pressure and obtained 172/102, pulse 80. Client stated history of brain aneurysm 2yrs ago, brain tumor, diabetes, and hypertension. No history of allergies. Per client takes metoprolol in the evenings and yesterday's last reading 113/67. Per client blood pressure has been controlled and follows up with provider. Medication she currently takes: metformin, multivitamins, and metoprolol. PHN informed client due to medical history and high blood pressure it was recommended to be further assessed at the hospital. Client agreed, PHN called 911 at 1423. Client's daughter waiting in car, client called her to update her. Paramedics assumed care at 1426. Client transported to Hospital.
1112300	3/18/2021	MD	66	F	3/18/2021	3/18/2021	About 5 minutes after the vaccine, pt develop left arm weakness and left facial numbness. States she has no pain in her arm. Denies chest pain, dizziness, swelling, itching, rash or SOB.
1112561	3/18/2021		28	M	3/16/2021	3/17/2021	chest pain. Chest Pain since 0900, started while at rest, radiating across chest lasting a couple minutes, describes as aching, deep breath makes it worse, reports feeling warm; reports CP at this time; alleve taken around 0915.
1112775	3/18/2021	MN	56	F	3/10/2021	3/12/2021	blood clot leading to brain stem stroke, intubation, shortness of breath and chest pain

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1112648	3/18/2021	VI	52	F	1/11/2021	1/12/2021	After 24 hours of my vaccine at about 4pm the following day at my work, I started to feel like I was getting a cold, my face was hot. I went to the station to take my temperature, it was 98.4F and then I did a re-check 15 minutes later it was 97.2F. I was still feeling under the weather and left work a little before 5pm. I started to drive to the pharmacy when I got there I felt dizzy, I still went in and bought Tylenol cold and flu PM. When I got home, I still was feeling bad, I had severe headaches, migraines and also pain to base of my neck and my chest felt very heavy, like someone was sitting on top of me. I then went to bed early, was lying flat on my bed when I started to feel my heart, shaking my whole body. I felt really scared, these were strong palpitations. I then woke up around 3am, still having persistent headaches 10/10 pain level. I woke up because I could not sleep and went to my living room, still having chest pain and pain in my neck with headaches that did not go away. My BP in the morning was high for me was 132/96, then 133/98 and at 730am it was 137/100 with a pulse of 80. I went to the emergency room where I received IV medication, blood tests, triponents and EKG were performed which came back negative. After an hour of my iv medication, I still continued with headaches, neck pain and my blood pressure was still high. My doctor said that i had a severe reaction to the vaccine. I was discharged to go home after a few hours and I rested then I slowly started to fee better.
1112757	3/18/2021	CA	62	F	3/16/2021	3/16/2021	Light headedness and chest pain shortly after 2nd dose of Moderna vaccine
1112831	3/18/2021	WA	40	M	3/18/2021	3/18/2021	1 hour after shot, felt: Chest tightness Increased heart beat Felt warm in face Difficulty breathing Loss of taste Lasted about 1 hour. Chest tightness and difficulty breathing were mild and intermittent. Occasional chest pain. Nothing severe just felt uncomfortable. After symptoms subsided, contacted doctor who recommended I go to urgent care to be checked out.

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1113591	3/18/2021	AK	19	F	3/17/2021	3/17/2021	Throat tightness, chest pains, tingling all over body, headaches Immediate reaction treated with Benadryl and PEPCID injection Hospitalisation with a subsequent PEPCID injections, 10mg Claratin, 125mg Prednisone (1500), 2nd Prednisone at 2000, potassium chloride 20m at 2242. Following morning followed up with PEPCID at 0545, Claritin 10mg 0545, zenax when I returned the hospital after being discharged. Went back as I was experiencing chest pains and very flushed and red in the face.
1118965	3/18/2021		78	M	1/19/2021	1/31/2021	Patient passed away unrelated to covid vaccine Narrative: The patient had new onset of CHF,A.fib and hx f COPD. Patient was admitted to hospital on 1/21 and Patient discharge against medical advise on 1/22. Patient aware of risk including early death and increased morbidity but patient still wanted to leave. Patient received the first dose of Pfizer vaccine on 1/19 and no adverse reaction was reported. Patient presented to ER for shortness of breath and chest pain and was admitted on 1/29. Patient passed away on 1/31. No indication that death was related to COVID 19 vaccination.

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1111830	3/18/2021	WI	38	M	3/16/2021	3/16/2021	38-year-old male with past medical history of anxiety, sleep apnea presents to the emergency department with throat tightness. Patient received his first dose of vaccine at 130 on 3/16/21. He waited for approximately 20 minute without any symptoms. On the way to his car approximately 30 minutes after the vaccine he started having his throat tightness. When he got home he drank some water to see if it was a sore throat however he had no pain anywhere. He feels like he was having difficulty swallowing his saliva however he was able to do it. He also was able to drink fluids. He called the nursing hotline who told him to take Benadryl (50mg) and come into the emergency department. His symptoms are still present but have improved. He denies any headache, vision changes, neck stiffness or difficulty moving his neck, chest pain, shortness of breath, difficulty breathing, nausea, vomiting, diarrhea, abdominal pain, rash. Physical exam significant for mildly edematous uvula. He was given 10 mg of dexamethasone in the ED Patient was monitored in the ED for 5 hours after exposure. Symptoms resolving after Benadryl and dexamethasone. Mildly edematous uvula without other signs of edema or allergic reaction on reassessment. Patient without stridor or respiratory distress. He no longer has throat closing sensation. He was discharged with an EpiPen, prescription for 3 days of cetirizine, instructions to follow-up with his primary care provider for further workup and for discussing options for receiving his second COVID vaccine dose, and given ED return precautions
1112529	3/18/2021	CA	64	F	3/18/2021	3/18/2021	64 yo female with PMHx of HTN, DM2, CAD, reactive airway disease Complains of sudden onset of left sided facial numbness and "room spinning" dizziness that started ~ 20 mins ago after receiving her first covid vaccine. Dizziness worse when looking to the right. +nausea Took all her medications this morning. No extremity weakness or numbness, no slurred speech, no headache. No chest pain, no SOB. No rash, no wheezing. O: BP 190s/60s HR wnl SpO2 wnl Subjectively decreased sensation to left face. Otherwise negative stroke assessment. Vertiginous symptoms provoked with EOM to the right. No slurred speech. Normal facial movement, no paralysis. Normal finger to nose. A/P: Needs eval in ED, EMS called

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1111878	3/18/2021	IL	42	F	3/14/2021	3/14/2021	6 hrs after shot was given the following side effects appeared: 100 degree fever, hot flashes/chills, shaking, chest pain, headache, joint aches. Numbness and loss of color in finger tips. Side effects lasted for 24 hrs. Fever broke within 3hrs of onset.
1113545	3/18/2021	AZ	52	F	2/25/2021	3/7/2021	Pt reports chest pain COVID vaccine from 02/25/2021 and had symptoms since then.
1112283	3/18/2021		45	F	3/13/2021	3/14/2021	Patient presented to the ED on 3/14 11:30PM with difficulty swallowing. Patient received Pfizer vaccine on 3/13 at 4:30pm. Immediately afterward she had sensation of lip and tongue swelling. She was given Zyrtec and monitored by the vaccination clinic for 30 minutes. She was discharged from the clinic after improvement of systems. Lip swelling presented on 3/14 at 2:00pm and she took Zyrtec. At 10pm, patient felt sensation of swelling in throat and presented to ED. EMS gave patient 50 mg IV Benadryl. Patient discharged on prednisone. Patient re-presented to ED on 3/16. Allergic symptoms subsided, but patient complained of atypical chest pain with palipations, tremulousness. Suspect adverse reaction prednisone. She was given cardiology referral for follow up if her symptoms persisted. She remained in normal sinus rhythm with initial sinus tachycardia. Was discharged home in stable condition and counseled to return to ED for any concerns.
1111853	3/18/2021	CT	56	F	3/1/2021	3/16/2021	Severe palpatations and chest pain. Medication was preventing any palpatations until vaccination. Heart began to work really hard every beat. Tired and fatigued

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1350072	3/18/2021		81	M	2/8/2021	2/19/2021	diplopia, lacunar stroke, 4th cranial nerve palsy Narrative: 1st COVID vaccine dose 2/8/21. To ED for evaluation of diplopia 2/19/21. Vertical diplopia in right eye x 3 days. No pain in eye, fever, chills, N/V, chest pain, abdominal pain, SOB, swelling, numbness or weakness. Neuro exams without focal findings. Discharged from ED to follow up with neuro on 2/22. Neuro impression 81 year old male with history of cerebral microvascular disease, appear to be some cognitive decline with recent onset binocular diplopia. Most likely secondary to diabetes, doubtful myasthenia, brainstem stroke. 4th cranial nerve palsy. MRI ordered and found (2/26) to have lacunar infarcts.
1111589	3/18/2021	WA	65	M	3/18/2021	3/18/2021	Client reported L subcostal chest pain. History of 3X MI; B/P 200/100; no acute distress; chest pain occurred around 2 minutes post Pfizer vaccine. EMS called and arrived within 3 minutes. No SOB; lives in truck; n meds; unsure of meds; HTN. EKG normal. At 9AM B/P 200/100, HR 80. EMS took over care of client. Ambulance called and on site within 3 minutes. Client refused to be taken to the ER. Client expressed to drive himself to the hospital. Client left the building per client request.

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1111883	3/18/2021	WI	43	F	3/17/2021	3/17/2021	<p>Moderna COVID- 19 Vaccine EUA Pt with history of allergies and asthma and prior reaction to first dose of COVID vaccine presents to ED with numb lips and "throat tightness" after receiving 2nd dose at 1005 AM on 3/17/21. About 20 minutes following her vaccination, patient began to develop perioral numbness and mild throat tightness. She states it was similar to prior vaccine reaction, but less severe. She pre-medicated with famotidine 40mg, prednisone 30mg, and cetirizine 20mg last night and this morning, per plan from her allergist. Following development of symptoms, she was given 0.3 mg epinephrine IM in the field. Currently she denies difficulty breathing, chest pain, dizziness, fevers, chills, N/V. In ED, Given 60 mg solumedrol and 25 mg IV benadryl. Follow up evaluation with minimal improvement in symptoms at 1300. Subsequent evaluation at 1415 with new diffuse itchiness throughout body, similar throat tightness, with report of mildly more labored breathing. No rashes or increased work of breathing on exam, vitals remain reassuring. Given development of itchiness, ordered additional dose of epinephrine 0.3 mg and will continue to monitor. On re-evaluation, patient with persistent pruritus however no new or worsening throat swelling, difficulty breathing, shortness of breath. Patient did not have abdominal pain, nausea or vomiting. Patient given additional dose of Benadryl, discharged home with clear return precautions. Patient has EpiPen at home, will continue to take prednisone as an outpatient. Of note, after patient received first dose of COVID vaccine on 2/17/21, patient developed similar throat tightness and perioral numbness</p>

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1111916	3/18/2021	CA	40	F	3/12/2021	3/13/2021	Per HCW, she developed flu-like symptoms on 3/13/21 @ 0720 am. (Approx. 17 hrs post vaccination). Other symptoms include itching to face, headache, fatigue, pain behind the eyes and sore neck muscle. Took Motrin and Benadryl. Per HCW, symptoms worsened. On 03/14/21 @ 03:30am she noted swollen lips, injection site swelling, fever of 102 and shivering. She denied SOB, Chest pain. Had mild nausea and diarrhea (resolved). On 03/15/21, Sought treatment via PCP and was prescribed Alegra 180 mg by Mouth everyday and Ibuprofen 600 mg PO every 4-6 hours. OUTCOME: Began feeling better on 03/16/201 at approx. 1130 am. Continues to have a "knot" at injection site. Intermittent neck soreness and pain behind the eyes.
1112249	3/18/2021	LA	58	F	2/26/2021	2/27/2021	Chest pain, shortness of breath, pain in the left arm, joints , head and neck. She also had itching all over, as well as a sore throat. She did not go to the ER. She treated symptoms with Tylenol. Symptoms were intermittent and lasted 2 weeks

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1112133	3/18/2021		30	F	3/17/2021	3/17/2021	<p>C/o Generalized itchiness. No rash visible. VSS 123/84 HR 74 100% on RA RR 16. No tongue, lip swelling, no hives. No chest pain, SOB. No hx of prior vaccine reaction. Hx of allergies to strawberries with anaphalaxis. Vaccine received at 0925. Pt still c/o itchnng at 10:05. Will send to ER for further monitoring as may need antihistamines, steroids, h2 blockers. No signs of anaphalaxis. Will need further monitoring. ED Note: This is a well-appearing and pleasant 30-year-old female who presented to the emergency department for generalized body itching following getting the first dose of Pfizer COVID-19 vaccine at approximately 930 this morning. On presentation patient is well-appearing, respirations are even and nonlabored, she is speaking in complete sentences with normal work of breathing. She denies any symptoms other than itching currently on her upper arms and upper back. She notes that the itching is already starting to resolve and has lessened. There is no rash present on exam, no hives. Airway is clear, uvula midline, patient is tolerating secretions well with no drooling or voice changes and there is no mouth or tongue swelling present. Neck is supple without lymphadenopathy. Patient was observed close to an hour and a half and she remained stable with no changes. At time of discharge patient with no skin reaction, facial, mouth, or tongue swelling. She is speaking in complete sentences with normal work of breathing, respirations even and nonlabored. She appears well and appropriate for discharge. I had an in-depth discussion with her regarding monitoring her symptoms at home seeking emergent care if she has any compromise. We discussed all signs and symptoms that she should look for that would be concerning and need emergent intervention. She indicated that she understood all instructions. Patient was given the opportunity to ask questions. All questions and concerns were thoroughly addressed. Patient indicated she understood all instructions was comfortable with this plan of care. No evidence of Stevens-Johnson syndrome, anaphylaxis, cellulitis, or systemic compromise. Feel supportive care and symptomatic treatment reasonable. I reviewed recent and relevant Chart Entries, Previous Notes, Previous Labs, Previous Radiology studies. Patient ambulated out of the emergency department with a steady gait. Received benadryl and famotidine in the ED and take</p>

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home prescriptions for famotidine and hydroxyzine.

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1112154	3/18/2021		72	F	3/17/2021	3/17/2021	Pt received vaccine at 09:52. 10:22 pt started to itching on arms and back. No visible rash. No chest pain, stridor, sob, tongue or lip swelling. Hx of allergies to pcn, iodine, sulfa, latex. Hx of rash and itching with pneumonia shot. No hx of anaphalxis to vaccines or meds - just itching and rash. VSS . 98 % RA 68. BP 177/84 (pt did not take her BP medication as of this mornig). Pt states she feels well but still itching as of 10:41. Pt appears to have the ability to make her own decisions and would like to talk to husband about going to ER. If pt still itching, recommend pt be evaluated. Pt would like d/w husband and physician prior to going to ER. EMS crew on standby. Note from ED: This is a well-appearing and pleasant 72-year-old female who presented via ambulance for itching response after receiving the Pfizer COVID-19 vaccine today. Patient is very well-appearing. Skin is normal and well-appearing there is no rash or erythema. Patient is speaking in complete sentences with normal work of breathing. Respirations are even and nonlabored. Lung fields are clear to auscultation bilaterally throughout patient denies any shortness of breath or breathing issues, cough or itchy throat. Airway is clear with no tongue or mouth swelling, floor mouth is soft and not elevated mandible is easily palpated, throat is nontender, neck is supple. Heart rate is within normal limits with regular rhythm. She was provided with Benadryl and famotidine as treatment for her itching. Patient was observed for greater than 2-1/2 hours in the emergency department. Patient noted that itching markedly reduced with use of Benadryl I felt patient was appropriate and stable for discharge. I had an in-depth discussion with her regarding she monitor her symptoms closely at home we discussed all symptoms that she should look for that would be concerning and she should make sure to seek emergent care. She was given the opportunity ask questions. All question concerns were thoroughly addressed. Patient indicated she felt good with her care here today with discharge and would monitor herself at home. She was picked up by her husband would also be home to monitor her. Advised her to follow-up with her primary care provider regarding recommendations for whether she should receive her second dose of the vaccine. Provided her with CDC printed out recommendations for vaccine allergic reaction. She was given the opportunity ask questions. All questions and

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							concerns were addressed and answered to the best of my ability. No evidence of Stevens-Johnson syndrome, anaphylaxis, cellulitis, or systemic compromise. Supportive care and symptomatic treatment reasonable. Urged dermatologic follow up. At time of discharge patient remained well-appearing not in any type of acute distress. She ambulated out of the emergency department with a steady gait. I reviewed recent and relevant Chart Entries, Previous Notes, Previous Labs, Previous Radiology studies.
1112186	3/18/2021	TX	38	F	3/13/2021	3/14/2021	New onset chest pain diagnoses as costochondritis 1 day after vaccination
1112244	3/18/2021	CA	23	M	3/17/2021	3/17/2021	Patient became weak and lightheaded. I found him pale, diaphoretic and tachypneic. He reported, "This always happens when I get a shot. I just need some sugar like juice." He denied difficulty breathing or chest pain. He was not nauseous nor did he vomit. I transported him to a private holding room via wheelchair and gave him a 12 oz can of Coca-Cola. He took sips and immediately reported feeling better. The initial vital signs I took were as follows: Temp 98.6 F, HR 67, BP 84/48 mmHg, RR 24/min, and SpO2 97%. After recheck in 15 min BP improved to 106/62 mmHg, his became more pink and no more diaphoresis. I observed him for 30 minutes total and he was stable to go home. He drove himself home.
1112247	3/18/2021	SC	36	M	3/16/2021	3/16/2021	Vaccine given 3:50 pm. Facial swollen and rash 30 minutes after injection. Two Benadryl were taken at home. Drove to urgent care for treatment, and they advised to go to ER. Upon arrival to ER, started having chest pain and mouth/tongue were starting to swell (5:30). Was admitted to ER around 5:45. Full work up was done in ER. Was given two albuterol nebulizer treatments, Pepcid, prednisone and nitroglycerin ointment. Was admitted at hospital around 12:05 am to a telemetry unit to rule out cardiac etiology. Nuclear stress test read negative for inducible ischemia. Overnight telemetry monitoring revealed no tachyon bradycardia arrhythmias. Patient was discharged on 3/18/2021 and advised to contact Pfizer and CDC in regards to reaction

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1111980	3/18/2021	KS	51	F	3/17/2021	3/17/2021	<p>Progress Notes APRN (Nurse Practitioner) ? ? Nurse Practitioner Cosigned by: , MD at 3/18/2021 7:58 AM Expand AllCollapse All COVID VACCINE CLINIC 66612 3/17/2021</p> <p>Patient: Date: 3/17/2021</p> <p>Subjective is a 51 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience dizziness and nausea and tingling down left arm where she got her shot. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency . Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS: Patient complains of frequent throat clearing, vomiting (nausea), muscle aches (left arm), dizziness and headaches CONT negative Eyes negative Respiratory negative Skin negative Previous Reactions: Nausea with first Covid shot Objective Vitals Vitals: 03/17/21 0140 03/17/21 1332 03/17/21 1407 BP: 134/82 (!) 144/87 135/74 Pulse: 93 89 SpO2: 97% Physical Exam Constitutional: Appearance: Normal appearance. She is well-developed. HENT: Head: Normocephalic. Jaw: There is normal jaw occlusion. Right Ear: Hearing normal. Left Ear: Hearing normal. Nose: Nose normal. Mouth/Throat: Lips: Pink. Mouth: Mucous membranes are moist. No angioedema. Pharynx: Oropharynx is clear. Eyes: General: Gaze aligned appropriately. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Musculoskeletal: Cervical back: Full</p>

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							passive range of motion without pain. Neurological: Mental Status: She is alert. Psychiatric: Behavior: Behavior is cooperative. Assessment/Plan Treatment included: water and pepcid, zofran and Ibuprofen Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Released to go home with sister. No driving tonight. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) 2:30 pm Electronically Signed 3/17/2021 2:30 PM
1112278	3/18/2021	IN	39	M	3/16/2021	3/17/2021	Was very sick last night with chills, fever and muscle soreness. Today I have chest pain and nausea.
1107959	3/17/2021	GA	39	F	3/11/2021	3/12/2021	Heart Palpitations, chest pain, tachycardia, hypertension, chest spasms and bruising. Heart attack like symptoms. Body aches and Covid-like symptoms.
1108003	3/17/2021	MI	57	F	3/16/2021	3/16/2021	Nausea, headache, stomachache, chest pains. Treatment = Tylenol
1108021	3/17/2021	MD	66	F	3/1/2021	3/16/2021	03/16/2021: Presented to the emergency department with chest pain. The patient was admitted for chest pain observation. There are no acute ischemic ECG changes and her first 2 troponins are normal.

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1108042	3/17/2021	OH	59	F	3/16/2021	3/16/2021	Patient received Janssen COVID19 vaccine (LOT#1802068) at approximately 12:00 pm on 3/16/21. During the 15 minute observation period, she expressed "I don't feel good" and endorsed nausea. Shortly thereafter at approximately 12:10 pm, she started to slouch and nearly fainted while sitting in a chair. She did not fall or hit any part of her body. She was easily aroused with a touch on her arm and responded to verbal questions within seconds (less than a minute). She denied trouble breathing or chest pain. She then reported nausea again and was offered a receptacle to vomit in if needed; however, she did not vomit. Patient was encouraged and instructed to sit on the floor to prevent injury in case of fall but she refused stating that she didn't think she would be able to get back up given her preexisting knee problems. Pharmacy staff offered her water, a fan, and opened windows. Her jacket was removed in order to monitor blood pressure/ pulse, which was not abnormal. Patient did not have any trouble breathing, rash, swelling, abdominal cramps, or mental status changes. She was contacted via phone a few hours later for follow up on the incident, at which time she denied any issues and reported feeling well.
1108060	3/17/2021	MD	69	M	2/25/2021	3/16/2021	03/16/2021: Presented to the emergency department with chest pain and palpitations. The patient was admitted for chest pain observation and inpatient dialysis. The patient was discharged the next day with plans for an outpatient stress test.
1108117	3/17/2021	ME	60	M	3/6/2021	3/7/2021	Felt poorly with myalgia, weakness and chills on first day after vaccine that did not resolve. Developed severe shortness of breath and chest pain on day 9 after vaccine and found to be in atrial flutter with rate of 160 on day 10 after vaccine. Has long ho diabetes, but no cardiac history.

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1108227	3/17/2021	IA	56	F	2/12/2021	2/12/2021	Body chills, did not take temperature but could tell I had low grade fever, it was about the same symptoms as first dose but not as severe. Felt like recovered faster than 1st dose. Felt like my coughs were more productive than 1st dose though. More phlegm. Lasted about 3 days. I also felt like had tachycardia, like my heart beat was off, I felt it around the 3 day and it is still ongoing. I did have a heart work up after my covid and it came back normal. I also came back that I had a very small episode of tachycardia when I wore the halter monitor. Also had chest pains and decided to go to the hospital on 03/07 to get checked. The lab work they did included a D Dimer that was very high. Higher than when I had COVID. They did a CT with and w/o dye and they also did an Xray (chest and lungs) and it showed that I had a lesser lung expansion. I did not have that with the last CT done in end of January or 1st week of February. I also still have to this day period chills (like I need to add a heating pad on my feet, on my legs or my arms to feel comfortable). I also have periodic headaches that come very rapidly and very severely and sometimes it can just last a little while or it can last some hours. I also have dizziness with the headache episodes. This has been going on for the last 2-3 weeks along with terrible joint pain.
1108165	3/17/2021	CA	41	M	3/10/2021	3/16/2021	Significant chest pain in heart area 6 days after first shot, especially if I took a deep breath. I don't think it was even that bad when I suspect I first got Covid 1 year ago. Got mostly better by the next day.
1107878	3/17/2021	MD	84	M	1/28/2021	3/16/2021	03/16/2021: Presented to the emergency department with substernal chest pain/pressure. Patient was admitted for non-ST elevation MI, and currently awaiting cardiac catheterization.
1107350	3/17/2021	OR	35	M	3/12/2021	3/12/2021	High fever for 2 days -topped out at 104, muscle aches and pain, Chest pain and mild breathing issues, and extremely tired

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1108255	3/17/2021	AZ	38	F	3/15/2021	3/15/2021	Patient complained of R chest pain 15 minutes after administration. Vitals were taken and all wnl. Chest pain self-resolved after patient was reclined and given water po. Patient monitored for another 30 minutes and reported complete resolution of symptoms and declined further assessment by ED. Pt left clinic ambulatory and in NAD.
1108155	3/17/2021	IN	57	F	3/15/2021	3/16/2021	Severe headache, body aches, chills, joint pain, fatigue, weakness, dizziness, dry mouth, no appetite, nausea, fever, sore arm, hurting teeth, pain in chest and unable to stay warm.
1107869	3/17/2021	OH	59	F	3/14/2021	3/15/2021	Nausea, upper abdominal pain, chest pain, liver pain, back pain.
1107826	3/17/2021		43	F	3/17/2021	3/17/2021	Patient received her first dose of the Pfizer vaccine today. About five minutes after injection, patient developed shortness of breath and a burning chest pain. She was talking in complete sentences without any issues. She had no other symptoms. Call placed to 911. Her lungs were clear through out, her heart rate and rhythm was regular. See vitals below. A 20g IV was placed to her L AC and Benadryl 25 mg IVP, Solumedrol 125 mg IVP and Famotidine 20 mg IVP was given by the RN. Her shortness of breath improved, the burning to her chest persisted. EMS arrived at 0914 and she was transferred to the nearest hospital for further evaluation and treatment. Patient declined contacting any family members by the staff, she requested to call her husband herself. 03/17/21 0923 BP: (!) 162/70 Pulse: 110 Resp: 22 SpO2: 98%

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1107750	3/17/2021	KS	35	M	3/15/2021	3/15/2021	<p>Progress Notes (Nurse Practitioner) Family Medicine Cosigned by: MD at 3/16/2021 9:55 AM Expand AllCollapse All COVID VACCINE CLINIC 3/15/2021 Subjective Patient is a 35 y.o. male who was seen at COVID Vaccine Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience hot sensation in L side of chest. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, collapse, rapid progression of symptoms and respiratory distress. No medical hx. Not on any medications ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, ear pain, sore throat, frequent throat clearing, eyes watering, eyes itching, puffy eyes, eye redness, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, abdominal pain, muscle aches, joint pain and dizziness Denies cp: No injection site pain: Previous Reactions: none to vaccines Objective Vitals Vitals: 03/15/21 1520 03/15/21 1533 BP: (!) 147/82 134/77 Pulse: 69 76 SpO2: 98% 98% Physical Exam Vitals reviewed. Constitutional: General: He is not in acute distress. Appearance: He is not ill-appearing or diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Conjunctiva/sclera: Conjunctivae normal. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds and air entry. Comments: Speaking full sentences. Skin: General: Skin is warm. Coloration: Skin is not pale. Findings: No rash. Comments: No tenderness on chest wall or L deltoid with palpation. Neurological: General: No focal deficit present. Mental Status: He is alert and oriented to person, place, and time. Psychiatric:</p>

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Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: no therapy Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Pt observed in medical bay for approx 15 mins. Chest hotness resolved in medical bay after 5 minutes of being in bay. He denies any other concerns. Possible anxiety/ stress response. VS and exam stable. Reassuring. Pt to follow up with pcp as needed. Discussed reasons to go to ED if needed. Pt voices understanding and is appreciative of his care today. Pt is predominantly Spanish-speaking. Translator used: Myself. Electronically Signed 3/15/2021 3:58 PM

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1107726	3/17/2021	KS	49	F	3/16/2021	3/16/2021	<p>Progress Notes APRN (Nurse Practitioner) ?? Family Medicine Cosign Needed Expand All Collapse All Expand All by Default COVID VACCINE CLINIC 3/16/2021</p> <p>Patient: DOB: Date: 3/16/2021</p> <p>MRN: Subjective Patient is a 49 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. She had stayed her 15 minute waiting period after the injection and asked to stay another 5 minutes. She felt fine until she reached the front doors, she started to feel short of breath, nausea, flushed. She denied rash, hives, welts, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, increased swelling, rapid progression of symptoms and respiratory distress. Past Medical History: Diagnosis Date ? Asthma ? Concussion without loss of consciousness 8/27/2019 ? Depressive disorder ? Esophagitis, reflux ? Hepatic steatosis 12/7/2018 ? HX OTHER MEDICAL ? Hyperlipidemia, mixed ? Hypothyroidism (acquired) ? Insomnia, unspecified type ? OSA on CPAP ? Pulmonary hypertension (HCC) Noted on CT, echo was normal. ? Pulmonary nodules 3/28/2015 Follow up with Pulmonary in 3 months for a CT scan ALLERGY REVIEW OF SYSTEMS: Patient complains of malaise/fatigue and shortness of breath Patient denies chills, fever, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, cough, chest tightness, wheezing, rash, hives, itching of skin, vomiting, abdominal pain, muscle aches, joint pain, dizziness and headaches +lightheaded: SOB resolved by time arrival to ED medical bay. Previous Reactions: none Objective Vitals Vitals: 03/16/21 1158 03/16/21 1207 BP: 117/83 (!) 141/91 Pulse: (!) 103 86 Resp: 18 18 SpO2: 96% 97% Physical Exam Constitutional: General: She is not in acute distress. Appearance: She is morbidly obese. She is diaphoretic. Comments:</p>

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Flushed HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Improved in observation bay. Monitored for approx 15 minutes. Pt ambulated but developed chest tightness. Albuterol inhaler provided (2 puffs) via inhalation. Pt reports immediate improvement of symptoms. She was able to ambulate w/o difficulty afterwards. Assessment/Plan Treatment included: water and snacks Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) VS stable. Resolution of diaphoresis and flushed appearance. Pt symptoms resolved with use of albuterol. Suspect exercise induced asthma. Recommend that she use albuterol if needed for wheezing or 30 minutes prior to exercise. Follow up with her pcp otherwise as needed. Pt voiced appreciation of her care today. APRN Electronically Signed 3/16/2021 11:52 AM

1107675 3/17/2021 MS

26 M

3/16/2021

3/17/2021

Throbbing sharp chest pain near heart at wake up, 18 hours after first dose of Pfizer vaccine, duration 2 minutes, severity 8/10 Is it possible this was the induction and dispersal of the vaccine by my heart? Has anyone else experienced chest pain 18 hours after their Pfizer vaccine? Thanks!

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1107649	3/17/2021	KS	44	F	3/16/2021	3/16/2021	<p>Progress Notes APRN (Nurse Practitioner) ? ? Family Medicine Cosign Needed Expand AllCollapse All COVID VACCINE CLINIC 3/16/2021</p> <p>Patient Date: 3/16/2021</p> <p>Subjective Patient is a 44 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience headache. She denied rash, hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness and facial swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain and rapid progression of symptoms. PMH includes htn Currently taking lisinopril and hctz. ALLERGY REVIEW OF SYSTEMS: Patient complains of headaches Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, itching of skin, vomiting, abdominal pain, muscle aches, joint pain and dizziness Previous Reactions: none Objective Vitals Vitals: 03/16/21 1103 BP: 120/88 Pulse: 71 SpO2: 100% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood</p>

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1107490	3/17/2021	MD	62	M	2/10/2021	3/15/2021	normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water, snacks and tylenol Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Headache VS stable. Exam unremarkable. Monitor at home. Follow up with pcp. Pt walked out with son w/o assistance. APRN Electronically Signed 3/16/2021 11:02 AM
1107447	3/17/2021	CA	43	F	3/11/2021	3/11/2021	03/15/2021: Presented to the emergency department for atypical chest pain and GERD. Patient admitted for observation and discharged the next day. Troponin was negative three times, and heartburn resolved with GI cocktail.
1107320	3/17/2021	MO	53	M	3/12/2021	3/14/2021	Nausea vomiting diarrhea headache and chest pain that began 15 minutes after vaccination and persisted over the next 7 days.
							Arm pain began evening of vaccine. About 48 hours after vaccine patient felt light headed and dizzy. He drank water and sat down. Then felt like he needed to lay down. About 1/2 hour later his heart rate was up and oxygen levels low. His blood pressure was also high. He was pale and pasty looking. No fever. This lasted about 1/2 hour but he still didn't feel right. He felt fine about 2 hrs after the incident. Then he experienced chest pain In the middle of the night .

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1107215	3/17/2021	FL		M	2/9/2021	3/4/2021	Chest pains; missed dose; A spontaneous report was received from a consumer concerning a male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced hospitalization with chest pain and missed dose. The patient's medical history was not provided. No concomitant was provided. On 09 Feb 2021, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number: 027L20A) intramuscularly on his left arm for prophylaxis of COVID-19 infection. On 04/Mar/2020 patient reported that he was admitted in hospital with chest pain. Patient reports that he had no symptoms after the Moderna COVID-19, but will be unable to make his second vaccine appointment. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the event.; chest pain, was considered unknown/not reported The outcome of the event, missed dose, was considered recovered/resolved on an unknown date.; Reporter's Comments: Very limited information regarding the events has been provided at this time. Company assessed the events to be unlikely related to company product.
1108368	3/17/2021	AZ	65	F	3/15/2021	3/15/2021	Lightheaded first. Arm soreness, Late evening tired, headache, chills, fever up to 100.6, slight blood pressure increase, pulse to 99 (normally 65), chest pain. Woke up 2/17 feeling better. Fever down to 98.8, pulse down to 74

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1107263	3/17/2021			F	2/13/2021		Fever; Shortness of breath; Chest pain when breathing; This is a spontaneous report from a contactable consumer. A female patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot/batch number and expiration date were unknown), via an unspecified route of administration on 13Feb2021 at a single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient received the vaccine on 13Feb2021, and she was hospitalized on Friday, which was 26Feb2021 (reason of hospitalization further could not be clarified). The reporter had to take the patient to the emergency room with fever, shortness of breath, chest pain when breathing and she is currently on oxygen in a unit. They were a little bit unsure of what exactly is going on with her. She did have a COVID screen which was negative in the emergency room. Outcome of the events was unknown. Information about lot/batch number has been requested.
1107463	3/17/2021	MD	87	M	2/16/2021	3/15/2021	03/15/2021: Presented to the emergency department for chest pain. Patient was admitted for observation and discharged the following day. The chest pain had resolved and multiple troponins were negative.

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1109594	3/17/2021	OR	40	F	3/7/2021	3/7/2021	Called over to patient's car after vaccination where patient reported feeling flushed and with itchy hives over anterior neck. Denied SOB, throat scratching or closing, cough, chest pain/pressure, palpitations, or any other complaints. Reports feeling well and in usual state of health prior to vaccination. PMH significant for asthma and prior allergic reaction requiring epinephrine. No medications Allergies reviewed HR 94 with strong radial pulses RR 16 Alert and oriented, Pink warm dry - Mild raised erythematous wheals just inferior to bilateral earlobes. Nothing over anterior neck. No chest or back involvement. RRR with normal S1 and S2 Lungs CTAB Likely mild allergic reaction. Patient requested to take own Benadryl, and took 25 mg PO Benadryl. She was observed for an additional 20 minutes with improving symptoms and no further progression of rash. Patient reported feeling much better, and was accompanied by both parents (both RNs). She also was in possession of her Epi-Pen. Reviewed the signs and symptoms of anaphylaxis. Reviewed the indications for taking Epi-Pen. Reminded the patient that if she used her Epi-Pen OR if she was feeling worse in any way, I would strongly recommend evaluation in the Emergency Department. Reviewed that if she needed Epi-Pen, she should call 9-1-1 for immediate care and transport. Patient and parents expressed verbal understanding and agreement prior to leaving the vaccination site at patient request. (Patient was not the vehicle driver.)
1108419	3/17/2021	AZ	18	F	3/14/2021	3/15/2021	Extreme difficulty breathing and severe chest pain.
1350007	3/17/2021		56	F	3/11/2021	3/11/2021	Dizziness chest pain, lightheadedness, sudden sob, gastric upset Narrative: Other Relevant History:
1349973	3/17/2021		51	F	3/13/2021	3/15/2021	Lethargy, feeling foggy Narrative: Patient reports receiving her 2nd Covid vaccine 2 days prior and then office/clinic visit stated she feels "wires are crossed", Patient reports feeling foggy and having loose stools 4-5 times per day. Patient denies any reaction to previous Covid vaccine. Patient denies any fever/temp/chills, abd pain, chest pain wheezing or sob.
1109926	3/17/2021	TN	57	F	2/4/2021	2/5/2021	Tinnitus left ear has not stopped since vaccine. Severe chest pains and heart pounding for 2 days after vaccine. Pain in right leg calf muscle

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1109686	3/17/2021	AZ	26	M	3/4/2021	3/8/2021	c/o sob, stomach upset, lightheadedness, diarrhea and fatigue, onset 3/8/21. dose 1 Pfizer Covid vaccine given at a medical center 3/4/21, denies any anaphylactic type reactions immediately post vaccination. Reports the fatigue was so severe that he almost fell asleep while driving and "almost had an accident". He had a negative covid-19 test at the medical center on 3/10/21, however his sx persisted especially the feeling of sob and lightheadedness so he presented to ED for eval on 3/15/21 where he had another negative covid test. He received fluids and a CXray was done and negative. His home O2 sat has been 94% and HR 75. Hedneis any ahx of asthma or lung disease. The fatigue has subsided today but can be intermittent and random, yesterday he had 3 episodes of sob intermittently w/o wheezing or chest pain. he denies loss of taste or smell, the lightheadedness has subsided today.
1109606	3/17/2021	OR	65	M	3/7/2021	3/7/2021	Called over to patient's car after vaccination where patient reported feeling nauseated and unwell. Reports sudden onset of nausea and dizziness. Denied chest pain/pressure, palpitations, SOB, HA, abdominal pain, or any other complaints. Reports feeling well prior to vaccination. HR initially low 40s regular with thready radial pulse. Quite diaphoretic. Patient reclined in driver's seat as far as possible. EMS on site notified and responded. PMH significant for HTN and HLD. No DM, neurologic, or cardiac history. Medications Losartan and Lovastatin NKDA Initial HR 42, sinus on monitor without ectopy. BP 92/56 RR 16 SpO2 97% RA Alert and oriented, Pale cool diaphoretic Regular bradycardia with normal S1 and S2 Lungs CTAB Abdomen soft, NT/ND Likely vasovagal, with increasing HR and BP after 15 minutes, however patient still reports feeling dizzy and nauseated with borderline hypotension. Strongly recommended transport to the Emergency Department for further evaluation and monitoring. Briefly discussed that as patient was alone in the care, I felt extremely uncomfortable allowing the patient to drive. Transported in care of EMT. Returned within 2 hours and picked up his car.

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1349982	3/17/2021		44	F	3/15/2021	3/15/2021	Dizziness, Headache, Sedation, Myalgia, Arthralgia, Fever, NauseaVomiting, Palpitations, Tachycardia "skin feeling on fire", random pain that moved around body (ankle, knee, calf, hip neck) restlessness. left sided chest pain Narrative: Other Relevant History:
1109566	3/17/2021	CA	73	F	3/17/2021	3/17/2021	3:56pm- 71/F in post vaccination area witnessed multiple episodes of vomiting yellow emesis. Appears diaphoretic, initial BP 220/110, HR 110. O2 95%, RR 22. Pt received the vaccine at 3:46pm. She denies blurred vision, no headache, no chest pain or SOB. Denies abdominal pain but her daughter states she recently had a hernia repair and has had issues with cyclic vomiting induced with certain foods or stress, which her doctors are monitoring her for. Her daughter states she was feeling sick before she got her vaccine. Patient states she took her morning medication at 7am, had some breakfast at 10am and states she feels it was some pineapple she ate that caused her to start feeling nauseous. She adds that she is taking several blood pressure medications but when she begins to vomit her blood pressure "gets really high." Pt is AOX4, able to speak in clear complete sentences. 4:05pm- BP 210/120, HR 82, 97%, RR 24. Pt continues to vomit intermittently but states she is starting to feel better. Onsite nurse manager, lead and site lead aware. EMS services requested. 4:10pm- BP 191/100, HR 86, 96%. No vomiting witnessed. 4:14pm- Ems arrives on scene. BP sitting 156/91, standing 140/92. Pt states she feels better. Paramedic offers to transfer her to the hospital but patient declines. Her daughter is at side and she states she would rather her daughter take her home since she is feeling better. Educated regarding when to seek medical attention. Pt AOX4, resp even, skin warm and dry, not actively vomiting, speaks in clear complete sentences. Assisted to POV via wheelchair. Pt in no apparent distress.
1109361	3/17/2021	TX	36	F	3/17/2021	3/17/2021	hand tremors tingling in the throat Denies SOB, chest pain BP: 146/108 HR 70 SpO2: 97% Refused hospital transport, signed refusal form, seen and cleared by EMS

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1109336	3/17/2021	MD	48	F	1/29/2021	1/29/2021	Within the first few minutes experienced palpitations, increased heart rate, and dizziness. Palpations were frequent. This continued for several days. I have a history of SVT's - but after vaccine the palpations felt with SVT's increased in frequency and lengthy. Heart rate was in the 90's- 110's at rest most of the time. Had chest discomfort by day 3 post vaccine. On Feb 8th- late night began to have left chest pain, left arm/jam tingeling, and shortness of breath. In addition to this had weakness, fatigue, muscle aches, pain at injection site, headache- started on January 30th 2021 and worsened over the next several days. ** Immediate syptoms not reported at the vaccine site as I thought they would go away on own.

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1109331	3/17/2021	PA	47	F	1/6/2021	1/17/2021	<p>This is a follow up report starting from day after that first report was made -Report # 244159 - Starting with the 17th of January - I was still having facial numbness/tingling/pressure in my head/feeling like head was going to swell; arms were so heavy - couldn't lift my arms - like a heavy pressure on my chest; breathing was a problem; Swelling in my head caused eye issues.</p> <p>18th - tingling started on back of neck; affecting my hearing and eyes (swelling in head); a lot of cognitive challenges. 1-20-2021 - heart racing; itchy all over; blood pressure spikes. Heart can feel like it's too fast and then going too slow. 1-21-2021 - legs burning from waist to hip; chest pain; heart racing; struggling to breath. 1/22 - chest pain and discomfort - pain shooting through arms; didn't sleep well. Arms wanted to pull into my chest. Stomach cramping on 1/23 - stabbing pain in wrists and hands; left side on heart pain. Pain was like having a beating. Left knee pain - January 24 - up all night with shooting pain in arm; fine motor pain skills shot - can't do what I need to do. January 25 - Elevated heart rate; elevated blood pressure. 1/26 - vision challenges; fuzzy. Heart racing; feet swollen; face feels puffy doesn't look puffy - pressure/tingly feeling in left cheek. Ongoing and Changing symptoms every day/week - with no let up.</p> <p>3/11/ - buckling of legs started. Big thing now is my legs are buckling (happening from the hips) - when I try to get up or walk. I haven't fallen yet but I know it's coming.</p> <p>3/12/2021 - heavy weight back in the arms. I still don't have the fine motor skills. I still can't drive and don't have control over my body and reflexes enough. Still having Pressure in chest and the face and head swelling - is unbearable and affecting my vision. I will see a neurologist next month. Dr is not sure what to do. Jan 12 - first ER visit. I have specific notes/log on all of my symptoms each day. If anyone wants to call - please call on Mondays or Wednesdays only(or Saturday or Sunday.) Also, Menstrual cycle is wonky. I had a normal period before the vaccine - 12/28-12/31/2020 - but didn't have one in January and I had one in February 10th - but just one day; 3/11/2021 - I had my next one and it was four days long and fourth day was very heavy then all the rest of the days.</p>

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1109295	3/17/2021	FL	44	F	3/14/2021	3/15/2021	High fever, extreme fatigue, slept over 30 hours, chest pains, chills, no energy, sore throat, both diarrhea and vomiting for about 24 hrs, excruciating headache for three days
1108802	3/17/2021	SC	61	F	2/23/2021	2/23/2021	Severe chest pain, shortness breath, blood vessels bursting all over legs and hands
1109669	3/17/2021	NY	54	M	2/25/2021	3/7/2021	Pt presented to the er on 3/12/2021 with c/o 5 days of worsening chest pain and SOB. found to have a inferior STEMI and transported to different hospital for urgent angiogram. acute lateral MI found on angio resulting in placement of drug eluding stent
1109275	3/17/2021	SC	30	F	3/17/2021	3/17/2021	Mild chest pain in middle of sternum . Headache
1108571	3/17/2021	IN	23	M	3/15/2021	3/15/2021	Shallow breathing, chest pains, intense headaches, similar to symptoms experienced when I had COVID a year ago. Occurred about 4 hours after receiving injection.. Comes in waves throughout the day.
1108706	3/17/2021	IN	56	F	3/17/2021	3/17/2021	Patient received vaccination at approximately 10:39. At 11:05, patient c/o headache and chest tightness. Had visible heart monitor in place. States had chest pain x one week and just increased blood pressure and diabetic medications. Provided juice. Vital signs stable throughout the episode. Monitored for approximately 30 minutes and left on own accord.

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1108512	3/17/2021	NM	70	F	2/22/2021	3/3/2021	<p>She is very active in her daily life as she continues to train race horses. She reports she had been feeling well. She received her 2nd COVID vaccine on 2/22/2021. On 3/3/2021 she began feeling achy, foods no longer tasted good to her, over the next day or so she developed nausea with dry heaves, diarrhea, and burning with urination. She then stopped eating. She has a dry non-productive cough. She denies any melena, hematochezia, hematemesis, chest pain, fevers, chills, shortness of breath. She is now complaining of generalized weakness. She denies any abdominal pain, but admits to some tenderness in the right side of her back. She denies any known ill contacts. She and her Husband mostly stay at home since COVID began. She reports they have not even traveled with the horses since COVID started. 3/15/21 In the ED she was found to have a right pyelonephritis, acute kidney injury, elevated LFT's, leukocytosis. She had an abdominal CT that showed concern for dilated CBD. She went later for a gallbladder US. This showed no dilations of CBD. 3/16/2021: Today there was a significant improvement in leukocytes. Her blood pressure has dropped and is low to low normal. She continues to feel generalized weakness. She is eating ice chips and tried a jello this morning that she has kept down. She denies any further diarrhea or active vomiting overnight. She denies any abdominal pain, but does have tenderness to the epigastric area with palpation. Creatinine is unchanged this morning. I gave an IV fluid bolus this morning to support BP. She does continue to have the dry cough. She reports she had a rash to her right arm around the COVID injection site that was itchy for a couple of days. It has resolved. She denies any other rashes, joint inflammation or redness. She denies any shortness of breath. Eosinophilia, with 1600 AEC. Concerning for possible delayed hypersensitivity to COVID vaccine. Will continue to trend. Cough non-productive. Continue to monitor respiratory status/sx. CRP, LDH, ESR, and CRP added on to labs. Will draw D-dimer tomorrow morning as well.</p>

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1108974	3/17/2021	WI	74	M	3/15/2021	3/16/2021	Patient is a 74 Y male with a past medical history of hypertension, paroxysmal atrial flutter, COPD, diabetes mellitus type 2, schizoaffective disorder, depression, pulmonary embolism, pulmonary nodules, asthma, tobacco dependence, alcohol abuse and urge incontinence who presents to the Emergency Department today with complaints of shortness of breath and leg swelling for the past few days. He has also been having cough which is productive of clear sputum and has been wheezing. He has been using his albuterol inhalers with relief. He has also noted increased leg swelling more and decreased urination. He tries to be compliant with his salt and fluid restriction but does not always follow through. He had just been hospitalized at hospital from February 21 to March 2 for COPD exacerbation, CHF and hypoxia. Patient has a history of COVID B infection last October and was hospitalized for it. Yesterday he got a 2nd COVID shot but denies any fever, chills, chest pain, nausea vomiting after that He presented to the ED where he was noted to have temperature of 98.4°, pulse of 76, respiration of 32, blood pressure 194/77 and O2 sat of 95% on 3 liters. Labs showed a white count of 8.8, hemoglobin 12.9, bicarb of 35, creatinine 0.57, potassium 3.6, magnesium 1.6, BNP of 2675 and 2 serial troponins of 55 and 50. Chest x-ray with chronic vascular prominence unchanged. Some minimal infiltrates or atelectasis at the left base are improved. EKG with normal sinus rhythm, heart rate of 76, few PVCs and PACs. Patient was given a dose of IV Bumex and is now admitted to the hospitalist service
1109023	3/17/2021	MI	86	F	3/17/2021	3/17/2021	2:46pm patient reported mid-sternal chest pain. Checked vital B/P was 146/66 on left arm, HR 78 she was 98%o2. rapid response was called, they arrived at 2:33pm and patient was taken to the ER. Outcome unknown.
1109113	3/17/2021	TX	43	F	3/17/2021	3/17/2021	Reports Hives (cheeks and neck); tightness in throat. Denies SOB, chest pain. BP: 133/98 HR: 80 SpO2: 100% Refused transport to ER by the ambulance, refusal form signed Seen and cleared by EMS

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1109120	3/17/2021	CA	61	F	3/17/2021	3/17/2021	Patient received 1st Pfizer Covid vaccine (lot# ER2613 Exp 7/21) at 1300. At 1320 client informed nurse of flushed face feeling. First set of vials at 1320: pulse 65, blood pressure 132/74, respirations 18. Alert and oriented. No swelling noted or redness. Client denied shortness of breath, chest pain, dizziness. Per client similar feeling when she received flu shot. nurse offered client benadryl, client declined. Client informed she would be monitored for 30 min observation. Current medications: lisinopril, metformin, lovastatin, and vitamin D. No known allergies. 1335 vitals: pulse 74, blood pressure 130/72, respirations 18. Per client flushed face resolved. No other complaints at this time. Client alert and oriented. 1350 client completed observation, no complaints. Flushed feeling resolved. Last vitals: pulse 74, blood pressure 134/80, respirations 18. Advised client to follow up with primary provider before obtaining 2nd Pfizer dose. ER precautions given. Per client husband waiting in car. Client left facility with a steady gait.
1109129	3/17/2021	MN	66	M	3/16/2021	3/16/2021	4 hours after vaccine, severe chest pain and very high blood pressure. Lasted over an hour.

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1109222	3/17/2021	TX	67	M	3/10/2021	3/11/2021	I suffered a heart attack on March 11, 2021, at approx 145pm, while sitting at my desk - WFH. My symptoms were sweats, nausea, followed by chest pains beginning on the left side of my chest; sweats and nausea subsided for approx 1 hr, returning again, followed by chest pains radiating the across the full chest approx. I left my desk at the onset to wash my face, returning to my desk to talk a scheduled phone call at 2pm, lasting until 3pm. I left desk to walk outside to take in some fresh air, my wife ask me if I was ok, I said no. She ask if I was having a heart attack, to which I replied, I don't know. shortly there after we left for the ER at arriving approx 4pm. At that point ER staff did a quick assessment, taking my to an ER patient room where i was advised by the attending Dr that they thought I was having a heart attack. Shortly thereafter I was taking to the Cath lab where a stent was insert and then taken to ICU. Where I remained until I was released on 3/12/2021 at 3pm. There was no detectable heart damage and I was placed a regime of blood thinner, a beta blocker and cholesterol med. I do not have high blood pressure, high cholesterol or history of heart problems. My last physical was Feb 2021.

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1108626	3/17/2021	WI	67	M	3/11/2021	3/11/2021	Pfizer-BioNTech COVID-19 Vaccine 3 minutes after vaccine, patient complained of chest pressure, flushing and felt clammy. A medical response was called and pt was placed in a recliner. He is alert and oriented and feels shaky. His wife is with him and states this is a normal reaction to similar situations in the past. Just not always something that happens. 1538 BP 158/78, HR 65, resp 20 1542 BP is 163/78, HR 60, resp. 20. Skin is warm and dry, he states his lower lip is numb and has a bit of trouble drinking from a bottle of water. Medical response felt he was improving and plan was to keep him in recliner for another 20 minutes. Was given a few sips of apple juice. No oximeter was available to check O2 sat. @1558 he again complains of mid-sternal chest pain, skin warm and dry, speech clear and moving all extremities without difficulty. Complains of tongue and cheek tingling. Brief episode of nausea. ER staff was called and patient was transferred to ER via Wheel chair. He at times complained of dizziness and trouble with keeping his eyes open. Denies pain in his arms. BP 190/84, HR 62, R 18. At ER: EKG with sinus bradycardia, no acute ischemic changes. Troponins x 2 are negative. Symptoms resolved. Discharged from ER after evaluation.

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1104396	3/16/2021	MA	54	F	3/11/2021	3/11/2021	<p>Background Patient received her 1st dose of Moderna: 2/11/21 2nd dose of Moderna: 3/11/21 Number of days post vaccine (today's date minus vaccine date): 5days Initial reaction was noted on 2/11/21 - Symptom Screening Local Reaction S/p 1st dose: 2/11/21: Pt noticed redness, "?looks like hives." on the left arm (on the injection site) and disappeared on its own 2 days later. Denies any SOB, breathing issues, lips or eyes swelling or any other concerning s/sx. "I felt fine."</p> <p>Systematic Reaction: S/P 2nd dose: Sxs Onset 3/11/21: Low grade fever: 99.8, headache, fatigue," jittering feeling." Pt stated. "All the symptoms went away on its own on 3/12/21 around 2 pm except the "jittery feeling." Today on day 5 S/P2nd dose: Pt still continues to feel "jittery and hyper at times." Denies any anaphylactic reaction, dizziness, headache, fever, chills, breathing issues or any chest pain/discomfort. Denies any other unusual S/SXs. Pt was able to speak clearly in full sentences. No distress noted. Pt is at work right now.</p> <p>ALLERGIC Reaction Did potential immediate allergic reaction (less than 4 hours after receiving vaccine) or anaphylaxis to first dose of the COVID vaccine occur? "Not exactly sure. Pt unable to express if it was an actual hives or just redness at the injection site." Within 24 hours of vaccine administration, did patient experience symptoms of a severe allergic reaction? "Not exactly sure. Pt unable to express if it was an actual hives or just redness at the injection site." Assessment/Action Patient experienced a Moderate reaction to the vaccine. Symptoms relieved with over the counter medications. No medication needed. Sxs resolved on its own expect the "Jittery and hyper feelings." Patient answered YES to mild-mod Allergic Reaction questions. Patient was referred to allergy clinic for further evaluation. VAERS Complete: Yes. Patient experiencing any COVID-19 Symptoms AND >3 days post vaccine? NO</p> <p>Response/Recommendation Teaching -Provided education to patients per DPH guidelines as appropriate to the patient's clinical presentation. -Educated the reasons to call the MGB Nurse hotline, PCP office and the reasons go to the nearest ED if symptoms change or worsen. -Informed to make sure to call in advance if seeking medical care so sites can be prepared to receive the case. -Good verbal return and agreed with the plan.</p>

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1104600	3/16/2021	NY	62	F	3/13/2021	3/13/2021	Reported chest pain, shortness and of breath, and headache. Transferred to the ED. Symptoms resolved. Followed up with PCP.
1104444	3/16/2021		72	F	2/24/2021	2/24/2021	Pt received vaccine at 10:47AM. At around 10:55AM pt complained of dizziness and feeling sweaty, and like her "blood sugar was low." Reported her diabetes medications were adjusted the day before. On exam pt was diaphoretic and tremulous. Blood glucose was 35 mg/dL. BP was 223/118 and repeat was 220/118 mmHg. HR was 85bpm and SpO2 was 95%. Pt denied chest pain or shortness of breath. Given 4oz juice and 15min later blood glucose was 72 mg/dL. EMS was called for possible hypertensive crisis and further management of hypoglycemia. Pt was in no acute distress at time of transfer.
1104496	3/16/2021		34	M	3/15/2021	3/15/2021	Fever 100.9, body aches, severe chest pains, headache, & chills - events are currently ongoing
1104581	3/16/2021	NH	69	M	2/9/2021	2/10/2021	Increased blood pressures and chest pain

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1104591	3/16/2021	ME	60	F	3/9/2021	3/9/2021	<p>This patient was vaccinated approximately 1 hour prior to presentation here with her first dose of the Pfizer COVID-19 vaccine. She felt fine right after her vaccination but as she drove to her destination where she was going to take a walk, she started to develop left-sided facial burning and swelling. That prompted her to call her PCP in that office recommended she come back to the vaccination clinic to be evaluated. I evaluated her at approximately 2 PM.. She was feeling well for the most part with the exception of left-sided facial burning and swelling and a little bit of redness over her left cheek. She denied fevers, chills, itching, other areas of rash, difficulty speaking, difficulty swallowing, tongue swelling, lip swelling, wheezing, chest pain, or difficulty breathing. She recalls a penicillin allergy at age 5 or 6 but cannot remember the reaction. She has never reacted to a vaccine before. Initial vital signs included a blood pressure of 134/73, a pulse that was 70 and regular, and an oxygen saturation of 100% on room air. She had normal mental status and her lungs were clear. The left side of her face was slightly swollen over her left cheek as compared to the right with some slight increased flushing on the left side. There was no stridor, she was speaking comfortably, and her lungs were clear with good airflow. Her heart demonstrated S1 and S2 with regular rate and rhythm. I administered 2 doses of Benadryl, 25 mg with each dose about 15 minutes apart with her last dose at approximately 2:25 PM. I rechecked her vital signs at 2:50 PM and her blood pressure was 138/79 with a pulse of 70 and regular and an oxygen saturation of 99% on room air. Her lungs were clear and she was moving good air. I did take a relook at her face which was improved with decreased swelling. At 3 PM, because she was doing much better, I discharged her to home with instructions to use Benadryl 50 mg when she got home and then 25 to 50 mg every 4 hours today. If she develops any respiratory symptoms such as difficulty swallowing, cough, breathing difficulty, swollen tongue or swollen lips, as well as increased facial swelling, she will call 911 to be evaluated. She should not get the second Pfizer COVID-19 vaccine.</p>

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1104649	3/16/2021	NC	51	F	3/12/2021	3/13/2021	THE DAY AFTER THE FIRST DOSE OF VACCINE (3/13/2021) MY HEART RATE STARTING RACING EVERY TIME I WAS IN AN UPRIGHT STANDING POSITION. AFTER 15 MIN OF BEING UPRIGHT I WOULD HAVE TO LAY BACK DOWN UNTIL HEART RATE WAS BACK TO NORMAL. THE NEXT DAY (3/14/2021) I WAS EXPERIENCING CHEST PAINS ALONG WITH A GALLOPING HEART WHEN WALKING AROUND. THE CHEST PAINS WERE ONLY BEING EXPERIENCED ALONG WITH EXERCISE.
1105044	3/16/2021	CA	39	M	3/16/2021	3/16/2021	39y/o male presents with syncope, head injury and body shaking within 5min of receiving Pfizer vaccine in left arm on 3/16/21. Patient lost consciousness, fell from a seated position and hit the left side of scalp on the floor. Patient then experienced uncontrolled body shaking for <5sec. He had drool from his mouth during episode. Patient regained consciousness after cessation of shaking. He reports associated sweating and head pain. He denies throat enclosing, difficulty speaking, lip/tongue swelling or itching, injection site pain or itching, blurring of vision, light headedness, chest pain, palpitations, or shortness of breath. He reports history of syncope when getting his blood drawn and at site of blood. He denies allergies to medication or vaccinations. He denies any current medical conditions or h/o seizures. On physical exam: Vitals: Heart rate 88, blood pressure 150/100 Skin: his skin is diaphoretic and ~4x2cm skin abrasion to his left scalp is noted. Cardiovascular: Radial Pulse 2+ . Heart regular rate and rhythm. Lungs: clear to auscultation bilaterally Patient was examined by EMS and informed that he could be transported to hospital via ambulance for immediate consultation with provider or can decline services and seek care at a later time. Patient opted to drive on his own to seek care at a later time. He was advised to contact his primary care provider regarding his adverse reaction, seizure and head injury. Note: MA called for PA on site when patient fell and hit head. PA told site manager to call 911 while attending to patient. When PA arrived to patient's side, he had regained consciousness and PA proceeded to provide care and investigate incident.

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1105098 3/16/2021 KS

67 M

3/15/2021

3/15/2021

Progress Notes Expand All Collapse All

Patient: DOB:

1/5/1954 Date:

3/15/2021

MRN: Subjective Patient is a 67 y.o. male who was seen at COVID Vaccine Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the right deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience slight nausea and heart racing sensation. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, collapse, rapid progression of symptoms, respiratory distress and skin changes. Past Medical History: Diagnosis Date ? Cancer (HCC) 2004 surgery ? Malignant neoplasm of colon, unspecified site (HCC) ? Peripheral neuropathy due to chemotherapy (HCC) 2004 ? Rheumatoid arthritis(714.0) Rheumatoid Arthritis; NG PMH ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, vomiting, abdominal pain, muscle aches, dizziness and headaches Previous Reactions: none to vaccines. Objective Vitals Vitals: 03/15/21 1433 03/15/21 1437 BP: (!) 168/62 (!) 152/68 Pulse: 62 SpO2: 98% Physical Exam Vitals reviewed. Constitutional: General: He is not in acute distress. Appearance: He is not ill-appearing or diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds and air entry. Skin: General: Skin is warm. Coloration: Skin is not

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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							pale. Findings: No rash. Neurological: General: No focal deficit present. Mental Status: He is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood is anxious (slightly anxious affect.). Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: no therapy Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Pt improved after monitoring in bay for 15 minutes. He denies any concerns and states symptoms have resolved. Pt able to ambulate out of the facility w/o assistance. He expresses appreciation of his care today.
1105159	3/16/2021	CA	25	F	3/9/2021	3/11/2021	2 days after, lightheaded, weak, intermittent chest pain, blurry vision, shortness of breath next day headaches
1349975	3/16/2021	AZ	66	F	3/5/2021	3/5/2021	Reports symptoms happened after 7 hours after 1st dose of COVID vaccine, Moderna vaccine. c/o feeling muscle contracting from scalp and both hands towards torso, feels jaw locked. SOB, chill, tingling and numbness of both hands, shrinking, N without vomiting. 'afraid of death' Associated signs and symptoms: -Denies Swelling of face, lips, mouth, eyelids -Denies chest pain, abd pain, Severe headache, redness and swelling to injection site, Rash, diarrhea/ constipation
1104347	3/16/2021	NC	54	F	2/12/2021	2/13/2021	patient started complaining about arm soreness, dizziness, frequent headaches daily, and feeling sluggish starting 1 day after administration and continuing til today. patient has had some chest pain with palpitations and syncope episodes. Felt very fatigued with feeling of nausea and has had some diarrhea.
1105256	3/16/2021	OH	46	F	2/26/2021	2/28/2021	PREVIOUS COVID INFECTION -6/2020, AND 10/2020- WITH SUBSEQUENT DIAGNOSIS OF POTT'S SYNDROME. CHEST PAIN, SOB, SEVERE FATIGUE, DIZZINESS. HAS HAD SEVERAL ABLATIONS SINCE AND DX OF VENOUS INSUFFICIENCY. SAME SYMPTONS DEVELOPED IN SAME SEQUENCE POST COVID VACCINATIONS. POST THIS 2ND DOSE VACCINE- 2/28 STARTED WITH SOB AND DIZZINESS. SYMPTOMOLOGY BEGAN ON DAY 16 POST 1ST DOSE VACCINE.

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1104227	3/16/2021	PA	80	F	2/9/2021	3/13/2021	Chest Pain Pt has been having flu like sxs the past few days and tonight was woken out of her sleep by chest pain. (3/13/2021) pericarditis, atrial fibrillation, and CHF
1104148	3/16/2021	MO	36	M	3/9/2021	3/10/2021	extreme fatigue starting on 3/10/21 and continues. back pain between shoulder blades and chest pain . not sure if really muscle aches. reported tingling in right cheek and some numbness but this subsided quickly. both arms are weak and have been since 1 day after the shot. encouraged evaluation by primary care provider
1104079	3/16/2021	PA	23	F	2/2/2021	3/12/2021	Abdominal pain, nausea, vomiting, low grade fever, headache, body-aches, fatigue, joint pain, jaw pain, sharp chest pain when breathing and swallowing, etc. Was seen in hospital ED on 3/14/2021. Covid-19 tested negative on 3/14/2021. Missed work two days.
1104043	3/16/2021	OH	56	F	3/10/2021	3/11/2021	3-11-21 9AM HAD 'CHEST PAIN, SOB, SORE ARM, MUSCLE ACHES AND FEVER'. 'LUNGS ALSO HURT/PAINFUL TO BREATHE IN'. 3-15-21 11:20AM PT STATES 'FEELS BETTER NOW'. ADVISED TO CALL HEART DR R/T DOSE#2.
1104028	3/16/2021	MA	89	M	3/5/2021	3/5/2021	89-year-old gentleman with past medical history of stroke, hyperlipidemia, and C. difficile colitis in 2020 presented to sick call with a rash on his left shoulder at the site of his second Moderna COVID-19 vaccine which she received on 3/5/2021. He noticed the rash soon after receiving the vaccine and it has become progressively larger with increased redness. There is a great deal of pruritus and mild pain. He denies any fevers/chills. No shortness of breath or wheezing. No chest pain or palpitations. No dizziness, vertigo, weakness. No pain on movement of the arm or shoulder. He denied any other side effects since receiving the vaccine. He visited the ED last evening and was prescribed cephalexin 500 mg 4 times a day for a 7 day course. Thus far, he has taken 2 doses. The ED marked the borders of the rash. The affected area remains with and the demarcated borders. ROS: A 10 point review of systems is negative except as noted in the history of present illness.

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1104020	3/16/2021	NC	54	M	3/15/2021	3/15/2021	after about 30 minutes, I started having a metallic taste in my mouth. I was also experiencing soreness in left arm area. After about an hour, the pain in my arm started to feel as though it was spreading to my left chest cavity area. I then started to get chest pains in the left breast area to the armpit area, but not severe, just concerning. After probably 70-80 minutes, I started feeling drowsy. I continued to feel drowsy all evening and did not sleep well. I woke up and could not return to sleep at 4:45am. My normal waking time is 6:00am. I had/have quite a bit of soreness in my arm, but nothing unbearable. No signs of rash or inflammation around injection sight. I am taking a sick day from work to relax and recover from loss of sleep. The metallic taste persist, but only an annoyance and taste seems to be normal when eating or drinking. A slight achiness in joints, but a cold front was also moving in, which can cause me to have the same effect.
1103881	3/16/2021	UT	72	M	2/11/2021	2/11/2021	Immediate soreness in left arm. That evening, I felt flue like symptoms of severe ache of upper shoulders and back. Of more concern, when I lay down for bed, I felt a heavy weight in my upper chest, making breathing painful. Use of my CPAP machine allowed me to get some sleep. these symptoms continues for 4 days, after which they subsided.
1103826	3/16/2021		87	M	1/25/2021	3/6/2021	chest pain, acute heart failue death
1103814	3/16/2021	CT	26	F	3/13/2021	3/13/2021	Fever Couldn't talk Sharp join & chest pains Painful to move eyes Fatigue Bedridden- couldn't move on my own Shortness of breath Lasted 7 hours; took 3 Tylenol @ 500mg each; lots of fluids

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1103813	3/16/2021	NY	67	F	2/28/2021	3/2/2021	Pt was vaccinated on 2/28 and on 3/2 began to experience worsened SOB from baseline, development of sternal chest pain, abdominal bloating, nausea and fatigue. She presented to the hospital on 3/9 c/o intractable pain and nausea/vomiting that was worsening. Imaging revealed no change in her cancer from same imaging in Jan 2021. PE ruled out. No sepsis. She had acute kidney injury/dehydration. started on ivf. renal imaging normal. echo normal. ekg normal. she rapidly progressed to anuric renal failure and died 3/13/2021. oncology ruled out tumor lysis. she was not felt to be a candidate for dialysis.
1103717	3/16/2021	CA	34	F	3/3/2021	3/4/2021	I was asleep on Thursday night and my heart started to race. I had fast heart palpitations that it woke me up, when I woke up I had difficulty breathing and felt severe chest pain. I felt pressure and started coughing a lot. My husband helped me with some breathing exercises and helped me call online 24 hour Kaiser nurse. My chest hurt a lot and they recommended I went to emergency. I did and they said x-ray and cardiogram was ok. They injected a pain killer and left me there until morning. Then I was released. Pain killer helped. On Friday evening I had no more chest pain, but I felt nauseous, had chills, body aches, headache and no appetite. These symptoms lasted until Monday. I started to eat again bread and butter by Tuesday, I felt better on Tuesday, I was still very fatigued, low energy and sensitive stomach, mild nausea. Nausea stopped Wednesday, stomach was still mild sensitive still.
1103680	3/16/2021		51	F	3/15/2021	3/15/2021	Anaphylaxis; Severe Angioedema of lips, tongue, eyelids. Hypoxemic Respiratory Distress, O2 88-89% on presentation. Chest pain/tightness. Epi pen, IM, minimally responsive. Epi gtt, IV steroid, dual histamine block. IVF bolus x2L. HF O2 support, via non RB. Pt with slow response to above intervention, but remained hemodynamically stable and with improvement to respiration/oxygenation and angioedema over about 1 hour. while patient prepared for transfer to higher level of care.

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1105352	3/16/2021	NY	52	F	3/11/2021	3/14/2021	Patient woke with severe chest pain and difficult to take deep breaths. Chest pain extended over her shoulder and around her neck. Pain worsened during the day, went to ER, found to have positive troponins and subsequent ecg were abnormal. Echo was negative and angiogram showed no blocked arteries. Cardiologist diagnosed her with pericarditis
1103715	3/16/2021	SC	59	F	2/18/2021	3/16/2021	02/19/2021 I had fever 101-104 for 2 days, vomiting, horrible headache, unbelievable joint muscle pain, vomiting, weakness and dizziness, diarrhea, chills and sweating, chest pain, trouble breathing
1106582	3/16/2021	OR	34	F	1/29/2021	1/29/2021	Left side chest pain on the same side as the injection. The pain started after the first vaccine and has not gone away since. Treatment was sought at a local emergency room but there were no findings of any irregularities.
1105283	3/16/2021	CO	58	M	3/10/2021	3/15/2021	Ablation procedure for pericarditis occurred on 3/5/21. Received 1st dose of Moderna on 3/10. That night experienced fevers (101.7F) and fever like symptoms (sweats, chills, body aches). Continued to "not feel well". 3/15/21, presented to ED with chest pains and dx with pericarditis again. Treated with IV Vanco x1 and IV Zosyn x2 until blood work came back and cultures were negative. Due to no infection and negative for an MI, Dr. determined pericarditis was a rxn to the vaccine. Other tests results include: Elevated BNP, BUN, and CRP. CT of chest, abdomen, and pelvis is clear. 5 covid tests since admission, all negative. IgG antibodies for COVID negative. PT currently is stable and bloodwork somewhat improved. On O2, fluids and Morphine for chest pain. An acute Hepatitis panel is currently pending.
1105349	3/16/2021	IN	91	M	2/18/2021	2/19/2021	Facility transfer resident to ER due to respiratory failure. Symptoms included decrease oxygen stats, difficulty breathing and chest pains. ER transferred to Hospital with diagnosis of myocardial infraction. Admitted to ICU on telemetry. Placed on 50% Bipap for Hypoxia. Placed on IV Amiodarone and Ceftriaxone. Resident was stabilized and discharged back to facility on 2/24/2021.

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1107317	3/16/2021	CA	79	F	3/13/2021	3/13/2021	79 y.o. female who presents to ED on 3/16/2021 with body aches, headache and nausea/vomiting. Patient's daughter reports patient received the Johnson & Johnson single-dose Covid vaccine 4 days ago (on 03/13/2021 at about 3 PM.) prior to ED visit. The next morning woke up not feeling well. Has had generalized body aches and headache. Has also had nausea and vomiting. Patient is able to tolerate some fluids, but anytime eats anything will vomit. Reports has had some loose stools. Denies blood in the stool or vomit. Reports aching pain to the abdomen, not worse in any particular area. Has pain to the right side of the chest that has been constant for the last 3 days. Chest pain is worse with movement and standing, but not worse with exertion. Denies difficulty breathing, cough, fever, sore throat or congestion.
1106829	3/16/2021	AZ	68	F	3/8/2021	3/8/2021	Body aches, chest pain/tightness, diffusely throughout chest with palpation, especially around pacemaker site
1106789	3/16/2021	PA	90	F	3/13/2021	3/16/2021	Patient is currently inpatient at Hospital with atrial fibrillation. She woke up with chest pain on 3.16.21 at 4am with chest pain. She was taken by ambulance to the hospital where she was admitted. She is on heparin and has recieved an EKG, ECHO, and blood work. The medical team is evaluating next steps. Chest pain has not resided.

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1106702	3/16/2021	AR	71	F	3/3/2021	3/15/2021	<p>HOSPITALIST HISTORY AND PHYSICAL DATE OF ADMISSION: 3/15/2021 DATE OF H&P: 3/16/2021 PATIENT DEMOGRAPHIC: 71 year-old female MODE OF ARRIVAL: EMS.</p> <hr/> <p>CHIEF COMPLAINT: Dyspnea and mild cough. HISTORY OF PRESENT ILLNESS: 71 year-old T2 diabetic female who presented to the ED late yesterday for evaluation of increasing shortness of breath. Also, reports she's had a nonproductive cough for several days. Yesterday, her breathing just sufficiently severe that she could not walk through the house without stopping to catch her breath. No chest pain. She ultimately decided to summon EMS. They reported that her initial SaO2 values to be in the low to mid 80% range. She was placed on 2 L/min of supplemental oxygen and given a SABA updraft in route. When she arrived at the ED, her SaO2 registered 92%. She denies any prior history of asthma or COPD. No ischemic or valvular heart disease. No history of CHF. No orthopnea. No pedal edema. No high fever. Of note, she completed her second COVID19 vaccination approximately 10 days prior to onset of her chief symptoms as described. In the ED, her chest x-ray was felt to show no evidence of acute cardiopulmonary disease. Her d-dimer was normal. However, a CTA of the chest revealed extensive centrilobular ground-glass nodularity throughout the lungs. No pulmonary embolus or signs of right heart strain. Patient admitted with atypical pneumonia/pneumonitis and associated dyspnea, cough and hypoxemia. ASSESSMENT: 71-year-old T2 diabetic with hypertension presents with increasing shortness of breath and nonproductive cough, onset approximately 10 days post second COVID-19 vaccination. CTA of chest reveals an atypical pattern of extensive centrilobular ground glass nodularity. Clinically she has associated mild bronchospasm and hypoxemia.</p>

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1106635	3/16/2021	NY	39	M	3/16/2021	3/16/2021	Approximately 10 minutes after receiving the COVID-19 Pfizer vaccine, patient informed me that he was feeling "off" and that his hands were erythematous. No other specific symptoms. Denies chest pain, SOB, headaches, dizziness, lip/tongue/throat swelling. No prior history of allergic reaction - save mild atopy. Patient vitals WNL - BP 122/79, O2 saturation 98% RA, HR 71bpm. Patient alert and oriented, speaking in completed sentences without difficulty. Continued to monitor for approx 25 minutes. Patient states he was feeling much better and back to baseline. Hands returned to normal color. Denied any new symptoms and patient feels comfortable to go home. Informed patient to go to ER for onset of symptoms of distress including but not limited to chest pain, SOB, difficulty breathing, dizziness. Reviewed common side effects of the vaccine and symptomatic management. Patient verbalized understanding and had no further questions or concerns at this time.
1106580	3/16/2021	AZ	51	F	3/15/2021	3/15/2021	Patient complained of chest pain radiating to her L shoulder starting at 1620. Patient moved to dental chair, Dr called and vitals taken at 16:30 was O2 92%, BP 142/91. 16:38 pt complains of slightly improved CP and but tingling in both arms and hands, O2 remains 92-98%. EMS called at 16:40. Aspirin 325mg chewed given 16:50. Pt declined ambulance ride to ER but agrees to go to ER with daughter immediately for further assessment.
1106566	3/16/2021	IL	46	F	3/16/2021	3/16/2021	Nausea, chest pain, tightness in throat 178/55 50mg Benadryl given IM. Pt stated improvement . Transported to ER

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1106562	3/16/2021	NY	36	M	3/16/2021	3/16/2021	Patient notified me shortly after receiving his vaccine he had onset of "painful tingling throughout body" and erythema of his hands. Denies chest pain, SOB, difficulty breathing, headaches, dizziness, swelling of lips/tongue/throat, itching or rash. No prior history of any allergic reaction. PMH significant for COVID-19 3/20. BP 125/88, HR 78, O2 sat 98% RA. After 45 minutes of observation - patient states he is feeling much better, mild erythema of the hands resolved. Denies any new symptoms, repeat vitals 122/89, HR 81, O2 sat 97% RA. Patient states he feels comfortable to go home. Informed patient if he has onset of SOB, chest pain, swelling of lip/tongue/throat, dizziness, or any other symptoms of distress. Reviewed common side effects of vaccine which may have onset tomorrow and supportive measures. Patient verbalized understanding and had no further questions or concerns at this time.
1106516	3/16/2021	PA	78	M	3/16/2021	3/16/2021	Chest pain rad to LUE about 5 min after vaccine admin assoc w nausea No SOB, swelling, itching, rash
1106513	3/16/2021	NY	63	U	3/16/2021	3/16/2021	Shortly after receiving her vaccine, I was notified that patient had onset of SOB, chest pain, lightheadedness, and severe headaches. No lip/tongue/throat swelling noted. Initial BP 78/40, repeat 109/80. O2 sat and HR WNL. Pt taken to ER for further evaluation.

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1105490	3/16/2021	KS	44	F	3/16/2021	3/16/2021	<p>Progress Notes (Nurse Practitioner) ? ? Family Medicine Cosign Needed Expand AllCollapse All COVID VACCINE CLINIC 3/16/2021 Date: 3/16/2021</p> <p>Subjective a 44 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, collapse, rapid progression of symptoms and respiratory distress. Past Medical History: Diagnosis Date ? Allergy ? Anxiety ? GERD (gastroesophageal reflux disease) occasional ? Nextgen PMH Comments MVA with nose and facial lacerations 06/29/2012;Acne Vulgaris Not on any medications currently Ate breakfast sandwich and drank coffee this am. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, vomiting, abdominal pain, muscle aches, joint pain, dizziness and headaches + dull headache to back of head developed about 10 minutes into her stay here in the medical bay. Tylenol 1000 mg given. Previous Reactions: none Objective Vitals Vitals: 03/16/21 0930 BP: (!) 151/73 Pulse: (!) 104 Resp: 18 SpO2: 100% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds.</p>

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							Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water, snacks and tylenol Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Systemic reaction (hypoglycemia, hypotension, generalized rash) More likely a dip in her blood sugar and lack of water intake. Pt improved with observation and interventions. She is appreciative of care today. Electronically Signed 3/16/2021 9:34 AM
1105384	3/16/2021		68	F	3/13/2021	3/13/2021	At 1310 patient reported itchy hands that were red on the palms. BP 141/79, O2 at 98% and HR 113, hands were mottled and red, 50mg Benadryl given at 1312says se At 1316 BP was 125/80, HR 102 and O2 98%. Patient reports not issues with swallowing, no SOB, no dizziness or other issues. At 1324 BP was 123/74, HR 99 and O2 98 At 1336, HR 97, BP 124/77, O2 97, patient feels less itchy and denies chest pain, SOB temp 98.0 Patient comfortable to go home
1106643	3/16/2021	NC	37	M	3/15/2021	3/16/2021	Fever of 103F muscle pain entire body joint pain, entire body, Chest pain Tachycardia 120-130 bpm resting heart rate for 17 hours and ongoing.
1105421	3/16/2021	MI	23	F	3/16/2021	3/16/2021	At approximately 2:50 pm, two minutes after receiving vaccination, patient complaining of heart racing and feeling lightheaded. HR 88, oxygen 97%-100% on room air, BP123/84. Denies SOB or chest pain. Given glass of water, symptoms improving at 3:10 pm. Monitored in room for 30 minutes and discharged to home at 3:20 pm. Symptoms much improved.
1106396	3/16/2021	GA	43	F		3/9/2021	Swollen lymph nodes under left arm and in chest area presenting 4 days after shot and persisting for 3-4 days with pain. Severe fatigue presented 3 days after shot persisting for 4-5 days. Chest pains.

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1105557	3/16/2021	KS	36	F	3/16/2021	3/16/2021	<p>Progress Notes APRN (Nurse Practitioner) Family Medicine COVID VACCINE CLINIC 3/16/2021</p> <p>Subjective Patient is a 36 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, collapse, rapid progression of symptoms, respiratory distress and skin changes. PMH includes asthma (on Symbicort and albuterol). Takes zyrtec daily for seasonal allergies and on Wellbutrin for mood stabilizing. She did not eat or drink anything today other than coffee. She has not taken her zyrtec or albuterol dose today. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, itching of skin, vomiting, abdominal pain, muscle aches, joint pain, dizziness and headaches Previous Reactions: none to vaccines. Hx of anaphylaxis to sulfa and cephalosporins.</p> <p>Objective Vitals Vitals: 03/16/21 0955 03/16/21 1015 BP: 127/73 127/64 Pulse: (!) 101 80 SpO2: 100% 100% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological:</p>

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General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water and snacks Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Lightheadedness R/t probably not having breakfast this am along with stress response of vaccine. Recommend rest, continue to hydrate today and eat well. Follow up with pcp as needed. APRN Electronically Signed 03/16/2021 10:03 AM

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1105638	3/16/2021	KS	34	F	3/16/2021	3/16/2021	<p>Progress Notes APRN (Nurse Practitioner) ? ? Infusion Center Cosign Needed Expand AllCollapse All COVID VACCINE CLINIC 3/16/2021</p> <p>Patient: DOB: Date: 3/16/2021</p> <p>MRN: Subjective Patient is a 34 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness. She denied rash, hives, shortness of breath This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality and chest pain, SOA, rash. Pt felt light headed, diaphoretic PMH of vaso vagal syncope. No event with Dose #1 of 2 ALLERGY REVIEW OF SYSTEMS: Patient complains of chills and ear popping Patient denies facial swelling, ear pain and runny nose Previous Reactions: vasovagal syncope Objective Vitals Vitals: 03/16/21 0926 BP: 98/55 Pulse: 68 SpO2: 100% Physical Exam Constitutional: Appearance: She is diaphoretic. Comments: In chair, pale, diaphoretic, hyperventilating HENT: Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are dry. Cardiovascular: Rate and Rhythm: Normal rate. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. Musculoskeletal: General: Normal range of motion. Cervical back: Normal range of motion. Skin: Capillary Refill: Capillary refill takes less than 2 seconds. Coloration: Skin is pale. Neurological: General: No focal deficit present. Mental Status: She is alert. Motor: No weakness. Psychiatric: Comments: Anxious, hyperventilating. PMH "vasovagal syncope". No issues with Dose #1 of 2. Pt pale, diaphoretic and hyperventilating. Initial BP 98/55-HR 68. Pt provided water, ice pack to base of neck and placed supine BP improved 10 109/68. HR 70. Pt sat 45 degrees x 10", became light headed again. BP 97/60. HR72/min. Returned to supine position, encouraged to eat granola bar. Position change after 45"observation: BP 11/74. HR</p>

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							74/min. Pt discharged ambulatory without event Assessment/Plan Treatment included: snacks, prolonged observation and slow position changes Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Ddx: Vasovagal response APRN Electronically Signed 3/16/2021 9:28 AM
1105686	3/16/2021	IL	66	F	3/9/2021	3/12/2021	66 y.o. female who presents with DIZZINESS LIKE ROOM IS SPINNING. PT STATES IMPROVES WITH CLOSING EYES AND LAYING STILL. PT STATES HAS HAD SEVERAL TIMES BEFORE AND LAST TIME WAS ONE WEEK AGO AND TOOK A MOTION SICKNESS OVER THE COUNTER PILL AND DIZZINESS WAS RELIEVED. TODAY PT WAS AT WORK WHEN BECAME DIZZY AND NAUSEOUS AND VOMITED. PT DENIES CHEST PAIN BUT HAS PAST HISTORY OF CAD WITH PACEMAKER PLACEMENT.
1105692	3/16/2021	NY	37	M	3/16/2021	3/16/2021	1348 RECIEVED VACCINE 1410 VERBALIZED NAUSEA REPORTS NAUSEA MAY BE RELATED TO PASTA AND CRAB THAT HE ATE EARLIER VITALS 136/85 HR 74 O2 98 % ON ROOM AIR R 16 REPEAT VITALS 129/80 HR 73 O2 98% ON ROOM AIR R 18 DENIES SOB, NO DIFFICULTY BREATHING, NO SWELLING IN THROAT, NO CHEST PAIN, NO ITCHING PT DISCHARGED HOME WITHOUT COMPLICATION EDUCATED TO FOLLOW UP EMS IF SOB, SWELLING, HIVES, DIFFICULTY SWALLOWING OR BREATHING PT VERBALIZED UNDERSTANDING

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1105807	3/16/2021	MO	21	F	3/10/2021	3/11/2021	<p>Patient received first dose of Moderna COVID-19 vaccine on 2/10/21 and had a large, red, inflamed area on her arm at the injection site for a few days, but otherwise tolerated vaccine well. She received the second dose of the Moderna COVID-19 vaccine on 3/10/21 and the next day (3/11/21) developed fatigue and lightheadedness while exercising, which continued for the next few days. She developed acute onset, sharp chest pain on 3/13/21 AM which did not resolve so she presented to an ED. Vitals were normal but labs notable for troponin I which peaked at 4.36, CK 758, d-dimer 640. CBC/CMP and EKG were unremarkable and initial TTE with EF ~45%. Repeat TTE obtained a few days later with normal LV and RV size/function without any wall motion abnormalities. Cardiac MRI obtained with normal LV function (EF 64%) but late gadolinium enhancement in a subepicardial distribution within the inferolateral wall of the left ventricle at the base most compatible with myocarditis. ESR and CRP were normal. Further workup to determine etiology of myocarditis was negative (ANA, ANCA, RF, hepatitis panel, HIV, full respiratory viral panel, COVID-19 PCR). She was placed on metoprolol succinate 12.5mg XL daily and will follow up with a cardiologist as an outpatient. Family concerned that COVID-19 vaccine was the trigger/underlying etiology of her myocarditis.</p>

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1105850	3/16/2021	IL	83	F	3/9/2021	3/13/2021	3/13/21 ER HPI: 83 y.o. female who presents to the Hospital Emergency Department by private auto with her daughter. The patient comes in because her blood pressure at home has been very high. It is actually not reading on her cuff. She has a very dull headache on the left side of her head, but states it is very mild. No chest pain. She might be a little bit short of breath, but not much more than normal. She denies any current neck pain. She states a few hours ago she had a little bit of pain in the left side of her neck that was just brief and then way. On my initial evaluation her systolic blood pressure was around 240. The patient does have a history of anxiety. She states she has had typical anxiety, but nothing new. 3/15 office followup note: Subjective: Patient is 83 y.o. year old female that is here for ER follow up. 2 ER visits over the weekend. BP was elevated into the systolic 200s. Has ringing in ears when BP was elevated. On Saturday: Left side of throat dry Left side of face "doesn't feel right", hard for patient to describe When she woke up on Saturday, couldn't see out of left eye, this has improved Says her voice doesn't sound the same, "gravely" She did not tell the ER doctor on Saturday about the neurologic symptoms. In her 1st ER visit she had a chest x-ray which showed no acute disease. Cardiac enzymes were negative. ER doctor increased her losartan dose and gave her p.r.n. clonidine. In the early morning hours on Sunday, she returned to the ER. Blood pressure was elevated again at 208/85. Patient was given sublingual nitro and a Norvasc 5 mg tablet. After the sublingual nitro, blood pressure was 144/84. ER doctor discharge patient with follow-up today.

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1105899	3/16/2021	IL	74	M	3/10/2021	3/15/2021	3/15/21 ER HPI - Transferred to Hospital, remains inpatient as of 3/16/21 74 y.o. male who presents with near syncopal episode. Patient states he was getting ready for his doctor's appointment this morning and when he started walking outside he fell dizzy.Wife states that before leaving for his doctor appointment this morning the patient complained of not feeling well, was sweaty and complained of upper chest pressure radiating into both arms. This symptoms have pretty much subsided on arrival to the emergency room. After initial dizzy episode, he almost collapsed, stood up, recovered and then felt dizzy again and was helped down by his wife and denies any injury except for some redness on his left knee. Patient denies chest pain or palpitations. He does not have any prior history of syncope. He is diabetic and hypertensive. Recently underwent bladder surgery due to cancer and now has a urostomy(ileal conduit). This was performed by Dr., urologist at Hospital He is on clindamycin postoperatively due to incisional infection on 03/08. 3/15/21 Hospital H&P: The patient is a 74 y.o. male with history of bladder cancer s/p open radical cystectomy resection with ileal conduit urinary diversion, type 2 diabetes, hypertension, diabetic neuropathy and chronic back pain presented to ED at Hospital because of dizziness and weakness in addition to chest discomfort. He stated that he was walking in the parking lot of his doctor's office when he suddenly felt dizzy weak and started falling on the ground. His son helped him and the ambulance was called. He stated that he felt pressure in his chest with radiation to the shoulders. He also felt short of breath. Stated that the symptoms lasted for about half an hour. He stated that he has never had any similar episodes in the past. He is not known to have any heart or lung disease. He was treated for bladder cancer and had open radical cystectomy with ileal conduit. He has been diabetic for the last 16 years. He has diabetic neuropathy. He stated that he gets out of breath walking a notice increasing swelling in the lower extremities

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1106212	3/16/2021	FL	68	F	1/22/2021		Light-headed; Pressure in my chest; Pressure on my jaw and shoulder, my left shoulder; pressure on my jaw that go up to my head; Pressure on my jaw and shoulder, my left shoulder; pressure on my jaw that go up to my head; Pressure on my jaw and shoulder, my left shoulder; pressure on my jaw that go up to my head; Arm was sore; Had light headache; This is a spontaneous report from a Pfizer sponsored program. A contactable consumer (patient) reported that a 58-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot Number: EL8982) via an unspecified route of administration on 22Jan2021 as single dose for covid-19 immunisation. The patient medical history was not reported. Concomitant medication included aspirin (ASPIRIN [ACETYLSALICYLIC ACID]) taken daily. The patient experienced light headedness and pressure in her chest that went to her left shoulder and jaw. Patient had light headache, pain in chest, and pain in jaw. She woke up this morning feeling better but still had slight pain in jaw. Wondering if side effects are from vaccine and will she be ok. Patient stated, "I have the first dose of the vaccine on 22Jan2021, I didn't have any side effect, my arm was sore but nothing big. But yesterday I feel light headed, like pressure in my chest, kind of pressure on my jaw and shoulder, my left shoulder, and my vitals were okay like my blood pressure, my heart rate and everything was normal. Further she explained this morning I felt better I didn't have pressure on my chest or anything but the pressure on my jaw that go up to my head. Is that related to the vaccine or is something that I have to worry about?" Consumer stated, "The second one is going to be on 12Feb2021, this Friday." Patient stated, "No, I was calling because today I feel better, I don't have the pressure on my chest. But I still have the pressure on my jaw and on my kind of my head. But no I have not called anybody. It's not like an emergency, I am calling because I was not sure about this is related to the vaccine." For treatment consumer stated, "No, today I took some Tylenol, that's all." No investigation assessment. The outcome of the event 'Light-headed' was recovering, the patient recovered from the event 'Pressure in my chest' on an unspecified date, was not recovered form Pressure on my jaw and shoulder, my left shoulder; pressure on my jaw that go up to my head and

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was unknown for other events. No follow-up attempts needed. No further information expected.

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1106258	3/16/2021	GA	61	F	2/2/2021	2/1/2021	nausea; chills; diarrhea; bad chest pain could barely breathe; bad chest pain could barely breathe; left arm where the injection was given was very painful from the injection site to her wrist and; left arm where the injection was given was very painful from the injection site to her wrist and; can barely lift her arm over her head; increase in her blood sugar; arm pain; This is a spontaneous report from a contactable consumer (patient herself). A 61-year-old female patient, not pregnant, received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EL9265), via an unspecified route of administration in the left arm, on 02Feb2021 14:30, at a single dose, for covid-19 immunization. Medical history included diabetes, high blood pressure, and sciatica. Concomitant medications included insulin glargine (LANTUS); metformin; hydrochlorothiazide; candesartan; glipizide (GLIPIZIDE XL) and; colecalciferol (VITAMIN D [COLECALCIFEROL]) - all taken for unspecified indications with start and stop dates not reported. The patient previously received sitagliptin (JANUVIA) and experienced allergies. The patient did not receive any other vaccines within 4 weeks prior to the Covid vaccine. The patient did not have Covid prior vaccination. The patient received the vaccine in a public health clinic/veterans administration facility. The patient received the Pfizer vaccine dose 1 on 02Feb2021. The patient experienced nausea, chills, diarrhea and bad chest pain could barely breathe - these have passed. Her left arm where the injection was given was very painful from the injection site to her wrist and she has been alternating ice pack/heat pad and taking Tylenol 650 mg for the pain. She can barely lift her arm over her head. She also noticed an increase in her blood sugar and her blood was really dark - she stated this was unusual. She asked if there was anything she can do or take that might decrease her arm pain. All the adverse events happened on Feb2021 and resulted in doctor or other healthcare professional office/clinic visit. It was reported that the patient had not recovered from all the adverse events at the time of the report. No treatment was received for all the adverse events, except for "left arm where the injection was given was very painful from the injection site to her wrist" (alternating ice pack/heat pad and taking Tylenol 650 mg for the pain). The patient has not been Covid-tested post vaccination.

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1102415	3/15/2021	MO	21	M	2/25/2021	2/25/2021	~~Moderna" Adverse vaccine reaction possible as began 12 hours post second COVID vaccine dose on Friday. A ER note was generated in a T-Con on a patient who got their 2nd Covid Vaccine and began experiencing chest pain approx. 12 hours post vaccine. Patient did not report to the ER until 28Feb21. It was discussed that he has myocarditis v pericarditis, elevated D-Dimer of 770, swollen lymph nodes, and elevated Troponin. Patient was transferred to Research Medical Center due to no available beds. Patient was referred to a Case Manager and Cardiology. The patient completed a follow up appointment with 509 MDG on 9Mar21 and reported Dull pain that has been affecting sleep. Cardiology reports shows Troponin was elevated to 9.1 decreased to 4.2 and back up again to 13.4. Cardiac revealed late gadolinium enhancement, possibly representing myocarditis and then at discharge possibly myocarditis.
1101713	3/15/2021		58	M	3/15/2021	3/15/2021	He received the vaccine at 1055. At 1108 am the patient became light headed, dizzy, and diaphoretic. The patient experienced LOC for a few seconds. He did not fall during the episode. After a few minutes he was able to stand and walk to the observation area with assistance. Vitals were taken at 1110 BP was 104/57, HR 53, sat 97%. The patient's hands were clammy and he was pale at the time. He denied SOB, chest pain, or difficulty breathing. At 1122 am vitals were 134/73, HR 59, and sat 97%. He reported he felt better at that time. He called his wife to take him home so he would not have to drive. His wife arrived at 1210. The patient left in a stable condition, vitals normal, and walking without assistance.
1101725	3/15/2021	CA	62	F	1/26/2021	1/28/2021	A couple of days after at 10:30 PM I had a fever of 101.5 with a headache in the front on top of my forehead. I stayed home from work the next day and my fever was 100.0. Tylenol helped. I felt tired but better. It became difficult to breath. It felt like I had chest pains especially on exertion. It improved if I sat down. It lasted aa week. My doctor sent me for a chest x-ray and blood tests. I had contracted Covid-19 on the third week after my first dose of the vaccine. Positive test results on 01/11/2021.

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1101989	3/15/2021	TX	50	F	3/13/2021	3/14/2021	Day after vaccine Had low grade fever of 99.8, pain in leg and right lung. Rested and pain didn't elevate with rest and Tylenol. Shortness of breath became worse went to the ER. Pain in lung causing shortness of breath. Leg pain. Labs, ECG, venous Doppler and chest X-ray. All returned in normal limits. Diagnosis: Acute chest pain. vaccine reaction, initial encounter. Still having shortness of breath and pain in right lung. Will follow up with primary care doctor
1101993	3/15/2021	VA	42	F	3/13/2021	3/13/2021	Client received her first dose of Pfizer vaccine and during the post-vaccination wait period, she complained of chest pain/tightness. She described the pain as dull. She stated that she has a history of allergy to penicillin. She also has high blood pressure, but missed a dose today. She takes medication for anxiety as well. She was immediately evaluated by EMT personnel on site, and 911 was called. She was evaluated by the emergency personnel for 30 minutes inside the ambulance and then transferred to the hospital
1101997	3/15/2021	CA	84	F	3/15/2021	3/15/2021	Pt c/o dizziness and chest pain
1102187	3/15/2021	NE	66	F	3/6/2021	3/8/2021	Chest pain radiating down left arm since day after moderna vaccine. Took nitroglycerin twice. Some nausea. Presented to ER for chest pain for 2 days, pain into left arm, No acute changes in EKG, non-cardiac chest pain. Medication changes made per cardiologist.
1102283	3/15/2021	OH	62	M	3/11/2021	3/11/2021	Several minutes after vaccine administration, patient was flushed and diaphoretic. No shortness of breath, No chest pain. No dizziness. Has history of DM and HTN. Denied nausea. PCP had changed his DM medication and he took the new prescription this morning. Felt better after 22 minutes and discharged home.

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1102433	3/15/2021	NJ	64	F	2/10/2021	2/10/2021	2/10 1015 AM 10PM I was extremely fatigued. Slight HA. Dizziness/light vertigo. Sore shoulder on left. Symptoms with stomach cramping lasted into 2/11, all day. By 9PM, I had a severe HA, chills, spent most day in bed. My heart was pounding. Couldn't lay down, HA was throbbing. Temp was 101.5. I contacted my PCM. Advised to rotate between Tylenol and Motrin. The fever did break overnight. 2/12 I was still feeling fatigue, HA. No fever, no chills. Still having vertigo with chest tightness. That had set in on the 2/11. Started my albuterol on 2/11 and lasted till 2/16 with a slight cough. 2/16 Dr was able to see me. She could feel the inflammation in my chest. *Exacerbated the problem because on 2/13 I felt chest tightness and thought it was the asthma, exercises made my symptoms worsen. The acid reflux gave me the sense I was having tight chestness due to the asthma but it was actually due to me exercising on 2/13 which worsened by the 2/15-2/16. I had still had the chest pain, HA Prescribed Advil.
1102410	3/15/2021	WV	50	F	3/13/2021	3/14/2021	Extreme headache Extreme neck ache Chills-uncontrollable shakes Fever Muscle spasms Joint pain Ear pain Extreme fatigue Chest pain Skin tenderness all over Injection site pain Symptoms Started 13 hrs after vaccination. Couldn't lift my my head for 32 hours. Pain was as bad as meningitis I had many years earlier and almost as bad as my actual Covid pain. I was a long hauler from Covid that started on July 24, 2020 and it took 4 months to begin to recover. I was hospitalized for 5 days. I received Covid plasma in the hospital.
1101697	3/15/2021	IL	70	M	3/15/2021	3/15/2021	20 minutes after receiving moderna vaccine, pt developed generalized shaking, felt "cold". Reported no shortness of breath, chest pain, fever. b/p 156/93. HR 118

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1102478	3/15/2021	IL	75	F	2/24/2021	2/25/2021	Received the second dose of COVID 19 on Feb. 24, 2021, at 2:20 pm. After the injection, I sat for 15 minutes, felt fine, then left, went home. The next morning at 5 am, woke with right arm throbbing and a huge swelling where the vaccine was injected. I got up, felt dizzy, and went to the bathroom, took my temperature, which was 101 F, then got the chills and had chest pains across my entire chest. Tried to go back to bed but the symptoms got worse. Called my neighbor and asked him to take me to the ER. He took me to the ER and I was checked for fever, had a chest x-ray, urine test, blood pressure checked and at 5 PM was admitted.
1102364	3/15/2021	MI	64	F	3/6/2021	3/15/2021	Patient initially had bruising and arm pain due to administration of the vaccination in her left deltoid on 03/06/2021 as she reports the pharmacist said he "hit a vein" during administration. She states that after 1 day her arm pain resolved but she still had the bruising. On 3/15/2021 patient woke up with swelling, warmth, and erythema distal to her original vaccination site. She denies any injury to this area. The erythematous patchy area distal to her bruising is nonpruritic and nontender to palpation. Patient denies other vaccine reaction symptoms such as headache, dizziness, runny nose, sore throat, cough, chest pain, shortness of breath, diarrhea, constipation. I recommended that patient use heat 10min three times daily for reduction in swelling and continue to monitor this site for any changes. If any changes occur patient needs to call the office; patient confirmed understanding. Also advised patient to call office if any new symptoms occur of vaccination reaction; she confirmed understanding.
1101353	3/15/2021	IN	35	F	2/15/2021	2/16/2021	Abdominal and back rash - have tried creams to resolve itching and appearance. Still some on my back. Abdomen rash has cleared. Chest pain, right sided. Pain through jaw and shoulder. Felt as if I pulled a muscle. Slept a few hours and it was gone; had it not been gone when I woke up, I would've went to the ER.

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1101343	3/15/2021	IN	67	F	3/1/2021	3/12/2021	Approximately 24 hours after vaccine, had symptoms very similar to when I had Covid in January - tired, queasy stomach, headache, no appetite. Thought I was doing better after 48 hours but had a relapse last night with fever and chest pains. When I take a deep breath, feel pain in my chest.
1101270	3/15/2021	FL	45	F	3/11/2021	3/11/2021	muscle aches, palpitations, "feels like heart is accelerating and decelerating", chest pain, nausea, vomiting, has hx of GI upset Referred to see primary physician STAT.
1101228	3/15/2021	PA	25	F	3/14/2021	3/14/2021	By the one hour mark, I had chest pain, difficulty breathing, and rapid heart rate. It felt like my heart is overworking itself even though I am just sitting still on the computer. Other side effects were headache, nausea, and chills. Noticed my heart rate was fast during the 15 minute observatory period at the facility but assumed it was from the adrenaline + fear of needles. By the twelve hour mark, heart + chest no longer hurt and most side effects were gone.
1100985	3/15/2021	IN	53	M	3/13/2021	3/14/2021	Fever, severe aches and pains still continued into the second day now. Chest pain along with major joint pain
1100839	3/15/2021	PA	73	F	3/12/2021	3/12/2021	The patient had her second vaccination for Coronavirus this afternoon. She was asymptomatic for 15 minutes afterwards, but while driving home she developed tingling of her lips and the feeling of heat in her throat. She went back to the outpatient center where she had the vaccination, where they assessed her. She was not hypoxemic, tachypneic, or hypotensive. There was no visible angioedema. She had no rash or shortness of breath. The vaccinations center administered Claritin and Pepcid and referred the patient here to the emergency department for evaluation. The vaccination occurred 1 hour ago now. The patient says that she feels better, but continues to have the sensation of "heat" in her throat. She has no history of prior allergic reactions. She has no chest pain, difficulty breathing, nausea, vomiting, rash, or itching.
1100709	3/15/2021		31	F	3/12/2021	3/13/2021	Bodyache and headache since she got J&J shot yesterday . Had 100.5°F temp 20mins PTA. Denies URI symptoms, chest pain or difficult breathing.

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1100707	3/15/2021		37	F	3/12/2021	3/12/2021	PT states chest pain starting 20-30 minutes ago with chest tightness and shortness of breathe radiating through the back (got J/J vaccine 1430). PT states pain has since gotten better (taken broken tailbone medication- oxycodone 5mg at 1900/2000).
1100565	3/15/2021	AZ	29	F	1/8/2021	1/8/2021	some kind of back pain, behind her heart; heart pain; pretty strong chest pain; fatigue caused by the vaccine was so profound; This is a spontaneous report received from a contactable consumer(reporting for her daughter) A 29-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EL0142 expiry date 31Mar2021 via an unspecified route of administration on 08Jan2021 (at the age of 29-year-old) at single dose for COVID-19 immunisation. The first dose of bnt162b2 was taken on 17Dec2020. The patient's medical history included bipolar disorder. Concomitant medications included quetiapine (QUETIAPINE). The patient experienced some kind of back pain, behind her heart, heart pain and pretty strong chest pain on 08Jan2021 with outcome of recovered. In addition experienced "fatigue caused by the vaccine was so profound that was advised to not take her bipolar medication, quetiapine" on an unspecified date with outcome of recovered. It was reported that "It took 36 hours for the extreme fatigue to stop. This was very frightening because being without the medication could cause auditory hallucinations to return after 36 hours. There should be a warning for people who must take sedative medication regularly so that they can make an informed decision about whether or not to receive the vaccine".

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1100483	3/15/2021		73	F			<p>L arm/hand numbness; blood pressure abnormality; chest pain; respiratory distress; This is a spontaneous report from a non-contactable other-HCP. This other HCP reported for a 73-Years-Old (same age at vaccination) female patient that she received the first dose of bnt162b2 (BNT162B2, Lot number EN6205), via an unspecified route of administration on an unspecified date at single dose for COVID-19 immunization. The patient medical history and concomitant medication was none. She had not been back to her pcp for "several years". No known history of HTN. She did have a blood pressure cuff at home. During her 15-minute waiting period after the injection on an unspecified date, the patient began to experience L arm/hand numbness. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, rapid progression of symptoms and respiratory distress. Treatment included: no therapy. Follow up response was excellent. Patient discharge: stable to go home and follow up with PCP. Outcome of events was unknown. No follow-up attempts are possible. No further information expected.; Sender's Comments: Based on the information provided, and on a close drug-event temporal association, the Company assessed there was a reasonable possibility that the reported serious events were related to the suspect vaccine BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p>

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1100242	3/15/2021	FL		M	1/11/2021	2/1/2021	Pericarditis; Atrium flutter; Extremely anemic; Night sweats; A spontaneous report was received from a consumer concerning a male patient who experienced pericarditis, atrium flutter/atrial flutter, became extremely anemic/anaemia, and developed night sweats. The patient's medical history was not provided. Products known to have been used by the patient, within two weeks prior to the event, included sucralfate, mesalazine, metoprolol, escitalopram oxalate, colesevelam hydrochloride, multivitamin, vitamin D3, vitamin B 12 and fluciconide. On 11 Jan 2021, the patient received their first of two planned doses of mRNA-1273 (Batch# 029K20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 8 Feb 2021, the same day as the onset of the symptoms, the patient received their second of two planned doses of mRNA-1273 (Batch# 026L20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 08 Feb 2021, the patient presented to the emergency room with severe chest pain across his entire chest and entire jaw that was exacerbated when he took a breath. A pulmonary function test and electrocardiogram were performed (results not provided). The patient was admitted to the hospital with pericarditis and discharged 3 days later. Treatment included colchicine. In Feb 2021 (date not specified), the patient experienced night sweats and had a blood test (result not provided) that showed extreme anemia. The patient also developed atrial flutter. Treatment for atrial flutter included cardiac ablation and apixaban. The patient received both scheduled doses of mRNA-1273 prior to the events; therefore, action taken with the drug in response to the event(s) is not applicable. The outcome of the events, pericarditis and atrium flutter, was considered not recovered. The outcome of the events, anemia and night sweats was not provided.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. The patient's medical history of taking colchicine can be contributory to the Anemia.

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1100395	3/15/2021	SC	66	M	2/8/2021	2/8/2021	<p>He woke up this morning and felt awful; He is mainly fighting fatigue now and feeling rough; His sinuses shut down yesterday; muscles hurt and legs hurt; muscles hurt and legs hurt; The shortness of breath and chest pain were gone when he woke up this morning about 5AM; The shortness of breath and chest pain were gone when he woke up this morning about 5AM; This is a spontaneous report from a contactable consumer reported for himself. A 66-year-old male patient received his first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), from lot# EL9269 via unspecified route of administration at the left shoulder on 08Feb2021 11:00 AM (at the age of 66-years-old) for COVID-19 immunization. The patient received the vaccine at hospital. Medical history included a bypass surgeries (18 stents), a chronic obstructive pulmonary disease and he donated a kidney in 1997 and immunosuppressed. The patient had COVID at the end of December. Concomitant medications included acetylsalicylic acid (ASPIRIN) at 81 mg, 1x/day, fluticasone furoate, vilanterol trifenate (BREQ ELLIPTA) 1x/day (200/25 one puff), sacubitril valsartan sodium hydrate (ENTRESTO) twice a day, fenofibrate 160 mg, 1x/day, isosorbide mononitrate (IMDUR) 120 mg, 2x/day, metolazone 5 mg, 1x/day, as needed, metoprolol 100 mg, 2x/day, famotidine (PEPCID) 40 mg, 2x/day, clopidogrel bisulfate (PLAVIX) 75 mg, 1x/day, potassium (POTASSIUM) as needed, 10mEq, evolocumab (REPATHA) 140 mg, biweekly, ranolazine (RANEXA) 1000 mg, 2x/day, montelukast sodium (SINGULAIR) 10 mg, 1x/day, torasemide as needed(40mg up to 160mg), colecalciferol (VITAMIN D [COLECALCIFEROL]) 50,000 units once a week, nitroglycerin. On 08Feb2021 about midnight, he woke up and had shortness of breath and chest pain, he took 6mg Nitro and he took two at midnight; He took another one at 1:00AM and it had pretty much gone away. Around 2:30AM the chest pain hit again big time, he woke up on morning and felt awful. On 08Feb2021 his muscles hurt and legs hurt. He was mainly fighting fatigue now and feeling rough. His sinuses shut down on unknown date. The patient recovering from muscles hurt and legs hurt and recovered from chest pain. The outcome of the other adverse events was unknown.</p>

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1100245	3/15/2021			F	2/5/2021	2/5/2021	<p>Pleurisy; sharp, severe pain in the rib area under the arm where I had had the injection; Pressure in my lungs have risen, but not high enough to be medicated; Impossible to take a deep breath; Could barely communicate; Daytime oxygen levels were in the 88-89% level during the day.; A Spontaneous report was received from a consumer who was also a 70 year old , female patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and who developed sharp, severe pain in the rib area under the arm "where I had had the injection"/ Musculoskeletal chest pain, impossible to take a deep breath/ Dyspnoea , could barely communicate/ Lack of spontaneous speech, pleurisy, daytime oxygen levels were in the 88-89% level during the day/ Oxygen saturation decreased, pressure in my lungs have risen, but not high enough to be medicated/ Pulmonary arterial pressure increased. The patient's medical history included bronchitis and supplemental oxygen at night. Concomitant product use was not provided by the reporter. On 05 Feb 2021, approximately two hours before the onset of the events, the patient received her first of two planned doses of mRNA-1273 intramuscularly for prophylaxis of COVID-19 infection. On 05 Feb 2021, approximately two hours after receiving the vaccine, the patient experienced sharp, severe pain in the rib area under the arm "where I had had the injection"/ Musculoskeletal chest pain, impossible to take a deep breath/ Dyspnoea , could barely communicate/ Lack of spontaneous speech, pleurisy, daytime oxygen levels were in the 88-89% level during the day/ Oxygen saturation decreased two hours later. At the emergency room, blood tests, rib X-ray, and computerized tomography (CT) of the lungs were done. The CR scan showed some changes, which the radiologist said could be asthma or chronic bronchitis. The patient spent the next three weeks on supplemental oxygen during the day. On 23 Feb 2021, an echocardiogram indicated that pressure in her lungs have risen, but not high enough to be medicated/ Pulmonary arterial pressure increased. Treatment for the event was not reported. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the event of developed sharp, severe pain in the rib area under the arm "where I had had the injection"/ Musculoskeletal chest pain, impossible to take a deep breath/ Dyspnoea , could barely communicate/ Lack of</p>

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spontaneous speech, pleurisy, "pressure in my lungs have risen, but not high enough to be medicated"/ Pulmonary arterial pressure increased were not reported. The outcome of the event, daytime oxygen levels were in the 88-89% level during the day/ Oxygen saturation decreased, was considered recovered/resolved.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: MOD-2021-029767:Patient's friend

Hives/rash developed within 15 minutes, was injected with 25mg of Benadryl. Another 15 minutes or so later it had become hard to swallow, I was given another 25mg dose of Benadryl. After the second dose it became hard to breathe, started coughing and chest started to hurt. I didn't realize but had broke out in sweat. Nurse checked my eyes. Called paramedics and had epi pen ready. I thought a third dose of Benadryl had been administered but that I am not certain of. Blood pressure was higher than my usual but still considered normal (113/82 I think?) pulse was 120 something, at rest I am usually at 70. I became lightheaded. Paramedics did an ekg, it was normal. They monitored me while I stabilized. Was released when pulse was in the 80?s range. Residual chest pain after. 8 days after vaccination I broke out in sweat and became nauseous. Vomited. I then noticed below the vaccination injection (still bruised) and around where last dose of Benadryl was injected there was a large red welp, hot to the touch. The heat eventually went away but the welp remained a few days. 11 days after vaccination is when the cluster headache appeared. Shortness of breath was noticeable on day 12. Day 14 fever and nasal congestion with slight irritation in throat, occasional cough. Day 15 sore throat, coughing progressed (non productive) in to fits that led to vomiting. It is day 18 and shortness of breath is present at rest, chest pain, rash near injection site and bruise is still present. Temp has been low grade fever, hadn?t gone above 100. Normal is 96.9/97.1 for me. Oddly day 13 (the day before fever became present) my temp was lower than usual 95.6/95.7 yet I wasn?t cold.

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1103194	3/15/2021	CO	66	M	3/8/2021	3/10/2021	Moderna COVID-19 Vaccine EUA. At approximately 4:30 p.m. while at home, I felt pressure in my chest, shortness of breath. After the symptoms became worse, I was driven to the Emergency Department for treatment. My initial blood pressure was 247/114. I was administered aspirin iohexol (OMNIPAQUE) and nitroglycerin (NITROSTAT). I was given oxygen. Blood was drawn, an EKG standard was taken, a CTA Chest scan was done and a XR Chest 2 View PA and Lateral were taken. I was released from the hospital at approximately 11:30 p.m. My blood pressure at the time was 187/107. My breathing was easier and my chest pain was low.

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1102493	3/15/2021	FL	77	M	2/8/2021	2/8/2021	He had the injection, had the sore arm and approximately 3 hours after the vaccination he began to experience severe chest pain across his entire chest and into his jaw, which was exacerbated upon taking a deep breath. He called his cardiologist who advised him to go to the ER. He was worked up, subsequently admitted from 2/8/21 to 2/11/21, a lot was ruled out but no specific diagnosis made at that time. They did note some pleural effusion and pericardial effusion at that time. Upon discharge on 2/11/21, starting Thursday evening he continued to have pain in the chest, but not as severe as when he entered into the hospital. Every evening including last night has began with severe night sweats, low grade fever and the chest pains have continued. Went to see his PCP, Cardiologist and his Electrophysiologist several days later the following after discharge, he does have a pacemaker, and was told by all three of them that he has pericarditis and that the reaction could have been related to the vaccination. It seemed more than coincidental that the symptoms did not appear until 3 hours after the vaccine. Was put on Colchicine to treat the pericarditis and then received a 2nd opinion and has reinstated the colchicine. His low grade fever has finally dissipated. During the day he feels okay, but still continues with the chest pains and the night sweats. His hemoglobin dropped in the hospital possibly related to the heparin and then put on Eliquis postop, and now discontinued, and received an iron infusion to boost his hemoglobin. He is scheduled for another iron infusion this Wednesday. He went to see GI physician and feels that he may have a bleed due to the infusion. He has had an anastomosis due to Crohn's disease and feels that's where the bleed may have been coming from as he did have an ulceration at last colonoscopy. He did have atrial flutter due this and was advised to have an ablation, and trying to reduce the pericarditis and FU later with other heart related problems.
1103370	3/15/2021	FL	83	F	3/12/2021	3/13/2021	Chills, temperature 103.6, nausea, chest pain, vomiting progressively (temperature went below normal after vomiting) for 15 hours total. Left arm still red, swollen and hot.

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1103649	3/15/2021	CA	41	F	3/15/2021	3/15/2021	Patient has history of heart problems (unspecified arrhythmia), type 2 diabetes, food related allergies and previous meth use. She denies any recent meth use or previous anaphylactic reactions. She received her vaccine dose at approximately 1331 and started complaining of shortness of breath and palpitations approximately 5 minutes after. She denies any chest pain, throat tightness, itchiness or swelling. She appeared lethargic, awake and oriented x 4, speaking in full sentences, diminished breath sounds bilaterally, no respiratory distress, Her vitals were stable (BP 126/84, HR 73, RR 24, SaO2 94% RA). She self administered ProAir MDI 2 puffs. Her breath sounds improved and palpitations resolved. Her reaction time lasted until approximately 1351. She was educated on sign and symptoms of anaphylactic reactions and strict ER precautions.
1103430	3/15/2021		41	F	3/6/2021	3/6/2021	Patient received Pfizer COVID19 vaccine and went to the observation area. Others in the observation area noted that she had a red rash on her chest. Patient noted that she felt warmth in area but no itching. She denied chest pain, shortness of breath, itching, oral mucosal swelling. She was given diphenhydramine 50m g by mouth one time. She was observed for 40 minutes in treatment area with improvement of redness and rash. Patient was stable when left the treatment area. She was instructed to go to ED if rash worsened or if she developed oral mucosal swelling, difficulty breathing/SOB. Recommended that patient consult her primary care physician and see an allergy specialist before getting her second dose.
1103366	3/15/2021	MO	22	F	2/24/2021	2/24/2021	Arms tingling, throat tingling, short of breath, palpitations brain fog ,weakness , chest pain , chest pressure, anxiety, still with intermittent numbness, tingling face , weakness.

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1103246	3/15/2021	CA	73	F	3/15/2021	3/15/2021	73y/o female presents with localized itching to outer right arm at and around site of Moderna vaccine that started within 10min of vaccine administration. She rates the itching at a 7/10. The itching resolved at 30min post-injection. She denies pain or swelling at site of injection. She denies throat closing, lip/tongue swelling or tingling, shortness of breath, chest pain, or palpitations. On physical exam, patient has no redness, swelling or tenderness to palpitation at site of vaccination. Lungs are clear to auscultation bilaterally. Cardiac-regular rate and rhythm
1103189	3/15/2021	FL	75	M	3/13/2021	3/14/2021	chest pain, chills, fever, could not stay awake, no appetite
1103170	3/15/2021	AZ	49	F	3/15/2021	3/15/2021	~~Janssen COVID-19 Vaccine EUA" Patient was diaphoretic, feeling faint and reported blurry vision. Patient denied dizziness, shortness of breath or chest pain. Patient was assessed by medical doctor and registered nurse . 911 was called , EMS responded , EMS assessed and treated patient . Patient was discharged in stable condition.
1103157	3/15/2021	MD	55	F	3/12/2021	3/13/2021	chest pain and nearsyncope 3/13

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1103152	3/15/2021	CA	56	M	3/15/2021	3/15/2021	At 1005 Patient, a 56 yo Male was sitting in a 15 minute observation after receiving a first dose Pfizer (Lot EP7534 Expiring 07/31/2021) five minutes prior. Patient reported feeling lightheaded and feeling a "heart warmth". Client reported past medical history of Neuropathy, Mechanical mitral valve replacement, aortic valve repair, hyperlipidemia, coronary artery disease, hypertension, DMII, dyspnea, obesity, depression and pulmonary hypertension. Client denied any allergies to medication, food or seasonal allergies. Client stated he last ate at 1030pm on 3/14/2021. Denied having any food, drink or diabetic medication this morning. Client rated the severity of heart warmth as a 2/10. Client stated warmth in his heart was similar to the sensation he had when doing a heart stress test. Client denied chest pain, shortness or breath, blurry vision, dizziness, headache, nausea, vomiting, diarrhea, recent illness or lifestyle changes. At 1018am client had water and ate a fruit bar he had. At 1022am client stated the warm sensation had diminished and he felt better after eating and drinking. Client denied dizziness, blurry vision and chest pain. Site offered to call 911 to have an ALS assessment. Client declined further evaluation and care. At 1045am Client was able to ambulate without assistance and had a steady gait as he left the observation site.
1103146	3/15/2021	WA	66	F	2/24/2021	2/26/2021	Shortness of breath, chest pain, chills, fatigue, pain in back, nausea - Went to ER Feb 28, 2am - symptoms continue for another week.
1103120	3/15/2021		81	M	3/11/2021	3/12/2021	Chest pain
1102523	3/15/2021	CA	66	F	2/20/2021	2/25/2021	Headaches, dizziness, sore throat, head pain more on right side, both eyes pressure (soreness), right eye lid dropped for a few minutes I couldn't lift it, only the right eye heavily twitching, nose pressure pain, inner ear pain (more on right side), teeth and gum soreness, neck pain, chest pain (pressure). Two severe days (February 28th and March 1st) and then it gradually got better by end of two weeks. I'm 96% back to normal today. Still having occasional slight pains in head, ear, nose and throat. Advil and Tylenol help.

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1103272	3/15/2021		23	M	3/12/2021	3/12/2021	fever,nausea,headache. PT states getting the J/J vaccine this am 1000 with shortness of breathe, nausea, and headache starting around 13/1400. PT states taking 500mg tylenol around 1.5 hours ago. DATA: 23-year-old male presents with constitutional symptoms after COVID vaccine reaction.. Stable on arrival, mildly febrile with moderate tachycardia and otherwise reassuring vitals. Patient well-appearing on exam with no productive cough, hypoxia, abnormal lung sounds, or respiratory distress to suggest pneumonia. No urinary symptoms or abdominal pain to suggest UTI or other acute intraabdominal process. No AMS, neuro symptoms, meningismus, or rash to suggest meningitis/encephalitis. Non-toxic appearance; low concern for DATA: Med/Allg: denies PMH/PSH: denies ROS HEENT: no eye pain, no sore throat, no ear pain CV: no chest pain, no palpitations Pulm: no shortness of breath, no cough Abd: no abdominal pain, no N/V/D MSK: no joint pain, no joint swelling, no back pain PE Gen: A&Ox4, NAD, non-toxic appearing HEENT: no pharyngitis, no AOM/OE, no PTA/RPA/Ludwig's, no cervical adenopathy CV: S1/S2 RRR without MRG, cap refill <2 seconds all extr Pulm: CTA all fields, no dyspnea on exam Abd: no focal Abd TTP, no peritoneal signs, no CVA tenderness MSK moving all extremities without limitation, no gross deformities, no joint swelling or tenderness Neuro: CN 2-12 and cerebellar grossly intact Skin: maculopapular lesions on Bilat lower legs c/w contact dermatitis. Lab: none indicated Rad: none indicated
1102503	3/15/2021		48	F	1/21/2021	1/22/2021	severe dizziness and palpitations with any change in posture- Postural Orthostatic Tachycardia Syndrome. was severe for 4 weeks but is still intermittently present 6 weeks later. I had to move a recliner to my clinic office to be able to get through my work day. could not stand for more than 5minutes without feeling that I would fall down. nausea x 2 weeks severe fatigue limiting activity x 4 weeks chest pain x 4 weeks (intermittent associated with tachycardia, no association with activity or food, pleuritic in nature, lasted 5-30 minutes at a time, no chest pressure, no sweating with it) I am better but not fully recovered.
1103105	3/15/2021		72	M	3/11/2021	3/12/2021	Chest pain; Chronic hepatitis C with cirrhosis; Cirrhosis; Fatigue

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1102537	3/15/2021	OH	64	F	3/9/2021	3/9/2021	3-9-21 6:40PM 'SHARP PAIN IN CHEST X2MIN'. 'ALSO NAUSEA AND FEELS DRUNK'. NO SOB/DYSYPNEA. 7:16PM PLACED IN W/C TAKEN TO MEDIC TENT & PLACED ON CARDIAC MONITOR: NSR NOTED. 7:25PM STATES 'DECREASED NAUSE AND NO CHEST APIN NOW - STILL FEELS DRUNK'. PT DECLINES JUICE AND CRACKERS - STATES SHE WANTS TO WAIT AND TAKE HER DIABETIC MEDS BEFORE SHE EATS'. 7:30PM 'FEELING BETTER' TO EXIT PER W/C TO BE DRIVEN HOME PER DAUGHTER. 3-12-21 1PM TC: STATES 'NO CHEST PAIN , STILL HAS A LITTLE NAUSEA'.
1102547	3/15/2021	MI	64	F	3/13/2021	3/14/2021	Janssen COVID vaccine was administered on 3/13/21- patient was screened twice and denied receiving any vaccines in the past 2 weeks. after administration it was noted today (3/15/21) that the patient received the Moderna COVID vaccine (one dose) on 3/4/21. I attempted to reach out to patient to discuss and noted that she is admitted to Hospital for a NSTEMI. Per chart notes patient reported symptoms of fever, nausea, malaise on 3/13/21 after vaccination. The next day 3/14/21 developed syncope and chest pain. Patient reported to emergency room and was admitted with NSTEMI
1102660	3/15/2021	IL	79	M	2/11/2021	2/11/2021	Patient reports experiencing chest discomfort, shortness of breath, and congestion after vaccine dose 1 and dose 2. Patient seen for televisit after recieving 2nd covid vaccine 4 days ago. He has a little trouble breathing and has pain around his chest with some muscle pains. He reports that the pain is increased in his upper chest. He is more short of breath walking up stairs, coughs up a little bit, does use advair, has rescue inhaler. Patient was directed to seek further care at immediate care. Has hx of chest pain and tightness prior to vaccine most recently documented in 3/2020
1103006	3/15/2021	IL	55	F	2/26/2021	2/27/2021	chest pain right chest- self limited but lasting several hours-- starting 24 hours after vaccine
1103031	3/15/2021	UT	59	F	3/5/2021	3/8/2021	Chest pain, left flank pain also she has shortness of breath and cough. She states that her shortness of breath started about a week ago after she got a Covid Shot.

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1103034	3/15/2021	MA	49	F	12/29/2020	1/6/2021	Soreness in the arm and redness gone by 01/05/2021. It became red and swollen with numbness and tingling. There was a rash and coldness in the arm. Sharp chest pain onset with coldness feeling. On 1/09/2021 one onset of chest pain and coldness in the arm all the way down the arm and into the fingers. Observed in the ER with EKG. Followed up with care clinic. Stress test scheduled but cancelled, rescheduled on Mar 29th.
1103070	3/15/2021		81	F	3/11/2021	3/12/2021	Bradycardia; Chest pain; Shortness of breath; Sinus bradycardia; Symptomatic sinus bradycardia
1103088	3/15/2021	TN	58	F	3/10/2021	3/11/2021	Patient awoke in the night with severe shaking, chills. Reports back and chest pain-began vomiting, then fainted and hit her head on toilet. Did not seek medical attention. Refuses second vaccine.
1102901	3/15/2021	FL	37	F	3/3/2021	3/3/2021	Tongue, lips, face went numb at around the 5 min mark. Then hands and arms. I was dizzy and weak, had a hard time walking. I noticed my vision was blurred. I couldn't see freckles on my arms that I usually can see. After 40 mins the numbness improved. On the drive home I was swept with head-to-toe numbness for about a min with the feeling like I was going to throw up and chest pain. The chest pain continued to come and go a few times for the next 10-12 hours. I was very dizzy and very weak. My vision went back to normal about 5 hours later. But I remained dizzy and weak for about a week. I still have dizziness on and off throughout the day that I never had before though. All those symptoms I feel like are outside of what was expected and concern me but other than that I had symptoms that I expected as well like my arms was sore for maybe 3 hours total the day after, I was tired, and had an elevated temp around 100 degrees.

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1097936	3/14/2021	TX	42	F	3/1/2021	3/1/2021	Allergic Reaction: 03/01/21: Received 1st covid (Moderna) vaccine at pharmacy Duration: immediate slight pink area at injection site/beneath band-aid, below site pink and burning, the burning resolved not long after. No further issues until 03/07/21: around injection site began feeling warm then swelling with slight itch (she thinks due to skin stretching), area has spread and worsened each day. She does have photos of skin reaction as it progresses. Medications/ treatments: Tylenol, ice pack, used hand sanitizer on area then washed with perfume free/ dye free soap Possible aggravating factors: Allergy to latex (nurse did show her the band-aid used was latex free. Autoimmune d/o: Hashimotos. Negatives: fever, chills, body aches, nausea, vomiting, diarrhea, cough, SOB, sore throat, chest pain/ tightness, confusion, headache
1098782	3/14/2021	NV	79	F	3/2/2021	3/3/2021	Unexpected chest pain along the left side, especially painful the first night. Light pain lasting 10-15 minutes randomly usually once per day on days following date of vaccination. Patient states that it did not feel like heartburn. Patient has never had a heart attack and cannot compare the two experiences. Expected right arm pain at injection site that subsided after a day or two.
1098738	3/14/2021	FL	41	F	3/9/2021	3/9/2021	Chills, sweating, vomiting, fever (102.4), pain in the left arm at the injection site, headache for 12 hours. Muscle ache, fatigue, nausea, headache, chest pain/tightness 72 hours. Chest tightness, nausea, headache, fatigue, muscle ache, general bad feeling current as of 3-14-21.

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1098637	3/14/2021	IL	44	M	3/13/2021	3/14/2021	pt has h/o htn and take 4 different meds. he has taken all of his meds today . pt received his covid vaccine on 03/13/2021 in the left shoulder and he woke up this morning with pain in the left shoulder radiating down his arm and it originates at the site of the vaccine. pt denies substernal chest pain , dyspnea , doe. he has h/o elevated blood pressures at the level seen today (180/100) when he has poor sleep and he had poor sleep last night due to pain at injection site. no CAD hx. pain is not changed with walking but will be worsened by moving his left arm. PE: a+ox3, in moderate pain left arm: injection site clean and intact. left arm is neurovascularly intact. no bony deformity of the shoulder lung: normal respiratory status, cv rrr no mgr Signed on 3/14/2021 at 11:54am
1098587	3/14/2021	WI	79	F	2/12/2021	2/20/2021	shortness of breath, pain in chest increasingly more severe as time went on. Noticed shortness of breath about 12 days after the vaccine was given. I am a 2 mile a day walker and very healthy. It was below freezing and I attributed the shortness of breath to weather. I went to an ER on March 8, 2021 after realizing symptoms were worse. I was admitted with Pulmonary embolism in both lungs and pneumonia in both lungs. The hospitalist could not give me a reason why this happened. He encouraged me to report this incident. You would need to contact him for tests and such. I am a patient. I live where medical help is limited. The vaccine was administered at a clinic but the ER I went to was a different system.
1098573	3/14/2021	NM	53	F	3/12/2021	3/13/2021	Severe chills from 10am-3pm on 3/13/21 along with fatigue. At 4pm I got extremely hot and started with back and chest pain along with not being able to get a good breath in.
1098517	3/14/2021	LA	48	F	2/27/2021	3/6/2021	3/6/21- One week after shot: Extreme chest pain lasting a week - plus (still ongoing) and indigestion. 3/12/21 - Two weeks after shot: large rash on injection arm. Red, hot, inflamed, itchy. Increasing in size over at least 3 days extending from shoulder to 1-2? above elbow.

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1098331	3/14/2021	IA	60	F	3/11/2021	3/11/2021	Patient presents with feeling lightheaded after she got the second dose of her Pfizer vaccine about half an hour ago. She is brought over here by staff at the vaccine clinic. She continues to have some shakiness. She denies any pain or shortness of breath. Symptoms are worse when she is sitting up. She has had syncopal episode in the past. Denies any chest pain.
1097919	3/14/2021	UT	42	F	3/11/2021	3/12/2021	sharpening to the brain in the waiting area the first 15 minutes and a sharp using to the left hip in the waiting area in the first 15 minutes but I wasn't too worried about that. Uncontrollable laughter 11:45 AM the next morning. Forgetting where I was going on day two at 2 PM when I went to pick up lunch for the family totally got the wrong lunch. Again with uncontrollable laughter for 8-10 minutes. Sharp pain 05/14/2021 in the ovary area where I have a cyst in my ovary. Words messing up all the time. Right upper chest pain, freezing cold nose and nose tip feels like it's freezing and has numbness and a runny suddenly on day 3.
1097962	3/14/2021	SC	24	F	3/13/2021	3/13/2021	Patient developed shortness of breath, tachycardia, epigastric and chest pain. A thorough workup was performed to search for other causes and none was found, ultimately patient was treated as moderate anaphylaxis, symptoms improved with fluids, steroids, benedryl, and she was discharged with strict return precautions and outpatient followup.
1097921	3/14/2021	CA	72	F	3/12/2021	3/12/2021	Chest pain (5/10), bilateral jaw numbness, left back pain, and headache. Oxygen 6 liters. Taken to the ED>
1099357	3/14/2021	AZ	30	F	3/4/2021	3/11/2021	patient developed chest pain on the date specified. Presented to emergency department at Medical Center on 3/14/2021 and was found to have pericarditis and myocarditis. Admitted to hospital 3/14/2021. No follow up available as yet.

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1098926	3/14/2021	AZ	71	F	3/8/2021	3/9/2021	intense headache, muscle pain, chest pain, chills, nausea, vomiting, lightheadedness, lethargy I took Tylenol Extra Strength tablets for the headache & muscle pain. The headaches lasted for 3 days. The muscle pain for 3 days. The vomiting occurred on the day after the shot - 1 time. I remained nauseous for the next 3 days. The chest pain has been on and off for the past 2 days. It has been mild. The lightheadedness lasted for 4 days. The lack of energy is still ongoing, but is getting better.
1098196	3/14/2021	IN	63	F	3/12/2021	3/12/2021	After 1 1/2 could not stay awake till sunday. Body aches. Chest pain. Headache.
1099404	3/14/2021		27	F	3/10/2021	3/11/2021	flu symptoms. Pt received Covid J&J 1100 10MAR2021. Pt started having HA, fever, chills started midnight. Pt denies coughs, nausea, chest pain, respiratory problems, abd pain. History: pt received J&J COVID-19 vaccine around 10am and woke up around midnight with shakes/chills and mild non-thunderclap frontal headache with mild body ache, here for eval. Had work-out earlier and not sure if body ache is from work-out, per pt. denies any recent illness/injury or symptoms prior to the COVID-19 vaccine this morning. No visual deterioration, sore throat, cough, SOB, vomit/diarrhea, rash, sick contact, recent COVID-19 hotspot visit, co-morbidities, use of any meds, or chance of pregnancy, per pt.
1100611	3/14/2021	CA	68	F	2/5/2021	2/5/2021	2/05/21 6 hrs after injection my thigh muscles on both legs tightened up and I could not bend at the upper thigh. very painful. 2/09/21 woke up with foggy vision and eyes burned like fire all day. 2/11/21 At work and felt fine until n/v/d hit hard and had to leave work. Shaky. dizzy, lightheaded with chills Could not stop shaking until the next am. 2/13/21 Face was extremely blotchy and very swollen with eyes still red and small. Left eye smaller and more swollen than right. 2/18/21 Developed chest pain. No SOB tongue not swollen. Resp and spo2 down to 94% normally 98 or 99

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1099157	3/14/2021	CO	48	F	1/19/2021	1/19/2021	Relatively immediate onset of chest pain with elevated blood pressure above normal. Longer term response was palpitations and irregular pulse limiting regular activity for just over one month. Cough and fluid accumulation in lungs began day 5 (similar to my presentation of Covid-19 infection but less intense). Regular exercise was able to resume approximately 2/26/21
1099422	3/14/2021	NJ	47	F	3/3/2021	3/3/2021	3/3/21: 8:00PM development of fever (100.4F), chills, headache and slight abdominal pain 10 PM. In addition to listed symptoms numbness in feet develops and abdominal pain worsens; treatment with acetaminophen 11:30 PM. Fever of 100.8F; severe URQ/ULQ abdominal pain; moderate chest pain; treatment with oxycodone. Also joint pain in shoulders and wrists (clears after a few hours) 3/4/21: 1 AM. Chest pain and abdominal pain and numbness in feet persist, while dizziness and migraine develop; treatment with 2.5 mg Zolmitriptan 6 AM. Moderate abdominal pain. Treatment with oxycodone 7:30 AM extreme dizziness develops rendering me unable to walk or stand 8:30 AM: temperature 99.8F rest of day: abdominal pain persists
1098955	3/14/2021	PA	78	M	3/14/2021	3/14/2021	patient began to have left sided chest pain which radiated to left arm. stated sharp pain but also belt like pressure. does not have history of similar chest pain. he also described dizziness and SOB, but additional questioning suggests this is his baseline. 12 lead showed a fib. patient denies history of similar. patient given ASA and transported to ED for additional work-up for his chest pain

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1099397	3/14/2021		18	M	3/10/2021	3/10/2021	flu symptoms. Pt received J&J vaccine this morning 0900. At 1400, started having a HA, chills, dizziness, chest pain cramps, and n/v. History: Pt had J&J COVID-19 vaccine this morning and after noon, pt started developing chills, non-thunderclap headache, felt light-headed like passing out while standing, having to sit down, sweating, with N/V x 2, here for eval. Also had muscle aches, in chest, thigh, and other parts of muscles, not isolated to chest. Felt not quite 100% when pt woke up this morning but otherwise didn't have any other symptoms before the vaccine and denies recent sick contact, recent travel, recent illness/surgery/procedures/abx use, diarrhea, rash, COVID-19 hotspot visit, sore throat, ear pain
1099376	3/14/2021		30	F	3/4/2021	3/4/2021	Started with chest pain one hour after and then was having trouble breathing and got chills and fever
1098972	3/14/2021	MD	35	F	3/14/2021	3/14/2021	Five minutes after vaccination, pt started having tongue and throat tingling, itchy and scratchy sensation. Denies chest pain, swelling, rash or SOB.
1099079	3/14/2021	CT	22	F	3/13/2021	3/13/2021	Fatigue: 5pm on 3/13/21- current Extreme muscle pain throughout body: 5pm on 3/13/21- current Uncontrollable shivering: 8pm on 3/13/21- 12am on 3/14/21 Swollen lymph nodes on left side of neck: 5pm on 3/13/21-current Nausea caused by pain and shivering: 8pm on 3/13/21- 12am 3/14/21 Chest pain and arrhythmia: 8pm on 3/13/21- 12am 3/14/21 (mother is an RN and checked this with stethoscope) I took Tylenol around the clock, did not make any changes to my symptoms. Called the ER and was transferred to a pre-recorded line. Called PCP and was instructed to increase fluid intake, rest, and take vitamins C and D.
1099022	3/14/2021	UT	73	F	3/1/2020	3/12/2020	Shortness of Breath, Orthopnea, chest pain, hypoxia Hospitalized as inpatient at Hospital *Electronic form was not allowing form to give this information in section 21
1099012	3/14/2021	CA	94	F	3/1/2021	3/1/2021	Difficulty breathing, chest pain, difficulty swallowing, SOB
1098997	3/14/2021	SD	67	M	3/10/2021	3/11/2021	Couldn't raise right arm, was so weak had to use assistant to get up, severe weakness and tiredness, severe right sided chest pain through right shoulder

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1099246	3/14/2021	KS	23	F	2/12/2021	2/13/2021	Shivering, night sweats two nights in a row. Awful chest pain for 6 hours straight on the day after vaccine. Fatigue and low grade fever.
1096999	3/13/2021	NJ	55	F	3/11/2021	3/11/2021	Patient, soon after developed a tingling in her lips, followed by a feeling of itching and small amount of noted rash around the upper chest which developed to small portions of the arms and back. Patient with a sensation of throat tightness. No chest pain, no SOB, skin warm and dry, lungs clear, radial pulses present. Initial vital signs of 138/88, 85, 98% room air. Patient did not pre-treat with any medications, even though she was treated with an allergic reaction on her initial dose. Rask and itching continued, decision to transport, 50mg of Benadryl Given IM in Right Arm. EMS care and transport to ED
1096900	3/13/2021	IN	66	F	3/11/2021	3/12/2021	Severe headaches, chest pain, rapid heartache, short of breath
1096794	3/13/2021	AZ	72	F	3/13/2021	3/13/2021	Patient complained of shortness of breath, general weakness, dizziness, chest pain which she specifically described as ?angina.? Patient stated symptoms lasted for about 30 minutes then resolved. No medications administered in response to event.
1096768	3/13/2021	TN	70	M	3/9/2021	3/9/2021	2nd dose of Moderna on 3/9/2021 at 8:30am. At 9:00pm started having upper respiratory distress leading to vomiting and diarrhea (every 10 to 15 min) on 3/10 at 10:00 pm. Went to ER on 3/11 at 1:00am. Admitted to ER with initial diagnosis (following lab work, x-rays, etc.) of Anaphylactic Shock. Symptoms were allergic reaction, chest pain, hypotension, acute kidney failure, diarrhea, DM2, hives/rash/itching. Multiple IVs of saline, antibiotics, steroids were administered. Remained In critical care/ER for ~12 hours until stable and transferred to hospital room. Discharged on 3/12/2021 at 11:00 am.

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1096732	3/13/2021	PA	62	F	3/13/2021	3/13/2021	Patient received the vaccine and about 3 minutes after she described a warm flushing feeling when it was injected, and tingling. No shortness or breath or chest pain, patient was removed from cell and taken to the observation area, her chest was red and flush. her blood pressure at 1145 was 178/122 and heart rate 89 and pulse ox 95% in her let wrist, patient was placed on litter and laid down, she was observed . Follow up blood pressure at 1208 on her left wrist was, 167/112, HR 87, pulse ox was 99 on room air. Blood pressure check in her right wrist was 175/99 . Patient stated that her symptoms were resolving with additional observation. Patient was then placed on the edge of the bed for additional time and patient was released from observation at 1215.
1096182	3/13/2021		33	M	3/11/2021	3/11/2021	Severe chest pain. Migraine headaches
1096188	3/13/2021	CA	42	F	3/12/2021	3/12/2021	Pt reported chest pain/tightness immediately after vaccination. BP was 210/127, HR 88, O2 100% on room air. Pt rated her pain at 5/10. Stated that was on BP medications but was non-compliant. Pt was monitored by the administering nurse and FD captain and an ambulance was called for the patient.
1096356	3/13/2021	IN	56	F	3/10/2021	3/11/2021	Low grade fever, exhaustion, arm pain started approximately 20 hours post administration Mild chest pains 10 min post injection
1096296	3/13/2021	AZ	61	F	3/4/2021	3/4/2021	Systemic: Patient started with a fever overnight beginning at 9pm, got up and went to work and started developing shortness f breath and chest pain. She worked for 6 hours and went to the ER. She was diagnosed with a UTI and elevated troponin levels-Severe, Additional Details: Her BP on admission was 178/100, troponin levels went down, she was NPO the next day and then went home.

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1097127	3/13/2021	CA	61	F	3/13/2021	3/13/2021	Patient was observed to be sitting in her chair with head down on knees in 15 minute waiting area after receiving Johnson and Johnson Vaccine. Patient reported light headiness and nausea. Patient was AOX4 and vital signs laying at 11:24 am: HR: 79, O2: 96% RA and Temp: 98.1 F, BP not reading. BP retaken at 11:34 am laying down: BP: 50/29 with thready pulse. Patient denies any chest pain, trouble breathing, itchiness, pain. BP retaken laying down at 11:40 am BP: 95/59 and Heart Rate 71. BP retaken sitting at 11:49 am. BP: 83/49. Blood pressure retaken sitting at 12:06 pm : BP 92/57 , HR: 65. Patient reported she normally runs a low blood pressure. Per Patient stated she feels better, had a snack. As precaution called friend to pick her up.
1097518	3/13/2021	CA	28	F	3/13/2021	3/13/2021	Pt 28 y/o female found sitting in a chair at USC vaccination site. c/c Allergic reaction post COVID-19 vaccination. Pt was instructed to wait in the "30 minute" monitoring area due to allergies to shellfish. After approximately 15 minutes in the monitoring area the pt notified CORE staff stating she felt her lips swelling. CORE staff notified LAFD and Carbon AP who immediately responded to the pt. Upon arrival it was noted that pt had moderate swelling of her lips and minor airway involvement. Pt was assessed and given 2 doses of EPI 1:1000 for a total of 1.0mg (0.5mg each). Swelling subsided and pt denied any further airway involvement. Pt denied any chest pain or severe shortness of breath. No nausea or vomiting, pt had equal grips and pushes. No headache, blurred vision or tinnitus. Abdomen was soft and non tender on palpation. Gravida 0, para 0. LMP 28 days ago. Pt has a Hx of severe allergic reaction to shellfish. LAFD RA10 was dispatched and pt was transported to hospital #133 for further evaluation and care. Hx: Cardiomyopathy, Borderline anemic, HTN Allergies: Shellfish Meds: Birth control
1096683	3/13/2021	NY	63	F	3/8/2021	3/9/2021	Headache Chest pains/gas pains Leg cramps Foot cramps Flank pain Exhaustion Insomnia

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1097589	3/13/2021	FL	83	M	3/10/2021	3/10/2021	ADVERSE EVENTS: racing heartbeat, chest pain, high blood pressure TREATMENT: took prescribed dosages of Eliquis, Carvedilol, Metformin, Diltiazem, Nitrostat, Bayer aspirin 325 mg, and Diphenhydramine HCl 25 mg OUTCOME: after 96 hours, heartbeat still elevated; chest pain reduced; blood pressure reduced but still elevated
1097145	3/13/2021	IL		M	3/10/2021	3/10/2021	PT FELT WARM AND NAUSEOUS. PT DENIED ANY CHEST PAIN, SHORTNESS OF BREATHE OR ITCHING. PT DID NOT VOMIT. PT MOVED TO COOL ENVIROMENT AND BEGAN TO FEEL BETTER. PT OBSERVED BY EMS FOR 15 MIN. PT SIGNED REFUSAL FOR TRANSPORT TO HOSPITAL.
1097476	3/13/2021	CA	64	F	3/13/2021	3/13/2021	Pt 64 y/o female found ambulatory at vaccination site. c/c Allergic reaction post COVID-19 vaccination. Pt received her first dose of Moderna vaccine at approximately 0900. Pt moved to the monitoring area where she was instructed to wait for 30 minutes due to her medical Hx and previous allergic reactions, Pt alerted a clinician stating she felt a tingling sensation around her mouth and minor swelling of her lips. Responded as well as fire department. Pt was given at 2 doses of EPI 1:1000 for a total of 1.0mg (0.5mg/dose) and 50mg of Benadryl. All medicine administered IM. Pt experienced relief post med administration. Pt denied any shortness of breath or chest pain. No headache/blurred vision or tinnitus. Pt denied any nausea or vomiting. Pt had equal grips and pushes. Skinsigns were warm and dry. No hives, redness or itching. Pt was transported to Hospital by fire department. Vital signs: BP 142/82, HR 78, RR 18 Hx: HTN, Thyroid issues, CA, Allergic reactions ALLERGIES: Sulfa, Seafood MEDS: UKN Conclusion Pt was identified as a "30 min monitoring" upon check-in. Pt was instructed to wait in the designated area. Upon feeling a reaction to the vaccine, pt promptly notified staff. Immediate response to the incident resulted in a successful pt outcome. System put in place worked as intended. Identified a pt with potential vaccine reaction prior to the administration of medicine. Staff instructed pt to wait in the appropriate area. A timely response, including rapid administration of appropriate medication prevented further swelling and potential airway involvement.

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1097817	3/13/2021	CA	23	F	3/12/2021	3/12/2021	48 hrs fever at 101 degrees Vomiting Bodyache Fatigue Chest pain Nausea
1097535	3/13/2021	MI	74	F	3/8/2021	3/8/2021	Head ache, chills, fever, bone ache, chest pains, exhaustion,nausea, swollen glands, rash, ear ache, dizziness, difficulty breathing, joint pain., ear aches, jaw and teeth aches.
1097504	3/13/2021	CA	20	F	3/13/2021	3/13/2021	Pt 20 y/o female found ambulatory at vaccination site. c/c weak/dizzy, borderline hypotensive. Pt received her first doser of Moderna COVID-019 vaccine at approximately 1040hrs. Pt was monitored for 15 minutes in a designated area. Upon standing up pt became lightheaded and dizzy. Pt sat down and notified staff of feeling weak and dizzy. Responder was notified and responded to pt. Pt denied any chest pain or shortness of breath. Minor nausea but no vomiting. Pt had equal grips and pushes, no headache, blurred vision or tinnitus. Abdomen was soft and non tender on palpation. No hives, rash or redness noted. Pt was given 500cc of NS via IV, 20g in L AC. Pt was positive orthostatic and was laid down supine on a blanket. Last LPM 30 days ago. Gravida 0, Para 0. Pt states she has had syncopal episodes during menstrual period. Pt denied any food intake this morning. Pt was transported byto Hospital. Vital signs improved with administration of NS. Vital Signs: BP 106/52, HR96, SPO2 99%. (1052hrs) BP 118/76, HR 68, SPO2 99% Hx: Syncope during menstruation, Anxiety, borderline hypotensive. Allergies: NKDA Medicine: None
1097444	3/13/2021	IL		F	3/10/2021	3/10/2021	PT COMPLAINED OF ITCHING AND LOSING VOICE. PT STATED SHE FELT WARM. PT EVALUATED. PT DENIED ANY SHORTNESS OF BREATH, CHEST PAIN, NAUSEA OR VOMITING. PT OBSERVED BY EMS FOR 15 MIN. PT STATES SHE FEELS BETTER AND SIGNED A REFUSAL OF TRANSPORT.
1097425	3/13/2021	MI	60	F	3/11/2021	3/11/2021	Dizziness, weakness, chest pains, headaches, fatigue, muscle aches

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1097359	3/13/2021	WI	49	F	3/12/2021	3/12/2021	5:05pm chest pain, itching, paresthesia, sweating. gave patient 50mg benadryl. chest pain resolved and itching and paresthesia decreased. bp = 124/64. patient reports resolution of symptoms. Monitored until 5:30pm and allowed to leave.
1097308	3/13/2021	CO	49	M	3/11/2021	3/11/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: 10 minutes after vaccination patient reported flushing, dizziness, lightheadedness, and tingling. Vital signs all within normal ranges. Transported to emergency department where physical exam was normal; neurological exam reported no focal deficits. Patient denied chills, blurred vision, shortness of breath, nausea, pain (including chest pain), rash, and headaches. Patient observed, symptoms resolved, and discharged to home stable.
1097305	3/13/2021	PA	75	F	3/13/2021	3/13/2021	After 15 minutes of receiving the shot the patient was preparing to leave when she developed a sharp pain that began in her upper left back then radiated to her mid chest. Chest pain lasted about 2 minutes before dissipating. Bp 133/71 heart rate in the 70's and O2 sat 97%
1097250	3/13/2021	IN	55	M	3/11/2021	3/12/2021	On Friday morning I started having chest pains. The pains were sharp and would go away quickly. (Almost immediately) They were from the center of my chest to the right of my chest at about the same level as my heart, I could tell that the pains were NOT coming from my heart, or at least, that is how it seemed. I also felt some pains to the left of the center of my chest, but the pains from the left were fewer and not as pronounced. These pains resulted in my leaving work early (I was on the way to work when they started) and I stayed home from work today. The pains did not continue for more than 4 hours or so, and seemed to dissipate later that day. I did feel some discomfort in my chest this morning. This discomfort was extremely mild and did not last much more than an hour and a half. I feel fine this afternoon, as I am writing this note. I have been eating, urinating and have had normal bowel movements today, so I think I am okay. You might be mindful of these chest pains the Moderna vaccine is causing. The pains were sharp and noticeable. I did not call my Doctor because it did not seem necessary. Thank you.

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1094702	3/12/2021	MD	66	M	3/2/2021	3/10/2021	On 3/10/2021 the patient presented to the ED with chest pain and fatigue. The patient was found to be hyponatremic. His sodium was repleted and his BP medications were adjusted. Per EUA, hospitalizations must be reported due to recent vaccine administration. This hospitalization appears not to be related to the vaccine.
1094426	3/12/2021	OK	30	M	3/9/2021	3/9/2021	10 minutes after vaccination, patient complained of chest pain and left arm tingling, face became flushed and mildly distressed, he was given 2 doses of epinephrine by auto-injector, ambulance was called, was sent to local ER and given third dose of epi, monitored and then released from ER the same day
1094287	3/12/2021	WI	70	F	2/28/2021	3/1/2021	chills, racing heart, pain in chest, difficulty breathing, weakness
1094294	3/12/2021	MD	79	F	2/12/2021	2/23/2021	Elevated BP, shortness of breath, tightness of the chest/chest pain, palpitations, dizziness 11 days after the vaccine. Continued daily for four consecutive days onset.
1094311	3/12/2021		30	M	3/12/2021	3/12/2021	30-year-old with no medical history with allergy to seafood presented with mild throat itching after 1st dose of vaccine. In no acute distress. Lungs clear to auscultation bilaterally. No throat swelling. Uvula midline. VS 120/80. HR 48 79% RA. Received Benadryl and observed for 30 minutes. Completely asymptomatic before discharge. Denies chest pain, shortness of breath, palpitations, dizziness, difficulty breathing, or any other symptoms. Ambulatory before discharge. Advised to call 911 or go to nearest emergency room if any symptoms.

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1094315	3/12/2021	CA	33	F	1/15/2021	1/15/2021	Within 5 minutes, I felt burning sensation in my chest; in 10 minutes - I started getting chills and within 15 minutes chills were a lot worse. They placed me on a gurney, and the chills started getting so bad I was shaking and out of control and I was really cold. After about 25-30 minutes after I felt like my blood pressure dropped and I actually passed out and once I passed out I don't know how long I was out for. Maybe less than a minute, I couldn't breathe and I was hyperventilating and they put a oxygen mask on me. They took me to ER (Hospital) and I recognized I was in there when I "woke up" - they were trying to get an IV in me but I was shaking so much it took several attempts. They gave me several medications because I was nauseated as I wanted to vomit and they gave me anaphylactic medications. I was having chest pains. I fell asleep. They were going to admit me but I kind of refused to be admitted and they let me go with Zofran, prednisone and one other medication. One of coworker took me home. I slept the rest of the day and night. The next day, Really fatigued and chest pain was semi getting better. Breathing - was pretty okay after that. By day 3, I was fine.
1094363	3/12/2021	MD	75	F	3/4/2021	3/9/2021	Patient presented to the ED on 3/9/2021 with chest pain, headache, and brief blurred vision. There was no signs of stroke or MI event. Reason for admission: chest pain.
1094199	3/12/2021	CA	26	F	3/11/2021	3/11/2021	Pt received Moderna Vaccine at 04:56pm, was placed on observation for 30 mins due to hx of allergies. Upon observation of patient, patient stated she was experiencing possible allergic reaction tingling sensation to lips and irritation to throat. No angioedema, no wheezing, no hives, generalized rash or respiratory distress, O2 sats were noted to be 100% on RA. Pt stated she felt as her throat was closing up, pt was noted to be anxious due to symptoms, and continued to state her throat was closing up. Epi pen 0.3mg IM administered at (05:09) was administered, pt was also medicated with benadryl 50mg IM (05:10) and solumedrol 125mg IM (05:16pm). Pt was alert, oriented, no angioedema noted, no wheezing, no respiratory distress, no ALOC, no hives, no chest pain. Overall, pt stated she felt better and symptoms had resolved after administration of medication. Pt was transported to hospital for further evaluation.

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1094457	3/12/2021	PA	79	F	2/24/2021	2/25/2021	Was napping the day after receiving the vaccine and woke up about 3:00 pm to severe chest pain on the right side radiating deep into the shoulder blade. It would last about 5 - 10 min., stop for the same amount of time, then start up again.... on & off until close to 11:00 pm. Since someone else I know had the same thing happen the day after her shot, I assumed I had the same symptom, tho' it was very frightening. A week later after going to bed on Friday night, I woke at 2:00 a.m. to the same pain only this time on my left side. Thinking I could be having a heart attack, I went to the hospital where I was admitted after having a series of tests. I was there for 2 days during which time I also began to have un-controllable diarrhea. Altho' they could find nothing wrong with my heart, after scans, x-rays, a stress test, numerous blood tests etc., they cannot say positively whether or not it was from the Covid vaccine. I tho't it best to report this in case others have similar events. I had the MODERNA vaccine
1094479	3/12/2021	MA	69	M	3/12/2021	3/12/2021	Called to patient's side after receiving COVID vaccine, he became diaphoretic and dizzy. He states he was feeling dizzy prior to receiving the vaccine, but felt much worse immediately after. He denies n/v/chest pain/SOB. He denies any palpitations. On intial exam HR 120, patient diaphoretic, appeared weak, fatigued. He was placed in wheelchair, declined stretcher, and brought to recovery area. He had not eaten or had anything to drink. He tolerated juice without difficulty. He reports feeling really nervous. On exam he was found to be diaphoretic. Heart was found to have irregular rhythm with pauses on auscultation. Lungs mild wheezing throughout. He is alert in oriented, but seems somewhat slow to respond. He is answering questions appropriately overall. He denies fever, chills, cough. EMS activated. Transferred to EMS stretcher upon EMS arrival with plan to go to
1094506	3/12/2021	GA	81	F	3/8/2021	3/10/2021	Patient is a 81 y.o. female who received the Moderna vaccine on Monday. On Tuesday she developed oral purpura and began spitting up blood. She developed some large hematomas. She was seen in clinic today and had a platelet count of 5k previously normal. Labs are still pending right now. No head ache or neuro changes. No obvious GI bleeding. No chest pain or shortness of breath.

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1094509	3/12/2021	IL	83	M	2/22/2021	3/8/2021	<p>Chief Complaint Patient presents with ? Rash C/o rash to extremities and buttock that started about 3 days ago. ? Edema C/o edema to lower extremities and abdomen. ? Shortness of Breath Having shortness of breath on exertion. Had to stop and take a break twice on the way to the office from the lobby. Subjective: HPI Patient is 83 y.o. year old male that presents for acute problem as noted above. Received call from patient late yesterday evening complaining of petechial rash to extremities. States they originally were pruritic. Now states they no longer itch. Patient states that the rash started about 3 days ago. His main lower extremities and buttocks. Also complained of increased edema to lower extremities. Also feels like his abdomen is swollen. Patient was treated for diverticular flare middle of February. Has completed antibiotic specifically Augmentin about 2 weeks ago. Patient having increased shortness of breath. States he does have a productive cough in the morning producing yellow sputum. Afebrile. Patient does have history of atrial fib. Has had no nausea vomiting but states any time he eats he can only eat a small amount then feels full. Patient is on Coumadin chronically. Recent INR has been within normal limits. Patient does have some tenderness to his abdomen more so to the upper quadrants. Denies any change in bowel habits. States he is mildly constipated. Denies any change in color stool. Denies any actual chest pain. Does get remarkably short of breath. Review of Systems A 10 point ROS was completed and negative except as noted in HPI 3/12 Presented to Emergency Room - admitted inpatient @ 1144</p>

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1094194	3/12/2021	MD	42	F	3/7/2021	3/8/2021	Immediately after receiving the vaccine, I felt pretty good. Just some soreness in arm and a minor headache an hour later. I took Tylenol and symptoms were bearable the rest of the day. By around 6 or 7p that night, I experienced full body pain and chills, similar to the flu. I also had some chest pain and tightness but attributed that to the overall body pain. I was also very winded and short of breath. I called my Primary Care Doctor to report this, and she said this was a normal reaction and it meant my immune system was working. It continued into the next day, and I took my temperature and had a 102 fever. I slept most of the day and was unable to work. I also had a severe headache. The next day, on Day 3, my flu symptoms were getting better; however, I felt dizzy and short of breath. I also fainted . This is the first time this has ever happened to me. I have never fainted in my life. My symptoms seemed to resolve after eating and drinking, so I figured it may have been dehydration. On Day 4, I was concerned because I was having shortness of breath and chest pain, along with dizziness. I could not take a deep breath without having pain. I called my Primary Care Doctor, and she told me she was concerned I might have covid and to go to the ER. I do not believe I have covid. No one in my household has these symptoms except for me. I believe it is from this vaccine. My chest pain/shortness of breath seemed to go away. for a bit so I did not go to ER. I'm on Day 5 now, and the chest pain/shortness of breath has come back, so I decided to report this because I do not listed on the list of common side effects for the Johnson and Johnson vaccine. I joined a J&J social media group where others are also reporting these symptoms, so I decided to report to Vaers. I also have had night sweats every day since taking the vaccine and my blood pressure is lower since taking the vaccine.
1094655	3/12/2021	MA	60	M	2/27/2021	2/27/2021	After first dose of vaccine, developed 5/10 persistent chest pain accompanied by diaphoresis. Known history of CAD. EMS was called for transport to hospital for urgent medical evaluation. Per family, the patient was taken to local ED on 2/27/21. Had EKG, blood enzymes x 2 and "everything checked out" and he was discharged home. Family notes that PCP follow up arranged and patient reported anxiety.

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1093963	3/12/2021	UT	64	F	3/9/2021	3/10/2021	the day after my shot i had chest pain that felt like my bones needed to pop and the pectoral muscles were extremely sore and had a hard time lifting both arms due to the pain. Took tylenol and it did not help at all. The intense pain lasted that day and did ease up somewhat the following day but was still sore with a dull achy pain, and today is the 3rd day and still just a little sore in the chest area
1094720	3/12/2021	WA	67	F	1/13/2021	1/13/2021	The evening of the shot I felt like I couldn't breathe. I waited until morning and I went to the emergency room. Extreme fatigue with chest pain. Doctors suspected heart attack. Oxygen level was 94%. A low grade fever and swollen. The next day after my oxygen was up I was discharged my oxygen has remained at 96-97% when it was previously 98-99%. I had valley fever in the past. I was prescribed antacids and pain Morphine and antibiotics. The doctor stated that I had inflammation of the space between my ribs. I got the second shot and the symptoms were different
1094747	3/12/2021	NE	49	F	3/3/2021	3/3/2021	10 minutes after injection experienced shortness of breath, chest pains, heaviness in chest, constant headache and dizziness that continues to this day, extreme fatigue, mental fog/confused state, slurred speech, swelling and pain in legs that escalated to extreme from 10 minutes after the injection to a week and 4 days later that affected my ability to walk. Masses developed on both knees, also knee pain. Large red lump where injection was given that was warm to the touch and increased in size and itchy. Went to ER to be seen but nothing was done.
1094762	3/12/2021	MI	71	M	3/2/2021	3/2/2021	Severe chest pain, hurts to breath
1094623	3/12/2021	NE	83	M	1/31/2021	3/7/2021	Sever diarrhea, headache, chest pains, upper respiratory congestion
1093721	3/12/2021	IN	66	M	3/10/2021	3/11/2021	Swelling and discomfort in joints and hands, dizziness, extreme fatigue for 24 hours, pain and pressure in center of chest and upper back strait across from chest pain(lasted about 6 or 7 hours.

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1094922	3/12/2021	IL	71	F	2/24/2021	3/6/2021	<p>3/6/21 Chief Complaint Patient presents with ? Hypertension ? Headache HPI Patient is a 71 y.o. female who presents with complaints of high blood pressure and headache reports her blood pressures been high over 200 and his headache in the front of her head moderate sharp better with rest worse with movement ongoing now for the past few hours 3/7/21 Chief Complaint Patient presents with ? Hypertension ? Nausea HPI Patient is a 71 y.o. female who presents with complaint of neck pain that has been going on for 1 year and radiating to the back of the head. Pain is sharp and makes it impossible for her to sleep at night. Patient also complained of migraine headache that is throbbing and bitemporal worsened by light and noise. Patient was seen in this ER yesterday and CT of the head showed right maxillary sinusitis and C-spine showed multilevel degenerative disease. Patient also has elevated blood pressure 180/100 mmHg this morning and this may be due to pain. Patient returned today because she has not felt any better and the pharmacies are not open because of we can not. No fever or chills, no chest pain, no abdominal pain and no vomiting but has nausea.</p>

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1093460	3/12/2021	CA	22	M	3/11/2021	3/12/2021	<p>On Thursday, March 11th, 2021 approximately 3:10 pm, Patient received his first dose of Moderna Vaccine (Lot number: 003A21A) in his left deltoid. Patient received the Moderna Vaccine. After which he sat in the designated medical observation area for 15 minutes. Approximately five minutes later around 3:15 pm, Patient experienced syncope, fell out of his chair, hit the left side of his forehead on the ground. Due to the fall, he experienced a mild abrasion on the left side of his forehead, which led to bleeding. The Physician's Assistant rushed to aid Patient who was lying on the ground in a supine position. Emergency Medical Services (EMS) - Fire Department and ambulance were called immediately and approximately five minutes later EMS arrived. During the time frame prior to EMS arrival, the Physician's Assistant asked numerous questions to Patient to assess his condition. She asked Patient if he could breathe and he responded "yes". She asked Patient if he was short of breath and he responded "no". She asked Patient if he felt like his throat was closing and he responded "no". At this point, an Epinephrine pen was not used. Patient was alert and the Orient x 4 questions were asked [(1) Who are you? (2) Where are you? (3) What is the date and time? (4) What just happened to you?]. Patient also denied head pain, neck pain, nausea or chest pain. Staff performed a limited neuro-exam and was deemed within normal limits. Patient's Glasgow Coma Scale score was 15. Patient mentioned that he has a phobia of needles and something like this has happened before when he was "young". Patient initially did not want an ambulance to be called. It was explained to him that it might be in his best interest to call EMS due to syncope and abrasion on his forehead due to the fall. Patient also mentioned that he only consumed two cookies and coffee for that day. When the EMS arrived (about 5 firefighters), they interviewed him and performed a blood pressure test. His sitting blood pressure was 130/82. One of the firefighters assessed his spine and Patient denied cervical, thoracic, and lumbar tenderness or pain. The firefighter assessed Patient's glucose level, which was a bit difficult to obtain in the first initial efforts, with the glucometer reading "error". The firefighters eventually were able to obtain a reading on Patient's glucose and it read 86. Patient was able to stand on his own, and a second blood pressure test was performed;</p>

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							his standing blood pressure reading was 145/89. EMS gave Patient gauze to address his head wound Patient initially refused to go to the hospital, but per EMS protocol, fluids needed to be administered. Patient entered the ambulance and was taken to the hospital by EMS.
1093549	3/12/2021	MI	67	F	2/17/2021	2/18/2021	2/18/21 chest soreness, shortness of breath. 2/19/21 chest soreness, tired body aches, shortness of breath increased slightly. Continued for 3 days. 2/23/21 seen Dr extreme shortness of breath, chest pain, body aches, headaches, extreme tiredness. Blood work, chest X-ray, ekg ordered and completed that same day. 2/25/21 seen at clinic increase in symptoms, COVID test completed. Evening of 2/25/21 went into a-fib hospitalized for 3 days.
1093559	3/12/2021		33	F	3/11/2021	3/11/2021	Anaphylaxis, lightheadedness 33F with hx epilepsy, asthma, and multiple food and drug allergies who reported that she was experiencing chest pain/heaviness as well as feeling warm and throat tightness shortly after receiving her first COVID vaccine.
1093631	3/12/2021	OH	60	M	3/9/2021	3/10/2021	Date & Time started: 3/09/2021 2300 Itchy 3/09/2021 2300 dizzy 3/10/2021 0100 headache 3/10/2021 0100 eye pain 3/10/2021 0130 Fast heartbeat 3/10/2021 0130 Difficulty breathing; Shallow breathing 3/10/2021 0130 Severe Chest pain pulsing to left arm 3/10/2021 0130 Tremors 3/10/2021 0130 weakness 3/10/2021 0130 blurred vision right eye 3/10/2021 0130 joint and muscle pain whole body 3/10/2021 0130 cramping 3/10/2021 0130 nausea all continued through the 10th; Dizziness, headache, eye pain, tremors, weakness, blurred vision right eye, joint pain, and nausea continued through the 11th but got better by the evening. Weakness and blurred vision still present on the 12th.
1095914	3/12/2021	MD	69	U	3/11/2021	3/12/2021	runny nose, chest pain, cough
1093686	3/12/2021	MD	89	F	3/4/2021	3/6/2021	On 3/6/2021 the patient presented to the ED with dyspnea and substernal chest pain that pretty much resolved as soon as she came in. She was admitted to rule out any cardiovascular events (none were apparent). Reason for admission: chest pain.

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1094053	3/12/2021	NY	64	F	3/12/2021	3/12/2021	64 yo female s/p 2nd dose of Moderna vaccine. Reports intermittent chest pain and chest pressure. Patient escorted into treatment area and evaluated. Clinical and site leads notified. Initial v/s : O2Sat 98%, HR 88, BP left arm 178/95 Patient reports her bp is not usually elevated. 09:45am Vital signs: O2Sat 98%, HR 85, BP left arm 168/98 09:55 am Vital Signs: O2Sat 98%, HR 84, BP left arm 163/97 10:00 am Patient reports her symptoms are without improvement. EMS called. 10:10 am Vital Signs: O2Sat 99%, HR 84, BP left arm 160/91. Initially patient expressed financial concerns about going to the hospital with the EMS and said her son would take her to the hospital. EMS was already in route. At approximately 10:15am EMS arrive on site and patient left with EMS.
1093700	3/12/2021		20	M	3/12/2021	3/12/2021	20 yo M with a medical hx of Congenital myopathy, anxiety, and seasonal allergies who presented for his second Pfizer vaccine. He experienced more anxiety after the dose and mentioned that his throat is little itchy. Denies Chest pain, SOB, Palpitations, dizziness, or rash. His Vital signs were stable O2 99% RA, HR 73, BP 124/84. Exam were unremarkable, Uvulae midline and no throat swelling, Lung clear to auscultation b/l, and no rash. Received 25 mg IM Benadryl and felt much better. Observed in tent for 30 min
1094165	3/12/2021	LA	74	F	3/10/2021	3/11/2021	Patient received her first dose of the Moderna Covid vaccine at the Health unit on 03/10/21. Her family states she began experiencing nausea and vomiting last night (03/11/2021) and then started having chest pain at around midnight. This morning (03/12/2021) she was still experiencing vomiting and chest pain. She collapsed at approximately 07:30 and her family initiated CPR and EMS was called. She was brought the Hospital via Ambulance at 08:18 in cardiac arrest. The emergency department was unable to resuscitate her and she was pronounced dead.
1093824	3/12/2021	MD	85	F	2/25/2021	3/7/2021	On 3/7/2021 the patient presented to the ED with chest pain lasting for about a week that was not relieved after taking nitroglycerin. The patient does have a history of coronary artery disease. The patient was admitted for NSTEMI.

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1093841	3/12/2021		49	F	3/12/2021	3/12/2021	Chest pain with left arm numbness for 10 min duration. BP 110/80, HR 63, O2 99% RA. ASA 325 given and 911 called
1093849	3/12/2021	IN	68	M	3/10/2021	3/10/2021	Right side chest pain, extreme fatigue, headache, burning in all joints especially knees, extreme leg pain
1094006	3/12/2021	NY	57	F	3/2/2021	3/2/2021	3/2/21-throat slightly tightening and feeling scratchy, sore arm, nausea at night; 3/3 & 3/4-extreme fatigue and still scratchy throat, sore arm: 3/5-still tire but feeling better: 3/6 through 3/8-feeling as if a foot is on my trachea and back, and as if a flame thrower is down my throat, unable to bend over without pain in chest, unable to take deep breaths without pain, fever, chills, thought I may have to go to hospital, maybe heart attack, collapse lung, to tired to get up; 3/8-went to urgent health care to get covid tests which both came back negative. Follow up telehealth with personal physician on 3/10. Still having symptoms of breathlessness until today 3/12. Also, very sad, weirdly sad.
1094092	3/12/2021	MA	71	F	2/27/2021	2/27/2021	After first dose of vaccine, c/o chest pain, SOB, diaphoresis, BL arm pain, jaw pain. EMS was called and assumed care for transfer to hospital. Contacted patient 2 days after event and patient reports that she was feeling well. She notes that she was not actually transported to the hospital by EMS. She notes that she was evaluated in the ambulance. Since her EKG was normal, she states that she elected to be discharged home. She notes that she believes that she had an anxiety attack as she has events like this previously. She notes that she has discussed the event with her PCP. She is scheduled for 2nd vaccine on 3/20/21.
1094097	3/12/2021	MI	84	F	3/10/2021	3/10/2021	Patient had chest pain,non-cardiac . EMS was called vitals BP 164/88 100% O2 HR 68. Patient treated and transported by the EMS to the hospital.

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1094133	3/12/2021	NJ	30	F	3/10/2021	3/11/2021	~~HPI 30 year old female complaining of had J&J vaccine yesterday. This morning was lying down because of the body aches and she started with sharp chest pain and can not get a full breath in it is still there if she tries to take a deep breath no fever no chills she did have body aches after the vaccine no NVD she has a migraine headache that started last night with a regular headache last night this morning with migraine~~
1093411	3/12/2021	IN	65	F	3/5/2021	3/5/2021	About 10 minutes after the shot I felt a warm sensation inside my arm running all the way down to my arm and my hand went numb . I waited a few more minutes then I was released. Then 1/2 hour later my eyes were very sensitive to light I wore sunglasses. Then five hours after the shot I had chest discomfort on left side of my chest which felt like I was having a heart attack pain subsided then every 2 hours it came and went until the middle of the night. Then next day still having same chest pain. Then I had difficulty swallowing was choking so I called my doctor. I also had trouble breathing. Dr. Advised to go to ER if I needed to. I rested and rested and monitored myself. Blood pressure fluctuated somewhat. Still had chest pain and discomfort 24 hours after the vaccine. I had never had chest pain or discomfort before. It was quite alarming. Not being able to swallow was alarming also. Several years ago I had an allergic reaction to a cleaning problem some of the same symptoms it was very scary no heart or chest pain with that allergic reaction to a cleaning product that had bleach in the product.
1095805	3/12/2021	OK	45	F	3/12/2021	3/12/2021	Code called at 3:00pm. Patient stated she felt flushed. Had BP 172/100. Pulse 68. Respirations 14. Lungs were CTA B, No wheezing, stridor, or respiratory distress , No flushing seen, no rash or Hives. No murmurs noted and normal pulse rate on exam. Given 20mg pepcid and 25mg benadryl. Monitored for 30 minutes. Symptoms resolved. Repeat exam normal. Told to monitor symptoms for 24 hours and call 911 if any chest pain, SOB, or other signs of anaphylaxis discussed with patient.
1095525	3/12/2021	CA	38	F	3/12/2021	3/12/2021	Chest pain, shortness of breath, itching, tingling in the mouth

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1095588	3/12/2021	IA	69	F	2/26/2021	2/27/2021	<p>Pfizer COVID-19 Vaccine EUA 3/2: Pt received Pfizer vaccine 2/26/2021 and started feeling progressively worse - endorsed fever, diarrhea, body aches, trouble breathing, lack of appetite. On 3/2/2021 pt and husband presented to ED. Pt's husband stated that pt had become more and more confused since she received the vaccine and that on 3/2 she could not complete her sentences. Temp 101.6 on arrival, tachycardic in 130s, tachypneic in 120s, but not hypoxic. Patient was given acetaminophen on arrival. IV was inserted and patient was given 1 L intravenous fluid replacement as well as 2 g ceftriaxone for broad-spectrum coverage within 3 hours of arrival. Blood work was drawn that shows no leukocytosis but lactic acidosis to 3.3. There are multiple electrolyte abnormalities, hyponatremia 127, hypokalemia 2.8, creatinine 1.01, ALT 59 AST 53, ALP 136, total bili 1.3, lactic acidosis 3.3, troponin 0.02. Patient was given 40 mEq of oral potassium. Additional L of normal saline was given for total of 2 L normal saline bolus. Chest x-ray shows right basilar pneumonia. Also shows pulmonary nodule of which husband was made aware. LFTs are noted be elevated, so biliary ultrasound was obtained that was negative with limit to body habitus. Husband was updated. Azithromycin was added on. Rapid COVID antigen was negative. 3/3/21: Febrile, SOB overnight. Pt more lethargic, trailing off in the middle of sentences and having difficulties following conversation. Continue sepsis protocol, add vancomycin IV to ceftriaxone and azithromycin. Frequent neuro checks. MRCP. Chest pain-free, serial cardiac enzymes from yesterday to demonstrate nonischemic pattern likely type 2 NSTEMI. 2/2 blood cultures from 3/2 positive for Streptococcus pyogenes (Group A). Vancomycin and azithromycin dc'd. 3/11: Discharged from hospital. Patient admitted for acute hypoxic respiratory failure secondary to right basilar community-acquired pneumonia. Blood culture grew Streptococcus pyogenes, patient was initially treated with ceftriaxone and switched to Ancef . repeat blood culture on 03/04/2021 showed no growth. Patient will complete a total 14 day course of antibiotics with amoxicillin from culture negative date. Patient had right-sided pleural effusion, pulmonary consulted and she underwent thoracentesis x2 culture showed no growth, considered parapneumonic effusion. Patient required 2 L continuous oxygen and deemed stable for discharge.</p>

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1095638	3/12/2021	WV	70	M	3/11/2021	3/11/2021	She will follow up with Pulmonary in 3 weeks, outpatient chest CT in 4-6 weeks to be ordered by Pulmonary to assess lung nodule and known thoracic aortic aneurysm. PTOT recommended home discharge with VNA. On discharge patient was a febrile and hemodynamically stable. Remained COVID negative throughout.
1095668	3/12/2021	ME	62	M	3/4/2021	3/11/2021	C/O Chest Pain and vomiting admitted on 3/11 and transferred. The admission diagnosis was Acute gallstone pancreatitis. He was transferred to for an ERCP. I requested and reviewed the records and could find no mention of the physicians concern about COVID-19 vaccination. His physician is not attributing his illness to vaccination.
1095668	3/12/2021	ME	62	M	3/4/2021	3/11/2021	62 yo M with no known medical history awoke 12:15 am on 3/11/2021 and told his wife he had "pain all over". When she asked if it was chest pain, he said he didn't know. He went downstairs, vomited, slumped over against the wall behind the couch, and became unresponsive. Wife called 911 and was instructed to begin CPR. EMS crew arrived shortly after that and performed prolonged resuscitation efforts as per ACLS protocol. Pt pronounced at 3:15 am. Patient had not seen a physician in many years, had not had any vaccines in over 20 years, took no medications, and had no known medical history. He did have a strong family history of heart disease and had told his wife the week prior to his death that he had suffered a several-hour bout of chest pain that resolved spontaneously 2-3 days prior to his telling her about it. He refused to seek medical evaluation despite her urging.
1095728	3/12/2021	OK	61	F	3/11/2021	3/11/2021	Called to observation area due to patient concern about metallic taste in mouth starting about 15 minutes after injection. Heart RRR no murmur not tachycardic, lungs CTAB. No ShOB, chest pain, tightness, N/V or other symptoms. She is taking azithromycin and prednisone currently. Has been taking the prednisone in AM, took dose today and has two left. Instructed her to take next prednisone this evening and last one tomorrow PM. Instructed to call the clinic or present to ER if any new issues.

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1095760	3/12/2021	OK	40	M	3/10/2021	3/10/2021	Medical staff was called for patient distress. Upon getting to the car that the pt was in, he reported trouble focusing, left sided chest pain, and sweating. Gen: Awake, Alert, Moderate Distress, diaphoretic Cardio: RRR w/o m/g/r Resp: LCAT in all fields, mildly increased work of breathing Skin: no rashes noted, no edema noted of the face or angioedema noted of the lips Psych: anxious Neuro: able to answer questions appropriately, able to follow instructions, CN 2-12 grossly intact Pt instructed that his symptoms were not necessarily consistent with anaphylaxis but with diaphoresis and left sided CP I recommended that he be evaluated in the Emergency Department. Pt agreed to this. Transport to ED via EMS was offered and pt declined as he had a driver. Informed pt that I could not make him go via EMS but I did recommend it. Pt expressed understanding but thought that he would be fine with it being as close as it is and him being the passenger, so he again declined transport via EMS. They were instructed to proceed directly to the ED for further Eval.
1095503	3/12/2021	WI	73	M	2/11/2021	3/10/2021	Adverse reaction was not to the immediate vaccine. The adverse reaction being reported is that patient has tested positive for COVID-19 on 3/10/21, almost 1 month after second vaccination. Pt has been hospitalized since 2/20/21 for 1. Suspected acute toxoplasmosis 2. Severe sepsis with encephalopathy, transaminitis and acute respiratory failure d/t #1. He had tested negative for COVID per NP PCR tests twice prior to testing positive for discharge to SNF with associated chest pains. This has prolonged his existing hospitalization

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1095776	3/12/2021	OK	40	M	3/10/2021	3/10/2021	Patient felt to be in distress at the close of his observation time. He was complaining of trouble with focusing his eyes, left sided chest pain, and was diaphoretic. Pt appeared to be in moderate distress and very anxious. I examined the pt through the car window and listened to his heart and lungs. Pt was not in respiratory distress and heart rate and rhythm were regular. Reassurance was provided to the pt, but he was also told that to be safe I recommended that he be evaluated in the emergency department and that he be transported via ambulance. Pt expressed understanding and agreed to going to the ED but was refusing transport via EMS. Pt was the passenger in the vehicle and he said that the driver could just take him. I expressed that transport via EMS would be the safest but we could not make him go via EMS and that if they wanted to leave via private vehicle then they could but i still recommended that he be evaluated in the ED. He expressed understanding and that he would go directly to the ED via personal car.
1095867	3/12/2021	CA	81	F	2/23/2021	2/23/2021	She had no issues with the 1st dose in the series. She did not have any symptoms but acknowledged feeling anxious about the side effects prior to arrival for vaccine. After the 2nd dose, she experienced chest pain, jaw pain, body numbness and tingling, and nausea. She did not have vomiting, shortness of breath, syncope, or headache. She was hypertensive on the cardiac monitor and EKG with T wave inversion in lead III, otherwise unremarkable. Heart rate stable, alert and oriented, cardiopulmonary exam benign. She was sent to the ER for further workup, but did not seem to have any allergic reaction to the vaccine. It is unknown what occurred at ER, as she either went to a separate health system or did not go at all.

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1095813	3/12/2021	OK	49	F	3/12/2021	3/12/2021	Received phone call at 2:30pm. Patient stated she felt flushed. Had BP 140/90. Pulse 68. Respirations 14. Lungs were CTA B, No wheezing, stridor, or respiratory distress, No Hives but did have erythema about bilateral cheeks. No murmurs noted and normal pulse rate on exam. Given 20mg pepcid and 25mg benadryl. Monitored for 30 minutes. Symptoms resolved. Repeat exam normal. Told to monitor symptoms for 24 hours and call 911 if any chest pain, SOB, or other signs of anaphylaxis discussed with patient.
1095905	3/12/2021	PA	29	F	1/24/2021	1/28/2021	Doctors describe it as a possible immune response. Starting with loss of appetite and weight loss with diarrhea. Heart palpitations and chest pain. Elevated heart rate when standing diagnosed as postural orthostatic tachycardia. Ankle swelling and upper abdominal pain with bloating. Decreased circulation in hands and feet. Symptoms have progressed over a six week period and have not improved.
1096092	3/12/2021	WI	37	F	3/12/2021	3/12/2021	Patient with a history of infusion reactions to Ocrevus. Had an allergy/immunology consult with Dr on Feb 22. Cleared to proceed with vaccination. Advised to wait 30 mins for observation post-vaccination. Began to dry cough around 3:47. Went to my car, took off my mask, saw I had significant facial flushing and swelling, chest pain began to onset with uncontrollable dry cough. Reported back to pharmacy at 3:50 they administered 50 mg of Benadryl. Cough began to subside 4:27 with chest pain subsiding around 5:30 after another dose of Claritin. Phone consult obtained with Dr to watch over the next 10 days.
1096128	3/12/2021	IN	20	M	3/12/2021	3/12/2021	Shaking, temperature, headache, difficulty breathing, chest pains, leg pains
1096149	3/12/2021	PA	32	F	3/12/2021	3/12/2021	The patient presents with a complaint of palpitation while in observation area. Began feeling nauseated with lightheadedness and seen black spots no emesis. No chest pain. No respiratory distress. EMS on site. Patient agreeable to transfer to ED. Family on site. Supination PO fluids given and tolerated relaxation and deep breathing encourage throughout.

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1095045	3/12/2021	ND	74	F	2/26/2021	3/3/2021	Tuesday evening I started feeling itchy and creepy crawly under my skin. I had red spots and itchy and the more I itched it the itchier it got. I had hives under the bra line on my right side, hives on my right arm and on my stomach. My hands were getting swollen. I took Benadryl a few times. On Thursday I was starting to get chest pain so I went to the ER and I was getting more blotchy and my hands were more swollen. they kept me over night and I had a chest x-ray, CT Scan, an EKG and a stress test. all these tests were negative. My hands were so swollen that you couldn't see my knuckles. I developed hives under the blood pressure cuff and under the iv arm wrap.
1095891	3/12/2021	CT	25	F	3/9/2021	3/10/2021	Sharp chest pain occurring every 1-5 minutes from 7:00pm to 9:30pm, roughly 24 hours post-vaccination. Pain was a non-radiating, sharp, stabbing pain in the center of the chest. Tums taken at both 7:30pm and 9:00pm did not alleviate pain. Symptoms had resolved upon waking up the next morning. I was not woken up by any symptoms throughout the night.
1095767	3/12/2021	KS	21	M	3/11/2021	3/11/2021	Persistent mild chest pain, stinging in sensation in chest

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1095197	3/12/2021	IL	78	M	2/20/2021	3/7/2021	3/7/21 ER to inpatient Admission (covid positive 3/7/21) 3/11/21 Transferred to higher level of care Date of Service: 3/8/2021 Chief complaint: Chest congestion HPI: Patient is a 78 y.o. male with PMH significant for hypertension, obesity, coronary artery disease and CKD admitted to acute care from ED per Dr with pneumonia due to COVID-19. Patient presented to ER brought in by EMS from local residence. Was complaining of chest congestion. Patient had been seen in ER earlier same morning complaining of cough. Was afebrile at that time. Oximetry 95%. Rapid COVID positive. Patient given Decadron 6 mg IV, albuterol inhaler, zinc and BAM(bamlarnivimab 700 mg) IV x1. Patient discharged home. Return later that evening per EMS with shortness of breath. Complaining that congestion was getting worse. Was now febrile & had fallen trying to get out of recliner. Vitals upon arrival-temp 102.8° pulse 87 respirations 24 blood pressure 169/71 oximetry 99% on 2 L. patient given Rocephin 1 g IV piggyback, azithromycin 500 mg IV piggyback, normal saline bolus 1 L & acetaminophen 1000 mg IV in ER. Labs revealed mild leukocytosis white blood cell count 12.5. Glucose elevated to a 9 but patient had received Decadron previously. BUN 32 creatinine 1.8. D-dimer 1240. No CT chest obtained due to patient's renal status. Patient subsequently admitted to acute care for further evaluation and treatment to include IV antibiotics supplemental oxygen pulmonary hygiene. Patient has received 1st COVID vaccine and due to have 2nd vaccine on March 20. Upon admission patient was continued on Rocephin and azithromycin IV piggyback & Decadron 6 mg IVPB. Continued hydration fluids normal saline at 100 cc/hour. Started on IV Remdesivir with loading dose. DuoNeb nebulizers q.6 hours. Patient continued on home regimen less Plavix. Was started on Lovenox 40 mg subcu daily for DVT prevention. Patient maintaining oxygenation on 2-3 L. Had initially been on 2. Was increased to 3 this morning due to decrease in oximetry down to 92%. Patient continues with exertional dyspnea. Does have loose nonproductive cough. Is complaining of pain to the left lower chest wall with cough. Describes as sharp. Denies any actual chest pain. No nausea vomiting. Last BM yesterday described as normal. Blood cultures pending no growth at present. Is currently resting in bed. Is in negative air pressure

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1096080	3/12/2021	CA	29	F	3/12/2021	3/12/2021	room. COVID precautions observed. CASE DISCUSSED WITH DR around 14 minutes after administration, pt c/o lightheadedness. denied chest pain. provided with water, juice and crackers, which pt consumed and reported feeling better.
1095491	3/12/2021	IL	70	M	2/6/2021	2/7/2021	18 hrs after injection he experienced left chest pain, sore shoulder and bilateral chest pain and shortness of breath. We went to ER where they administered heparin IV, kept home, did an angiogram and then quadruple bypass. We are not doing the vaccination caused his blockages.. just want to make sure it doesn't cause blood clotting which led to his angina.
1095109	3/12/2021	WY	70	F	3/11/2021	3/11/2021	At 3:00 pm 3/11/21 patient's son phoned with patient present stating patient had chest pain and felt heaviness in chest, this nurse recommended and encouraged patient's son to phone 911 and patient to go to ER. This nurse followed up with patient 3/12/21 1:50 pm and patient was taken to ER 3/11/21 and given nitro, patient then declined diagnostic testing. Pt kept for overnight observation and sent home 3/12/21 10 am.
1095124	3/12/2021		75	F	1/22/2021	1/31/2021	Chest pain DOE (dyspnea on exertion) Pneumonia of both lungs due to infectious organism, unspecified part of lung Acute pulmonary embolism, unspecified pulmonary embolism type, unspecified whether acute cor pulmonale present Death
1095138	3/12/2021	IL	71	F	3/6/2021	3/9/2021	3/9/21 ER HPI Patient is a 71 y.o. female who presents with complaint of elevated blood pressure systolic of over 200 since last night. Patient said that she has taken her blood pressure medications without much improvement. The elevated blood pressure is associated with frontal headache. No nausea vomiting, no dizziness, no chest pain, no cough or shortness of breath. No fever or chills

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1095180	3/12/2021	TX	31	F	3/1/2021	3/8/2021	I started having chest pains and rib soreness. I woke up feeling like I got hit by a truck. I started taking ibuprophen thinking I may have pulled something but the soreness never subsided. It hurts to move, when I cough, sneeze, etc. I went to the Urgent Care/ ER last night because I wanted to see if something major was wrong, They did blood work and ran a couple of tests but everything came back fine. I didn't mention to them that I received the first dose of vaccine because I didn't think I could get a side effect a week later until I looked on the website today. I'm still in pain and I have no idea what could have caused this other then the vaccine.

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1095218	3/12/2021	KS	83	F	3/12/2021	3/12/2021	<p>Progress Notes Expand AllCollapse All 3/12/2021 Patient: DOB: 4/18/1937 Date: 3/12/2021</p> <p>MRN: Subjective Patient is a 83 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness, sensation of sob. She denied rash, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, increased swelling, rapid progression of symptoms and respiratory distress. Past Medical History: Diagnosis Date ? Adnexal mass ? Atrial flutter (HCC) ? AV nodal ablation on 6/19/14 6/20/2014 ? Biventricular pacemaker (Medtronic) implanted on 6/19/14 6/20/2014 ? Chronic venous insufficiency ? Glaucoma ? History of mitral valve replacement 10/10/2006 29 mm Mosaic Porcine Bioprosthesis ? Hypertension ? Hypothyroidism ? Long term (current) use of anticoagulants COUMADIN - HAD TOO MUCH LOVENOX 2011 & HAD BLEED ? Nonischemic cardiomyopathy (HCC) ? Osteoarthritis ? PAF (paroxysmal atrial fibrillation) (HCC) ? PVC's (premature ventricular contractions) ? Systolic congestive heart failure with reduced left ventricular function, NYHA class 2 (HCC) ? Varicose vein Hx of covid, hospitalized for 5 days in December 2020. ALLERGY REVIEW OF SYSTEMS: Patient complains of shortness of breath (sensation, briefly) Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes watering, eyes itching, puffy eyes, eye redness, rash, hives, itching of skin, vomiting, abdominal pain, muscle aches, dizziness and headaches + lightheaded: Previous Reactions: none Objective Vitals Vitals: 03/12/21 0925 03/12/21 0935 03/12/21 0943 BP: (!) 146/75 (!) 157/69 136/78 Pulse: 97 68 68 SpO2: 97% 99% 99% Physical Exam Constitutional: General: She is not in</p>

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acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Cranial Nerves: No facial asymmetry. Sensory: Sensation is intact. Motor: Motor function is intact. Coordination: Coordination is intact. Gait: Gait normal. Comments: + 5/5 strength to upper and lower extremities. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water and snacks Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Lightheaded. Resolved with snacks and water. Pt to monitor bp at home. Follow up with pcp. Pt wheeled out to her daughter's car by RN. Pt and pt's daughter voiced appreciation of care today.

1095221 3/12/2021 MD

66 M

3/9/2021

3/11/2021

The patient presented yesterday to an urgent care center on 3/11/2021 with chest pain, jaw pain, and shortness of breath. He reports multiple occurrences over the past week. He was sent to the ED, where he was then admitted for hypertensive urgency/emergency vs. unstable angina.

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1095270	3/12/2021	NY	34	M	3/12/2021	3/12/2021	pt reports shortly after sitting in the observation he felt dizzy and felt " like the vaccine was traveling through my body". Pt reports that he began to feel cold and had a brief episode of shortness of breath. RN nurse observer came over an stalalized pt and called for assistance. Pt was pale , diaphoretic and had bluish tinge to face upper extremities cap refill > 3 seconds. negative for facial swelling, skin redness, rash, chest pain, SOB, or NV. VSS EMS activated. after approximately 15 min. pt reported that he was feeling much better. EMS escorted pt out to ambulance for further evaluation.
1095471	3/12/2021	NM	24	M	3/11/2021	3/11/2021	5 minites after receiving vaccine felt lightheaded, dizzy Passed out with brief LOC No SOB, chest pain Resolved after lying down, oral hydration
1095489	3/12/2021	PA	23	M	3/11/2021	3/11/2021	23 yr old male sat on chair post Janssen vaccine and complained of light headedness approximately 1 minute afterward, patient called for assistance and onsite Paramedic (1) arrived by his side immediately. Patient became pale and clammy and as onsite Paramedic (2) approached patient sustained syncopal episode while seated on chair. Patient remained in seated position. Patient awoke and only recalled feeling "dizzy and lightheaded." Patient denied any medical history, allergies or medications. Patient denied shortness of breath, chest pain headache or pain. AOX4 EMS arrived. Care provided.
1095478	3/12/2021	NE	69	M	2/23/2021	2/26/2021	Patient reported lower back to be very painful and to "lock up"; patient reported that it was rather difficult to move. Patient has been to the chiropractor and reports that is helping his locking up and lower back back. The pain radiated down the right arm and to the chest as well. The arm pain and chest pain are getting better about 2 weeks later.

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1095292	3/12/2021	CA	65	F	3/12/2021	3/12/2021	Subject received a Janssen Covid-19 vaccination at the Education Center vaccination site. After administration of the vaccine, the patient was required to undergo medical observation for fifteen minutes. At the end of the observation period, the patient had no medical complaint and left the observation. Approximately five minutes after leaving the observation area, the patient returned with a complaint of chest pain. The patient was assessed and treated, a Paramedic assigned to the vaccination site. EMS was requested through the 911 system and the Fire Department responded (Incident # 2021-019703). The patient was subsequently transported to a local
1095463	3/12/2021	OH	61	F	3/6/2021	3/6/2021	Pt. c/o "feeling high" like she had some drink. She felt light headed. Denies SOB denies chest pain. @ 1040 BP 160/100, HR 84, RR 18. @ 11:49 BP 160/82. @ 1050 BP 160/90, HR 80, RR 18, no dizziness, O2.Sat 97%, 160/82. Stated she is fine and wants to go home.
1095420	3/12/2021	OH	31	M	3/6/2021	3/6/2021	Pt. c/o "feeling high" like she had some drink. She felt light headed. Denies SOB denies chest pain. @ 1040 BP 160/100, HR 84, RR 18. @ 11:49 BP 160/82. @ 1050 BP 160/90, HR 80, RR 18, no dizziness, O2.Sat 97%, 160/82. Stated she is fine and wants to go home. @ 11:22 pt left accompanied by her husband.
1095381	3/12/2021	AK	30	F	3/12/2021	3/12/2021	Due to extensive history of allergies and concerns she was pre-medicated 30 minutes prior to vaccination with 25 mg of Benadryl. At 1209 she started getting anxious and having tingling on her tongue. She progressed to nausea, throat tightness, shaking and then chest pain. EMS was called to transport to the ED
1095373	3/12/2021	CA	64	F	3/5/2021	3/5/2021	Shortness of breath, chest pain. coughing, diffuse headache and some body aches, fever, chills, sweats. increased work of breathing, tachycardic, tachypnic,
1095300	3/12/2021	GA	56	F	3/10/2021	3/11/2021	According to Medical Center's report, patient was brought to ED deceased upon arrival via EMS on 03/12/2021 at 8:57am. Patient had been seen on 3/11/2021 at same ED complaining of a heavy type of chest pain in the mid chest, also noting body aches, headache, and nausea.

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1091032	3/11/2021	IN	50	F	3/9/2021	3/9/2021	Headache/cold and hot spells/ hot flashes are far worse than ever before. Body aches, face, ears, neck aches. Arm and into hand tingling. Right side of chest felt heavy. NO Fever, NO rash, NO difficulty breathing or NO true chest pain. Very weak & tired. This started about 2 hours after administer. As of now (10:17am on 3/11/2021), I am still tired and have slight cold chills/hot flashes, headache, jaw/ear sensitivity. Legs feel a bit heavy. NO fever or anything major.
1090337	3/11/2021	CA	73	M	2/17/2021	2/18/2021	On February 18th - My dad started with fever/chills within the next day after getting his second shot, stopped eating/lost appetite, couldn't eat anything - couldn't eat any solid food - only had liquids and Ensure for 10 days. He has also experienced pain in his chest pain (unclear if muscle pain). He is still experiencing discomfort. Has lost weight. Then got a little better for 2 days, then lost appetite and unable to get out of bed. Then arm and legs swollen on 3/9/2021 but swelling has gone down today. He is conscious but is having a hard time getting out of bed and has no energy.
1091465	3/11/2021	CO	66	M	2/26/2021	3/1/2021	66-year-old gentleman who received his first COVID injection on Friday. His family member feels that since this time he has had some drooping of the left eyelid and then today while they were making love he had a several minute episode of vertigo. He states that may be lasted 1 to 2 minutes. His wife states he was "unresponsive" when I asked what she meant by that she states his eyes were closed and his eyes were open and he stared. She states this lasted for 4 to 5 seconds. He denies headache, double vision, blurred vision, tinnitus, focal neurologic complaints. He denies neck pain, back pain, chest pain abdominal pain, syncope, near syncope, abdominal pain, extremity pain. He has no history of CVA/TIA. He denies any history of trauma.

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1091446	3/11/2021	CO	74	F	2/22/2021	2/24/2021	74 y.o. female with a history of hypertension and hyperlipidemia who was admitted to this hospital on February 25, 2020 4 hours after the development of left-sided weakness. She was found to have an acute ischemic stroke. She has had slow progression with therapy but is now able to ambulate with a walker. She is in need of further rehab, hence the transition to swing bed. She denies any new complaints today, including headache, chest pain, shortness of breath, palpitations or feelings of tachyarrhythmias. The sensory deficits on the left side have improved in particular in her left upper extremity. She is noting some improvement as well and strength. No new focal neurological deficits
1091299	3/11/2021		40	F	3/10/2021	3/10/2021	Chest pain and back pain, nurse initially reported rash on forehead and stomach. Pharmacist went to visually inspect her forehead and stomach there was no visible rash on forehead and arm
1091287	3/11/2021	MO	66	F	2/18/2021	2/19/2021	Fever 101.5 for 3 days chest pain SOB heaviness in chest upon exertion since 02/19/2021 to present
1091189	3/11/2021	PA	47	F	3/11/2021	3/11/2021	Pt received vaccine and within 10 minutes experienced chest pain and nausea. Pt escorted via wheelchair to litter in separate space. Vitals taken at 1100: 120/38, HR 63 and 1114 114/81, HR 65. Pt symptoms resolved with rest.
1091148	3/11/2021	OH	59	F	3/9/2021	3/10/2021	Modern a COVID-19 vaccine EUA. Temp. 102. Pulse ox 88, chest pains, muscle aches, chills, sore throat
1091114	3/11/2021	WI	52	F	3/4/2021	3/9/2021	Client alerted staff that she was feeling unwell, C/O feeling flushed and C/O tingling of L arm at hand/wrist. Upon assessment pulse ox was 98, P 88 BP 140/98. Skin was warm and dry. Neuro checks were negative. Denied SOB or chest pain. Client requested to rest a bit and contact family alone. After 2 minutes of rest client continued to complain of tingling in both arms and fingertips. C/O L jaw pain at this time as well. Client was conscious and awake. EMS was called and client was transported to local ER for evaluation.

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1091094	3/11/2021	TN	85	F	2/3/2021	2/6/2021	Pt stated that she received the vaccine on 02/03/2021 and started having a fever, headache, chest pain and heaviness in her left arm on 02/06/2021. She stated that she felt better by 02/09/2021. Pt was seen in the office on 02/09/2021 and she was feeling much better. Patient also stated three to four days after vaccine her left arm turn red and was hot to the touch that lasted about 4 days.
1091063	3/11/2021	TX	63	F	3/9/2021	3/9/2021	Pfizer-BioNTech COVID- 19 Vaccine EUA Approximately 5 minute post vaccination, patient experienced chest pain radiating down left arm, shortness of breath, and nausea. Patient also endorses numbness to left upper arm and left lower leg. Denies any wheezing, throat swelling, facial swelling, diarrhea, urticaria. Vitals: BP 104/65, Pulse 78, SpO2. On chart review, she had similar symptoms in the past with full stroke workup that was ultimately determined to be conversion disorder. Admitted for observation to rule out ACS. EKG and serial troponin unremarkable.
1091370	3/11/2021	RI	59	M	3/10/2021	3/10/2021	Very shortly after receiving initial vaccine dose recipient felt weak and slightly nauseated without rash, shortness of breath or sense of tissue swelling or itching. He had no chest pain He endorsed a history of well controlled hypertension and hypercholesterolemia. He had no history of adverse experiences with injections He became sweaty and had a somewhat weak pulse so was moved to the medical area where his initial blood pressure was 88/47 with a pulse of 71. He was encouraged to lie down and his symptoms improved. He had an intravenous line established and an ambulance arrived promptly to transport him for emergency evaluation.
1091017	3/11/2021	PA	45	F	2/26/2021	2/26/2021	Racing heart and chest pain. X ray shows hyperaeration symptomatic of mild copd. Absolutely new symptom post vaccine.

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1090965	3/11/2021	CO	80	F	2/26/2021	3/9/2021	Patient is a very pleasant 80 year old female with a history of hypertension and recent pelvic fracture approximately two months ago who presented to the emergency department reporting right sided chest pain. She states that her symptoms started on Sunday. She has pain with a deep breath and also with exhaling. She reports it is a sharp pain. She states that she has had no lower extremity edema or calf pain, however, she did have a shooting pain down her right leg recently. She denies any history of personal or family history of deep venous thrombosis or pulmonary embolus. She reports that she has not had any hemoptysis. She denies feeling short of breath. She denies abdominal pain, nausea, vomiting, or diarrhea. She states that she has not had any COVID exposures or known symptoms. She has received two COVID vaccine doses. She reports that she has not been sick and denies fever, chills, or cough. In the emergency department she was diagnosed with an acute pulmonary emboli in the right main pulmonary artery with extension into the segmental pulmonary arteries. There is concern for early pulmonary infarct. This has prompted admission to the hospital.
1090944	3/11/2021	VA	31	F	3/8/2021	3/9/2021	Cant breathe in fully . Feels like lungs can not expand . Pain in chest area
1090920	3/11/2021	TX	64	M	2/24/2021	2/25/2021	Chest pain and pain shooting down my arms before going to bed. Sweats/fever. Went away after sleeping in chair each night. Felt tired next day. This went on four nights and subsided. No tightness now.
1090794	3/11/2021	CA	20	F	2/9/2021	2/21/2021	20 yo female with recent hospitalization for myocarditis. Pt initially Dx with Covid 19 on 31 Dec 2020 and received Pfizer COVID Vaccines on 19 and 09 Feb. Pt reports on 21 Feb developing fevers of 107 and stomach upset, by 25 Feb she developed chest pain, SOB, weakness, continued fevers and diarrhea. She was seen at ER on 25 Feb where she was tachycardic, hypotensive, and hyponatremic with an elevate lactate. She was transferred to another hospital and found to have a Troponin of 0.629. she was admitted from 25 Feb to 04 March. During that time she had an ECHO with an EF of 35-45% with global hypokinesis and peak BNP of 1389. Pt is currently felling well with no chest pain or shortness of breath.

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1090739	3/11/2021	MO	71	F	2/27/2021	2/27/2021	Red over injection site that spread, intense itching over entire body, elevated temp, chest pain sweats, candida infection in groin, Used benedryl and oxygen already in home and soda baths, meds listed on usually used medications. Lasted for 5 days with gradual relief.
1090733	3/11/2021	CO	65	M	3/4/2021	3/9/2021	The patient is a very pleasant 65 year old gentleman with a history of hypertension who presents to the hospital reporting a fever, cough, and chest pain starting two weeks ago. He states that he has had flu-like symptoms for the previous two weeks with a prominent nighttime fever and sweats. He states that he had a similar episode approximately one year ago. He reports that since Saturday he became short of breath. He states that when he goes and feeds the horses and walks back he is short of breath and needs to rest. He denies any myalgias, nausea, vomiting, diarrhea, or abdominal pain. He reports that he has chest heaviness. In the emergency department he was diagnosed with pulmonary emboli with large clot burden. He states that he has never had a blood clot. He has no family history of cancer, deep venous thrombosis, or pulmonary embolus. He denies any melena or hematochezia. He states he has not had a colonoscopy. He reports that over the past two weeks he has not been moving around much, saying that he has been largely confined to his chair due to his illness
1090691	3/11/2021	OK	39	F	2/26/2021	2/26/2021	Tingling in lips and tongue. Raspy voice. Some shortness of breath and chest pain. Pt reported hx of asthma and pt took a breathing treatment of albuterol. No tongue swelling, rash, or airway closure reported.
1090348	3/11/2021	MT	38	F	3/4/2021	3/5/2021	March 5- body aches, muscle pain, lower level back and leg muscles painful. Pain level 9. Could not go to work or help around the home with the kids. Took Tylenol. March 6- same level of pain as day prior, plus headache, loss appetite. Low grade fever in the evening, took Tylenol. Could not sleep. March 7- same as March 6. Difficulty breathing. March 8-March 10. - started with low chest pains, progress Throughout the days and now it is very painful. Front and back of my chest I'd very painful. Sharp pain. Difficulty breathing, very weak, blurred vision, constant pain in my chest and lungs. Pain level 9. I will have to make appt with my primary doctor.

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1090200	3/11/2021	TN	76	M	1/22/2021	1/22/2021	Exacerbation of previously controlled hypertension with blood pressure spiking to 200/100; Had skeletal chest pain; doing well until Covid vaccine; This is a spontaneous report from contactable physicians (one of which was the patient). A 76-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EL1283), via an unspecified route of administration at the right arm on 22Jan2021 08:30 at single dose for COVID-19 immunization. Vaccination was done in a TN. Medical history included CABG Post op RT CABG (coronary artery bypass; doing well until Covid vaccine) from 11May2020 and hypertension. Concomitant medication included metoprolol succinate (TOPROL), ubidecarenone (COQ10), losartan and Hybrid. There was no other vaccine receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient previously took atorvastatin (LIPITOR) and experienced allergies: Lipitor. The patient experienced exacerbation of previously controlled hypertension with blood pressure spiking to 200/100 on 26Jan2021, went to local ER, BP 180/100 there on 26Jan2021. He had skeletal chest pain which began 25Jan2021 22:00. He stated post op right cabg from 11may2020, doing well until covid vaccine on 22Jan2021. Treatment IV Hydralazine received. The events were considered non-serious by the reporter. On 26Feb2021, it was reported that the patient provided information to another physician regarding the reported adverse events with the use of BNT162B2. The physician did not consider the Pfizer product had a causal effect to the adverse events. Lab data also included Covid test (rapid nasal swab) on 26Jan2021 was negative. The outcome of the events was not recovered. Follow-up (26Feb2021): New information received from a contactable physician in response to HCP letter sent includes: reporter details (added a physician as a reporter), causality assessment and clinical course details. Follow-up attempts are completed. No further information is expected.; Sender's Comments: Based on the compatible time association, the possible contribution of suspect vaccine BNT62B2 to the events hypertension aggravated, skeletal pain and unwell cannot be excluded. The fluctuation of underlying hypertension may be major cofounder. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer

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							procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1091470	3/11/2021	MO	61	M	3/5/2021	3/5/2021	A few minutes after client received the vaccination he felt light headed, dizzy, chest pain, disoriented, throat discomfort, and difficulty breathing. Was transported to Medical Center for further evaluation.
1092042	3/11/2021	CO	78	M	2/26/2021	3/8/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: patient presents to clinic reporting body aches, heaches, and chills since receiving vaccination five days prior. No shortness of breath, chest pain, vomiting, or diarrhea. Patient was not in distress or ill-appearing: normal breath sounds (no wheezing, rhonchi, or rales). Five days after clinic visit (ten days after vaccination) patient's wife and daughter reported patient had poor appetite and feeling worse since clinic visit: weakness, pain all over, decreased oral intake, and cough with phlegm. Advised to go to the emergency room immediately. Patient's daughter reported the next day patient admitted to another facility and COVID-19 test was positive.
1090518	3/11/2021	TN	63	F	3/9/2021	3/9/2021	Pt started feeling SOB about 15 minutes after vaccination, feeling tingling in arms/hands. She then reported it was harder to breathe and throat was feeling weird. She was lightheaded. EPI 0.3mg administered by autoinjector, then 50mg Benadryl administered. Shortness of breathe continued and chest pain developed. Another dose of EPI administered 5 min later. EMS arrived and transported pt. to ER.
1092866	3/11/2021	PA	66	F	3/2/2021	3/10/2021	Next day - Significant pain in chest, ribs, and back. Pain from moving, laughing, & even talking. Headache and malaise which subsided the next day. Chest/rib pain subsided completely on 3rd day after vaccine. Almost no pain at injection site. On 8th day - Significant redness near injection site. Itching and hardnes of the tissue where redness was. Still present.

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1091945	3/11/2021	TX	63	F	3/11/2021	3/11/2021	PT C/O DIZZINESS, FATIGUE, AND A PROGRESSIVE TENSION HEADACHE THAT SHE EXPERIENCED AT THE ONSET OF HER COVID INFECTION. PT DENIES CHEST PAIN OR PRESSURE, SOB, AND PARESTHESIAS. DENIES CHANGES IN VISION. VS @ 1:25 PM BP 140/80 HR 81 SpO2 97% PT DOES NOT APPEAR TO BE IN ACUTE DISTRESS. PT'S HEADACHE IMPROVED 100%. HER FATIGUE AND LIGHTHEADEDNESS IS PERSISTENT AFTER 10 MIN OF CONTINUED OBSERVATION. DAUGHTER OF PT STATES, THEY WISH TO CONTINUE HER RECOVERY AT HOME. PT D/C FROM OBSERVATION IN STABLE CONDITION.
1092892	3/11/2021	NY	64	M	3/8/2021	3/9/2021	Heavy chest pain, trouble breathing, fatigue on day following vaccine. Symptoms of chest pain remain but have lessened.
1091637	3/11/2021	TX	34	F	2/23/2021	2/24/2021	On 02/24/21 & 02/25/21, I had body aches, fever, nasal drainage, and fatigue. On 02/25/21 I visited the pt care and was swabbed for covid - negative. On 02/26/21 I began to cough and felt fatigue. I visited an pt care - tested negative for covid again, & was diagnosed with bronchitis - given a Rocephin & steroid shot + oral antibiotics & an inhaler. On 02/28/21 my left eye broke out in hives. I took benadryl. On 03/01/21 I attempted to go back to work and became over heated, short of breath, and coughed, felt extreme fatigue. I left early and slept from 3pm - the next day. On 03/02/21 I visited my primary care dr and was diagnosed with an adverse reaction to the vaccine and lung inflammation. I was given oxygen in office due to it being low and me being short of breath. Still experiencing coughing, shortness of breath, pain in chest, nasal congestion, fatigue - I was given another steroid shot and a 7 day steroid pack. Chest xray was normal. On 03/09/21 I visited a pulmonologist and was started on breathing treatments, high dose steroid pack, antibiotics, and a different inhaler. Today, 03/11/21 I am experiencing chest pain, fatigue, shortness of breath at rest and on exertion, and extreme brain fog, I have been out of work since 02/24/21.

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1092788	3/11/2021	OR	59	F	3/9/2021	3/10/2021	Fatigue, mild headache most of afternoon on 3/10 then towards evening a wave of nausea followed by shortness of breath accompanied by mild chest pain that lasted several hours.
1092740	3/11/2021	CA	42	M	3/11/2021	3/11/2021	42 yo male without h/o reaction to prior vaccinations or medical problems here for first covid vaccination. approx 9 min after vaccination with dizziness but no headache, no syncope no altered mental status no shortness of breath no wheezing no palpitation no chest pain no stridor no dysphonia no globus no rash no flushing no hives no angioedema. sx resolved with hydration. pt admitted to poor intake and anxiety.. pt discharged home alert and oriented.
1092709	3/11/2021	OH	53	F	3/11/2021	3/11/2021	Patient c/o light headedness, diaphoresis, and sweating shortly after receiving vaccine. Symptom onset ~1145a, vaccine time ~1140am. She was incontinent of urine. No loss of consciousness. Neuro intact entire time - no seizure activity. No facial swelling, difficulty breathing, rash. No chest pain. She did complain of left trapezius pain. All extremities with normal movement. Patient was laid flat on cot - no injury sustained. 15L O2 NRB placed.Vitals: 1150: 116/50, HR: 51, Spo2 99%, 1155: 115/65, HR 62, 97%. Blood glucosoe: 110 mg/dl. ECG SR. Patient did feel better once laying flat. 911 was called at symptom onset. EMS arrived at 12:05p. Reports provided. Patient transported to Hospital ER.
1092690	3/11/2021	MN	72	F	1/27/2021	1/28/2021	After first Shot: First day: headache, slightly sore arm , achy, fatigue Next few days: elevated heart rate 1 week after shot: even higher heart rate, pain when breathing, pain in chest and right shoulder, extreme fatigue After second shot: Shortness of breath, pain with breathing, fast heart rate, extreme fatigue, achy

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1092664	3/11/2021	CA	67	M	3/7/2021	3/7/2021	Patient reports that he noticed chest pain after getting his COVID19 shot on 3/7/2021. While patient admits that his arm felt sore, he reports that he was surprised to find mid chest pressure developing and persisting long after the shoulder pain resolved. Patient describes the pain as a pressure-like sensation mid chest with some radiation to the shoulder, overall fairly mild in intensity (3/10). Patient states that the pain seems to be brought on by "every day activities" Patient reports that he walks but does not engage in strenuous activity typically. Patient denies experiencing acid reflux. Patient reports that the pain was resolved by nitroglycerin.
1092633	3/11/2021	CT	63	M	3/9/2021	3/9/2021	At 9:15 pm. he took three steps and he started shaking. Got home and went to sleep, woke up every couple hours with a stabbing chest pain, chills and sweating. About 10:30 a.m. the next day, he took 800mg of Ibuprofen and slept for a while and feels better.
1092446	3/11/2021	WA	72	F	1/12/2021	1/14/2021	After I received my first dose Moderna vaccine, I was concerned about having a virus because I was not feeling well. I had pain in chest, sore throat, ear aches and felt very tired.
1092439	3/11/2021	NH	53	F	3/6/2021	3/7/2021	Fever 102.8, Chills, Severe back pain and hip pain, muscle aches, breast pain (still happening), Chest pain, Brain fog
1092371	3/11/2021	CA	66	M	3/11/2021	3/11/2021	Syncope, flushing, chest pain, pressure - taken to the ED
1092345	3/11/2021	TX	57	M	3/11/2021	3/11/2021	PT DISCOVERED WITH HEAD DOWN. PT C/O OF DIZZINESS, SWEATING, AND FEELING SLUGISH. PT DENIES ANY PREVIOUS ADVERSE REACTIONS TO VACCINES. DENIED CHEST PAIN OR PRESSURE. PT WAS DISCOVERED TO BE HYPOTENSIVE. VS @ 15:24 PM BP 65/40 HR 68 SpO2 91% PT DID NOT APPEAR IN ACCUTE DISTRESS AFTER ONSET OF INITIAL SYMPTOMS. HE WAS INSTRUCTED TO BRING HIS KNEES UP TOWARDS HIS CHEST AND GIVEN GATORADE TO INCREASE HIS BP. AFTER 15-18 MIN PT SYMPTOMS RECOVERED AND BP RETURNED TO NORMAL. PT WAS STABLE TO LEAVE THE OBSERVATION SITE WITH WIFE. PT INFORMED TO F/U WITH PCP. BP 124/80 HR 88 SpO2 96%

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1091791	3/11/2021	IN	70	F	3/9/2021	3/9/2021	Chest pains an hour after shot , lasted 15-20 minutes Shortness of breath 4 1/2 hours after shot, lasted 10 minutes Both symptoms have not recurred since
1092324	3/11/2021			F	1/4/2021	1/5/2021	1/5/2021 0718 Pt received 2nd COVID vaccine 1/4/21. Oral temp 100.6, near syncope, muscle aches and head aches. Per EMS NSR, denies SOB, and chest pain. 500 ml bolus received in route. In ED, Pt c/o nausea. Pt anxious, sweating and uncomfortable. 0855 Pt resting comfortably, reports decrease in pain/body aches 4/10. 1043 Discharge disposition: home. Accompanied By: self. Mode: walk.
1091789	3/11/2021	OH	74	F	3/8/2021	3/10/2021	patient had chest pain, went to ER, and was found to have heart attack
1091813	3/11/2021	OH	62	F	3/10/2021	3/10/2021	Patient arrived to the outpatient vaccine clinic for her scheduled appointment. Immediately after receiving the vaccine, the patient felt chest pain, dizziness, and passed out. She had swelling of the tongue, lips, eyes, and throat. Patient was admitted to the hospital and treated for anaphylaxis with epinephrine, benadryl, famotidine, methylprednisolone, Duoneb and tylenol. Patient is currently still in the hospital but her condition is stable.
1091877	3/11/2021	TN	60	M	3/9/2021	3/10/2021	Patient became hypoxic with chest pain. Wheezing noted throughout lung fields. SPO2 80% on room air. Tachycardic 115 with decreased level of consciousness. Admitted to hospital with diagnosis of COPD exacerbation with Hyperkalemia (6.2). Currently stabilized on O2 at 3l/m
1092021	3/11/2021	OR	69	F	3/10/2021	3/10/2021	Pt developed shortness of breath, itchiness in her throat, and chest pain 15 minutes after receiving her first dose of the moderna vaccine. Pt received 0.3mg epinephrine, 50mg benadryl. She did not initially improve. 0.5mg epinephrine was given, along with 40mg methylprednisolone. Pt was transported to the emergency department where she remained for 5 hours in observation. She received medication in the ER. She was discharged home. She is now experiencing generalized fatigue.

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1092175	3/11/2021	TX	63	F	3/11/2021	3/11/2021	Reports swelling of fingers few minutes after receiving the vaccine. Swelling resolved few minutes after. Denies Chest pain, SOB. Seen and cleared by EMS
1092183	3/11/2021	MI	59	F	3/9/2021	3/9/2021	Patient had dizziness after receiving vaccine. Evaluated by clinic staff - then reporting throat tightness and reported having left shoulder pain for the prior 1.5 hours. patient was sent to the ED by EMS. The pt states that she had her first covid vaccine injection today and less than 30 minutes after her vaccine she developed acute central chest pain radiating to her left shoulder. She was given a full dose asa and 1 SL nitro by EMS. She states her chest pain was a 9/10 and it was pressure and tightness. She had associated lightheadedness. She states her pain is much worse than her typical chest pain she gets at home and takes nitro for. She states she is unsure if it is exertional, it is not worsened by deep breathing or palpation. She denies syncope, facial swelling, diaphoresis, n/v, abdominal pain, and hx of allergic reactions from vaccines.
1092229	3/11/2021	FL	53	F	3/9/2021	3/10/2021	swollen painful glands under arm at vaccination site, painful groin gland, runny nose, cough mucous, headache, light headed , weakness, abdominal pain chest pain , rt arm pain.
1092235	3/11/2021	CA	79	F	2/13/2021	2/20/2021	2/26/21 History & Physical- History of present illness: "Pleasant 79 years old female who started to develop recurrent episodes of nausea and vomiting of nonbilious none bloody material 1 week ago then started to have frequent watery bowel movements with the last bowel movement was associated with rectal bleeding, she started to develop generalized weakness and fatigue, she had 3 falls in the last week without hitting her head, she did not have loss of consciousness, over the last 2 days she has been complaining of numbness and tingling to the hands and feet, she was not able to walk due to generalized weakness. She denied fever or chills she had no chest pain or shortness of breath. 2 weeks ago she got her second dose of COVID-19 vaccine. There was no change to her medications according to her, she denies sick contacts." Intubated and ICU transfer 2/28/21 for "Possible Guillain-Barré syndrome and impending respiratory failure" extubated 3/10/21.

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1092260	3/11/2021	AL	40	F	3/11/2021	3/11/2021	Patient complained of feeling anxious prior to receiving vaccine. She stated that she always gets nervous with vaccines. Vaccine given at 1409. Patient proceeded to observation area. At 1415 patient complained of feeling hot and nervous; palms clammy. Denied any shortness of breath or chest pain. Vitals were taken: BP 160/90, HR 130, O2 sat 99%. Placed patient in reclined position. Cooled patient and attempted to calm her. Patient stated she was starting to feel better. At 1445, vitals taken: BP 130/80, HR 94, O2 sat 99%. No respiratory distress noted. Patient noticeably calmer and no longer clammy and shaking.
1088346	3/10/2021	NJ	36	F	2/26/2021	2/27/2021	10 days and I still feel like shit after this vaccine... last night was scary. Back left under ribs back pain...then chest pain left / same spot on the front left...then I saw the large rash on my arm which felt like it was on fire and I collapsed in the shower. With help, I took my medicine and went to sleep and felt ok for a little this morning and now the pain is back - this time with heartburn. I've been sick to my stomach on and off since the vaccine, weird taste and feeling in the back of my throat, place where they gave me the shot swelled up half the size of a baseball within an hour of the vax - it's still a bit bigger than my other side. Could it be allergic reaction to this?
1088026	3/10/2021	CA	73	F	3/10/2021	3/10/2021	Feeling of elevated heart rate, tired. BP 148/77, HR 98, O2sat 96. Denies chest pain, shortness of breath, headache, dizziness. Palpitations resolved. Discharged in stable condition.
1088162	3/10/2021	UT	33	F	3/5/2021	3/5/2021	Chest pain, shortness of breath, fever, chills, headache, body aches, canker sores, and exhaustion within 12 hours of shot. Within 24 hours, spotting, continued fever, body aches, sore throat and sinus congestion. Exhaustion, chills, canker sores and sinus pain have continued. Bruising and sore arm

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1088187	3/10/2021	FL	76	F	3/4/2021	3/4/2021	Within 15-minutes of vaccination, the patient reported dizziness, nausea, and chest pain. EMS evaluated the patient on-site. Patient was found to have orthostatic hypotension, hypoglycemia, and was near-syncopal. EMS administered 400mL of normal saline and 15g oral glucose. EMS transported the patient to Emergency Department. In the ED, the patient was hypertensive (163/73). EKG demonstrated NSR, rate 67 bpm, no ST-T changes, no ectopy, normal PR & QRS intervals. CBC/CMP was unremarkable. Patient noted improvement and was discharged with a diagnosis of a probable vasovagal event.
1088227	3/10/2021	NC	23	F	3/10/2021	3/10/2021	Patient complained of itching all over, coughing, dizziness and chest pain. Happened about 7 minutes after her first dose of the Pfizer vaccine. Vital signs were within normal range while evaluating her. EMS was called but patient refused to go to the hospital. She stayed for a hour, while constantly being evaluated.
1088246	3/10/2021	WA	57	F	3/9/2021	3/9/2021	Dizzy, elevated BP. Her other vitals were normal. Pt was disoriented. Had taken BP meds that morning, had not eaten food since previous evening. During time pt was being monitored approx 45mins, she became nauseous, SOB, lightheaded and had chest pain with exertion.
1088353	3/10/2021	AR	31	F	3/9/2021	3/9/2021	Left arm went numb about 4 hours after injection and remained numb for 12 hours. Severe muscle aches began 4 hours after injection. Extreme dizziness and nausea. Fever, chills, vomiting started 10 hours post injection. Fainting upon standing. Severe chest pain started 12 hours post injection. All symptoms are continuing except for the numbness in the left arm.
1088336	3/10/2021	CA	37	F	2/26/2021	2/26/2021	Major dizziness , passed out, brain fog, major headaches, fatigue, I get tired easy, major naseua, nose bleeds, right ear pain, unable to poop (until this date 3/11/21), lots of gases, burping, farting. Rash on my arm on 8th day with chest pain, armpit pain and arm pain.

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1088430	3/10/2021	FL	77	M	2/18/2021		Caller reports chest pain L>R; states it feels like its in the breast tissue, but not relieved with Tylenol Recommend caller contact PCP d/t chest pain and symptoms developing over weeks after 1st dose of vaccine. Caller denies SOB, jaw pain, N/V or any other symptoms. He will contact PCP to r/o other causes of chest pain
1087970	3/10/2021	OH	49	F	2/24/2021	2/25/2021	Within about 20 hours I spiked a fever of 102.7 and 102.9 for two days and then my temperature dropped to 99.6 for a day. I had chills, joint achiness, fatigue, foggy headed feeling, a runny nose, sinus pressure, headache, chest tightness and pain, arm pain, stomach pain, lymph nodes in my left armpit are sore (after 10 days), and I now seem to have a worsened allergy to dairy and a new allergy to nuts - I get very phlegmy, cough, and have chest pain and tightness. These symptoms lasted for 5-6 days and the allergies with their symptoms and sinus pain and sore lymph nodes have continued.
1087380	3/10/2021	IN	68	F	3/4/2021	3/4/2021	Patient reported at 0820, 10 minutes after receiving her second dose of Moderna, that she was feeling hot. She stated it felt like a "hot flash". At this time patient was asked to lay down and was given a wash cloth and water. Patient denied shortness of breath, chest pain, or rapid heart rate. At this time this nurse asked patient to stay for 30 minutes to assure that her symptoms didn't worsen. At 0835 nurse gave patient crackers, more water, and a new wash cloth but denied any new symptoms. At 0908 patient left, prior to leaving she denied any "hot flash" symptoms or tingling. Patient stated she was starting to get a head ache but she would take a tylenol when she got home.
1088405	3/10/2021	FL	57	M	3/5/2021	3/7/2021	Caller c/o symptoms starting 3/7/2021 to include fever, nausea, fatigue, & cough. Uses albuterol & ibuprofen as needed. No c/o shortness of breath or chest pain. Keep taking albuterol & ibuprofen, advised to f/u with PCP tomorrow if not feeling any better.

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1088298	3/10/2021	SD	46	F	3/10/2021	3/10/2021	1005: Complaint of dizziness; BP 160/90s, P 115. No SOB or respiratory difficulty. No rash. Patient anxious. 1030: Red, raised rash noted to begin on forehead, cheeks, and upper chest. Shaking (slightly) noted in hands. Patient states "feeling cold." BP 162/94, P 108, O2 99% RA. Patient A&Ox3 sitting in chair. 1040: Patient complaint of "lips feeling 'tingly'". Quickly progressed to full facial tingling. Denies dyspnea or chest pain. Still states she " feels dizzy." 911 called. BP 142/88, P 95, O2 99% RA. 1045: Turned over to paramedics. Patient A&Ox3. Rash still present but no worse. Denies dyspnea or chest pain. Still shaky, slight diaphoresis. Husband & son with patient. Patients belongings given to husband. Taken by EMS offsite.
1087877	3/10/2021	MI	63	F	3/8/2021	3/8/2021	Patient had chest pain, NonCardiac. Onsite EMS was called vitals BP 180/90 HR 64. Patient refused evaluation/care and released against medical advise.

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1087769	3/10/2021	NJ	37	F	2/16/2021	2/17/2021	<p>Here is my story. Part 1: I had my second Moderna vaccine on 2/16. 36 hours later I was laying In bed when I all of a sudden felt very strange- sort of faint - like I was going to pass out. Then I started feeling like my Body was going numb. We called 911. I was taken to the ER. What followed was about 15-20 ?neurological? episodes (every ten minutes or so) where my entire body from head to toe became paralyzed- I couldn?t move any of my limbs. I also had no sight. I was not blacked out Bc I could hear everything that was happening. It was also accompanied by extreme chest pain, numbness, contracting of muscles in chest cavity that felt almost like a heart attack. Each individual episode lasted about 3-5 minutes and then slowly the paralysis would undo and I?d regain feeling. And then the full episodes would start over a few minutes later. This went on for a few hours repeatedly while in the ER. I was admitted for testing and monitoring for two days (EEG, EKG, MRI, Catscan) all clear. Once discharged I had lingering neurological symptoms but not the full paralysis episodes. Lingering symptoms included severe chest pain, numbness/weaknesses predominant on the left side as well as other random areas. I was very weak and tired. I started to improve very slowly - by day 10 post hospitalization I was starting to feel like things were turning the corner and maybe I was on my way to recovery. Part 2: I started to finally feel more improved from the lingering neurological issues and then all of a sudden around 5:30PM I was in the kitchen making dinner for my kids on 3/2 and the episodes started again. Called 911. Again, every ten minutes or so they came on (maybe 15-18 episodes) of complete paralysis- this time accompanied by seizure like rapid eye movement from side to side and fluttering of the eyes. I was readmitted to the hospital where the episodes repeated to happen again, maybe 15-20 times. I was admitted. They did a 24 hour video EEG which ?caught? the episodes on video and sound but did not appear negatively on the EEG in terms of abnormal brain activity. I?ve been released as they say there is nothing to do. I have lingering muscle weakness in my eyes- I can?t focus my eyeballs or ?track? on an eye exam and continued muscular chest pain. I also have a lot of PTSD from the trauma of the events.</p>

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1087626	3/10/2021	NY	31	F	2/4/2021	2/4/2021	patient stated palpitation under left arm no chest pain no shortness of breath o2 sat 99-98% on room air bp 130/105 second set of vitals 125/95 patient in no acute distress . Emotional support given. 3rd set of vitals P 88, BP128/82, o2 99%. Patient continues to report pain to left auxiliary area, was taken to ED for follow up ..
1087624	3/10/2021	NJ	81	F	3/9/2021	3/9/2021	Patient is an 81-year-old female with a past medical history of COPD on 3 L home oxygen, hypertension, tobacco use that presents to the ED for evaluation of shortness of breath. Patient states that she felt short of breath after receiving the Covid vaccine just prior to arrival to the ED. Patient states her symptoms are mild, constant, nonradiating, worse with exertion and no alleviating factors. She denies associated fever, chills, chest pain, nausea, vomiting, diarrhea. Patient states she is currently on prednisone therapy but does not know the dosage or duration. She denies history of heart failure.

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1087143	3/10/2021	ID	39	M	2/2/2021	2/2/2021	myocarditis; severe chest pain; developed severe flu symptoms; This is a spontaneous report from a contactable healthcare professional (patient). A 39-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, batch/lot number and expiration date were unknown), via an unspecified route of administration in the left arm on 02Feb2021 at 08:30 AM (at the age of 39 years old) at a single dose for COVID-19 immunization. The vaccine was administered to the patient at a hospital. The patient had no medical history and had no known allergies. The patient had no COVID prior to vaccination. Concomitant medication included testosterone. The patient had no other vaccine in four weeks. The patient previously received the first dose of BNT162B2 on 12Jan2021 at 12:30 AM (at the age of 39 years old) in the left arm for COVID-19 immunization. The patient developed severe flu symptoms on 02Feb2021 at 20:30. The patient experienced chest pain and myocarditis on 12Feb2021 at 03:00 AM. It was reported that after 12 hours, the patient developed severe flu symptoms for the following 48 hours. Then she developed severe chest pain and was hospitalized for myocarditis. The patient was hospitalized in Feb2021 for 5 days. The patient received treatment for the events which included heart medications and heart angiogram. The patient was tested for COVID post vaccination which included blood test and nasal swab, both with negative results on 12Feb2021. The outcome of the event was recovering. Information on the batch/lot number has been requested.; Sender's Comments: The event myocarditis was most likely due to influenza, which was an intercurrent infection, and unrelated to suspect vaccine BNT162B2. There is no plausible mechanism implicating BNT162B2 to the reported event based on the drug known safety profile. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1087406	3/10/2021	NY	32	F	3/9/2021	3/9/2021	13:49: Pfzier Vaccine administered to Left Deltoid 13:55: patient complained of tongue "thickening" 13:56: patient complained of shortness of breath and concerned with taking Benadryl 13:58: patient complained of drowsiness. 911 called 14:00: patient complained of chest pain BP 135/98, P104, PO2 96 14:03: BP 125/100 P 94 PO2 92 14:05: PT states I cant lift my legs 14:06: PT tolerated sips of water. Benadryl 25 mg PO given BP 122/86 P98 PO2 94
1087264	3/10/2021	TX	43	F	3/5/2021	3/1/2021	Fatigue swelling of face Shortness of breath Cough Joint pain Headache Chest pain dizziness
1087253	3/10/2021	TX	41	M	1/15/2021	1/28/2021	Extreme chest pain Hard to breath and painful
1087221	3/10/2021	AL	37	F	3/8/2021	3/9/2021	Flu-like symptoms, stabbing chest pain, dizziness, fatigue, rash, and wheezing that developed around 0930 on 3/9.
1087209	3/10/2021	IN	56	F	3/1/2021	3/1/2021	Fatigued, heaviness to vaccination site, chills, low grade fever, chest pain, heaviness, pressure and left upper arm pain that is still on as I am reporting this side effect today.
1088433	3/10/2021	ND	43	F	3/10/2021	3/10/2021	Client reported feeling heart palpitations during the post vaccination observation period. Client evaluated by onsite EMS, who brought the patient to the observation area. Client denied chest pain or shortness of breath. Vitals 137/72, HR 94, SpO2 96% on RA. 12 lead ECG performed. Onsite EMS consulted with ER physician who reviewed ECG. Physician noted no acute changes on ECG. ED physician did not recommend transport or ED evaluation, and instructed the patient to follow up with her primary care physician. Client agreed to plan and was cleared to leave the observation area.
1088308	3/10/2021	SC	31	F	12/30/2020	1/4/2021	Dizziness and flushing with chest pain and back pain began on day 5. Then progressively got worse. Cardiologist believe my condition is POTS or IST. Heart rate increases 30-60 bpm with minimal activity.
1087492	3/10/2021		48	F	3/9/2021	3/9/2021	Chest pain, neck pain, tongue and throat felt "strange" Dizziness, Headache, Lightheadedness, Weakness Requires emergency room visit or hospitalization Shortness of Breath, Myalgia

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1089308	3/10/2021	PA	25	F	3/10/2021	3/10/2021	Pt contact initiated. On scene to for a 25 y/o female pt with a chief complaint of syncope. Pt was sitting upright in chair in no apparent distress. Pt demeanor is calm. GCS 15, Aox4. Pt stated she felt dizzy and had a syncopal episode. Pt fell on floor from sitting position. Pt found on floor prone. Pt rolled over to right lateral recumbent position. Pt hit head and has approximately 1 cm abrasion on right anterior face. Controlled bleeding with gauze and bandage. Airway is patent. Speech is clear and even with no noted slur or abnormality. Breathing is non labored and regular with adequate chest rise. Radial pulses with steady rate and rhythm. Skin is intact, warm, and dry. Eyes PERRL. No JVD, tracheal deviation, or peripheral edema. Negative DCAPBTLS other than noted. Pt is able to ambulate. Gait is steady. Pt denies headache or blurred vision, shortness of breath or difficulty breathing, nausea or vomiting, chest pain, dizziness, tingling or numbness in extremities, or any other complaints at this time other than noted.

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1088467	3/10/2021	KS	37	M	2/26/2021	2/26/2021	<p>Progress Notes (Nurse Practitioner) ? ? Family Medicine Cosigned by: MD at 2/28/2021 7:38 AM Expand AllCollapse All COVID VACCINE CLINIC 2/26/2021 Patient: Date: 2/26/2021</p> <p>Subjective is a 37 y.o. male who was seen at COVID Vaccine Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience flush feeling with chest pain to L lower chest. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality and rapid progression of symptoms. PMH: none. Ate a "big baked potato" about an hour and a half before coming in. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, ear pain, sore throat, frequent throat clearing, eyes itching, eye redness, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, muscle aches, joint pain, dizziness and headaches No vision changes: + lightheaded. : Previous Reactions: none Objective Vitals Vitals: 02/26/21 1624 02/26/21 1635 BP: 137/88 123/73 Pulse: 59 62 SpO2: 100% 100% Physical Exam Constitutional: General: He is not in acute distress. Appearance: He is well-developed. He is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Eyes: General: Right eye: No discharge. Left eye: No discharge. Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: Mental Status: He is alert and</p>

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							oriented to person, place, and time. Gait: Gait normal. Psychiatric: Attention and Perception: Attention normal. Mood and Affect: Mood is anxious (slightly). Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Chest pain and symptoms resolved after taking off mask and eating/drinking. Assessment/Plan Treatment included: water and snacks Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Monitored for approx 15 minutes. Pt greatly improved. CP resolved within 1 minute of being in the bay after drinking. VS stable/improved. Pt ambulated out of the medical bay w/o assistance. Recommended protein based food and hydration 30 minutes prior to next vaccination. Follow up with pcp as needed. Pt voiced understanding and is appreciative of today's evaluation. APRN Electronically Signed 2/26/2021 4:28 PM
1089429	3/10/2021	MN	50	F	1/28/2021	1/29/2021	Fever, chills, severe muscle aches, severe headache, dizziness, weakness, loss of appetite 12 hours post vaccine Chest pain/heaviness which led to some shortness of breath 32 hours post vaccine following temperature returning to normal Treated severe headache with Tylenol without relief
1089419	3/10/2021	OK	60	M	3/8/2021	3/9/2021	Received COVID-19 Vaccine on 03/08/2021. About 7:00 am the next morning began having N/V x4 past 12 hrs, diarrhea x 6, headache and blood in urine. Chronic illness of stage 4 kidney disease with bilateral nephrostomy and acute bloody discharge, ulcerative colitis with colostomy and acute high output, CAD with 7 cardiac stents and 2 CABG. A&Ox4, Malaise, tachycardia and hypotension, afebrile. Patient reports chronic abdominal pain unchanged today. Denies back pain, chest pain, cough, or SHOB. Afebrile. Patient has new diagnosis of UTI. IV fluids administered, IV Zofran, Meropenem, and po Hydrocodone/APAP. Transferred due to creatinine of 4.3, bloody urine, and UTI. T: 98.1 HR 91, R-14 BP 106/71, O2 sat 97%

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1089311	3/10/2021	TX	52	F	3/10/2021	3/10/2021	Received shot at 2:03pm. Around 2:30 started feeling flush and my face and neck, then my whole body eventually felt warm. My tongue was also tingly. Mild chest pain, but didn't know if that was me getting nervous. Felt like heart was racing a bit too. I also felt dizzy. Told pharmacist, and asked if I could take Benadryl. I took 25mg Benadryl around 3pm and waited an extra hour in the waiting area. Continued with dizziness, tongue tingling and warmth until about 3:45pm when I left the facility. Took Tylenol once I got home around 4pm. Symptoms resolved by 5pm.
1089284	3/10/2021	CA	29	F	3/9/2021	3/9/2021	Chest pain - non-radiating. BPs 131/81 (pulse 74), 119/69 (pulse 67), O2 sat 100%.
1089224	3/10/2021	CA	67	F	2/19/2021	2/26/2021	sore arm 2 days past injection. (2/26/2021 onset Extreme fatigue, muscle aches and weakness, left side headache, left side underarm pain and shoulder pain, left side breast and chest pain, papillations, short breath. ER visit on 3/1/2021 to Kaiser Permanent Sacramento due to pain and short breath. 4 days past onset, pain left, 5 days past onset muscle aches left 7 days past onset energy slowly coming back.
1089091	3/10/2021		64	M	2/12/2021	2/22/2021	Patient received 1st COVID vaccine on 2.12.21. Reported to local ER with chest pain and increased ShOB on 2.22.21. Found to be positive for COVID, elevated troponin. Transferred to medical center. Patient was mildly hypoxic on the floor but never required more than 2L nasal prongs. Patient is currently on dialysis. Patient received dexamethasone therapy only while on the floor. Discharged home on 3.4.2021.
1089057	3/10/2021	CA	90	M	3/3/2021	3/5/2021	Acute Pulmonary Embolism, and Acute Deep Vein Thrombosis. He is active every day doing arm exercises and walking in place for exercise, and moving about his house with his walker, and this day was no different. He finished making breakfast and went to sit down on the couch, and had sudden-onset pleuritic chest pain. No other recent risks such as long car ride, illness, plane ride, or other immobility. Patient says the vaccine was Moderna second dose, given at pharmacy.

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1088946	3/10/2021	KS	67	F	2/10/2021	2/10/2021	<p>Progress Notes Expand All Collapse All COVID VACCINE CLINIC 2/10/2021 Subjective PT. is a 67 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness and neck pain. She denied rash, hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, hypotension, rapid progression of symptoms, respiratory distress and tongue swelling. Medical history includes htn, hld. Takes low dose 10 mg po daily Lisinopril. Last ov with pcp in October, bp normotensive. Review of Systems Constitutional: Negative for chills, diaphoresis, fatigue and fever. HENT: Negative for drooling, facial swelling, sore throat and trouble swallowing. Eyes: Negative for itching. Respiratory: Negative for cough, choking, chest tightness, shortness of breath, wheezing and stridor. Cardiovascular: Negative for chest pain and palpitations. Gastrointestinal: Negative for abdominal pain, nausea and vomiting. Musculoskeletal: Positive for myalgias (neck/upper shoulder pain). Skin: Negative for color change, pallor and rash. Neurological: Positive for headaches (pressure behind eyes). Negative for dizziness, syncope, facial asymmetry, speech difficulty, weakness and light-headedness. Psychiatric/Behavioral: Negative for agitation and confusion. The patient is not nervous/anxious. Previous Reactions: none</p> <p>Objective Vitals Vitals: 02/10/21 1108 02/10/21 1111 02/10/21 1153 BP: (!) 199/96 (!) 164/103 (!) 162/80 Pulse: 90 84 74 SpO2: 97% 96% Blood Sugar 99 collected at 1111 Blood Sugar 99 collected at 1145 Physical Exam Vitals reviewed. Constitutional: General: She is not in acute distress. Appearance: She is not ill-appearing or diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal.</p>

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Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds.
Pulmonary: Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds and air entry.
Musculoskeletal: Cervical back: No swelling.
Comments: ttp over upper trapezius. No cervical spine tenderness. Skin: General: Skin is warm.
Coloration: Skin is not pale. Findings: No rash.
Neurological: General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal.
Assessment/Plan Treatment included: water, snacks and tylenol Follow up response to treatment: good.
Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Directed to closely follow up with her primary care provider on her blood pressure. She's aware of what to watch for and when to go to ED. Pt denied wheelchair. She was accompanied out to front assistant. Dr. at bedside as well. Electronically Signed 2/10/2021 11:54 AM

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1088884	3/10/2021	KS	74	F	3/3/2021	3/3/2021	<p>Progress Notes APRN (Nurse Practitioner) Family Medicine Cosigned by: MD at 3/4/2021, 8:45 AM Expand All Collapse All COVID VACCINE CLINIC 3/3/2021 Patient Date: 3/3/2021 Subjective Patient is a 74 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience diaphoresis. She denied rash, hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , collapse, drooling, hypotension, rapid progression of symptoms, respiratory distress, skin changes and tongue swelling. Past Medical History: Diagnosis Date ? Allergy all year ? Anxiety ? Arthritis ? Asthma exercise induced ? Calculus of gallbladder without mention of cholecystitis or obstruction Cholelithiasis; ? Diabetes mellitus ? Diabetes mellitus, type 2; ? Diverticulosis of colon (without mention of hemorrhage) Diverticulosis without Hemorrhage ? Esophageal reflux GERD; ? Hearing loss ? Hypertension ? Irritable bowel syndrome Irritable Bowel Syndrome ? Past Hospitalization Diagnosis: Chest Pain, atypical; at: Health Center; Approximate Date: 18000101; ? Nextgen Comments Palpitations/SVT; Anxiety disorder; HRT; Microscopic hematuria ? Osteoarthritis, unspecified whether generalized or localized, unspecified site Osteoarthritis; ? Other and unspecified hyperlipidemia Hyperlipidemia, Pure; ? Pancreatitis ? PONV (postoperative nausea and vomiting) ? Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled; DM type II w/o comp; ? Unspecified essential hypertension Hypertension ? Unspecified hemorrhoids without mention of complication Hemorrhoids; ? Unspecified tinnitus ALLERGY REVIEW OF SYSTEMS: Patient complains of headaches (frontal, reports from using her hearing aids and is loud in the expo center. Present prior to vaccine today.). Patient denies chills, fever and malaise/fatigue; Previous</p>

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Reactions: none Pt reports she last ate around 10 am. She declines any food/snacks from bay today.
Objective Vitals Vitals: 03/03/21 1355 BP: (!) 115/99
Pulse: 73 Resp: 16 SpO2: 97% Blood Sugar 134 collected at 1354 Physical Exam Constitutional:
General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic (no visual diaphoresis.) HENT:
Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Flushed sensation Pt observed for 15 minutes. t Symptoms resolved. BG good and pt able to ambulate w/o dizziness, lightheaded, sob, cp. Follow up with pcp if not improving or worsening. Continue to monitor BG and BP at home. Pt and pt's husband voices appreciation of care today. APRN Electronically Signed 3/3/2021 1:57 PM Division of Health.

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1088842	3/10/2021	CA	77	M	2/14/2021	2/17/2021	The patient is a 77-year-old male with T2DM (not on medications), gout, and HTN who received the first dose of the Pfizer COVID-19 vaccine on 2/14. On 2/17 (three days after vaccination), he sought care in the emergency department for chest pain that worsened when he was supine and shortness of breath. EKG in the emergency room showed STEMI and troponin levels were normal. He was transferred to a different facility for cardiac catheterization. Cath showed mild circumflex disease and a stent was placed. He was diagnosed with pericarditis at that time (elevated inflammatory markers ESR/CRP). He was discharged home post cath on Plavix/ASA. He had an echocardiogram at his PCP's office on 2/25, results still pending (as of 3/10). 2/25 ? televist with cardiologist who concurred with pericarditis, maybe mild coronary artery disease (follow-up scheduled 3/11). 3/3 chest pain symptom improved further, no cough, improved shortness of breath. Medications at home: statin, previously colchine for gout, likely BP medication (PCP will send records) Allergies: None known. Vaccine Indication: Age >75
1088831	3/10/2021	WA	83	F	2/19/2021	2/20/2021	next day dyspnea chest pain-- ekg showed A-fib and st changes

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1088606	3/10/2021	NM	38	M	3/9/2021	3/9/2021	?Pfizer-BioNTech COVID-19 Vaccine EUA" 5 minutes after administration of Pfizer COVID vaccine, patient passed out for less than a minute. Patient was alert, knew where he was and what had just happen. He stated he was not experiencing chest pain, shortness of breath, no rash observed. Patient stated he tends to pass out at the site of needles or when he was blood drawn. 10 minutes after passing patient begin to feel lightheaded, skin tone become very pale and patient stated he was hot. Patient passed out a 2nd time and experience 2 body jerk movements for less than a minute. Epi Pen was administered to the patient. Paramedics were called to the scene. Patient become alert and patient stated he need to vomit. Patient vomited profusely. Vitals were taken: BP 100/60mmhg, O2 stat 97%, Temperature 96.5F. Paramedics arrived at scene. Paramedics spoke with patient let him know his vitals were stable and if he would like to be taken down to the ER. Patient declined stated he was feeling much better. On 3.10 patient was contacted and he stated he was feeling great, just experiencing soreness at the site on Pfizer vaccine and Epi pen administration site.
1089389	3/10/2021	CA	45	F	3/10/2021	3/10/2021	Client had a vasovagal reaction x 3 seconds within 5 minutes post vaccination. Hx of fainting with blood draws and vaccination during her college years. client stated tingly on left upper chest for just a few seconds. denies chest pain, shortness of breath or dizziness. Client vitals were take at 15:26 with spo2 97, pr 54, BP 147/62, vital #2 at 15:31 spo2 98, pr 67, BP 140/85, vitals #3 15:48 spo2 98, pr 71, bp 150/88. Client was advised to go to an urgent care/ emergency room for further monitoring. Client's son will be transporting.
1088815	3/10/2021	TN	78	M	2/18/2021	2/21/2021	PER MEDICAL RECORDS PATIENT PRESENTED TO ER VIA EMS REPORTING INTERMITTENT CHEST PAIN, FEELING LIKE HIS HEART WAS STOPPING.

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1088523	3/10/2021	KY	26	F	3/9/2021	3/9/2021	Pt reported that approximately five hours after vaccination, she experienced uncontrollable tremors, fainting, vomiting, chest pain and tightness. Today, extremely fatigued and has some chest tightness. She has a history of chest tightness. Did not seek emergency care last night, but called physician this morning who was not in office and referred to local health dept. Advised that it would be best to consult with local emergency facility and if anything worsens she needs emergency care.

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1088564	3/10/2021	KS	65	F	3/4/2021	3/4/2021	<p>Progress Notes APRN (Nurse Practitioner) ?? Family Medicine Cosigned by: MD at 3/4/2021 5:11 PM Expand AllCollapse All COVID VACCINE CLINIC 3/4/2021 Patient: Date: 3/4/2021</p> <p>MRN: 9302775 Subjective Patient is a 65 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, rapid progression of symptoms and respiratory distress. Past Medical History: Diagnosis Date ? Anemia, unspecified ? Excessive or frequent menstruation ? Other and unspecified hyperlipidemia ? Pure hypercholesterolemia ANXIETY, claustrophobia ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, sore throat, frequent throat clearing, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, muscle aches, joint pain, dizziness and headaches + lightheaded: Previous Reactions: none Objective Vitals Vitals: 03/04/21 1200 BP: 122/74 Pulse: 87 Resp: 16 SpO2: 98% Physical Exam Constitutional: General: She is not in acute distress. Appearance: She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is</p>

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1088475	3/10/2021	NY	43	F	3/3/2021	3/3/2021	<p>alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood is anxious. Speech: Speech is rapid and pressured (able to calm down by time she was in the bay and observed.) Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Observed for 15 minutes in the bay. Pt appreciated her visit today. She more likely had an anxious moment as she reports she was anxious coming in. VS and exam stable/improved. Pt to follow up with pcp as needed. APRN Electronically Signed 3/4/2021 12:07 PM</p>
1088612	3/10/2021	NE	46	F	12/18/2020	12/18/2020	<p>After waiting the 15 minutes after vaccine she was leaving and started with shaking in both legs and she stated " I feel dizzy and legs are jelly". Had her lay down on mat, gave water and cookies, declined and placed cool pack on her neck. She was shaking from feet to her arms. No complaint of shortness of breath or chest pains, wasn't cold or sweating. Stated she had eaten before she received vaccine. She refused to have Ambulance come and check her out. 8:15pm vitals Bp 110/62 R 16 P74. Stated she felt better to sit up, sat up on floor mat for 5 minutes, moved to wheelchair and after 5 minutes stood up no shaking. Wheeled her out to truck with her husband. Advised if symptoms come back and don't resolve call 911 to be evaluated.</p>
1088759	3/10/2021	WA	73	M	2/20/2021	2/20/2021	<p>got vaccine - about a week later - she sent us a message saying "I have been having right calf pain for about a week or more. I have more increased SOB and chest pain." was able to get ddimer which was elevated - and was admitted to the hospital for this since her vaccine - she has noticed increased chest tightness, SOB, hairloss, DVT/PE.</p> <p>worsening chest pain 2 hours after getting tha Moderna- came to the ED had STEMI-- ailifted to hospital</p>

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1088668	3/10/2021	MA	74	F	3/10/2021	3/10/2021	Approximately 10 minutes after vaccination patient complained of substernal chest pain. No associated symptoms. No anaphylactic symptoms. Usually takes sublingual nitro but did not bring to vaccination site.
1088280	3/10/2021	NJ	36	F	2/26/2021	2/26/2021	10 days and I still feel like shit after this vaccine... last night was scary. Back left under ribs back pain...then chest pain left / same spot on the front left... felt like a cardiac event. Then I saw the large inflamed rash on my left arm and I collapsed in the shower. I took my medicine and went to sleep and felt ok for a little this morning and now the pain is back - this time with heartburn. I've been sick to my stomach on and off since the vaccine, weird taste and feeling in the back of my throat, place where they gave me the shot swelled up half the size of a baseball within an hour of the vax - it's still a bit bigger than my other side. Could it be allergic reaction to this?

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1088671	3/10/2021	CA	38	F	3/9/2021	3/9/2021	<p>Patient is a 38 year old female with hypertension, diabetes, 12 week IUP, received second dose of Pfizer today. Patient had mild nausea and vomiting after receiving the vaccination. Patient then c/o lower abdominal cramps. Patient was last treated for UTI on 2/10/2021. Patient denies dysuria and frequency today. Denies fever, chills Denies vaginal spotting or bleeding. Denies diarrhea or constipation. Patient stopped taking atenolol after she got pregnant. Home blood pressure has been ranging from 110's to 130's systolic and 70's to 90's diastolic at home. Denies: Chest pain, DOE, SOB, headaches. OBJECTIVE: BP (!) 137/101 (BP Location: RA-RIGHT ARM, BP Patient Position: SITTING, Cuff Size: Standard Adult) Pulse 91 LMP 11/21/2020 (Exact Date) GENERAL APPEARANCE: alert and oriented x 4, in no acute distress. HEENT: pupils equally rounded and reactive to light, extra ocular motor intact, tympanic membrane intact CHEST: Clear to auscultation, no wheezes, rales or rhonchi CVS: Regular rate and rhythm, normal S1, S2, no murmur. Symmetric, brisk pulses ABDOMEN: soft, mild suprapubic and left lower quadrant tenderness, non-distended, no rebound, no guarding, bowel sound x 4 EXTREMITY: no clubbing, cyanosis, and edema UA: negative nitrite, negative leukocyte, small blood ASSESSMENT Encounter Diagnoses Code Name Primary? ? Z23 VACCINATION FOR SARS-COV-2 ? R10.9 ABDOMINAL PAIN ? I10 HTN (HYPERTENSION) patient's lower abdominal cramps were most likely due to anxiety and vomiting. Patient's abdominal pain subsided in clinic. PLAN: Orders Placed This Encounter ? Dose #2- VACC COVID-19, MRNA, LNP-S, PF (PFIZER-BIONTECH) ? Labetalol (NORMODYNE/TRANDATE) 100 mg Oral Tab ? URINALYSIS, DIPSTICK, POCT Advised the patient to monitor for symptoms of abdominal cramps and vaginal bleeding. Contact obstetrics clinic for acute symptoms. Advised the patient to take labetalol 100mg two times a day as needed for BP > 135/90. Keep herself well hydrated. Advised the patient to call for worsening symptoms. Patient verbalized understanding.</p>

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1088751	3/10/2021	CA	85	M	2/10/2021	2/22/2021	85 year old male who presents with 2 episodes loose black stools, weakness, decreased appetite, increased lethargy and subjective fever today, 02/22. Again admitted and had further rheumatological and infectious work up with negative results. He was initially admitted to Hospital on 02/12 with fatigue, atypical chest pain, melena. He had received 2nd dose of Pfizer vaccine on 02/10. He was hospitalized from 02/12-02/15 and thought to have viral pericarditis. Diagnosis at discharge: SIRS DUE TO NONINFECTIOUS PROCESS W ACUTE ORGAN DYSFUNCTION. He was started on celebrex in addition to the the colchicine as an anti-inflammatory. After initiation of the anti inflammatory medications, patient's fever resolved, he started feeling better and his inflammatory markers decreased. He was monitored for another days and was feeling better. He is therefore being discharged home. In view of the negative work up, there is suspicion that these may be a hyper inflammatory response to the COVID vaccine since his symptoms were temporally related.
1089515	3/10/2021	IL	34	M	3/1/2021	3/10/2021	Patient complained of intermittent chest pain 14 minutes after receiving the injection.

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1088792	3/10/2021	KS	66	F	3/8/2021	3/8/2021	<p>Patient was seen date: 3/8/2021 Subjective is a 66 y.o. female who was seen at Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15-minute waiting period after the injection, the patient began to experience lightheadedness. She denied rash, hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, rapid progression of symptoms and respiratory distress. Past Medical History: Diagnosis – Date: Depression, Dysplasia of cervix, GERD (gastroesophageal reflux disease), Headache, Incontinence of urine, Insomnia, Interstitial cystitis, Rash. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, vomiting, abdominal pain, dizziness, and headaches; lightheaded: Previous Reactions: none. Objective Vitals: 03/08/21 1101 - 03/08/21 1106 BP: 130/66 - 135/63 BP Location: Left arm Patient Position: Sitting Pulse: 56 – 64 SpO2: 96% Physical Exam; Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Comments: Pt with slight hyperventilation when arrived to the bay. Pt asked to take off mask and take deep breaths in/out. Reports great improvement in symptoms. Mask placed back on. Eupneic breathing noted on discharge. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to</p>

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1084746	3/9/2021	GA	78	F	2/26/2021	2/26/2021	person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health). Anxiety Pt monitored in the bay for approx 15 minutes. Pt improved with treatment as described in physical exam and with water. Pt denies issues with dizziness/lightheadedness in standing up from wheelchair here in the bay. She feels well and is ready to go home. Husband with her. Pt accompanied out by pharmacist. Electronically Signed 3/8/2021 11:10 AM.
1084799	3/9/2021	WA	26	M	1/19/2021	1/19/2021	Patient states two hours post vaccination, she had chest pain, describes "pushing or sitting on my chest" for approximately 30 to 40 minutes subsiding slowly. Then, fell "instantly asleep" for two hours. States abnormal for her. PCP notified.
1084965	3/9/2021	CA	84	M	3/5/2021	3/5/2021	ten mins after shot left arm started going numb. started having chest pain, nausea, didn't feel like himself bp started going up
							Injection in left arm at 4:15 pm. on Friday 3/5/2021. At 9pm, 3/5/2021 he complained of chest pain and was taken by ambulance to Medical Center Emergency Room. He was diagnosed with gallstones and discharged at approx 4:00 am on 3/6/2021. He found non responsive at home shortly thereafter.

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1085090	3/9/2021	OR	55	F	1/20/2021	1/21/2021	<p>Thirty hours in, I had joint aches in my spine (mainly neck and low back); low grade fever; nauseated; headache. I felt like everything was it was swollen and tight - I couldn't wear my watch on my wrist. Almost like lymph system - nothing tight in my arm pits; felt like my pants were too tight in my groin - my body was swollen by my lymph nodes. Developed all kinds of gas in my stomach. I was having chest pains - 3 or 4 times a month before the vaccine - after the vaccine - I'm having the chest pains daily. That lasted for about 12 hours. Next day, 22nd, I developed diarrhea for 24 hours. 9 days later - I got numbness and tingling started radiating down my wrist into my fingers; lower calf to my feet and I had to go see my orthopedic surgeon - it was radiating down into my feet. He sent me to a podiatrist and he doesn't know. Those symptoms still haven't resolved. When I wake up - it's a low level and by night time my feet would get so numb and tingly it drove me crazy and then it went into my hands. Went to my doctor on March 2nd - my doctor thought I was having a histamine response in my body. I took an antihistamine - and half my symptoms went away. My esophagus is going into spasms - and I am trying to see a GI specialist. I was taking Benadryl last week but I got too tired. So I take 2 Benadryl at night now and I'm taking a Zyrtec (generic) at the day - it takes the edge off but doesn't resolve the symptoms entirely. Eleven day - I developed a floaty in my right eye - a black spot. I went to my eye doctor - it looks like my eye is healthy -but floaty is not going away. So talking on the phone, My throat is starting to swell up and feels like something back there and the more I talk pretty soon I start losing my voice (happening now on the phone). They added to my meds: Pepsid, Viscus lidocaine; Mylanta after every meal; Pantoprazole; Sucralfate; gave me another one but I haven't taken it yet: Hyoscyamine - for really bad spasms and I haven't had another really bad one since I went to ER (besides taking the antihistamines). I have seen 5 specialists all together.</p>
1085294	3/9/2021	ID	63	M	2/17/2021	3/7/2021	<p>Pt reported on 3/8/21 with concerns of chest pains r/t the covid immunization he had previously received. Pt had F/U apt to discuss this with PCP. Advised per DO to report the possible reaction.</p>

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1085120	3/9/2021	CA	74	F	2/1/2021	2/8/2021	Ultra sore arm(immediate). major bone and joint pain, nausea, loose bowels, very tired, neck pain, foggy brain headache, fever 100 Went to bed. During the night woke up with chest pain. Slowly faded as next day passed.
1084732	3/9/2021		74	F	2/28/2021	2/28/2021	First two days: slight dizziness, nausea, chills, sore arm - only lasting about 1/2 hour each day. Evening of day two: Headache started. and continues each day getting a little worse each day. Took Ibuprofen-helped slightly Day five: Bad headache all day and from previous night. Contacted doctor through MY Chart. He said persistent headaches with Pfizer vaccine were uncommon and suggested a treatment.. I declined as I had used that medication 30+years ago and didn't like it. Day six: Better Day seven: Better Day eight: Still with headache, sinus drainage, chest pain (like I was coming down with a cold) Day nine: No chest pain, drainage and headache, ringing in ears Day ten: More drainage and headache, ringing in ears
1085433	3/9/2021	IN	53	F	3/6/2021	3/6/2021	Very mild abdominal tightness within the first 15 min, no big deal and I did not report. About 4 hours later notice marked abdominal/gut tightness and bloating. Very fatigued. Swelling in extremities and moderate joint pain. Increased thirst. Next morning had sharp pleuritic type of chest pain increased with inspiration lasting about 20 min. Moderate/severe fatigue. Abd tightness, bloating, and fatigue continued for the next 48 hours and persisted but is milder today on 3/9. Continued fatigue. And the expected headache.
1085093	3/9/2021	WI	69	M	3/9/2021	3/9/2021	Patient received dose #1 of Pfizer's COVID-19 vaccine at 12:12 PM. While waiting in the observation area, he experienced left-sided chest pain. C/o of some SOB and diaphoresis. Reports cardiac history. Felt somewhat clammy. Placing hand over left chest area. VSS. First Responder called with prompt response. Immediately transferred in to ED with assist of RN at 12:30 PM.
1084664	3/9/2021	MO	35	F	3/4/2021	3/4/2021	Headache, extremely sore eyes , slight cough, confusion, fatigue and chest pain.

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1084180	3/9/2021	IN	79	F	3/5/2021	3/5/2021	Patient came with husband to Vaccine clinic today 3/5 for 2nd dose of vaccine. Did well during and immediately after vaccine. Husband states patient has c/o severe chest pressure and pain for several weeks but has refused to come to ER for evaluation. Today, after getting vaccine dose and going to local bank, patient was in passenger side of truck when chest pain started again. Husband begged patient to let him take her to the ER but she said no, I?m fine and I don?t want to go. She then went unresponsive. At a stop light, he was next to a couple of cops who he was able to wave down and proceed to escort them in to ER. Upon arrival to the ER, patient was unresponsive and pulseless. CPR was initiated, 1 defib, and 1mg of epi was given. Return of pulse was obtained, but husband asked for no life support and only comfort measures. Patient was admitted for comfort measures. I do NOT think this was related to her vaccine, but rather the unfortunately end to a sub-acute chest pain patient that declined multiple urgings to seek care. Patient then expired on 3/5/21 at 2037.
1084163	3/9/2021	AL	92	F	3/3/2021	3/4/2021	Pt experienced altered mental status and chest pain the day after second vaccine. Pt was transported to Medical Center.
1084136	3/9/2021	NY	48	M	3/7/2021	3/8/2021	Chest pain and elevated heart rate
1084122	3/9/2021	NY	36	M	3/8/2021	3/8/2021	Individual stated he felt shaky, could feel heart racing. Had similar reaction following first injection followed by rash on both lower extremities and forearms requiring him to call his PCP Doctor who advised him to take Benadryl for 48hours with complete resolution of symptoms. No report of chest pain or SOB. 3:55Pm: BP 157/74, HR 124, SaO2 96, FSBS 84; IM Benadryl administered, EMS called: : 4:00pm: BP 150/90, HR 144, SaO2 96%

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1084008	3/9/2021	NY	61	M	3/8/2021	3/8/2021	While in the observation area for his 15 minute post-vaccine observation period, participant developed left sided chest pain. He has a history of myocardial infarction, diabetes, and pacemaker. A 12 lead EKG demonstrated ST elevation. He was hemodynamically stable. He was transported to local hospital for definitive care. Please note, the age and birthday reported in previous screen were approximate.
1083884	3/9/2021	CA	75	F	2/18/2021	2/18/2021	Reaction: sharp chest pain Treatment: Patient advised to go to ER, patient left AMA. Outcomes: Didn't seek medical care because pain diminished. Reported feeling fatigued for a couple days after receiving the vaccine, but doing well other wise.
1085460	3/9/2021	MD	49	F	3/9/2021	3/9/2021	dizzy, faint, blood pressure 90s/60s. Currently on OCPs, denies chest pain or SOB
1083928	3/9/2021	TX	40	F	3/4/2021	3/5/2021	I thought my lopes were tingling immediately, but thought it may just be psychological. Several hours later, my arms and hands were tingling and numb, followed by some chest pains momentarily. Eight hires after the shot, I got up to use the restroom, in distress of the tingling and numbness. I was sitting on the toilet and seem to be going in and out of consciousness. I stood up, washed my hands... and woke up on the bathroom floor. I had clearly passed out, hit my head and lost some time.
1084102	3/9/2021	NC	65	M	1/20/2021	2/2/2021	Chest Pain started on Feb 2, 2021. Comes and goes from light pain to excruciating pain. I was admitted into the hospital through the ER with chest pains on Thursday Feb 18, 2021. Stayed two days and one night and had 5 test done to fine the cause of the pain. The doctor on the floor told me all the test were good and they didn't believe it was my heart. So they released me the second day. I was have excruciating pain. They released me and still having chest pain. Told be to take benadryl. As of March 9, 2021 still have the pain.
1086380	3/9/2021	NC	24	M	3/8/2021	3/8/2021	Quick onset of fever (peaked at slight above 100 deg F), chest pains, shortness of breath, and severe chills about 11 hours after vaccine was taken. These symptoms were mild the next morning and afternoon and I was able to work fine from home. This evening, my fever once again flared up to 100 deg F.

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1085515	3/9/2021	PA	38	F	3/9/2021	3/9/2021	Pt. states that she received the covid vaccine at 13:40 pm on 3/09/2021. Around 14:30 on 3/09/2021 patient developed redness to both ears along with feeling flushed and sweaty. BP reportedly was in the 170s-180s/100s. Pt. was given benadryl at 14:35 pm. Pt. states that around 14:40 pm she developed hives to face and itching. Pt. states that she feels as though her symptoms are improving. Patient denies shortness of breath, denies trouble breathing, denies chest pain.
1083875	3/9/2021	UT	44	F	1/5/2021	1/7/2021	1/7/21-1/9/21: fevers consistent >39.5 x 36hrs 1/7/21-1/8/21 extreme nausea and vomiting--nausea has continued daily, vomiting is decreased to 2-3 days/week. Zofran 8mg has been used as needed 2/8/21 ALT164, AST 156 (increased from post vaccine January '21) Aldolase 10.2, CK 199, Alk Phos and Bilirubin normal, WBC and neutrophil sudden decrease. UA 4+ bacteria epith cells and protein... worsening but negative culture 1/2021palpitations and chest pain intermittent but no respiratory distress Other Items: petechial rash to lower flank and extremities, facial rash, peripepheral edema, rash, and pain consistent with vascular inflammation. Right temporal lobe painful to touch. Neck pain. Throat pain and difficulty swallowing
1086493	3/9/2021	HI	51	M	3/2/2021	3/3/2021	The night after receiving the second dose of the Pfizer Covid , the patient developed severe headache, who body myalgias, severe fatigue, and fevers. The next day he also developed pleuritic chest pain and shortness of breath. He described the chest pain as like a heart burning sensation, worse lying down and better sitting up. He documented a fever to 100.8 deg F. By the thord day the fever had resolved but the chest pain persisted, leading him to present to the emergency department. On exam he had BP 113/84, HR 95, RR 18, O2Sat 95% on RA, Temp 97.5 F. His lungs were clear to auscultation. Heart was RRR, S1, S2 WNL without MGR. ABD was soft, without tenderness, masses or HSM.

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1086386	3/9/2021	TX	43	F	2/25/2021	3/5/2021	On day 8 I got Covid Arm at the injection site. Lasted for 3 days. On 3/7/21 6:30am I woke up for work and had terrible chest pain. It knocked me back a few steps. Examined my chest and only experienced the pain when I moved a certain way. Thought I had pulled a muscle. Went to work feeling exhausted and my eyes burned. Came home early from work and passed out. Noticed that when I lay down my hands swell. Next morning I work up fine. No pulled muscle. No pain. Never experienced anything like it. I started my monthly cycle that morning. It is over a week early.
1086304	3/9/2021	CA	64	M	3/3/2021	3/3/2021	Severe shortness of breath. RR 50. Severe chest pain unable to take deep breath severe back pain unable to move.
1086287	3/9/2021	CA	29	F	3/2/2021	3/2/2021	Onset of chills and fever 12 hours after vaccination. Fever worsened throughout that night and reached ~101-102 F. The next morning, approximately 24 hours after vaccination, fever started to improve. That same morning (3/3/21), started having headaches, nausea, fatigue, and chest pain. No medication or treatment was used and symptoms resolved within 24 hours. However, chest pain persisted for about 2-3 days.
1086284	3/9/2021	IN	92	F	3/3/2021	3/3/2021	Chest pains. Hypertension of 230/118 at 1:45pm 3/3/21. 2 hours after receiving Covid vaccine. Went to ER. Evaluation with EKG, chest X-ray, lab work. Chest pains subsided. Hypertension continued 212/109. Medications administered for blood pressure which was lowered after approx 4 hours.
1086143	3/9/2021	IN	72	F	3/5/2021	3/6/2021	Pain in left arm, across back and right shoulder, chest pain, headache, very cold, and severe weakness. It lasted about 4 hours, from 9am to 1:15pm.

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1086136	3/9/2021	CA	49	F	2/27/2021	2/28/2021	Within 6 hours I had overwhelming headache with injection site pain that radiated up to my ear and down to my elbow. I had lymph node pain and swelling. The next 36 hours I felt general malaise with a bad headache which continued to linger throughout the week. A few days later on Feb 4 at 3am I woke up with extreme chest pain and trouble breathing. I was rushed to the hospital where I had an NSTEMI event resulting in a cardiac cath/thrombectomy removing a rope-like blood clot in an otherwise healthy heart.
1085553	3/9/2021	NY	88	M	3/9/2021	3/9/2021	Patient/significant other reported left chest pain, not radiating or shortness of breath. No past medical history of HTN/MI/stents/CAD. Patient moved to medical evaluation room. EMT completed vital signs and EKG. NP assessed cardiac, respiratory, GI, and mental health. EKG is normal sinus with possible 1st degree AV block. Lungs bilaterally diminished at bases. No wheeze, no rales, no cough, and no bilateral edema. RRR S1S2 no bruits, no gallops, no murmurs.
1085893	3/9/2021	TX	43	F	3/9/2021	3/9/2021	At 3:20 Client report pain in Left Forearm to nurse Client reports throbbing pain in Left Forearm Client states her arm feels like "it's going to explode" Client reports that she felt dizziness, pain in her chest, and pain in her back immediately after the injection around 2:30 Client was with her employer and did not want to draw attention to herself by saying anything to observation attendants or nurses She stayed past her time of approx. 2:40 because she did not feel safe to drive Client states she is no longer having chest pain or dizziness At 3:22 EMT present Vitals taken electronically: BP 137/102, Pulse 80 Client reports that she only has pain in her left forearm No swelling noted Client no longer having any previously experienced sensations such as chest pain, pain in her back, or dizziness At 3:30 Vitals taken: O Sat 99, Manual BP 110/ 90, Pulse 78 Client reports that her arm feels a lot better Client states she feels well enough to drive home Client able to ambulate to her car unassisted

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1085810	3/9/2021	FL	53	F	3/8/2021	3/8/2021	FEW MINUTES AFTER VACCINE PATIENT STATED SHE FELT HOT , THAT THE ARMS HAS A BURNING SENSATION, SHE WAS ALSO COLD AND SHAKING. BLOOD PRESSURE HIGH (911 WAS CALLED PT REFUSED TO GO TO THE HOSPITAL). WE KEPT HER IN OBSERVATION WITH EMS ONSITE, AFTER MORE THAN ONE HOUR SHE COMPLAINED OF CHEST PAIN, TRANSFERRED TO ER VIA AMBULANCE.
1085806	3/9/2021	CT	33	M	3/9/2021	3/9/2021	Pt received his first dose of the Moderna COVID19 vaccine today. While sitting down the pt reported feeling tingling and numbness in his arm. Pt denied chest pain. No other symptoms other than reporting feeling anxious. BP 130/84, HR 70, O2Sat 98%. Pt reported it was getting better after sitting for another 20 minutes. Pt declined EMS evaluation. Triageed by MD.
1085755	3/9/2021	CA	42	M	2/15/2021	2/15/2021	THIS PATIENT IS A 42 YO MALE WHO STARTED TO COMPLAIN OF LIGHTEADEDNESS/DIZZINESS/FEELING FLUSHED ABOUT 30 MINUTES AFTER RECIEVING VACCINE. PATIENT WAS INITIALLYVISUALLY MONITORED FOR 15 MINUTES WITH NO SIDE EFFECTS. PATIENT LEAFT THE CLINIC SITE, AND RETURNED ABOUT 15 MINUTES LATER REPORTING SYMPTOMS ABOVE. PATIENT A&OX4, GCS 15, NOMAL SKINS. PATIENT DENIES HEADACHE, CHEST PAIN, SHORTNESS OF BREATH. EKG COMPLETED, NO STEMI OBSERVED. PATIENT LED INTO QUIET/DARK ROOM TO REST AND FOR CONTINUED MONITORING OF BLOOD PRESSURE. DUE TO NO CHANGE IN ELEVASTED BP, RECOMMENDATION WAS MADE TO TRANSPORT PATIENT TO CLOSEST ED. PATIENT VERBALLY AGREED. PATIENT WAS ABLE TO WALK WITH ASSISTANCE TO AMR UNIT AND PATIENT CARE WAS HANDED OVER TO UNIT PARAMEDIC. PATIENT TRANSFERRED WITHOUT INCIDENT. LAST NOTED BP ON SITE WAS 176/132 IN A SUPINE POSITION.

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1085741	3/9/2021	IN	57	F	3/1/2021	3/6/2021	Anaphylaxis - rash and hives from head to toes, severe itching, difficulty breathing, and chest pain. Oxygen Saturation was at 87 when I arrived. Treated with dexamethasone sod phosphate PF last given at 5:45 PM, diphenhydrAMINE (Benadryl) last given at 5:45 PM, EPINEPHrine last given at 5:45 PM, famotine last given at 6:08 PM, GI cocktail oral suspension last given at 6:44 PM, hydrocortisone last given at 8:18 PM, LORazepam last given at 5:48 and 6:45 PM, ondansetron last given at 5:48.
1085566	3/9/2021	NY	35	M	3/9/2021	3/9/2021	after 30 minutes of receiving his Dose 2 of Pfizer COVID 19 vaccine. Patient c/o palpitations and tightness of his throat. Denies any SOB/Chest pain/Pruritus/syncope. Able to tolerate clear liquids with c/o of dysphagia unresolving " my throat is feeling like it is tightening up. ~~
1086130	3/9/2021	LA	54	F	2/9/2021	2/10/2021	Patient reported burning pain, numbness of the arm, tingling, shaking, weakness, chest pain., and back pain. She said she could not move her arm for 4 days. She also said she had swelling in the chest and arm.
1086429	3/9/2021	CA	73	F	3/5/2021	3/8/2021	Patient developed left sided pleuritic chest pain and dyspnea on 3/8 in the evening. She presented to the ED 3/9 and was found to have a segmental left lower lobe pulmonary embolism (left lateral basilar segment) with associated LLL pulmonary infarction. She had tachycardia to low 110s, mild hypoxia to 89% on room air with no evidence of pneumonia or typical COVID infiltrates. She had no known COVID exposure. She had one prior pulmonary embolism in 1999 treated for 6 months with coumadin, and was subsequently found in 2000 to be heterozygous for Factor V Leiden. She is being admitted to the hospital for treatment of pulmonary embolism.
1085520	3/9/2021	IL	77	M	3/8/2021	3/9/2021	Pt was in the bathroom in the mall and felt dizzy, lightheaded, and fell. Pt hit his head, no LOC, no pain, no trauma noted. Pt denies not nausea, vomiting or chest pain. Pt got his first COVID vac yesterday per pt. Pt had hx of valve replacement and HTN.
1080954	3/8/2021		29	F	3/5/2021	3/6/2021	Fatigue, body aches, fever, chest pain, chest tightness (lasted 5 days), dizziness.

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1080955	3/8/2021	KS	88	F	2/26/2021	2/26/2021	<p>Progress Notes APRN (Nurse Practitioner) ?? Family Medicine Pt called to follow up on covid-19 vaccine done on 02/26/21. She states she did develop chills, fatigue and blood pressure was up and down (from baseline, "not of any concern"). Slight elevation of temp, under 100 F. This was on Friday. Then over the weekend, she slept a lot. Today she feels well and "ready to get dose #2". Denies any further questions or concerns. Pt is appreciative of phone call. APRN Progress Notes APRN (Nurse Practitioner) ?? Family Medicine Cosigned by: MD at 2/28/2021 7:37 AM Expand AllCollapse All COVID VACCINE CLINIC 2/26/2021</p> <p>Patient: DOB: Date: 2/26/2021</p> <p>MRN: Subjective Patient is a 88 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience headache. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling, tongue swelling and weakness face, arms/legs. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain and rapid progression of symptoms. PMH: Past Medical History: Diagnosis Date ? Allergy year round ? Cardiac pacemaker in situ 10/26/2017 ? Chronic kidney disease, stage III (moderate) (HCC) 7/17/2020 ? Coronary artery disease ? Diverticulosis ? Esophageal reflux ? Esophageal stricture ? Hearing loss ? Hiatal hernia ? Hypothyroid ? Osteoarthritis ? Palpitations ? Perennial allergic rhinitis 5/22/2017 ? Postablative ovarian failure ? Proteinuria Hypertensive ? Rheumatic fever ? Rotator cuff tear, left Nonsurgical treatment ? Sciatica ? Skin cancer nose X2 ? Unspecified cataract removed ? Unspecified essential hypertension ALLERGY REVIEW OF SYSTEMS: Patient complains of headaches Patient denies chills, fever, malaise/fatigue, facial swelling, ear pain, sinus</p>

pain, sinus pressure, frequent throat clearing, eyes itching, puffy eyes, eye redness, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, abdominal pain, muscle aches and dizziness Denies vision changes. L eyelid with droop. Chronic. Unchanged. : Previous Reactions: none
Objective Vitals Vitals: 02/26/21 1408 02/26/21 1414 BP: (!) 156/66 (!) 145/56 Patient Position: Sitting Pulse: 60 SpO2: 99% Physical Exam Vitals and nursing note reviewed. Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not ill-appearing, toxic-appearing or diaphoretic. Eyes: Comments: Slight drooping of L eyelid, chronic, unchanged per pt and pt's granddaughter, Otherwise no facial drooping or asymmetry. Neck: Thyroid: No thyromegaly. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Musculoskeletal: Cervical back: Neck supple. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait (walks with steady gait.) normal. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Pt monitored for approx 30 minutes. She has improvement of bp on observation along with headache has subsided. She is encouraged to monitor her bp at home and follow up with pcp if bp stays above 140/90. Granddaughter had requested pt to be evaluated. She is appreciative of this evaluation. APRN Electronically Signed 2/26/2021 2:47 PM

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1080970	3/8/2021	VA	38	F	2/9/2021	2/10/2021	2/10/2021 during my lunch break I still was not feeling better so I took a nap at 12:30 woke up at 12:50 because I was having chest pains and my mouth bottom row left side from my lip to my ear felt like someone had hit me in the face with a hammer, on 2/11/2021 I called into my supervisor stating I would need to go to urgent care, my mouth and face was in awful pain and had swollen, I went to Urgent care and they sent me to Hospital for a possible stroke. While I was there, I was given Tramodal of pain observed for several hours then told that my impending facial paralysis was just a allergic reaction to the shot, to take Tylenol and Motrin for pain. For 2 more days my face continued to swell and I suffered in pain , I went back to the urgent care , where I was provided something for the ?supposed allergic reaction? pain and to help with the swelling, well a few days the new meds t last Thursday my mouth gushed with this fluid of Blood and puss mixed , very thick. I went back to the urgent care and they could not tell if this was coming from my jaw or my gum(also I have braces only on my top teeth and I went to the orthodontist the same day I received the shot, I go every for weeks) I was given more meds to take with the ones that I was already prescribed and told to contact my orthodontist because even though my face has gone down I have a hard knot in it that possibly holds infection.
1081044	3/8/2021	PA	69	F	2/26/2021	2/26/2021	Experienced severe chest pain Severe migraine Pain in neck and back. Took ambulance to hospital Blood pressure was extremely high

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1081118	3/8/2021	KS	74	F	2/26/2021	2/26/2021	<p>Progress Notes APRN (Nurse Practitioner) ?? Family Medicine Cosigned by: MD at 2/28/2021 7:38 AM Expand AllCollapse All COVID VACCINE CLINIC 2/26/2021</p> <p>Patient: Date: 2/26/2021</p> <p>MRN: 10046638 Subjective Patient is a 74 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience difficulty breathing and heart racing. She denied rash, hives, welts, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, collapse, hypotension, rapid progression of symptoms and respiratory distress. PMH includes parkinson and items below. No hx of DM. Past Medical History: Diagnosis Date ? Depression ? GERD (gastroesophageal reflux disease) ? Hyperlipidemia ? Hypothyroidism ? Osteoarthritis ? Pain, chronic ? Unspecified cataract ALLERGY REVIEW OF SYSTEMS: Patient complains of shortness of breath (and feeling palpitations.) Patient denies chills, fever, malaise/fatigue, sore throat, frequent throat clearing, eyes watering, eyes itching, puffy eyes, eye redness, cough, chest tightness, wheezing, muscle aches, dizziness and headaches Previous Reactions: none Objective Vitals Vitals: 02/26/21 0304 02/26/21 1457 BP: 123/72 123/62 Pulse: 76 73 Resp: 16 SpO2: 97% 97% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not ill-appearing, toxic-appearing or diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Thyroid: No thyromegaly. Cardiovascular:</p>

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Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Musculoskeletal: Cervical back: Neck supple. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait abnormal (walks with cane and uses seated walker). Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. 0305 pm: pt walked around in bay with her cane. She was able to ambulate w/o difficulty. Reports slight lightheadedness but states this occurs with her intermittently /chronically. Nothing worse. Pt given snack after return to bed for further observation. She had water given to her earlier prior to ambulation. Assessment/Plan Treatment included: water and snacks Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Monitored in bay for approx 40 minutes. She reports great improvement after snack. She feels well. Suspect stress response to vaccine. No dizziness, lightheaded or palpitations/sob with ambulation. She would like to go home. Husband is with her today and is able to be with her. She left in her seated walker, pushed by husband. Accompanied out by staff member. Follow up with pcp if not improving. Discussed reasons for ED visit. APRN Electronically Signed 2/26/2021 3:11 PM

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1081152	3/8/2021	WA	56	M	2/9/2021	2/9/2021	My arm was sore. Then I had fatigue and then at about 14 hours after the injection, I started having chills - like I had temperature with hot and cold chills. I got very cold; my blood pressure dropped - I happened to have a doctor appt the day following the vaccine - the bottom level was very low of my blood pressure - it was 45. I couldn't warm up - my extremities were very cold. I had chest pain and it felt like my heart rate was going in and out of atrial fibrillation. I had shortness of breath. I measured my blood oxygen concentration and had dropped down to 90%. I didn't sleep well because I was so chilled and not feeling well. I felt like I had a bad flu. I rested the next day (10th) the symptoms slowly went away between 10 am and 1:00. At 3:00 pm, I saw my pain doctor and I told him about it but I was feeling much better although blood pressure was low. Fatigue lasted for 3-5 days afterwards but it wasn't anything last the first 24 hours. I didn't go to ER because it seemed to resolve itself in the day.

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1081166	3/8/2021	KS	97	F	2/26/2021	2/26/2021	<p>Pt called to follow up on covid-19 vaccine done on 02/26/21. Denies any reoccurrence of lightheaded. Felt fine at home and over the weekend. He has chronic itching, not new after vaccine. Plans to call his pcp today to get scheduled to manage this further. Denies any further questions or concerns. Pt is appreciative of phone call. a 97 y.o. male who was seen at Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience lightheadedness. He denied rash, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, hypotension, rapid progression of symptoms, respiratory distress and vomiting. PMH includes htn and DM (diet controlled). Reports he ate breakfast around 7 am today. He had cheerios, cantaloupe, and coffee. He arrives to the bay using his own motorized wheelchair. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, malaise/fatigue, facial swelling, itching in ears, sore throat, frequent throat clearing, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, vomiting, abdominal pain, muscle aches, joint pain, dizziness and headaches Negative for nausea: + lightheaded.: Previous Reactions: none Objective Vitals Vitals: 02/26/21 1131 02/26/21 1138 02/26/21 1155 BP: (!) 175/79 (!) 144/82 132/80 BP Location: Right arm Pulse: 89 64 SpO2: 98% Physical Exam Constitutional: General: He is not in acute distress. Appearance: Normal appearance. He is well-developed. He is not ill-appearing, toxic-appearing or diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Eyes: General: Right eye: No discharge. Left eye: No discharge. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Thyroid: No thyromegaly. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No</p>

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respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Musculoskeletal: Right lower leg: No edema. Left lower leg: No edema. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: He is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water and snacks Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Systemic reaction (hypoglycemia, hypotension, generalized rash) Great response to eating and drinking. Symptoms resolved. Pt monitored for total of 30 minutes. He feels well to go home. Wife with him. He was able to operate his electric wheelchair out accompanied by his wife. Follow up with pcp as needed.

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1081425	3/8/2021	MA	72	F	3/6/2021	3/7/2021	<p>Symptom Screening Headache. "It started out severe but now it's moderate." Fever 100.9, dizzy, weak, mild Nausea and watery Vomiting, fatigue, mild arm ache "when I lean on it otherwise it doesn't hurt much." Pt had chills yesterday but denies any chills today.</p> <p>Assessment/Action Patient experienced a MOD reaction to the vaccine. Symptoms relieved with OTC medications: Pt took Tylenol at 12pm on 3/8 and fever down to 100 at 12:45pm. Headache is better and denies any any chills. Denies s/sx of dehydration. Denies Vomiting/Nausea today. Dizziness/weakness better today. Patient answered NO to any of the reaction questions. For that reason, Patient was not referred to allergy. Response/Recommendation/Education Denies s/sx of dehydration. -Pt stated, Its just a bad headache and I have migraine but it is not the worst headache of life." Pt denies changes in vision, speech, or coordination. Pt denies any confusion, mental status change. Denies SOB, chest pain or any distress noted. Pt able to put food and liquid down. -?Pt was advised to take analgesics such as Acetaminophen or NSAID according to package instructions provided there are no contraindications.? If able rest and increase water intake. - 1 ? 3 days: Ice every few hours if provides comfort at the injection side if needed. -Informed the reasons to reach out to the PCP clinic, hotline triage nurse and the reasons to go to the nearest ED if symptoms change or worsen. -Good verbal return and agreed with the plan.</p>
1081567	3/8/2021	VT	70	F	3/3/2021	3/3/2021	<p>The patient received her 1st COVID-19 vaccination and during the post-vaccination observation period developed left-side chest pain that radiated to her left scapula. Patient was brought to the emergency department but by that time the chest pain had subsided significantly but the left scapular pain remained. The patient was given 243 mg of aspirin and work-up consisted of ECG and Chest CT scan. Pain was deemed to be non-specific and patient was discharged in good condition.</p>

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1080912	3/8/2021	KS	52	F	2/26/2021	2/26/2021	<p>Progress Notes Family Medicine Pt called to follow up on covid-19 vaccine done on 02/26/21. She reports she felt a little run down on Saturday (the following day of the injection). She feels well today. Denies any further questions or concerns. Pt is appreciative of phone call. Progress Notes Family Medicine Attempt to call patient for follow up via phone. No answer.</p> <p>Progress Notes Family Medicine Cosigned by: Expand AllCollapse All STORMONT VAIL COVID VACCINE CLINIC DOB: 2/1/1969 Date: 2/26/2021 a 52 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience feeling flushed. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, rapid progression of symptoms and respiratory distress. PMH: anxiety/panic attacks. HTN on amlodipine since 3-4 months. 10 mg. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, dizziness and headaches Feels flushed and hot Not diaphoretic: Previous Reactions: none. States she was anxious prior to her visit today about the vaccine. Objective Vitals Vitals: 02/26/21 1326 02/26/21 1336 02/26/21 1339 02/26/21 1351 BP: (!) 155/96 (!) 187/121 (!) 156/97 (!) 154/97 Patient Position: Sitting Pulse: (!) 109 99 Resp: (!) 24 SpO2: 100% 100% Physical Exam Constitutional: General: She is in acute distress (anxious affect). Appearance: She is obese. Cardiovascular: Rate and Rhythm: Tachycardia present. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Tachypnea (slightly 24) present. Comments: Pt asked to remove mask to</p>

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reduce her hyperventilation. Neurological: Mental Status: She is alert. Psychiatric: Attention and Perception: Attention normal. Speech: Speech normal. Behavior: Behavior normal. Thought Content: Thought content normal. Cognition and Memory: Cognition normal. Comments: Tearful and slightly anxious Assessment/Plan Treatment included: water, snacks and ice pack Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) (elevated blood pressure) Pt observed approx 30 minutes. Pt improved in symptoms after rest, food, water and ice pack. Her bp was coming down. HR and RR normal. Pt felt better. She wanted to leave as staying here is making her more anxious. Recommended that she monitor her bp at home. If persists to be elevated of 140/90 that she follow up with her pcp. Pt voices understanding. Pt has co-worker here with her whom walked out with her.

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1080483	3/8/2021	MI	49	F	3/4/2021	3/5/2021	<p>Pt came to ED on 3/6/21 with allergic reaction symptoms (diaphoresis, facial swelling, nausea, vomiting, urticarial rash, tachycardia) due to 2nd dose of Moderna COVID-19 vaccination. This Moderna COVID-19 vaccine 2nd dose was received on 3/4/21 at Health Dept (Lot# 030A21A). On 3/6/21, "a 49y/o F with a past medical history of migraines and hypothyroidism who presents to the emergency department for syncope. Patient states she believes she is having an allergic reaction to the moderna COVID-19 vaccine. She received the vaccine two days ago and last night began to notice a few hives on her body. This morning she woke up with more hives diffusely throughout the body and swelling to the face and lips. She presented to urgent care for this and while at the urgent care, she began to feel lightheaded, nauseated and had a syncopal episode while sitting in the chair. She denies hitting her head. After she woke up, she vomited after. Her mother states she was diaphoretic and pale during this episode. She was given benadryl and solumedrol at the urgent care. Paramedic was called and patient was brought in for evaluation of the syncopal episode. Patient denies any chest pain or difficulty breathing. She denies any throat swelling. She has had some diarrhea with this. No abdominal pain. She denies recent fevers or chills. She denies prior cardiac hx. No significant family history. Non-smoker. Labs are notable for mildly elevated liver enzymes. D-dimer is elevated so CTA chest was obtained and is negative for PE. Patient was given solumedrol and benadryl prior to arrival. Symptoms improved during ED stay. No uvular swelling or oral involvement. Airway is patent. Patient advised to follow up with her PCP for re-evaluation and repeat labs. Rx for prednisone and pepcid. Continue benadryl." Pt was given NS 1000 mL IV x1, diphenhydramine 25 mg IV x1, and famotidine 20 mg IV x1 while in SCH ED. Pt did already received diphenhydramine and methylprednisolone at the Urgent Care. Allergy added to patient chart for Covid-19 MRNA vaccine. Then, on 3/7/21, patient did return to ED with continuing reaction (new upper lip swelling). Dr noted: "Presentation c/w allergic reaction to Moderna vaccine. New upper lip swelling, but lower lip swelling and urticaria have resolved. No airway compromise or acute bronchospasm. Discussed option of switching from Benadryl to Zyrtec, if overly sedating. Continue</p>

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							Prednisone. Consider Pepcid twice daily. Discussed angioedema, with possibility of improvement without repeated exposure. Dose of Pepcid given in ED. Comfortable with plan to release.~~
1081208	3/8/2021	CA	18	M	3/4/2021	3/6/2021	This is a 18 y.o. male who is generally healthy. He received a second dose of the SARS2-COV vaccine on 3/4. The following morning he felt feverish and achy with malaise. He stayed home, drank fluids and rested and felt well enough to come up to ski this weekend. During skiing he had some anterior chest pain, it resolved and he went about his day. Tonight at 2245 the pain became sharp and awakened him from sleep. He felt nauseated and clammy as well. Father brought him to the ER for evaluation. His emergency department evaluation showed ST elevations most notably in the inferior and lateral leads as well as in the lateral precordium.
1080911	3/8/2021	PA	21	M	3/3/2021	3/4/2021	Swollen lymph node under left deltoid. Severe pain in chest, back, elbow, underarm. Day number 5 and counting.
1080872	3/8/2021	NY	74	F	3/8/2021	3/8/2021	Patient reported sharp chest pain approximately 30 minutes post vaccination. Patient was transferred to recumbent chair for monitoring, attached to EKG, vital signs and 50 mg diphenhydramine administered IM to left deltoid. Transfer of care to rescue squad for transfer to local ER.
1080806	3/8/2021	CO	60	F	3/6/2021	3/6/2021	headache started at approx 3pm, debilitating chills with uncontrolled shaking started at 4pm with low grade fever that began to climb. Fever peaked at 104.8 and stayed there for approx 6 hours. Vomiting started around 7pm. Rapid hear rate for approx 4 hours. Pulse was over 120 beats for approx 2 hours with chest pain.
1080785	3/8/2021	NC	49	F	3/6/2021	3/6/2021	After 1st dose had 24 hours of headache, fatigue, aches and very sore arm. Lymph node under arm swollen for weeks. After 2nd dose started with brain fog, woozy, aches and joint pain, then severe chills, fever, exhaustion and significant gas pain in chest for about 48 hours. Tylenol taken for 24 hours.

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1080751	3/8/2021	TX	62	F	2/24/2021	2/25/2021	High blood pressure; chest pain; back pain; numbness in limbs; nausea and vomiting.; inability to walk or move legs and feet. Was officially diagnosed on 2/5/2021 wit Acute Sensory Axonal Neuropathy a severe/rare case of Guillain-Barre Syndrome. Unknown time for recovery. Is in the process of being referred to a rehab center.
1080719	3/8/2021	OH	77	F	2/23/2021	2/23/2021	Reaction started 6:30 PM on 2/23/21. SXS include feeling very cold, swollen, painful left arm, HA, fever 99.9 F, memory loss, dizziness, could not get out of bed, chest pain, fatigue, dog wouldn't stop licking her hand; started feeling better Saturday 2/27/21; used blankets--to get warm; 2/25/21 still had HA, took ibuprofen 200 mg (doesn't remember if she took 1 or 2 capsules); HA resolved, chest pain felt like she had to burp; took antacid (type unknown) didn't help, drank Root Beer, burped and it resolved chest pain. As of 3/8/21 still dizzy getting in and out of bed, still some fatigue; can't do usual ADLs without sitting and resting.
1080671	3/8/2021	FL	74	M	1/26/2021	2/2/2021	Patient received vaccine 1/26/2021, complained of fever and chills post vaccine. Daughter reported worsening symptoms to confusion, decreased appetite, N/V and chest pain. Dry cough and SOB. Patient admitted to facility for Chest pain, AMS on 2/2/2021. Expired 2/2/2021.
1081603	3/8/2021	CA	82	F	2/23/2021	2/23/2021	SOB, nausea, chills, chest pain, tachycardia. Went to ED.
1080547	3/8/2021	TX	28	F	3/3/2021	3/3/2021	Report of HA began 3 hours post vaccination, she has history of Migraines, intermittent chest pain. Treatment: Alternate with Tylenol and Motrin with some improvement. Outcome: Continues to work, does interfere with ADLs. Recommend employee follow-up with primary care doctor or go the nearest ER for chest pain.
1082222	3/8/2021	MI	81	M	3/3/2021	3/3/2021	Tongue felt "thick", cheeks tingled, and he developed chest pain.

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1080262	3/8/2021	TX	38	F	3/5/2021	3/6/2021	<p>Mar 5-2:30pm: arm began to feel sore. Mar6-12:00am I can barely lift my left arm above chest level. The soreness has traveled from the injection site down to my wrist and fingers. The injection site is slightly pink, not really noticeable, and warm to the touch. I start to feel a little nauseous and also starting to get body aches and chills. From 12:00am-4:00am i constantly wake up because of arm soreness and body aches. At 4:00am, I woke up to use the restroom and realized even the bottom of my feet hurt with every step I took. Took my temperature and it was at 101.5. I went back to bed and fell asleep even though I kept waking. At 7:00am, the migraine started. I was trying to avoid taking meds just to be able to get a clear picture of how my body responds to the vaccine. But by 9:30am (22hrs post vaccine) I ended up taking Tylenol for severe migraine. It feels like someone is stabbing my temples with a very sharp object. Turning or even slightly moving my head strengthens the migraine. My arm is still so sore that I can barely move it! Tylenol brings temperature down to 100.7°. 10:30am I began with extreme fatigue. By 12:30pm I went back to bed because I couldn't stand my body aches and migraine. I slept until 4:00pm woke up feeling a little better. Migraine was still there but not as bad. At 8:00pm I began to feel pressure on my chest. That pressure slowly turned into pain. By 9:20pm I was in excruciating pain, I was in tears and I literally thought I was going to die. It hurt to breath. I checked into the ER by 9:30pm the pain was sharp and it would come, last a few minutes, then slowly ease off a bit. On a scale of 1-10 if was definitely a TEN!!!! The ER said it wasn't cardiac so they sent me home. The DR did say that the chest pain could have possibly been caused by the vaccine, as many have seen different symptoms and everyone has reacted differently. I was home by 1:15am. The pains continued until 3:00am. By 8:30am on Sunday Mar 7, the only thing I was suffering from was soreness in the arm and my chest was sore from the pain. The pain in my chest was a 1 or 2 compared to the 10 that it was when I went to the ER, And that pain/discomfort has lingered all day. I'm currently 22weeks 4days pregnant with a boy and expected to deliver July 7th. I've been pregnant 19 times have 4 living children and suffered 14miscarriages.</p>

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1080258	3/8/2021	TX	37	M	3/5/2021	3/6/2021	Beginning 03/06 0900: 101 degree fever, unresponsive to tylenol or ibuprofen. Joint pain and intense headache persisted throughout entire day. Fever did not break. BP @ 1200p - 130/76 100bpm, @ 08:00p - 140/84 80bpm. 03/07 am: Awoke with 100 degree fever, came down to 99.6-99.8 for the remainder of the day with 2 tylenol. Persistent headache, unresponsive to tylenol. Red vertical oblong patch surrounding injection site 3"x6". Site painful and tender to the touch. Joint aches subsiding gradually but still present at 22:00. Unusual chest pain upper right.
1080184	3/8/2021	MA	40	F	1/30/2021	1/30/2021	chest pain; loss of smell; fever; headaches; vomiting/nausea; vomiting/nausea; This is a spontaneous report from a contactable healthcare professional (patient). A 40-year-old female patient received first dose of bnt162b2 (Pfizer-BioNTech COVID-19 vaccine; lot number: EL9264), via an unspecified route of administration in the left arm on 30Jan2021 15:45 at a single dose for covid-19 immunization. Medical history included heart problems, migraine, anemia, asthma and unspecified allergies. The patient is not pregnant. The patient's concomitant medications were not reported. On 30Jan2021 19:00, the patient experienced chest pain, loss of smell, fever, headaches, vomiting and nausea. The patient did not receive treatment for the events. The outcome of the events was not recovered.
1080565	3/8/2021	LA	43	F	2/27/2021	2/28/2021	All the severe complications such as Fever, shortness of breath, headache, body ache, chest pains, heart palpitations.
1083076	3/8/2021	NY	40	F	2/10/2021	2/17/2021	Severe hypertension. Following the second dose I was having severe headaches. I checked my blood pressure on 2/17/21 and it was 212/116. I was having palpitations and parathesia in my right foot. I immediately contacted my provider and he confirmed my hypertension and I was prescribed two separate anti hypertensive medications. I began these medications however they have been ineffective at treating the high blood pressure. I began to have chest pains, headaches continued, and due to the hypertensive crisis I presented to the ER on 3/3/21 which required IVP BP medications, EKG, cardiac labs, etc. Prior to the COVID vaccination I have always had a normal blood pressure at all of my physical appointments.

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1083828	3/8/2021	TN	35	F	3/5/2021	3/5	Received Moderna vaccine at Pharmacy at approximately 12:20 pm. At approximately 1:06pm I felt lightheaded, nauseated, with a light headache, mild tightness in my chest, I felt extremely tired, along with mild pain in the left side of my body (left side of breast, shoulder ,arm socket, elbow, wrist , fingers, hip, knee, ankle, top of foot and toes). 3/6 Headache increased, tightness in chest mild, left joint pain mild (left side of breast, shoulder ,arm socket, elbow, wrist , fingers, hip, knee, ankle, top of foot and toes).Feeling extremely tired .3/7 Headache persist, tightness in chest still bothersome, left joint pain(entire left breast in pain, shoulder ,arm socket, elbow, wrist , fingers, hip, knee, ankle, top of foot and toes, tightness on side of breast) increased with noticeable swelling, at times shortness of breath, some pain in chest when taking breaths. Feeling extremely tired. Pain while doing activities standing, walking, sitting, laying etc. constant pain. 3/8 Headache persists, excruciating pain and noticeable swelling in left joints left side of breast, shoulder ,arm socket, elbow, wrist , fingers, hip, knee, ankle, top of foot and toes) chest tightness, at times shortness of breath, mild pain in chest when taking breaths, feeling extremely tired, pain has traveled to the bottom of my left foot. I have taken Tylenol for pain and Ibuprofen for the swelling does not ease the pain or swelling .

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1083536	3/8/2021	HI	40	F	3/8/2021	3/8/2021	Patient checked in for vaccine at 10:52am. During screening process, patient identified as needing additional monitoring (30 minutes) after vaccine administration. Patient received vaccine at approximately 11:00am, at which time she left vaccination site to observation site. Approximately 15 minutes post vaccine administration, patient self-reported feeling of lightheadedness to RN at site. Doctor was informed and called over to assess patient, at which time he diverted patient to the 30 minute observation area and placed on Stryker bed. During this period, patient continued to feel worsening of pre-syncopal type dizziness and developed parasthesias to bilateral arms and legs. VS at 11:35 am - BP 131/95; HR 82; RR 18; O2 sat 98%. Patient also endorsed some nausea, but did not vomit; negative abdominal pain. Patient did not present with any difficulty breathing, edema, urticaria, pruritis, or globus sensation. VS at 11:50am - BP 115/77; HR 72; RR 18; O2 sat 98%; patient seemed to be relatively comfortable. Clinically ,patient seemed to be improving, parasthesias resolving. Approximately 12:05pm, patient with complaint of increase dizziness, brief episode of chest pain, worsening parasthesias and exhibiting some difficulty breathing. VS at 12:07pm - BP 160/60; HR 90 12:10pm: EpiPen 0.3 mg administered to R thigh IM and 911 called. VS post Epi - BP 156/82; HR 151 EMS arrived at 12:15pm EMS started IV but had to wait for transfer due to social situation (2 children with patient). 12:39 pm, patient transported to Medical Center, with children, via EMS. Doctor spoke with ER physician. Patient was discharged at approximately 4:00pm after evaluated by ER physician.
1083282	3/8/2021	CA	24	F	3/8/2021	3/8/2021	@04:27 pm patient reported having tightness in chest, used albuterol per NP X2. Patients vitals were BP 131/82 HR 99 O2 100%. Patient continued to report sharp pain in chest and heaviness with tingle in throat, denied difficulty swallowing, no swelling noted. Pt was picked up by EMS at 4:45pm.

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1083195	3/8/2021		35	F	2/17/2021	2/17/2021	<p>o Complaint The patient is a 35 year(s) old Female complaining of allergic reaction, reactive to COVID vaccine. o Chief Complaint Quote Per triage note: Patient states she received her first COVID vaccine injection and started to feel pain/tingling down right arm/face and neck. Patient was given one IM epi at site. Patient states she now feels jittery only. o Time Seen 02-17-2021 13:54 o Historian patient o Objective Statement 35-year-old female presents the emergency department for an allergic reaction. Patient received her first dose of the Covid vaccination in her right deltoid and shortly after receiving the vaccination she began having tingling in the right arm extending down the right hand and up to the right neck and face. She was given epinephrine and sent to the emergency department. On arrival to the emergency department, she says the tingling in her arm has improved but she now feels "jittery ". She denies any headache, visual change, throat tightness, chest pain, difficulty breathing, abdominal pain, nausea, vomiting, rash. Says she had an anaphylactic reaction to bee stings in the past and is also allergic to Motrin. Review of Systems Constitutional: Negative for chills, diaphoresis and fever. HENT: Negative for congestion, facial swelling and rhinorrhea. Eyes: Negative for discharge and visual disturbance. Respiratory: Negative for cough, chest tightness and shortness of breath. Cardiovascular: Negative for chest pain and leg swelling. Gastrointestinal: Negative for abdominal pain, diarrhea, blood in stool and vomiting. Endocrine: Negative for cold intolerance and polydipsia. Genitourinary: Negative for difficulty urinating, dysuria and hematuria. Musculoskeletal: Negative for arthralgias, joint swelling and myalgias. Skin: Negative for rash. Neurological: Negative for speech difficulty, numbness and headaches. Physical Exam Nursing notes and vital signs reviewed. GENERAL: No distress HEAD: normocephalic, atraumatic EENT: PERRL, EOMI. Conjunctivae normal color, sclerae non-icteric; moist mucous membranes. NECK: Supple, non-tender; no meningismus LUNGS: Lungs CTA, breathing even and unlabored. Normal air movement. HEART: Regular rate and rhythm, no murmur CHEST: No deformity; non-tender ABDOMEN: The abdomen is soft, and non-tender, no masses or bruits. EXTREM: Normal ROM; no deformity, no calf tenderness. Normal pulses palpable in</p>

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						all extremities. There is no pedal edema. SKIN: No rash; no diaphoresis NEURO: Alert; normal speech and cognition; CN's grossly intact; strength grossly intact without focal deficit. BACK: No CVA TTP. o ED Course 1620: Repeat evaluation, patient resting comfortably in the room. Her vital signs remained stable. She was given steroids, Pepcid and Benadryl and has been monitored in the ED with no incident. She having any numbness or tingling in her right arm. She is still not having any shortness of breath or throat tightening. We will discharge the patient home. Patient will be given a prescription for an EpiPen. Did tell the patient to follow-up with primary care physician to discuss whether or not she should receive the second dose. Patient given warnings indications to return the ED. Patient understands and agrees the plan.	
1083189	3/8/2021	TX	33	F	3/6/2021	3/7/2021	3/7/2021 7:00 AM - Experiencing weakness, fatigue, chills, nausea, chest pain upon inhaling, rashes on other parts of the body. 3/8/2021 Experiencing sore throat, weakness, fatigue, headache, migraine, dizziness, brain fog, nausea, decrease in appetite, and rashes on other parts of the body.
1082104	3/8/2021	TX	49	F	2/10/2021	2/10/2021	I had severe right arm pain worse than Dose 1 and exp no chest pain this time. The pain Dose 2 lasted 5 days.
1083142	3/8/2021	TX	43	F	2/10/2021	2/10/2021	Chest pain & rapid palpitations, shortness of breath , headache , swollen at the left side of my armpit & pain in sore in the area of administration
1081613	3/8/2021	NC	66	F	2/27/2021	2/28/2021	Began having upper chest pain when taking deep breaths and when lying down. Chills Night sweats Fatigue Body Aches and pains
1082933	3/8/2021	NY		F	2/5/2021		Chest pain; This is a spontaneous report from a Pfizer-. A contactable consumer (patient) reported that a female patient of an unknown age received 2nd dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) at single dose on 05Feb2021 via an unknown route for Covid-19 immunization. Medical history and concomitant drug were not provided. Patient got the second dose yesterday and she was experiencing chest pain. Outcome of the event was unknown. Information on Lot/Batch number has been requested.

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1082868	3/8/2021	FL	71	M	2/12/2021		<p>felt so bad; severe chest pain; Chest pain and arm pain; A spontaneous report was received from a consumer concerning her husband, a 71-year-old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced abnormal feeling, severe chest pain, and arm pain. The patient's medical history, as provided by the reporter, included the patient had a heart attack on 26 May 2020 and on October 2020 the patient had five bypass, two arteries they took. Since October the patient's condition was stated to be great. Concomitant medications reported included Insulin Bovine, Multivitamins [vitamins Nos], acetylsalicylic acid and Medication related to patient's heart attack. On 12 Feb 2021, unspecified days prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number:007M20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 12 Feb 2021, post receiving mRNA-1273, the patient had no reaction and did not feel bad. On unspecified day in Feb 2021 one week prior to the reporting the events, the patient experienced chest pain and arm pain, minimum that lasted for 10 minutes. 3 or 4 night prior reporting the event, the patient was feeling abnormal, went to ER and was hospitalized with severe chest pain. The patient was in a regular room and was transferred to ICU. Next day, Cardiac catheterization was performed to see the patient's heart and found that 3 arteries in the original surgery were failing. Treatment for the event, severe chest pain included morphine. Action taken with mRNA-1273 in response to the events was not reported. The event of arm pain was considered Recovered/Resolved. The events, abnormal feeling, severe chest pain were considered as unknown. The patient is still hospitalized.; Reporter's Comments: This case concerns a 71-year-old, male patient, who experienced severe chest pain, feeling abnormal. Cardiac catheterization was performed which showed that 3 arteries in the original surgery were failing. Very limited information regarding this event has been provided at this time. The patient's medical history of heart attack (May 2020) and bypass (October 2020) confounds the causality. Further information has been requested.</p>

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1082735	3/8/2021	IA	76	M	3/5/2021	3/5/2021	Patient presented to the Emergency Department with fever and confusion. After receiving his second dose of Pfizer Covid vaccine, someone stopped in to check on him and he was confused. He had only had a donut since he got the vaccine 24 hrs ago. He was struggling to do his normal activities of daily living. Oxygen readings were in the 80s at home, heart rate was over 100, and temperature was over 100. The patient was complaining of diffuse body aches. He did not have a headache, chest pain, shortness of breath, abdominal pain, vomiting, or diarrhea. Past medical history is remarkable for chronic pulmonary disease due to asbestos exposure, Covid infection the last November. While in the ED, he was treated with a liter of normal saline, a liter of lactated ringers, 1000 mg of acetaminophen, and 600 mg of ibuprofen. His heart rate decreased and fever was gone after receiving fluids, acetaminophen, and ibuprofen. The patient was then discharged home.
1082714	3/8/2021	CA	44	F	1/13/2021	1/13/2021	After 10 minutes of my first dose vaccine, I began to experience chest pain and could not breathe. I felt nauseated. My BP went up to 150 and staff was monitoring me, my normal BP is 90/110. After two hours I started to feel dizzy, nauseated and i was in the ER room for four hours. I felt like passing out, my BP was 169/69 and my heart rate was also high. Then I started to feel cold and began to shivering while an EKG was performed. My BP never went down. After one week and for four days I had fever and weakness to my body also from my knees down felt weakness. Also one week after my vaccine, my lymph nodes got swollen, left ear. I communicated these symptoms to my PCP of my reactions.

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1081918	3/8/2021	TX	31	M	3/1/2021	3/1/2021	I was called by COVID vaccine observation staff at approximately 11:57AM to respond to patient who was reported to be diaphoretic, pale, and retching 15-20 minutes after having received one dose of Moderna COVID vaccine. Vital signs before my arrival were: 11:55AM BP 97/52 HR 75 Patient states history of diabetes, hypertension, anxiety, panic attacks, and pulmonary embolism and is on Xanax prn, Xarelto, an ace-receptor antagonist and an insulin pump. States consumed about 12oz of water and a pop tart in the morning. Physical assessment: Alert oriented to person, place, time and situation. Gait normal Firm bilateral hand grips Radial pulse 2+ bilaterally EOMS intact and PERRLA Lung sounds clear in all lobes S1 and S2 auscultated. Advised patient to consume 2L of water before leaving clinic. Advised to stay additional 30 minutes for observation with blood pressure to be repeated at 5 minute intervals until blood pressure turns to normal range. 12:05PM BP 162/94 HR 95 12:10PM BP 134/51 HR 100 Gave emergency warnings to go to ER if experiences additional adverse reactions after returning home (shortness of breath, chest pain, etc.) Diagnosis: Vasovagal syncope in response to vaccine

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1083150	3/8/2021		41	F	2/17/2021	2/17/2021	<p>o Complaint The patient is a 41 year(s) old Female complaining of o Chief Complaint Quote Patient states she got her COVID vaccine today and rapidly started feeling SOB, dizzy and feeling tired. Per EMS, patient did receive one IM of Epi. o Time Seen 02-17-2021 11:49 o Historian patient o Objective Statement 41-year-old female brought to the emergency room by EMS for allergic reaction. Patient says just prior to arrival she received first dose of her Covid vaccination. She said she was waiting after she received her vaccination when she began to have difficulty breathing, lightheadedness and nausea. She was given a IM dose of epinephrine and sent to the emergency department for further evaluation. In the emergency department, she says difficulty breathing has improved. She said she is now having some chest pain. She says pain is across the anterior chest, pressure-like. She said she also feels nauseous. Headache, throat tightening, rash, pruritus, abdominal pain, vomiting, diarrhea, dysuria, paresthesias or focal weakness. She has never had an allergic reaction before. Review of Systems Constitutional: Negative for chills, diaphoresis and fever. HENT: Negative for congestion, facial swelling and rhinorrhea. Eyes: Negative for discharge and visual disturbance. Respiratory: Negative for cough. Positive for chest tightness and shortness of breath. Cardiovascular: Positive for chest pain. Negative for leg swelling. Gastrointestinal: Negative for abdominal pain, diarrhea, blood in stool and vomiting. Endocrine: Negative for cold intolerance and polydipsia. Genitourinary: Negative for difficulty urinating, dysuria and hematuria. Musculoskeletal: Negative for arthralgias, joint swelling and myalgias. Skin: Negative for rash. Neurological: Negative for speech difficulty, numbness and headaches. Physical Exam Nursing notes and vital signs reviewed. GENERAL: No distress HEAD: normocephalic, atraumatic EENT: PERRL, EOMI. Conjunctivae normal color, sclerae non-icteric; moist mucous membranes. There is no pharyngeal erythema or edema, uvula midline no stridor, patient handling secretions with no difficulty NECK: Supple, non-tender; no meningismus LUNGS: Patient in mild respiratory distress, tachypneic, lungs CTA. Normal air movement. HEART: Tachycardic with regular rhythm, no murmur CHEST: No deformity; non-tender ABDOMEN: The</p>

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					abdomen is soft, and non-tender, no masses or bruits. EXTREM: Normal ROM; no deformity, no calf tenderness. Normal pulses palpable in all extremities. There is no pedal edema. SKIN: No rash; no diaphoresis. NEURO: Alert; normal speech and cognition; CN's grossly intact; strength grossly intact without focal deficit. BACK: No CVA TTP. o ED Course 1250: On reevaluation, patient resting comfortably in the room. She said she is feeling much better. She is no longer having any difficulty breathing. Chest pain has resolved. Her vital signs have normalized. She is no longer tachycardic. CBC shows a mild leukocytosis. CMP does show hypokalemia. On her EKG she does appear to have some U waves. EKG shows sinus tachycardia, no ischemic changes. Chest x-ray unremarkable. Potassium was repleted. On arrival, patient was given Benadryl, Solu-Medrol, Pepcid. She was given epinephrine at the vaccination site so no additional epinephrine was given here and at this point I do not feel she needs an additional dose. We will continue to monitor the patient in the ED. 1520: On reevaluation, patient is resting comfortably in the room. Her vital signs remained stable. She is not having any symptoms. No chest pain or shortness of breath. We will discharge the patient home. We will give her prescription for an EpiPen. Discussed warnings indications to return to ED. Told patient she should contact her primary care provider to discuss whether or not she should receive the second dose. Patient understands and agrees with the plan.
1081911	3/8/2021 OH	25 F	3/2/2021	3/2/2021	05:35PM STATES 'FEELS LIKE SHE WILL PASS OUT, NAUSEA & HAS CHEST PAIN'. PLACED ON COT AND CARDIAC MONITOR. A/O, PINK, W/D, RESP WITH EASE, NO DIAPHORESIS, NO DECREASED LOC. SINUS TACH ON MONITOR. 5:49PM ASA P.O./CHEWED. IV STARTED PER SQUAD. SMALL AMT EMESIS (APROX 2 TSP). TRANSPORTED TO ER PER SQUAD.

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1082683	3/8/2021		90	F	3/8/2021	3/8/2021	received the Covid-19 vaccine. She reports symptoms of Other: Pt daughter reported her mother had a rash on her cheeks, tip of the nose and chin that wasn't there prior to the vaccine administration. . . I have observed patient sitting comfortably in recliner, no c/o dizziness, SOB, itchy, chest pain, HA, vision or swallowing difficulties. Note redness on cheeks, tip of nose, chin and noted red rash on forehead. Pt and daughter state pt has history of whitecoat syndrome. After last set of VS taken- bumps on forehead skin were noted. Pt transferred to ED via wheelchair daughter present. Treatment/intervention upon noting redness by daughter, pt monitored VS were: 1452: B/P 193/88, P80, R16, O2Sat 96% 1502: B/P 179/75, P76, R16, O2Sat 97% 1515: B/P 174/71, P73, R16, O2Sat 97% Bumps noted on forehead, patient transferred to ED via wheelchair. Daughter at side
1081940	3/8/2021	MI	41	F	3/1/2021	3/1/2021	Pt called to inform our office that she received the covid-19 vaccine on 3/1 around 0950 and she developed itchy, nausea and difficulty swallowing 1 hr after the administration on the Pfizer vaccine. Pt stated that she still has some difficulty swallowing but all other symptoms have resolved. Pt denies having chest pain, SOB, throat itching, throat tightness or feeling of suffocation. Pt stated that she began having hoarseness begin this morning which new onset. Patient sought care in ED room 3/1 and 3/4, follow-up visits with PCP and allergists. Unable to work.
1082115	3/8/2021	KY	41	F	1/12/2021	1/14/2021	weakness, nausea, vomiting, chest pain, cold sweats, heart palpitations
1082322	3/8/2021	PA	80	M	2/3/2021	3/7/2021	patient presented to ED with chest pain, gone upon arrival to ED, dyspnea on exertion, shortness of breath. no congestion, no cough. Nausea present. patient tested for covid and found to be positive. Received 2nd covid vaccine on 2/3/21
1082383	3/8/2021		73	F	3/5/2021	3/5/2021	Pt reports to emergency department with complaints of chest pain and palpitations

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1082544	3/8/2021		41	F	2/17/2021	2/18/2021	<p>o Complaint The patient is a 41 year(s) old Female complaining of allergic reaction, nausea. o Chief Complaint Quote Patient complained of allergic reaction that started about 45 mins ago. She got her 1st dose of Pfizer Covid vaccine yesterday morning. She complained of rash all over the body, swelling on the hands and face including eyes and lips. She denied chest pain, abdominal pain, fever, cough, vomiting and difficulty breathing. She complained of nausea that started 5 mins ago. She has not taken any meds yet for her symptoms. o Time Seen 02-18-2021 01:20 o Historian patient ADDITIONAL HPI: o Additional HPI Pt here with concerns of allergic reaction. Pt fell asleep on the couch approx 2200. She awoke 2 hours later with itching of her hands. Over the next hour she developed a full body rash, itching, and swelling of face. No wheezing, no difficulty swallowing. Upon arrival to ED pt started to feel nauseated. Pt had first dose of COVID vaccine approx 16 hours prior to onset of sx. No h/o allergic reactions, no h/o asthma. Emergency Department Course and Clinical Decision Making: Patient presents with urticaria and swelling to her face eyes and lips. Shortly upon being roomed she started to feel very nauseated and started vomiting. No stridor or wheezing, no immediate airway compromise but given both cutaneous and GI symptoms, significant concern for anaphylaxis. Patient was immediately given epinephrine intramuscularly, 0.3 mg. An IV was placed and she was given Solu-Medrol, Benadryl, Pepcid, and Zofran. Patient's urticaria and swelling started to nearly immediately improved after the epinephrine. She is feeling much better though slightly anxious. To be reaction from the Pfizer vaccine, no other obvious triggers, patient has no history of allergic reactions or other sensitivities. We will observe in the emergency department in a monitored setting for several hours to assure no rebound symptoms, patient updated on plan. 0500 Pt has been resting. Urticaria resolved, swelling to face resolved. Discussed with pt reporting reaction to CDC, info provided. Also discussed the second dose of vaccine, recommended reaching out to Epi response team or PCP to get recommendations. Will give short course of prednisone, 4 days, Benadryl as needed, ED return precautions discussed, will dc home.</p>

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1082554	3/8/2021		77	M	3/6/2021	3/6/2021	During post vaccination observation period complaint of dizzy, warm, clammy and hypertensive BP 180/96. While being observed complaint of chest pain, transferred to ED. EKG and lab work within normal limits. Observed an additional hour with symptom relief and discharged to home.
1082620	3/8/2021	NJ	58	F	3/5/2021	3/5/2021	During the post-vaccination observation period, vaccine recipient complained of vertigo and some mid-sternal chest pain. They were seen by EMS and the cardiac monitor showed abnormal rhythm. They were transported to emergency department Medical Center. They reported chest pressure and near syncope. During reexamination, there was no chest pain or palpitations. They were discharged to home. Registered 03/05/2021 11:37 AM, Discharged 03/05/2021 4:38 PM.
1082661	3/8/2021	MI	70	M	3/3/2021	3/4/2021	Chest pain, shortness of breath, feels like he can't catch his breath. presented to the emergency department with episodes of palpitations and chest pain. Around 530 this evening, the patient was in a store when he started feeling palpitations and irregularity to his heart rate. He states at that time, it did give him a mild anterior chest wall pressure. He denies any diaphoresis, pain radiation or lightheadedness at that time. Symptoms resolved after several hours.

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1082357	3/8/2021	IL	32	F	3/8/2021	3/8/2021	'AT APPROX 1007AM, PT C/O LIGHTHEADEDNESS AND DIZZINESS. PT WAS COLD, CLAMMY, PALE AND DIAPHORETIC. NURSE TOOK HER VITALS: B/P100/70, P 38 02 92% RA. PT STATES SHE DOES HAVE A 'PHOBIA OFNEEDLESAND WAS VERY NERVOUS ABOUT COMING TODAY' PT WAS BROUGHT INTO THE NURSERY ROOM WITH ASSISTANCE TO A COUCH. PT WAS INSTRUCTEDTO LAY FLAT. A MAKE SHIFT PILLOW WAS PLACED UNDERHER FEET TO ELEVATE HER LEGS. PT WAS ALERT AND ORIENTED X3. PT DENIES SHORTNESS OF BREATH, CHEST PAIN,OR HEADACHE. SITE OF INJECTIONWAS ASSESSED AS PT C/O A SORE ARM. ARM WAS W/O BRUISING OR SWELLING. PT WAS GIVEN WATER TO DRINK AND STATED SHE WAS 'STARTING TO FEEL BETTER'. PT CONTINUED TO LAY FLAT FOR APPROX 40 MINUTES. PT VITALS WERE RETAKEN: 110/78 P68 PO2 98%RA. PT MOTEHR WAS CONTACTED BY A HOSPITAL VOLUNTEER TO INFORM HER OF WHAT OCCURED. PT STATED SHE FELT WELL ENOUGH TO LEAVE. PT INSTRUCTED IF CONDITION RETURNS ORSHE EXPERIENCES ANY SHORTNESS OF BREATH ORDIFFICULTYBREATHING TO CALL 911. pT WASABLE TO SIT UP WITHOUT DIFFICULTY OR ANY COMPLAINT OF DIZZINESS. PT AMBULATED TO HER VEHICLE WITH 2 PERSON FOR SAFETY. PT WAS DRIVENHOME BY A FRIEND/VOLUNTEER AT THE VACCINE CENTER. 1222: VOLUNTEER CALLED TO CHECK ON PATIENT STATUS, NO ADDITIONAL ISSUES REPORTED - 3/8/21 @ 1253

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1082153	3/8/2021	MN	85	M	2/1/2021	2/1/2021	Patient is a 85 y.o. male who presents with headache. Patient received his Covid vaccination proxy 72 hours prior to ER arrival this morning. Patient states that been having complaints with increasing weakness plus mild headache. Patient also complained about some mild increasing shortness of breath. Patient denies any chest pain nausea vomiting. Patient has had no dysuria or frequency. Patient states he has had a headache for at least a month but in route to the headache is probably just been within the last 72 hours. Patient had increasing weakness and because this is brought to the emergency room by patient's wife for further evaluation. Covid vaccine was not at our facility and is not documented in Database. Looks like he Doctors at the Facility as well.
1079063	3/7/2021	MT	29	M	2/22/2021	2/22/2021	HPI: Patient is a pleasant 29-year-old male presents to clinic with 11-day history of fatigue, intermittent nausea, dry mouth, headache, weakness, feeling of dehydration and feeling feverish without fever. Patient states he is sleeping very poorly. He states he has had increased water intake but feels dehydrated and as though his urine looks different from his normal as well as smells differently. Patient had his second Pfizer COVID-19 vaccination on 22 February in his right arm and he states that approximately 6 to 12 hours after this injection he started to feel unwell. Patient has a history of SVT and he states that he feels almost constantly as though he is in the aftermath of an SVT episode. He has not had an episode for 1 to 2 months. His resting heart rate is typically in the 45-50 range. Patient denies any ear pain, throat pain, myalgia, loss of sense of taste or smell, cough, dyspnea, abdominal pain or chest pain. He had attempted to see his primary care provider today. His nurse at had recommended that he seek care here as his provider was not available..
1078864	3/7/2021	MD	72	M	3/7/2021	3/7/2021	About 5mins after injection, patient started having sob. Denies chest pain, throat swelling, tongue swelling, rash, itching or dizzy. SOB resolved within 10 mins. BP 120 Pulse 77 O ₂ 99%. After 30 mins observation, O ₂ was 99%.

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1079439	3/7/2021	NC	45	F	3/7/2021	3/7/2021	Patient received her vaccine at 1343. She was seated in the 15 minute waiting area. She went to the RN observation desk to check out at 1405 when her observation time was up. Nurse educated patient about signs/symptoms to watch out for in the next 48 hours, including tachycardia. Patient then shared that her heart rate had been elevated since her injection. She states she thought it was just nerves/anxiety, but thought that she should mention it now. Nurse directed her to EMS for evaluation. This RN accompanied patient to EMS where she was placed on a monitor. Patient stated she was tracking her own pulse via smartwatch, reported it to be in the 130's just after injection. She stated she was able to bring it down to the 80's while sitting. Per EMS, her pulse was stable in the high 90's. Patient reports a history of childhood tachycardia, but states she was cleared by her cardiologist 5+ years ago. She takes daily synthroid, prescription zyrtec, pantoprazole, and celexa. She has PRN ativan for anxiety, takes it infrequently. She took all of her scheduled medication this morning. She has an allergy to erythromycin (GI cramping) and penicillin (hives in childhood). EMS performed 12 lead EKG at 1421 -- Normal Sinus Rhythm, vital signs 118/78, pulse 89, oxygen 99%. Second set of vitals at 1430 were 109/78, pulse 86, oxygen 99%. Patient reports feeling fine, would like to go home if cleared. EMS agreed. RN reminded patient to watch for symptoms over the next 48 hours, to call 911 if she has any additional cardiac symptoms, any oral swelling, difficulty breathing or swallowing, hoarseness, chest pain or tightness. She will follow up with her primary care physician for direction about the booster vaccine. She requested that the notes be sent to her primary care and cardiologist (RN unable to find cardiologist in her record, patient could not recall his name at this time).
1079506	3/7/2021	MD	28	F	3/7/2021	3/7/2021	Right after vaccine injection, patient started having tingling in her face and feeling sob. Episode last about 5 mins. Afterwards, pt felt fine. Denies chest pain, rash, itching or dizzy. RR 18 BP 120/73 HR 74 and oxygenation of 99%.
1079286	3/7/2021	UT	55	F	3/3/2021	3/3/2021	Moderna Covid-19 vaccine EUA Racing heart Dizzy Jittery Upset stomach Trouble breathing / chest pain - second day

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1079233	3/7/2021	IN	25	F	2/22/2021	2/23/2021	chest pain, fever, nausea
1079526	3/7/2021	NY	64	F	3/7/2021	3/7/2021	<p>Patient received her first Pfizer vaccine today at 12:24pm .She was sent to observation feeling well. About 10 to15 minutes later she began to complain to her son that her head felt "bloated", her eyes felt heavy and her head felt hot. The nurse removed the patient to the nurses station and took her vital signs, then notified the clinical lead PN. The patient Initial vital signs taken at 13:15 were BP 157/85 P 78 , O2 sat 99%,. R 18. Denies Shortness of breath, difficulty breathing or swallowing. No skin color changes noted. No rash or pruritis. Denies chest pain, pressure or palpitations. Consumed a bottle of water without difficulty. About 20 minutes after the vaccine was received she began to feel faint, but did not feel as though she was "going to pass out" . VS remained stable; BP 157/85/P78.O2sat 99% She continued to c/o head fullness, but now was reporting feeling chills, and flushing . Son administered an extra strength Tylenol at 13:10. Nurse acted as interpreter as well as her son. Paramedics were called initially at 12:56 and again at 13:21 Patient was able to get up and walk to the bathroom with attendants , voided under observation and return to her chair without complaints of instability or dizziness. Paramedics arrived at 13:45. Vs were noted to be 160/90 , pulse 75, O2sat 99% Patient continued to complain of head and eye fullness and vertigo(Paramedic looked like her was swaying). Patient appeared stable ,in no acute distress when she was escorted out of the building ambulance by paramedics at 13:55 to be taken to a Hospital for evaluation.</p>

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1079090	3/7/2021	WI	76	F	3/2/2021	3/2/2021	Pfizer-BioNTech COVID-19 Vaccine EUA Patient had just received her 1st COVID vaccine and was sitting down monitoring symptoms when she suddenly flipped into a different heart rhythm and felt palpitations like her heart was racing. Her heart rate was checked and found to be 130 beats per minute. Transferred to the emergency department On arrival to ED, patient is well-appearing in no distress. Heart rate 134 on arrival. EKG performed and confirmed atrial fibrillation. IV was established, fluids and additional IV metoprolol administered. Labs with mild hypokalemia at 3.2 which was replenished in the ED. Heart rate flipped to normal sinus rhythm and repeat EKG showed her baseline right bundle-branch block with left axis deviation, T-wave inversions in lead V2, V3, III consistent with previous EKGs. She reports she has improved symptoms, no increased dyspnea and no chest pain. Patient discharged home
1078998	3/7/2021	CA	64	F	2/24/2021	3/3/2021	The evening after the injection chills, fever and fatigue for 48 hours.. Fatigue continued for a week then the following Wednesday after the vaccination on March 3rd. Chest pains began with shortness of breath at about 6pm. Went to the hospital that evening and had xrays and echo which showed signs of fluid and inflammation in the pleural sac. Diagnosis Plurisy. Patient had no history of lung issues or recent sickness other that the vaccination.
1079229	3/7/2021	IN		U			I had a Very bad hot flash about 15 minutes after the injection & my Blood pressure shot up , 170/? and chest pain. Blood pressure was checked every 15 minutes and was told I could leave after 1/2 hour
1080253	3/7/2021		24	U	3/4/2021	3/5/2021	headache,cold. PT got 2nd covid vaccine yesterday around 1100. Sx started since last night. C/O headache and chills. Denies n/v/d. No chest pain or SOB. P/w mild generalized constitutional symptoms 2/2 COVID vaccine. Well-appearing, no increased WOB, normal vitals. Will discharge to quarters with symptomatic treatment.
1079573	3/7/2021	MI	36	F	3/7/2021	3/7/2021	chest pain, vitals taken and pt sent to ED; outcome(s) unknown at t his time

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1080245	3/7/2021		19	U	3/4/2021	3/5/2021	dehydration and severe pain. PT got 2nd covid vaccine yesterday noon. Woke up w/ whole body pain around 0130. No fever. Reports nausea and x3 vomit w/o blood.No chest pain or SOB. Not taking medication per PT. HISTORY OF PRESENT ILLNESS: 19 yo F p/w headache, nausea, vomiting, body aches for 4 hours after receiving 2nd COVID vaccine yesterday. Acute onset of symptoms, mild generalized body aches with bitemporal pressure headache. Emesis x3 w/o blood. Denies fever, chills, chest pain, dyspnea, abdominal pain.
1079919	3/7/2021		49	F	3/7/2021	3/7/2021	pt received vaccine, 15 min later, pt got chest pain & sob, brought back to assessment tent, vitals taken, bp at 208/103, per MD, rec. 911 for tx to ED, pt taken to ED via EMS. BP prior to leaving, down to 158/85, pt still with chest pain, but less painful.
1079838	3/7/2021	NY	58	F	2/6/2021	2/6/2021	Shaking with chills onset 10:30pm. Fell asleep midnight, awake 2:30 am 102.2 fever, asleep 4:00 awake 5:30 101 fever, asleep 7am awake 8:30 am 100 fever, sweating and very nauseated. Fever remained 99-100 all day, felt weak stayed in bed. Midnight muscles began to hurt, rib cage felt tight and heart seemed to be fast, asleep 2 am awake 5 am with severe pain at the end of a deep breath, heart rate 95-108 (normal resting heart rate 57-64). Asleep 7 am awake8:30 with milder chest pain when breathing in. Out of bed 9am, 99 temperature. 3pm temperature 98.9, heart rate normal, no chest pain, extremely fatigued. 7:30pm slight diarrhea with three itchy welts the size of a quarter down inside of upper arm that was vaccinated. Burning pain on bottom of feet. Next day ok but took a full two weeks to be able to exercise my normal 50 minutes per day without having to take breaks. For two days in the first week I had severe joint pain in all old injuries in different parts of my body which rendered me unable to do normal activity. I have been fine since.
1079741	3/7/2021	VA	35	F	3/6/2021	3/7/2021	Fever, chills, nausea, body aches, chest pain
1079734	3/7/2021	TX	38	F	3/3/2021	3/4/2021	Bad headache one day after first dose, third day after first dose experienced hay fever type symptoms, fourth day after first dose experienced pain in chest under right rib and cough

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1079725	3/7/2021	TX	64	F	3/5/2021	3/5/2021	This 64 year old female experienced an adverse event. At baseline, she presented in a wheelchair. Within 5 minutes after vaccination, she complained of a racing heart, a new onset tremor of hands and head, and slurred/stuttering speech. She denied chest pain, shortness of breath or itching. No facial droop or one-sided weakness was observed. The patient had a history of hypertension and history of an adverse reaction to albuterol in November 2020. The patient described being nervous to get the vaccine due to her previous reaction to albuterol which had the similar effects as today's. The patient's new tremor worsened, and speech became more slurred and stuttered while we observed her. The patient denied any pain and described a similar event that caused her to be hospitalized for a week with no definitive diagnosis. Her primary care doctor had cleared her to get the vaccine. Her Vitals were as follows: BP 160/90. HR 65, RR 20. Heart sounds were regular with occasional PVC's. Lung sounds were clear No visible rash on neck, trunk or injection site. Capillary refill was normal. Mild edema in both lower extremities. No swelling of the lips. No visible droop in facial muscles. Patient was tearful and struggled to speak. She repeatedly said she was tired. She reported nausea. EMT was called and found similar vitals and O2 saturation at 100% on room air by pulse ox. O2 via nasal canula was begun. Rhythm strip showed NSR. Patient refused transport to the hospital for further evaluation. She was informed of a possible Transient Ischemic Attack (TIA) could be occurring which could need a blood thinner and further work up. Patient was tearful saying her previous hospitalization was traumatic and did not want to return. EMS offered her transport to another hospital facility via private vehicle, and she refused. We offered to contact her primary care doctor and she also refused. She was concerned about the cost of a hospital stay if she signed out AMA. EMS left the facility and offered to return if the patient changed her mind. The patient's symptoms had not resolved by 4:30pm. The patient's son, by phone, confirmed she would be monitored until 5pm. She was driven home by one of our staffers. The next day, the patient told our staffer that she felt well. She said it took about 7 hours for her speech to return. She said her head, stomach and body felt better in the morning. She said she going to see

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							an allergist as her doctor recommended. Our presumed diagnosis was a TIA related to uncontrolled HTN with anxiety.
1079586	3/7/2021	MD	72	F	3/7/2021	3/7/2021	Patient had redness in both her cheeks after vaccine. Similar incident after the first vaccine. States she took claritin before getting this second shot. Patient feels fine otherwise. Denies chest pain, throat/tongue swelling/tingling or itching.
1079767	3/7/2021	IA	35	F	1/28/2021	2/1/2021	Body aches, chills, fever, mild swelling in extremities following 2nd dose persisting for 2-3 days. Symptoms subsided, however intermittent fever and headache continued, along with swelling which gradually worsened, polyarthritis, Raynaud-like symptoms of lower extremities, chest pain, decrease in concentration and cognitive function. Continue to meet with PCP and referred to rheumatology specialist.
1079402	3/7/2021	OR	19	F	3/6/2021	3/7/2021	My arm has been sore ever since the injection. Just after midnight I got severe chills. After falling asleep I woke up at 4:00 am and vomited. I have had general body aches since then. Around 9:00 am I developed intermittent chest pain and tightness. As of 11:00 am I had a fever of 103°F.
1077355	3/6/2021	TX	26	M	2/25/2021	3/3/2021	1 week after 2nd dose exactly (3/3/21)- Increased heart rate, hard to breathe, sweating without fever, nausea, headache and fatigue. From approximate 9:00 am - 12:00 pm 3/4/21 - Severe chills, fever 102.3, nausea, body aches, insomnia, severe headache frontal lobe and back of head, chest pain when inhaling deeply. 5:00 am - 7:00 pm; got tested for covid and flu this day both came out negative. 3/5/21 - Headache, fatigue, difficulty breathing, nausea, loss of balance. 9 am - 1:00 pm. Got plenty of rest the night before should not be tired at all. 3/6/21 - chest pain on left side. 1 am ~ 3 am.

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1077838	3/6/2021	CA	40	F	3/6/2021	3/6/2021	Pt. c/o itching of eyes, abdomen, behind ears and sore throat. Denied SOB or chest pain. Hx of anaphylaxis to TDap and NSAIDs. Pt stated felt similar to other reactions in past. 0917 BP 175/112 and 0927 170/105. Pt. states forgot to take BP meds. 0921 Benedryl 50 mg IM given per Dr. orders. Pt. observed for 20 min and reported all symptoms subsided. Pt. released to home driven by spouse.
1077763	3/6/2021	SC	51	F	2/12/2021	2/20/2021	2-12-21 Sharp chest pain; rested 2-20-21 Skin reaction red raised areas x 6; Took Benadryl and the spreading stopped; Used Benadryl cream and the itching stopped 2-22-21 Saw cardiologist for an already scheduled check-up and from 2-12-21 to 2-22-21 had similar sharp chest pain 2 times; to f/u on 3/15/21 as of 3/06/21 The first red raised areas just below where I received the vaccination are still red and occasionally itch
1077720	3/6/2021	PA	54	F	3/6/2021	3/6/2021	5 minutes after vaccine, patient began to feel like her throat was tightening/ closing and that it was difficult to swallow. She also reported feeling like her tongue was swelling mildly. She felt mild itching but denied rash, chest pain, or difficulty breathing. Also denied nausea, vomiting, abdominal pain. She received 50 mg of IM Benadryl and was observed until an ambulance arrived to transfer her to an emergency department. She felt better after the Benadryl. Reports a history of similar reaction to eating berries.
1077680	3/6/2021	NY	37	F	3/6/2021	3/6/2021	Pt was in observation area and developed substernal chest pain. No sweating, no nausea, no neck, jaw or arm pain.
1077643	3/6/2021	KS	19	M	2/19/2021	2/21/2021	Originally seen for chest pain later learned it was a Heart attack and myopericarditis

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1077479	3/6/2021		19	F	2/26/2021	2/26/2021	In observation area, patient reported sharp pain in left arm at 0956 to lead nurse. Lead nurse assessed patient. Patient denied difficulty breathing, chest pain, and throat irritation. Patient reported history of similar reactions to prior vaccines. Patient's mother reported to lead nurse that the patient's has a history of similar reactions to prior vaccinations and that the symptom resolves on its own. Patient offered EMS. Patient denied EMS. Patient advised to stay 15 minutes for further observation. Lead nurse heard patient's mother ask patient if she wanted to go to Medical Center. Patient agreed to go to Medical Center. Patient left facility with mother at 1010 with steady gait and unlabored breathing.
1078073	3/6/2021	OH	77	F	2/23/2021	2/23/2021	Moderna COVID-19 Vaccine EUA Freezing cold, headache, arm swollen & hurt, fever, dizzy, Memory loss, chest pain, fatigue. No treatment. These symptoms lasted 4 days. (not all at once)
1077364	3/6/2021	AR	68	F	1/29/2021	2/1/2021	Bad chest pain, hard to take a deep breath, headache, dizziness, diarrhea. By the end of the day, because of chest pain and dizziness my doctor sent me to the ER. I was then referred to a cardiologist, who indicated he thinks these symptoms are from the second dose of vaccine. He has seen several patients with the same symptoms after the second vaccine dose. My family doctor now thinks the same thing for the same reasons.
1077635	3/6/2021	CO	55	F	2/11/2021	2/11/2021	Beyond a mild headache and very loud tinnitus that started about 45 minutes after the shot and only lasted about 1 hour, I developed severe chest pain at approximately 7 hours after the shot that awoke me from a sound sleep. Pain rated at 8 1/2-9 on 1-10 scale. It continued for 2+ weeks. Exponentially worse with any increase in heart rate. Diagnosed via email with cardiologist as probable pericarditis and instructed to take OTC NSAIDs until symptoms resolved. At 3 weeks out I still feel mild chest pain, but pain no longer increases with an increase in heart rate. IgG titers pulled 3/5/21 and I will get the second dose depending on my immune response to the first dose.

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1078386	3/6/2021	PA	23	F	3/6/2021	3/6/2021	Patient reports a history of syncope with any sort of injection or vaccine. Five minutes after receiving her vaccine, she felt lightheaded and lost consciousness for a few seconds. Prior to losing consciousness she asked for assistance and somebody held her up when she lost consciousness. She did not hit the ground or otherwise injure herself. Upon awakening, she was fully alert and oriented and denied any chest pain or shortness of breath. Drank Gatorade. Felt better with no recurrence after observation period.
1078074	3/6/2021			U			I had my 2nd Moderna vaccine at 0900 on 5 March. Within 9 minutes, I had mild chest pain & wheezing and a couple seconds of fullness/pressure in my ears like when I'm about to pass out. I waited an extra 7 minutes and, when the symptoms didn't worsen, I treated it like my allergist does when I have the same reaction to my allergy shots: an extra dose of Zyrtec and my Albuterol inhaler. That took care of the allergy/asthma symptoms. That night at about 2200, the injection site pain was so bad I could barely move my arm. It was hot but not red or swollen. I had the worst fibromyalgia flare I've had in awhile- 8/10 pain (meds don't help and vocalizing in pain, but not vomiting (9) or passing out (10) from pain). EVERYTHING hurts- even tiny toe joints and all my skin. I took my usual meds last night, which include Robaxin and gabapentin, took a dose of Tylenol and was able to get some sleep. Pain is 7/10 today, mostly in my low back and hips, but still having a fibro flare where everything hurts.
1077325	3/6/2021	CA	69	F	3/5/2021	3/5/2021	2125-patient reports she is not feeling well, while sitting in the waiting room. Patient reports she feels a warm sensation all over her body and epigastric discomfort. Vital were assessed. Denies chest pain, shortness of breath, difficulty breathing, dizziness. Patient reports symptoms were not improving, patient sent to ER for evaluation at 2140. Report given to PA. no medication given in clinic. Patients airway is patent, alert and oriented to person, place, time. answering questions appropriately. walking on own. Husband transported patient to hospital.

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1078589	3/6/2021	CA	54	M	3/1/2021	3/5/2021	Beginning about 16hours after the shot (the next morning) my stomach began to bother me a little, within half an hour or so I began to feel a little tingle from the top left arm (shot area) down to my stomach including my sternum area. It got progressively worse. By about hour 17 I was beginning to get cold sweats and stomach bothering me more. By hour 18 I was cold, sweating, nauseous, vomiting, hard tight pain in stomach /and sternum/chest. Stomach / chest pain persisted badly for about 30- 45 minutes then began to subside. By hour 19 most of the sever pain subsided. for the rest of the day (@and still 25 hours later) I still have a lingering miserable stomach and slight headache. I slept most of the afternoon without any medication.
1078625	3/6/2021	CA	49	F	2/27/2021	2/28/2021	24 hr post vaccine: fever, headache, chest pain 48 hr post vaccination: tingling sensation in arms and legs (bilateral), rash on chest, face, back
1078352	3/6/2021	IL	18	M	3/2/2021	3/5/2021	Developed fatigue, body aches, headache 1 day after vaccination on 3/3. The morning of 3/5 complained of chest pain. Took Tylenol at 8:30 am. At 10:30 am his family found him unresponsive. EMS was called and he was pronounced dead in the home.
1078159	3/6/2021	TX	43	F	3/6/2021	3/6/2021	42 YO FEMALE PRESENTED WITH A C/O OF ITCHING IN HER MID FACIAL REGION THAT PROGRESSED TO A NUMB/TINGLING FEELING. PT STATES SHE HAS NEVER EXPERIENCED THIS REACTION TO A MEDICATION OR VACCINE, BUT SHE TOOK BENADRYL AFTER STARTING TO FEEL THE ITCHING FEELING. SHE DENIES FACIAL PAIN, SOB, CHEST PAIN, OR NUMBNESS IN UPPER OR LOWER EXTREMITIES. BP 119/53 HR 97 SpO2 100% PT APPEARS ALERT AND ORIENTED X 3. NO FACIAL ERYTHEMA OR ASYMMETRY PRESENT. LIPS APPEAR NORMAL WITHOUT EDEMA. SKIN APPEARS NORMAL WITHOUT ERYTHEMA OR LESIONS. PT REACTION RESOLVED 95%. SHE WAS INSTRUCTED TO MONITOR FOR CONTINUED SYMPTOMS AT HOME AND TO F/U WITH HER PCP. PT REMAINED STABLE AND LEFT THE OBSERVATION SITE WITH HER HUSBAND DRIVING.

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1078134	3/6/2021	TX	42	M	2/3/2021	2/3/2021	Pt complained of being "light headed" after vaccine administration. Patient denied chest pain or shortness of breath. EMS on site assessed patient, no treatment necessary, symptoms resolved and patient left site at 0925am.
1078117	3/6/2021		69	F	3/6/2021	3/6/2021	Patient c/o throat closing, SOB, and chest pain within minutes after receiving the vaccine. Her vital signs showed tachycardia, increased respirations, and elevated blood pressure. She had a hard time speaking in full sentences. She does have a history of anaphylaxis to certain medications. She was administered epinephrine auto injector IM and brought to the emergency department by rapid response team.
1078107	3/6/2021	FL	37	F	1/19/2021	1/19/2021	8 minutes after second dose - felt dizzy, tingling in left arm, numb tongue, more intense dizziness. Felt the need to lay down . BP extremely elevated diastolic above 100. Heart rate elevated . With in 5 -10 minutes vitals stabilized, NP reports I had panic attack. (However, I've heard of other people having similar reactions, they all went to follow up in ER, or primary care and all their cardiac labs and other tests were WNL.) Through out the day I experienced heart palpitations, fast heart beat, and some chest pressure. 3 days post vaccine I experienced some dizziness when walking through target. Afterwards I had some chest pain. the feeling of Heaviness on my chest . Took turns helped a little then the feeling came back. Went for a 2 mile walk helped a little then came back. Watched tv,, chest pressure was still there . By one week post vaccine I felt completely normal, no chest pain, no dizziness, no heart palpitations. I did not seek care with a primary care or other providers because I assumed this was a strong immune response elicited by the second dose of the Covid vaccine. However, I was encouraged to report these symptoms

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1078096	3/6/2021	CA		F	10/7/1975	3/6/2021	15 min after vaccination, while leaving observation, patient felt midsternal chest pain with pain radiating below right shoulder blade. EKG NSR, BP 113/2 135/98, 66, 99%. 1142 BP 140/84, 64, 99%. Pt. appears quite anxious evidenced by pt. shaking leg and teary eyed. MD on side and can reproduce chest pain with palpitation. Pt. observed further for 15 min then released to home with spouse. Pt. denies any further discomfort before being released to home.
1075345	3/5/2021	AL	73	F	2/26/2021	2/28/2021	Chest pain, sore throat, uncomfortable breathing, neck glands extremely sore, painful teeth, pain in right ear, extreme tiredness (3 days not enough energy to get out of bed, not wanting to eat but no upset stomach. No personal doctor so did not seek medical attention. Took tylenol and did breathing exercises. After beginning to feel better took Mucinex and Sudafed. Day 4 started getting strength back. Day 5 walking inside of home.
1075246	3/5/2021	ME	67	M	3/4/2021	3/4/2021	(3) syncopal episodes following vaccination, one of which resulted in a fall with direct injury to the base of neck, head, and right flank. Pt reported chest pain prior to syncope.
1075295	3/5/2021	WI	71	M	2/27/2021	2/28/2021	Vaccine received 2-27, developed sore arm that night, woke next morning with chills and developed temperature 102.2-103 when checked, poor appetite and weak, slept most of day. Felt better until woke in the night on 3-3-21 with chest pain, unable to get comfortable, no relief with ibuprofen, some relief with aspirin. Pain persisted next day on 3-4-21 so seen in Emergency room and diagnosed with pericarditis and 2 pulmonary emboli.
1075341	3/5/2021	OH	43	M	2/26/2021	2/26/2021	Increase heart rate indicated by Apple Watch. Highest recorded was 148 BPM and it slowly decreased over a period of 3 hours back to normal. No other issues noticed at the time such as shortness of breath, chest pains, dizziness, etc.

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1075221	3/5/2021	TX	42	M	3/3/2021	3/3/2021	11:15 AM PT ARRIVED IN OBSERVATION STABLE. HE FELT DIZZY. SAT IN CAR FOR 15 MIN. PT REMAINS DIZZY. PT INSTRUCTED TO DRIVE TO TENT. DENIES SOB AND CHEST PAIN. 11:30 AM BP 155/101 HR 103 SPO2 98% 11:50 AM PT STATES HE IS FEELING BETTER. DENIES DIZZINESS @ THIS TIME. PT DENIES SOB AND CHEST PAIN AT TIME OF D/C. 11:57AM BP 153/85 HR 106 O2 96%
1075374	3/5/2021	TX	65	F	3/5/2021	3/5/2021	complaints: mild Tingling and burning sensation at the injection site. Denies chest pain, SOB, and itching No rash or erythema seen, No acute distress Seen and cleared by NP
1075388	3/5/2021	IA	81	F	2/15/2021	2/16/2021	The day after the shot she developed fever for 2 days as high as 101. She developed a pruritic burning rash to posterior right leg extending down the lateral lower leg. She had fatigue and myalgias. Diagnosed with shingles on 2/23. and informed to not receive the 2nd vaccine. She presented to the Emergency room on 2/27 with fatigue, numbness right side of the face, no reports of shortness of breath or chest pain. Ambulated in to ER. After her work up she was discharged home - she present back to the ER within 30 minutes. PTA arrival at the ER for the 2nd time - she complained of left neck and arm pain - then went unconscious. She arrived to the ER in full arrest - pronounced deceased after resuscitation efforts were not effective
1075653	3/5/2021	MI	34	F	2/26/2021	2/28/2021	Symptoms of weakness, tired, mild fever and headache starting the day after COVID vaccine. The following day woke up at 6am with chest pain, described as mild to moderate in severity with no radiation. Patient experienced a loss in family member within last 3 months and was under significant stress. Cardiology consult suggested stress may have caused elevated levels of adrenalin and COVID vaccine may have increased catecholamine levels which caused increase in troponins.

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1074999	3/5/2021	CA	43	F	1/9/2021	1/11/2021	11th in the evening, I suddenly had gastric pain in Stomach and was belching a lot. Then it started hurting with a lot of chest pain. The pain started going behind my back and pressure and we went to ER and when I went to take my urine test and I threw up a lot. I felt pretty good after that. My reports from tests came back okay. They told me to take over the counter Prilosec and gave a prescription for Zofran.
1075744	3/5/2021	IN	52	F	3/5/2021	3/5/2021	Patient rec'd vaccine at 1400. She went to wait her 15 minutes in the car and after about 10 minutes noticed eye sensitivity and headache. When symptoms did not pass after an additional 10 minutes she came back into the office. While waiting when her husband was checking her in, she "passed out." Episode lasted less than 1 minute. She was easily oriented to person, place and time. It was noted that she had some swelling to bilateral eyes. Patient was brought back to room, VS were checked and all were normal. She denied any chest pain, shortness of breath, wheezing, tongue swelling, itching, or tickling sensation to back of the throat. She was able to tolerate sips of water without difficulty. 50mg benadryl IM was given in the left deltoid. Approximately 5 minutes after IM injection patient again "passed out." She was seated at the time and slumped to her right, resting her head on her husband and did not fall from chair. She aroused after approx 2 minutes, and was a/ox4. VS were rechecked and were O2 99% on RA. HR 101, BP 124/88, RR20, temp 98.5/oral. Patient stayed at the clinic for an additional 45 minutes after which her eyesight was reported to be back to normal, her headache had improved and the lower eye edema had resolved. It should be noted that both the patient and the husband were not concerned with her "passing out." She states it happens because of pain and she was fearful of the injections. Patient also states that her neurologist told her that when "she is in too much pain, she will pass out.~~

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1074792	3/5/2021	MD	90	F	2/9/2021	2/12/2021	2/12 Patient presented with palpitations, sensation of heat with no chest pain. Of note patient had covid diagnosed 11/20. Work up showed saddle PE and had SVT treated with adenonsine. Treated with IV heparin. Patient on 2L O2 weaned to room air before discharge. Patient transferred to CIRS 2/17. Per EAU, hospitalizations are to be reported irrespective of attribution to the vaccine.
1075784	3/5/2021	CA	71	M	2/23/2021	3/2/2021	About a week after receiving my second Moderna Covid shot I felt shortness of breath. 9 days after the shot I had a mild fever (100.5f), severe shortness of breath and chest pain (level 5+) and went to the emergency room. They found D/Dima was elevated and sent me for a CT scan. This showed a significant blood clot in the right lung and a lesser clot in the left. I am usually extremely health, walking 2 miles at least 5 days a week and bicycling about 50 miles per week
1075995	3/5/2021	IL	73	F	2/15/2021	3/3/2021	emergency room HPI 73 y.o. female who presents with dizziness and loss of consciousness. Patient reports that she was sitting outside in the sun this afternoon and became hot, she then went inside and came back outside to sit in the shade. She reports that she became "dizzy," lightheaded, nauseous, and that her vision began to go black. Reports that she awoke to her sister shaking her in the chair and calling EMS. Unsure of LOC time, but believes it to be short-lived. She then had one episode of vomiting. Denies vertigo, hitting head, trauma, headache, chest pain, palpitations, shortness of breath, and edema. Denies recent illness or sick contacts. Denies h/o similar episodes.
1075725	3/5/2021	WI	99	M	3/1/2021	3/2/2021	Resident started have chest pain on 3/02 and on 03/03 he was lethargic and wasn't eating or drinking Resident was on Hospice

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1074930	3/5/2021	NY	46	F	3/5/2021	3/5/2021	Patient received vaccine at 10:39am and was in the observation area. At about 3 minutes (10:42 am) she began to feel " a tingly sensation in my tongue" and felt warm. She also had localized redness and swelling at the site of injection (Right deltoid). She denied any symptoms of chest pain, SOB, palpitations, difficulty swallowing, drooling, nausea/vomiting, dizziness or light-headed or near syncope. Patient was observed by provider for a course of one hour. We recommended to be taken by EMS to ER for further observation, she refused. Patient drove herself and was not able to take Benadryl. Initial vital signs taken 10:54am 177/114; HR 92; O2 98% RA; RR 18 -sitting position Second vitals 11:35am 134/96; HR 79; O2 100% RA ; RR 16- sitting position Patient was observed for an hour and decided to drive home. Recommend hydration and call 911 if needed.

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1074907	3/5/2021		22	F	3/5/2021	3/5/2021	0925 patient in general observation, ambulated to nurse stating she felt funny. Color pale, ambulated to private observation area. States she feels nauseated. Sat in chair and given emesis bag. HR 157; O2 99%; BP 138/72. HR auscultated and rate confirmed. State she has no history of tachycardia or rapid heart beat. Denies "feeling" heart race. Denies itching, shortness of breath or difficulty swallowing. States she took her lisinopril and anxiety meds this morning. States she ate breakfast and performed her self catheterization. 0940 Offered EMS transport/evaluation. Patient declined. 0942 patient states nausea resolved, BP 140/82; HR 136; O2 99% remains on rooms air. 0945 Auscultated Heart Rate at 140, strong/regular. Bilateral breath sounds clear to auscultation. Patient sitting in chair at rest. Color remains pink. Denies chest pain. 0948 Mother called patient's physician and reported to physician. PCP to return call to patient 0952 Patient to restroom, mom accompanied. 0955 Upon return from restroom, HR 160; O2 99% r/a, Denies feeling clammy, or having chest pain. denies hx of sinus tachycardia. Re-offered EMS eval due to elevated HR. Patient agreed to EMS eval. 0957 EMS activated 1013 Patient sitting in chair wringing hands. states she has excessive sweat glands and normally is very diaphoretic, states she feels dry at the moment. HR 144; O2 99% 1015 EMS and FD arrived. 1017 BP 103/61; HR 138; O2 99% and per EKG in ST per EMS monitors 1019 EMS recommended transport. Patient agreed. 1020 Transported via stretcher to ambulance to Hospital ED.

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1074886	3/5/2021	NY	36	F	3/5/2021	3/5/2021	PT BEING MONITORED FOR 30 MINUTES. AT 0930 PRIOR TO LEAVING. 0931: PT STATED THAT HER THROAT FELT SCRATCHY AND HER CHEST FELT FUNNY. PT AIRWAY ASSESSED. ERYTHEMA TO THROAT AND UVULA NOTED, NO EDEMA OR SWELLING NOTED AT THIS TIME. PT BROUGHT BACK TO OBSERVATION FOR FURTHER ASSESSMENT, BY WRITER, PHYSICIAN AND EMT. PT PLACED ON CARDIAC MONITOR- NORMAL SINUS RHYTHM. PT DENIES ANY CHEST PAIN, PALPITATIONS, PRESSURE, SOB, N/V/D NOTED. MD RECOMMENDED PT GO TO ER FOR FURTHER EVALUATION PT REFUSED, BUT AGGREGED TO STAY FOR TREATMENT OF IV BENADRYL AND IV DEXAMETHASONE. BOTH ADMINISTERED BT EMT AT 0958. PT TOLERATED WELL. PT CONTINUED TO BE MONITORED UNTIL S/S OF REACTION SUBSDED AT 10:20AM. PT STATES THAT THERE IS NO LONGER A SCRATCH FEELING IN THROAT AND HER CHEST FELT MUCH BETTER. VSS REMAIN STABLE. PT STILL REFUSES TO GO TO ER PRIOR TO LEAVING FACILIT. PT AMBULATED OFF SITE. ACCOMPANIED BY FAMILY.
1074851	3/5/2021	OH	35	M	3/5/2021	3/5/2021	Patient experience shortness of breath and chest pain
1074822	3/5/2021	IA	46	F	3/5/2021	3/5/2021	Dizziness, lightheadedness, chest pain, increased respiration, gagging
1074774	3/5/2021		55	F	3/5/2021	3/5/2021	dizziness and chest pain. Evaluated by EMS-Cleared
1074743	3/5/2021	TX	35	F	1/7/2021	1/10/2021	At the beginning chills body aches chills and dizziness. These symptoms lasted 10 days. And the chest pain started as a severe shooting pain in my chest. The pain was constant, After two days of chest pain I visited the Emergency room on 01/11/2021. I got IV fluids. EKG was not normal. Discharged from hospital and referred to a cardiologist for follow up. No Health Insurance so no follow up yet. Chest pain still present but not constant. I never had chest pain before the vaccine. No second dose of vaccine yet.

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1074653	3/5/2021	MD	56	M	2/5/2021	2/11/2021	On the night of vaccine I had a fever up to 101 degrees, aches and fatigue into the next day. Two days later I started having diffuse sporadic and intermittent tingling on various parts of my body. That lasted about 2 days in its greatest severity. On day 6 post vaccine, I was walking in an airport and developed chest pain, tachycardia, and shortness of breath out of proportion to my level of exertion. This chest pain, shortness of breath and tachycardia with minimal exertion (a flight of stairs. A walk to the end of driveway.) has persisted since then. A cardiac w/u with Echo and treadmill stress ECHO were negative. I also have intermittent fatigue, headaches, and a mild "brain fog.~~

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1074611	3/5/2021	TX	55	F	3/4/2021	3/4/2021	<p>Nurse notified by Client Client reports having a sore throat At 4:21 Client report a soreness and tightness in her throat, difficulty swallowing, and headache Vitals taken: O sat 98, Pulse 88 , BP 170/110 (left arm), At 4:22 BP taken again on opposite arm (right arm 183/119) At 4:23 EMT assessed client breathing with stethoscope . Airway and breathing Clear At 4:26 Vitals taken : BP 160/110, O Sat 98, Pulse 86, No wheezing, No difficulty breathing At 4:29 EMT speaks with the dispatcher for an ambulance EMT reports client is alert and oriented x 4 and has no difficulty breathing Client reports no difficulty swallowing Client wanted to be transported because of the high blood pressure reading . She has no history of high blood pressure Client states her previous BP reading was not normal. She recently had a check up with her physician At 4:37 Client sat outside for some air and is drinking water Client reports that she feels better At 4:38 BP taken: BP 158/90 Client states that she wants the ambulance paramedics to check her heart on the EKG and will make a decision about being transported EMT called again to check the current location of the ambulance. Ambulance in route on Campus At 4:45 Client reports no tightness in her throat, and no headache Vitals taken: O Sat 96, Pulse 70 Client previously mentioned that she was anticipating her son who is allergic to bees to have a reaction and not herself. She also states that her husband will be so angry about this since he didn't want them to get the Covid vaccine. She also mentioned traffic was really bad getting to the resource center building At 4:55 EMT assessed vitals: BP 132/ 92 At 5:04 Ambulance arrives Client reports feeling better Paramedics assess client No wheezing, No Shortness of Breath, No chest pain, No nausea Client reports her physical was last week and no issues with Blood pressure At 5:08 Vitals taken on monitor : BP 189/99, Pulse 82, O Sat 99 Manually BP taken by paramedic BP 190/78 At 5:13 Paramedic checks heart reading on the monitor/ EKG in the ambulance At 5:24 Paramedics report No abnormal readings found on the heart monitor / EKG Client decided not to be transported and feels well enough to drive home</p>

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1074610	3/5/2021	MD	93	M	2/5/2021	2/19/2021	2/19 patient presented for chest pain with occasional palpitations. admitted for overnight observation. Troponins borderline elevated. Cardiology did not suspect ischemia. Patient discharged 2/20. Per EAU, hospitalizations are to be reported irrespective of attribution to the vaccine
1074544	3/5/2021	MD	89	F	1/21/2021	2/22/2021	2/22 presented to ED with chest pain. Admitted to ICU. CT/ECHO found pericardial effusion of right atrium. Patient stabilized and was discharged 2/25. hospitalizations are to be reported irrespective of attribution to the vaccine.

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1074302	3/5/2021	OH	67	F	2/12/2021	2/12/2021	heart raced 130 bpm; right arm went numb; bitter medicine taste; lips and tongue tingling; numbness of the lips; numbness of the throat; dry mouth; super thirsty; elevated blood pressure of 175/56; couldn't talk; shaking; terrible pain in chest and mid area; gassiness; headache; Nausea; A spontaneous report was received from a Consumer concerning a 67 year-old female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced events like bitter medicine taste in her mouth, lips and tongue tingling, numbness of the lips and throats, dry mouth, super thirsty, heart raced 130bpm, elevated blood pressure of 175/56, couldn't talk, shaking, terrible pain in chest and mid area, nausea, right arm went numb, gassiness, and headache. The patient's medical history provided included Lupus and Sjogren's. No relevant concomitant medications were reported. On 12-Feb-2021, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (lot/batch: 013M20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 12 Feb 2021, The patient experienced the events of bitter medicine taste in her mouth, lips and tongue tingling, numbness of the lips and throats, dry mouth, super thirsty, heart raced 130bpm, elevated blood pressure of 175/56, couldn't talk, shaking, terrible pain in chest and mid area, nausea, right arm went numb, gassiness, and headache. Laboratory details were not provided. No treatment information was provided. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the events of bitter medicine taste in her mouth, lips and tongue tingling, numbness of the lips and throats, dry mouth, super thirsty, heart raced 130bpm, elevated blood pressure of 175/56, couldn't talk, shaking, nausea, right arm went numb, resolved on 12 Feb 2021. The outcome of the event headaches was resolved on 13 Feb 2021. At the time of the report the events of chest pain and gassiness were ongoing.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. The patient's medical history of Lupus and Sjogren's can be contributing factor. Further information has been requested.

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1076032	3/5/2021	NY	54	F	3/5/2021	3/5/2021	Patient received first dose Pfizer vaccine at 2:13pm and began having difficulty swallowing around 2:25pm. Oxygen 100% on room air., Heart Rate 111, Blood Pressure 136/84, Respirations 20, Epi pen administered at 2:32pm in right thigh. At 2:45pm telemetry placed and was found in sinus rhythm. No chest pain, palpitations, pressure, shortness of breath noted. Patient continues to report difficulty swallowing. IV placed by EMS at 14:51 .20 right arm. 10mg Dexamethasone given via intravenous. Also 50mg Diphenhydramine given intravenous. Pt transferred to Hospital via ambulance.
1076197	3/5/2021	MO	22	F	3/5/2021	3/5/2021	s/s : stood and experience dizziness and diaphoresis. shaky hands and vomiting . denied cough , no SOB, no chest pain. sat in resting position , vs taken: 124/90 hr 120 sat 93%ra, stated had previously taken bp about 5 minutes sooner and was 150/110. hrr regular tachy. able to voice needs or feelings. stated did not take her daily medication today. cool cloths applied to forehead , back of neck and wrists. applied oxygen for comfort /anxiety. states has panic attacks . Notified family, called EMS for evaluation.

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1074842	3/5/2021	KS	50	F	2/24/2021	2/24/2021	<p>Progress Notes APRN (Nurse Practitioner) Cosigned by: MD at 2/28/2021 7:27 AM Expand All Collapse All COVID VACCINE CLINIC</p> <p>2/24/2021 Date: 2/24/2021</p> <p>Subjective: is a 50 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience throat tightness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, collapse, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes and tongue swelling. PMH: DM, hypothyroidism, asthma ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, abdominal pain, muscle aches, dizziness and headaches Previous Reactions: none Objective Vitals Vitals: 02/24/21 1350 02/24/21 1352 BP: (!) 152/93 (!) 142/80 Pulse: 85 SpO2: 100% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is obese. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Comments: Clear/patent oral airway Eyes: Conjunctiva/sclera: Conjunctivae normal. Neck: Thyroid: No thyromegaly. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Musculoskeletal: Cervical back: Neck supple. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: General: No focal deficit</p>

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present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: antihistamines Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) VS stable. Improving symptoms/resolved. Monitored for 1 hour. Low suspicion for anaphylaxis. More likely generalized allergies and/or anxiety. Doing well. Pt going home with husband. APRN Electronically Signed 2/24/2021 1:56 PM

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1077052	3/5/2021	OR	37	F	12/30/2020	12/30/2020	This is a 37 year old female. Within 10 minutes of her 1st dose Moderna, the patient developed a mild rash (location not specified). She took a dose of diphenhydramine with some relief. She went home. 2.5 hours later, she developed a facial twitching and reported to the ED. She reported involuntary facial muscle twitching, like spasms, that were painful. On ED presentation, BP=121/86, HR=93, RR=16, SpO2=98%. ED noted no swelling, itching, SOB, chest pain, N/V/D, or rash. The ED notes describe the symptoms as "Numerous and varying facial movements including contraction of the lower cheek muscles on the left and then the right along with movement of the tongue from side to side at which point she bites or gets the tongue in the way while trying to speak. Speech is therefore slurred however at times clear. Oropharynx is clear with mildly dry mucous membranes. No oral or pharyngeal swelling, difficulty swallowing, or stridor. Neck is supple and nontender without adenopathy. Differential diagnosis includes: allergic reaction, dystonic drug reaction (unusual to be varying from the left to the right), dyskinesia, anxiety, somatization or conversion disorder, among others. Her symptoms are not consistent with Bell's palsy, stroke, or clearly tardive dyskinesia. Subsequently given diazepam, fentanyl, and 500mL IV fluids." She was discharged home. Patient returned to the ED on 12/31 (within 24hrs) with ongoing symptoms. Patient was monitored and discharged home again. One month later, on 1/28/21, chart notes indicate that she has continued to have intermittent symptoms continue. A trial of steroids reportedly made symptoms worse. She reports that she also feels fatigued and with 'brain fog.' She currently has a neurology consult pending.
1077233	3/5/2021	AK	41	F	3/4/2021	3/5/2021	Pain in chest. Fairly steady for 8+ hours.

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1077196	3/5/2021	PA	60	F	2/25/2021	3/3/2021	I noticed many days after getting the first shot a kind of sick all over feeling, loose stools and cramping lower GI, nausea gassiness, a lot of phlegm in throat, headache, and some chest pain, each evening just after dark and into bedtime. The last day I had it was yesterday and it was all day. My doctor asked me to report this to you. By the way I have the date wrong my vaccine was 02/19/2021 but the form won't let me go back to fix it. Symptoms came up suddenly 7 days later.
1076139	3/5/2021	WA	63	F	12/24/2020	1/10/2021	Sunday, January 10, I woke up with a headache and it stayed all day. Later I got a scratchy throat, cough, congested, chilled. Wednesday or Thursday - COVID test - that was negative. Friday night started having terrible chest pain - heartburn pain -and it went to my last side -I went to ER on January 16 - early morning got to ER - bloodwork was fine, etc. They had me start PEPSID. Cardiac Nurse Practitioner - saw her on January 25th - GI kind of pain - heart was pounding and racing constantly. I have a GI assessment planned - (Ordered by the Cardiac NP). Chills went away on 17th or 18th of January. I have a swollen gland in my neck. I never ran a fever. Temp was always normal. GI assessment will be this Tuesday, the 9th of March. (I had the second dose of vaccine on January 21.) My heart is still racing a bit. The GI pain is about gone.
1077101	3/5/2021	PA	58	F	3/5/2021	3/5/2021	Pulse in 160s ... leveled at 150 ... dizziness, confusion, feeling faint, nausea, chest pain, hard to swallow, hard to breath. Taken to ER via ambulance.
1076117	3/5/2021	IL	35	F	2/12/2021	2/13/2021	intermittent episodes of subjective fever chills tachycardia nearly passing out headaches. Symptoms started approximately 9 days ago after having a second maternal vaccine. She states she is intermittently been feeling ill in terms of diffuse myalgias headaches today she had a racing heart rate and near syncope. Denies any chest pain shortness of breath abdominal pain nausea vomiting diarrhea.

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1077010	3/5/2021	CA	57	F	3/5/2021	3/5/2021	Patient complained of "lightheadedness and feeling hot". Patient denied dizziness. Patient alert and oriented. Patient denies chest pain, SOB, rash, and itchiness. Patient provided with ice pack. Blood pressure 128/88, respiratory rate 16, and temperature 97.4F. Symptoms subsided at 1530 with ice pack, rest, and relaxing measures.
1077005	3/5/2021	IL	24	F	2/26/2021	2/28/2021	36 hours after injection: full body rash, chest pain, shortness of breath slowly worsened throughout the day
1076954	3/5/2021	PA	27	M	2/3/2021	2/6/2021	Patient is a 27 year old male with no significant medical history presents to MC on 2/6 from Urgent Care for further evaluation of chest pain. He states that he woke up at 5:30am with abrupt onset of chest pain with present like quality in the middle of the chest. It was non-radiating with associated nausea, small amount of emesis, and dyspnea. His pain lasted for about 15 minutes and he started experiencing it again after half an hour with numbness and tingling of his bilateral distal digits and diaphoresis. He decided to seek evaluation at local Urgent Care around 7:30am. States that he was immediately send here through ambulance due to findings of EKG changes. He was given aspirin and nitroglycerin with some alleviation of pain. Currently, he feels little better although continues to have chest pressure substernally every 45 minutes lasting 5-10 minutes. His dyspnea is resolved. He does not have pleuritic chest pain, fever, chills, nausea, vomiting, abdominal pain, diarrhea, leg swelling, rash. Additionally, he has been in normal state of health until this 2/2/21 when he received second dose of COVID-19 (Pfizer) vaccine. He had extreme fatigue with left arm soreness. He reports no sick contacts, recent illness, or travel. MRI cardiac done 2/9/21 with assessment reveals Infero-lateral myocarditis. Patient remained hemodynamically stable and was discharged with ibuprofen taper for 10 days, c/w colchicine 0.6 mg QD x 3 months and pantoprazole 40 mg QD
1076937	3/5/2021	GA	46	F	3/5/2021	3/5/2021	Pt. c/o funny feeling in chest that started 5-6mins after sitting for post observation, pt. denied any other symptoms, pt stated the sensation in her chest was just a different feeling, not described as chest pain, flutters, palpitation or tightness, hard to describe.

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1076936	3/5/2021	CA	76	M	3/5/2021	3/5/2021	history cancer on chemo, DM2 non insulin dependent 10 min s/p vaccine administered pt developed Chest pain associated with shortness of breath. chest pain resolved after nitro SL and asa. pt was evaluated by cardiologist and discharged home. Denies cardiac history similar reaction with 1st COVID vaccine dose

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1076920	3/5/2021	CA	45	F	1/10/2021	2/15/2021	chest pain; Shortness of breath; This is a spontaneous report from a contactable other health professional (patient herself). A 45-year-old female patient (non-pregnant) received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), via an unspecified route of administration on 10Jan2021 (at the age of 45-years-old) in left arm at single dose for covid-19 immunisation. The patient medical history was not reported. Patient had no chronic illnesses and no allergies. The patient had no COVID prior vaccination and was not tested COVID post vaccination. Other medications in two weeks was none. The patient previously took the first dose of bnt162b2 (Pfizer) on 21Dec2021 12:00 PM via intramuscular in left arm for COVID-19 immunization. The patient experienced chest pain and shortness of breath on 15Feb2021 01:00 (as reported). Clinical course: She took her second vaccine on 10Jan2021. Two weeks after the vaccine she was admitted to the hospital with chest pain and shortness of breath x2, one on 19Feb2021 (as reported) and the second time was 24Feb2021. On an unspecified date, all the blood works and CT (computerised tomogram) scan came back negative. She was a healthy individual until she took this vaccine. She also did Echocardiogram which came back negative. Events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, life threatening illness (immediate risk of death from the event). No treatment was received for events. Outcome of events were unknown. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information currently provided, chest pain and shortness of breath occurred 2 weeks following the second vaccine are more likely associated with coincidental medical conditions unlikely related to the vaccine use. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1076918	3/5/2021	PA		F			chest pain; This is a spontaneous report from a contactable consumer from a Pfizer-sponsored program. A female patient in her 50s received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) at single dose for COVID-19 immunisation on unknown date. Relevant history and concomitant drug was unknown. The patient died after experiencing chest pain for 2 weeks post vaccination. The outcome of event was fatal. It was unknown if autopsy done or not. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: Chest pain
1076869	3/5/2021	NY	53	M	3/5/2021	3/5/2021	patient c/o chest pain with EKG changes 90 min. after vaccine administered.
1076855	3/5/2021	CA	43	F	2/26/2021	2/26/2021	Pt c/o fast heart beat reported to EMT at 1445. EMT assessed pt. HR: 68, BP: 140/84. Pt denies chest pain, unlabored breathing. Pt reports no allergies to vaccines, denies throat irritation, denies nausea. Pt escorted by EMT outside at 1455. Pt advised to wait an extra 15 minutes. Pt symptoms resolved. Pt left facility at 1530 with her son.
1076218	3/5/2021	NY	30	M	3/5/2021	3/5/2021	Patient received dose of vaccine on right deltoid at 4:09PM at around 4:23PM developed symptoms. Symptoms described as: feeling "warmth, like if feels when you take NAICIN-flushing sensation but only minor". Other symptoms includes light rash in both arms, redness on face and arms. Excluding back, trunk and legs. Patient denies sore throat, swelling or tingling of tongue or mouth, lips. Denies drooling, no difficulty swallowing. Denies chest pain, SOB, palpitations, dizziness or light headed. No near syncope episodes. Patient refused Benadryl due to driving alone and also refused EMS to transport to ER.
1077142	3/5/2021	TX	39	F	3/5/2021	3/5/2021	Moderate chest pain on left side.
1076125	3/5/2021	MN	81	M	3/4/2021	3/4/2021	Pt reports chest pain started a few days ago. Brought to ED via EMS. Test done to rule out MI. Patient was monitored and test were negative, patient returned home with care giver.
1076169	3/5/2021	NY	47	F	3/3/2021	3/3/2021	left ear pain, chest pain as described by patient - 15 minutes post vaccine, sent to ED for evaluation.

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1076817	3/5/2021	NY	56	F	3/5/2021	3/5/2021	Pt had second dose of Pfizer vaccine at 09:20. Stated she had headache on left side and left-sided chest pain at 09:25. Not associated with other symptoms. Vitals taken BP=165/101 Resp=24 O2=100%RA. Reported to EMS. Established IV, 4 81mg aspirin given. Pt placed on telemetry monitor. Pt states CP resolved prior to transport to hospital.
1076207	3/5/2021	TX	59	M	3/5/2021	3/5/2021	complaints: felt faint, reports history of same symptom with venipuncture and injection. History of anxiety Denies chest pain, SOB, headache. BP: 120/88 HR: 72 SpO2: 98% Patient was monitored 20min Seen and cleared by NP
1076135	3/5/2021	TX	64	F	3/5/2021	3/5/2021	64 YO AA FEMALE PRESENTED WITH ACTIVE VOMITING. PT STATES SHE FELT FINE IMMEDIATELY AFTER RECEIVING THE VACCINE. AFTER WAITING IN OBSERVATION FOR 10 MIN, SHE STARTED TO FEEL A HOT FLASH (CEPHLAD TO CAUDAD), NUMBNESS IN HER JAW; SWELLING IN HER THROAT AND COULD NOT SWALLOW WATER/ KEEP IT DOWN. SHE ADMITS HAVING A DULL FRONTAL HEADACHE. DENIES CHANGES IN VISION, CHEST PAIN OR PRESSURE. BP 150/84 HR 83 SpO2 96% PT APPEARED ALERT AND ORIENTED X 3 WITHOUT VISIBLE NERVE DEFICITS. NO FACIAL SWELLING, LYMPHADENOPATHY, OR DIFFICULTY SWALLING ON EXAMINATION. SMALL ERYTHEMATOUS HIVE NOTED ON PTS' RT BRACHIAL AND CERVICAL REGION. AFTER 15 MINUTES OF MONITORING, PT SYMPTOMS RESOLVED AND VOMITTING CEASED. PT WAS INSTRUCTED TO REHYDRATE WITH ELECTROLYTE FLUIDS AND RESUME EATING PROGRESSIVELY. NO BENADRYL OR STEROIDS REQUIRED. PT LEFT IN STABLE CONDITION WITH HUSBAND. PT ADVISED TO F/U WITH PCP.

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1076238	3/5/2021	NY	62	F	3/5/2021	3/5/2021	PT STATES SHE IS EXPERIENCEING THROAT TIGHTENING. THROAT AND UVULAT APPEAR TO BE SLIGHTLY EDEMATOUS. PT DENIES ANY SOB, OR RESPIRATORY DISTRESS. PT ASSESSED BY PHYSICIAN, BROUGHT TO OBSERVATION ROOM FOR FURTHER ASSESSMENT AND TRATMENT. PT PLACED ON TELE : SINUS RHYTHM. PT DENIES ANY CHEST PAIN, PALPTATIONS, PRESSURE, N/V/D. SL 20 GUAGE PLACED BY EMS. VSS HR 75, RR 17, BP 160/88, SATING 98% RA. PT ADVISED TO GO TO ER. PT REFUSES TO GO TO ER AND HAVE EPINEPHRINE AT THIS TIME, BUT AGRESS TO RECIEVE IV BENADRYL AND DEXAMETHAZONE VIA IV X 1. 1519 BENADRYL AND DEXAMETHAZONE GIVEN, PT TOLERATED WELL. 1535 S/S STILL THE SAME. PT AGREES TO HAVE EPI AND GO TO ER AT THIS TIME. 1535 EPINEPHRINE X 1 GIVEN. PT TOLERATED WELL. PT TRANSFERED BY AMBULENCE. PT REMAINS STABLE AT TIME OF TRANSFER.
1076255	3/5/2021	GA	48	F	3/5/2021	3/5/2021	A SHARP PAIN AND NUMBNESS IN INJECTED ARM IMMEDIATELY AFTER THE INJECTION, 25 MINUTES AFTER THE INJECTION I EXPERIENCED A HEADACHE, CHEST PAIN, DIZZINESS, THROAT SWELLS UP AND IT'S HARD TO SWALLOW, AND BLURRY VISION.I TOOK SOME BENADRYL AND MY THROAT STOPPED CLOSING UP. I WENT HOME AND LAID DOWN. MY ARM IS STILL NUMB BUT THE PAIN HAS RECEDED. MY ARM ALWAYS SWELLS UP WHENEVER I RECEIVE AN INJECTION. 2 HOURS LATER THROAT IS STILL A LITTLE SWOLLEN, AND I HAVE A SLIGHT HEADACHE. CHEST STOPPED HURTING. LEFT ARM IS STILL NUMB.
1076277	3/5/2021	CA	51	F	1/20/2021	1/21/2021	Sore arm, temp 99.9, headache, fatigue, dizzy, HTN, sweats, chest pain

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1076278	3/5/2021	CA	61	F	2/26/2021	2/26/2021	Pt s/sx started at 1200. Pt c/o stomach pain 4/10 on pain scale, throbbing pain in the L arm and needing to vomit. Pt denied chest pain, difficulty breathing, and difficulty swallowing. Pt denied any similar reaction to vaccines. Pt stated that she had not eaten anything that day. Pt was offered EMS. Pt refused EMS. Pt was offered an adult dose of diphenhydramine. Pt agreed to take medication. First dose administered at 1222 by RN, second dose administered by RN at 1223. Pt stated at 1250 "I feel like I need to puke." Pt was offered EMS for a second time. Pt refused EMS. Pt left vaccination site with son at 1305 with a steady gait.
1076787	3/5/2021	NY	46	M	3/5/2021	3/5/2021	Patient received his Pfizer vaccine at 08:10 and at 08:25 he started feeling light headed and nauseated and had a vagal response. Episode lasted about 40 seconds but he did not become cyanotic or stop breathing. Pt denies any chest pain but was diaphoretic after episode. Called EMS for transport to CPH. Pt had syncopal episode with persistent Bradycardia. Current VS are P=40 R=22 BP 101/63 Pt A&O x4 with no focal neural deficits. Pulse ox is 100% on RA and pt states still feels a little "foggy". No rash or evidence of an allergic reaction.
1076798	3/5/2021	NY	49	M	3/5/2021	3/5/2021	Left arm tingling after vaccination that did not go away after 30min. Evaluated by EMS. ST elevation in screening lead 2, 12 lead performed but revealed only enlarged QRS, no ST change. No resp distress, no chest pain, given aspirin by EMS and transferred to hospital for continued monitoring and observation.

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1071111	3/4/2021	MT	66	F	1/10/2021	2/11/2021	Chest pain; Joint aches; Body aches; Fever; Chills; Fatigue; Nausea; A spontaneous report was received from a 66 year old, female patient who was participating in the mRNA-1273 Emergency Use Program and experienced chest pain, body and joint aches, fever, chills, fatigue, and nausea. The patient's medical history was not provided. No relevant concomitant medications were reported. The patient received their first of two planned doses of mRNA-1273 on 10-Jan-2021. On 11-Feb-2021, approximately 2 days prior to the onset of the events, the patient received their second of two planned doses of mRNA-1273 intramuscularly for the prophylaxis of COVID-19 infection. On 11-Feb-2021, the patient developed body and joint aches, chest pains, fever, chills, fatigue, nausea, and just hurt all over and felt terrible. On 12-Feb-2021, the patient's symptoms persisted, and she was in the emergency room (ER) to be treated. The patient received both scheduled doses of mRNA-1273 prior to the events, therefore action taken with the drug in response to the events is not applicable. The outcome of the events, chest pain, body and joint aches, fever, chills, fatigue, and nausea, was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.
1071838	3/4/2021	MD	69	M	2/25/2021	3/1/2021	Patient presented to the ED with SOB and substernal chest pain. He was tachypneic with use of accessory muscles. He was seen by nephrology and had HD. Pt felt better after HD with no further pain and improved breathing. Per the EUA, hospitalizations are to be reported irrespective of attribution to the vaccine
1071869	3/4/2021	MD	70	M	2/25/2021	3/1/2021	Patient referred from PCP office for abnormal EKG. Patient reportedly fell on the ice and has been having chest pain since then. Case was discussed with cardiology who recommended to discharge patient home. ACS was ruled out and per cardiology, the pain was likely due to the fall. Per the EUA, hospitalizations are to be reported irrespective of attribution to the vaccine

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1071788	3/4/2021	MO	48	M	3/3/2021	3/3/2021	During observation period after receiving vaccine, client became nauseous, short of breath, and itchy. Our staff moved patient to lay down on a mat, shortly after that pt was no longer oriented x2. Client quickly became oriented x3 after that but began complaining of intermittent chest pain. SP02 was 94%, HR 94-97, client still short of breath and diaphoretic. Gave Bendadryl around 5:15pm with resolution of itchiness. Patient rated chest pain as 10/10 specifically on right side and his back. Complained of metallic taste in mouth. Heart rate up to 114 and SP02 sitting around 96%. Ambulance arrived at 5:25pm and took pt to hospital.
1071977	3/4/2021		46	F	3/4/2021	3/4/2021	Patient received her first dose of the Pfizer vaccine today. She had developed chest tightness and wheezing yesterday, she has a history of asthma. The chest tightness and wheezing increased after her vaccine. She also noted tingling to her lips and dizziness. She had no shortness of breath, cough, palpitations or chest pain. No angioedema, rash or pruritis. She was in no acute distress. She was talking in complete sentences and drinking water without any issues. Her lungs were clear through out with no bronchospasm, her heart rate was regular. BP 160/100, HR 66, RR 22, O2 99% on room air. I spoke with the RN at ICC who accepted patient to be seen at the ICC for further evaluation and monitoring. Patient declined ambulance transfer and felt comfortable enough to drive her self to the ICC. She was monitored at the vaccine clinic for 35 minutes after receiving her vaccine and left in stable condition. Her sister was notified.
1072129	3/4/2021	ID	33	M	3/3/2021	3/3/2021	03/03/2021 (0720-0735) Immediately following vaccination I experienced 2/10 sharp, constant substernal chest pain lasting for approximately 15 minutes. 03/04/2021 (0200-0400) Awoke with subjective feeling of fever, full-body muscle cramping, and uncontrollable, mild, full-body convulsions without loss of consciousness (not true seizure-like activity). These were not the typical "shivering" symptoms typically experienced by patients with high fever. All other symptoms experienced following severe symptoms more closely resembling flu-like symptoms that are to be expected following second vaccine.

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1072165	3/4/2021	IL	39	F	2/26/2021	2/26/2021	pt experienced shortness of breath, chest pain, Hheadache, palpitations, nausea, abdominal pain within 1/5-2 hours of injection
1072557	3/4/2021	IN		M	2/8/2021	2/9/2021	heart attack; severe chest pains; This is a spontaneous report from a contactable consumer (patient). This 72-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number=EN5318) on 08Feb2021 at 02:45 PM at single dose at right arm for Covid-19 immunization. Medical history included COVID prior vaccination. No known allergies. Concomitant medications included every day meds. It was reported that next night, on 09Feb2021 10:45 PM, patient had severe chest pains thought having heart attack went to hospital. Could not go back. The events were resulted in Emergency room/department or urgent care. Treatment was received for events and patient underwent lab tests included CT scan, blood test and etc on unspecified date with unknown results. Patient did not test COVID post vaccination. The outcome of events was recovered on unspecified date.
1071452	3/4/2021	FL	65	F	2/26/2021	2/26/2021	1045-Pt received first dose of Moderna COVID vaccination LOT # 001A21A @ 1045 while in her vehicle. Pt was being observed by EMT. 1055- Pt started feeling short of breath, chest pain, and rash was noted. Called 911 for emergency medical attention. Family notified. Pt was brought into CHD and reported to DON. Pt was flushed, with hives starting on neck and face. 1101-Epi 0.3mg given sq into left arm. EMS arrived and took over care. Flushing, redness, and hives decreasing. Pt loaded onto stretcher and taken to Hospital for further evaluation. Report called to ER . , EMT. Family followed pt and ambulance.
1072798	3/4/2021	PA	70	M	2/11/2021	2/11/2021	Severe chest pains.

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1072549	3/4/2021	IL	83	F	2/17/2021	2/17/2021	<p>Pounding in head; Heart pounding; Elevated BP; bouncing off the walls, and going from side-to-side when she tried to walk; oxygen saturation level kept dropping; shaking; cold; Weakness; Tiredness; Throat tightness; Dry mouth; This is a spontaneous report initial from a contactable nurse and follow up from a Pfizer-sponsored program. This Nurse (patient) reported for self that the 83-year-old female patient received first dose of bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6200), via an unspecified route of administration on 17Feb2021 09:30AM on right arm at single dose for covid-19 immunization. Medical history included rheumatoid arthritis from an unknown date and unknown if ongoing Reported she was diagnosed with Rheumatoid Arthritis about 10 years ago, fibromyalgia from an unknown date and unknown if ongoing and stated when the doctor couldn't figure out what was causing her pain, the doctor said she had Fibromyalgia, carotid endarterectomy from 2014, pain in extremity from an unknown date and unknown if ongoing She said she has rheumatoid arthritis, and has had terrible leg pain for a long time. Family Medical History Relevant to AE(s) was not provided. Concomitant medication included cortisone (CORTISONE) for Pain in leg from 10Feb2021 and stated her doctor gave her a Cortisone shot in her right knee to help with her right leg pain. Reported she received a Cortisone shot in her right knee on Wednesday, 10Feb2021. She said the doctor gave her the Cortisone shot in her right knee to see if it would help her right leg pain. She said she has a problem with Cortisone, clarifying the Cortisone keeps her awake. She said the doctor wanted her to have another Cortisone shot in 3 months, and she is not going to take the Cortisone shot because she doesn't like how the Cortisone makes her feel. The patient experienced pounding in head (hospitalization, medically significant), heart pounding (hospitalization, medically significant), elevated bp (hospitalization, medically significant), bouncing off the walls, and going from side-to-side when she tried to walk (hospitalization, medically significant), dry mouth (medically significant) all on 17Feb2021 with outcome of recovering, throat tightness (medically significant) on 18Feb2021 with outcome of recovering, weakness (medically significant) on 19Feb2021 with outcome of not recovered, tiredness (medically</p>

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significant) on 19Feb2021 with outcome of not recovered, oxygen saturation level kept dropping on an unspecified date with outcome of unknown, shaking on an unspecified date with outcome of unknown, cold on an unspecified date with outcome of unknown. He experienced terrible pain in the leg after the 1st dose and took a marijuana cookie and she was rushed to the ER because she was shaking and cold. The patient was hospitalized for events pounding in head, heart pounding, elevated bp and bouncing off the walls, and going from side-to-side when she tried to walk from 17Feb2021 to 18Feb2021. The nurse states that "I told her up until a Month ago, she was taking care of a huge house and husband that is blind. I've been having the pain in my legs for over a month, doppler was done, and I had an injection in my knee with cortisone, I won't do that again, it keeps me awake at night. There is no diagnosis yet on the pain, have an orthopedic appointment coming up. Caller states, I got the first Pfizer vaccine shot on Wednesday at 9:30 am in right arm. Never so much have felt it. or have not felt anything else since. My friend talked me into eating a marijuana cookie about 5pm that day, and at 6 or 6:30pm, I started feeling terrible, my head was feeling terrible, my heart was pounding, I could hardly walk, my mouth was dry as a bone. we called paramedics, we found out on Friday before the shot that I have a right bundle block. Woke up 4:30 in the morning the Friday before with chest pain. EKG found right bundle block, my blood pressure was 245/105, that night in the ER, they got my blood pressure down and sent me home. Wednesday, I had the covid shot in right arm, at 9:30am, that day about 4:30 - 5:00 had the cookie thing, about 6pm, had to call the paramedics, they kept me in the hospital overnight. because my oxygen saturation kept dropping, down in the 86% or 89%, I don't know. Gave me breathing treatments, CT scan for blood clots in lungs was done, Doppler for blood clots in legs, and a HgbA1C. They did an echo of my chest. I don't know all of the results yet. Even yesterday, in the hospital I felt better, but feel week and tired, while walking the hall in the hospital my Blood pressure went up a little bit. I told the nurse, my head feels like this when my blood pressure is up. They sent me home last night. Today, I am feeling okay. My mouth is still a little dry, got a little better yesterday. My legs are still killing me, I have an

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appointment with my Cardiologist and Rheumatologist, I have Rheumatoid Arthritis. My question is , the doctor didn't know if it was from the cookie or from the vaccine. I am wondering if I should get the second vaccine." She stated she never had a sore arm after getting the COVID-19 Vaccine. She said she did something stupid after she received the COVID-19 Vaccine. She said she has rheumatoid arthritis, and has had terrible leg pain for a long time. She said her friend talked her into having a cookie that had marijuana in it. She said her leg pain was so severe at the time, she took the cookie with marijuana in it around 4:30PM-5:30PM on 17Feb2021. She said at 7:00PM she was bouncing off the wall (clarified as unsteady, and going from side-to-side when she tried to walk), her head was pounding, her heart was pounding, she was dizzy and shaky. She said she went to the hospital emergency room. She said the hospital kept her overnight because her oxygen saturation level kept dropping. She said she got home from the hospital last night (18Feb2021), clarifying she was discharged from the hospital at 6:00PM. She said she noticed her mouth was very dry when she went to the hospital on 17Feb2021, and her mouth continued to stay very dry all night. Caller asked if she should get the second COVID-19 Vaccine shot after experiencing what she did after receiving the first COVID-19 Vaccine. Reported her leg pain became severe about a month ago, clarifying she has had leg pain for a long time. Reported her blood pressure was up while she was at the hospital, clarifying she had one blood pressure reading of 145/82 that she recalls. She said her blood pressure is pretty normal, and she takes blood pressure medications. She said she believes her heart rate was up too, but was unsure what her heart rate was. Reported a couple days before receiving her first Pfizer COVID-19 Vaccine, she went to her doctor on 12Feb2021 because she was having severe chest pain. She said her doctor did an EKG and told her she had a right bundle branch block. She said her doctor sent her to the hospital Emergency Room. She said while she was in the Emergency Room she had an extremely high blood pressure of 245/105. She said she came home from the Emergency Room on 12Feb2021, and had a couple spells, but was OK. She said she was OK when she went to get her first COVID-19 Vaccine shot on Wednesday, 17Feb2021. Reported

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she had difficulty reading her COVID-19 Vaccine Immunization Card. She said the Pfizer COVID-19 Vaccine Lot Number looked like EN6200, and there was no NDC Number, or Expiration Date listed on the card. Reported she had blood work done at the hospital. No further details provided. Treatment included she was given Albuterol breathing treatments while in the hospital, along with some other things that she can't remember. Reported she believes her symptoms were medically significant because she was nervous from recently being to the Emergency Room for her severe chest pain a few days before. Reported she did not think her symptoms were from the COVID-19 Vaccine. She said she thought the cookie with marijuana in it caused her symptoms because the symptoms happened about 1-1/2 to 2 hours after she had the cookie with marijuana in it. Reported she feels very weak and tired. Reported yesterday (18Feb2021) while she was in the hospital, her head felt like it was going to explode when the hospital staff tried walking her around. She said she asked the hospital staff to check her blood pressure because her head will feel like that when her blood pressure is up. She said when the hospital staff checked her blood pressure, her blood pressure was elevated. Reported the pain in her legs is driving her crazy, so she called for an appointment with an orthopedist today. Reported she is feeling better, but is still experiencing a tightness in her throat. She clarified she felt the throat tightness on Wednesday, 17Feb2021. She said she has no problem swallowing or eating, but her throat feels tight. Vaccination Facility Type was Hospital. History of all previous immunization with the Pfizer vaccine considered as suspect (or patient age at first and subsequent immunizations if dates of birth or immunizations are not available) was none. Additional Vaccines Administered on Same Date of the Pfizer Suspect was None. AE(s) required a visit to: Emergency Room (admitted to hospital), no Physician Office. Prior Vaccinations (within 4 weeks) was none.; Sender's Comments: The 83-year-old female patient had medical history included rheumatoid arthritis, fibromyalgia and carotid endarterectomy, and was on multiple concomitant drugs. Considering temporal relationship, a possible contribution role of vaccination with BNT162B2 to the onset of the reported events, cannot be completely excluded. The impact of this report on the benefit/risk

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1071729	3/4/2021		31	F	1/11/2021	1/19/2021	profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1071665	3/4/2021	MD	82	M	2/16/2021	3/3/2021	Significant and ongoing left arm paresthesias including numbness, tingling, pain. Also with chest pain that is left-sided rib-type pain. Chest pain improves/resolves with ibuprofen but continues with residual left arm paresthesias
1071618	3/4/2021	NY	92	F	1/6/2021	1/7/2021	Patient presented to the ED for evaluation of intermittent chest pain over the past week. Initial troponin negative, patient admitted for observation. Cardiology does not believe cath is warranted at this time. Patient remains hospitalized. Per the EUA, hospitalizations are to be reported irrespective of attribution to the vaccine
1071615	3/4/2021	LA	27	F	3/1/2021	3/2/2021	Chills; headache; extreme fatigue; gas or chest pain that was thought to be gas and went away Died 4 days later
1071505	3/4/2021	NM	50	M	1/12/2021	1/21/2021	Day 1 I had fever chills body aches Day 2 I got a rash on my arm and chest pains Day 3 still having chest pain
							The evening of the 2nd vaccine started having numbness in left shoulder and progressed to hand. Then numbness also affected left side of face and neck and left anterior chest wall. Intermittent pain in chest wall with intermittent resolve of numbness. The worst of it lasted a week. After a week, numbness started to resolve, but still have residual numbness in left hand. Did have headaches as well for that week and then headaches resolved after a week.

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1071409	3/4/2021	CA	16	M	2/21/2021	2/24/2021	Since receiving his second dose of COVID-19 vaccine (Pfizer) on Sunday 2/21 he has had fever (tmax 103.0 F), headache, and stomach ache. His fever started on 2/21 and had persisted through 2/24. He woke up from a nap on 2/24 in the afternoon at 1600 had onset of severe chest pain. Then reoccurring multiple times throughout the evening. He was taken to a local hospital and the transferred to another hospital for higher level of care. Pediatric cardiology was consulted and treatment was started for suspected atypical pericarditis with colchicine 0.6mg BID and ibuprofen 600mg QID w/ famotidine 40mg QDay. His chest pain resolved the day of admission, even prior to starting treatment. Patient was discharged in clinically stable condition to follow up with pediatric cardiology in 2 weeks as outpatient.
1071385	3/4/2021	GA	69	F	2/10/2021	2/22/2021	chest pain, subjective fever 9 days after vaccine; 10 days after hospital admit Dx with pericarditis + 8mm pericardial effusion
1071334	3/4/2021	RI	56	F	3/3/2021	3/3/2021	Systemic: Chest Tightness / Heaviness / Pain-Medium, Additional Details: Within 10 minutes of receiving vaccine, patient reported chest pain feeling like a pinching/stabbing. We had trained EMTs along with pharmacists. Reported 5/10 pain. Patient has hx of high blood pressure, high cholesterol, arthritis, and angina. Heart rate taken and it was irregularly irregular but after given a dose of aspirin 324mg it was back in normal sinus rhythm. Gave IV NaCl and taken by rescue. on departure was symptom free. no SOB, hives or chest pain.

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1071174	3/4/2021	CA	74	F	2/1/2021	2/1/2021	pain in chest through back; tongue swelled up; difficulty swallowing; This is a spontaneous report from a contactable consumer (patient). A 74-year-old female patient received first dose of bnt162b2 (Pfizer-BioNTech COVID-19 vaccine; lot number EL9764/EL9264), via an unspecified route of administration in the right arm on 01Feb2021 09:45 at a single dose for covid-19 immunization. Medical history included ongoing three stents in her artery, heart issue where they took test to see if she had a heart issue, and everything came back negative, high blood pressure, high cholesterol, overweight, penicillin allergy, IV iodine allergy, allergy to pollens, inhalants, dust and animals. There were no concomitant medications. The patient previously took phenytoin (DILANTIN), bacitracin;neomycin sulfate;polymyxin b sulfate (NEOSPORIN) and cefalexin (KEFLEX); all of which patient experienced allergies/ drug hypersensitivity. On 01Feb2021 09:45, immediately after receiving the vaccine, her tongue swelled up, she had difficulty swallowing, and she has a pain in her chest that went through to her back. The patient was sent and admitted to the ER and got an IV shot injection of diphenhydramine (BENADRYL) that got tongue back down. She didn't need an Epi pen, it wasn't that bad. They took the test to see if she had a heart issue, and everything came back negative. The patient was advised by the head of ER that she shouldn't get the second shot because of the reaction. It could be more severe with the second dose he said. The outcome of the events was recovered on 01Feb2021.
1072804	3/4/2021	MO	39	F	3/1/2021	3/1/2021	Pt received 1st dose of covid-19 vaccine during mass clinic. Pt was given 30 minute observation period due to history of allergic reaction to strawberries, which pt defined as tongue tingling. Approx 15 minutes into observation period, pt described feeling the same feeling of her tongue tingling with feeling slightly light-headed. Pt denied SOB, chest pain, itching. EMS evaluated pt and was not given any medication but instructed to take PO Benadryl once home and to call 911 if symptoms worsened. Her 4 Lead EKG was WNL. Pt left facility without issue though reported feeling "a little funny still" but denied feeling worse.

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1071792	3/4/2021	MD	69	F	2/19/2021	3/1/2021	Patient presented to ED with chest pain radiating to the back, as well as left arm numbness, and lightheadedness. Patient was placed in observation unit - serial troponin negative, CTA showed no PE, mild ectasia of the distal ascending thoracic aorta. She was advised to follow up with PCP and cardiology for outpatient stress test. Per the EUA, hospitalizations are to be reported irrespective of attribution to the vaccine
1071591	3/4/2021	MN	40	F	1/12/2021	1/13/2021	General lethargy, weakness, overall body aches and chills, fever and chest pain, tightness in back of throat
1073763	3/4/2021	WI	51	F	3/3/2021	3/3/2021	half hour - itchy mouth, dizzy, lightheaded, headache (30 mins) - BP surge 151/104 (2 hours after), chest tightness, heart racing (3 hours after) - some of this went away after a while - mostly subsided (still having some chest pains and racing heart off and on) - red blotchy face, hands, bit of nausea - 1 day following
1072822	3/4/2021	NJ	78	F	3/4/2021	3/4/2021	Patient was identified at the clinical station to have increased risks for vaccination reactions based on history, Vaccination administered, 30 minute patient watch assigned. About 12 minutes into observation, patient began to complain of tightness in throat and difficulty swallowing. Patient was without any signs of rash, no itch, no swelling, No observed SOB. Just described a sensation of "Throat Closing". Lungs clear, no wheeze or rhonchi, no change in pulses or capillary refill. Placed on pulse oximetry - initial reading of 97% room air, HR 94. No initial blood pressure taken. During assessment, patient with slight anxiety due to feeling of throat tightness, no changes in SOB, no tripodding, no changes in color, no stridor or wheeze. Patient treated with 50mg Benadryl IM (With consult of Dr. - Present at Clinic. EMS on scene with additional treatment and care to Emergency Department. Time of transfer, patient's awake x3, no chest pain, no verbalized SOB, no difficulty swallowing, no hives, no rash. Remians with the throat sensation of tightness.

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1071748	3/4/2021	WI	71	F	3/4/2021	3/4/2021	Patient received second Moderna COVID vaccine. While waiting in waiting area, alerted staff that she was feeling SOB. States h/o asthma. Just used inhaler prior to arrival for vaccine. States h/o COVID and now has blood clots in lungs. On a blood thinner. C/o chest pain. States h/o MI. Pt was somewhat diaphoretic in face. C/o some dizziness. RR elevated. AA&O. First responder called with prompt arrival. Pt transferred to ED immediately. Transported via wheelchair. Pt was AA&O when leaving the observation area, still symptomatic. VSS.
1074036	3/4/2021	OH	26	F	3/2/2021	3/2/2021	Chest pain, shortness of breath, palpitations, tachycardia, facial swelling Emergency Department IV Benadryl and solumedrol
1074011	3/4/2021	CT	85	F	1/28/2021	1/30/2021	Presented to ED 48 h after vaccine with chest pain, found to have pericarditis Develop atrial fibrillation, nSTEMI from demand ischemia
1074003	3/4/2021	AZ	21	M	2/27/2021	3/3/2021	Vaccine was Moderna COVID-19 Vaccine EUA 4 days after receiving the vaccine, two hours after I woke up, I began to have mild chest pain in the center of my chest. After that, the pain started to grow and grow until it was extreme pain, at around an 8/10. The pain radiated from my chest to the undersides of my arms. After two hours of pain, it started to subside and eventually was gone. There was no pain for the rest of the day. The next day, two hours after I woke up again, the mild chest pain returned. Still in the center of my chest, the pain grew into extreme pain again. This time however, it was slightly to the right and as the pain progressed it moved right until after two hours it went away again. The treatment I got at the Urgent Care was an EKG and they told me to go to a hospital. At the hospital, I got Toradol, aspirin and propranolol. My initial Troponin levels at admission to the hospital were 900 and grew to 1300. It lowered for a time, but at the last check, it rose again to 1420 after not getting Toradol for at least 12 hours.

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1073981	3/4/2021	CT	62	F	3/1/2021	3/1/2021	Patient received vaccine at 2:15 PM, and around 9:00 AM, she noticed chest pain, lymph node swelling, generalized aches, headache (front and back of head), fever, vomiting, chills. Side effects were severe. Patient stated she had covid-19 infection during November 28, 2020. Patient received first Moderna dose on 3/3/2021
1073882	3/4/2021	WA	74	F	2/24/2021	2/24/2021	10:00 patient received second pfizer vaccine 10:40 reported feeling a flushing sensation x 1 approx 10:30, provided bottled water to drink, denies any difficulty breathing, throat swelling, or tongue swelling 11:00 finished bottle of water feeling fine left vaccine clinic accompanied by her husband 11:30 returned to vaccine clinic c/o thick tongue and difficulty swallowing, denies difficulty breathing. Sent to ED. ED note states that patient presented after "near syncopal episode" after developing lightheadedness and flushing after vaccination. Similar episode an hour later (prompting return to medical center). Denied chest pain or shortness of breath on presentation to ED. Described difficulty swallowing and "thick tongue" leading to her presenting back to clinic, but asymptomatic when arrived to ED. Oropharynx free of any swelling. EKG done but only showed sinus bradycardia. Patient observed multiple hours then discharged without any medical intervention taken.
1073746	3/4/2021	CA	25	F	3/3/2021	3/3/2021	Received vaccine at 1340 on 3/3/2021. Reported that she started to feel ill almost immediately after receiving the injection. Symptoms include: Chest pain, SOB, difficulty breathing dizziness, and feverish. patient was given Benadryl 50 mg injection and I dose of Epi Pen. Ambulance arrived about 20 min later and transported patient to local ED.
1073723	3/4/2021		24	F	3/2/2021	3/4/2021	chest pain-- lingering; did have muscle aches on day 1 but then lingering chest pain isolated on day 2 post vaccine No shortness of breath, N/V, radiation of pain, ibuprofen helpful

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1073717	3/4/2021	AL	73	M	2/26/2021	2/27/2021	Patient called this afternoon to report decreased oxygen levels after agency. Patient reports to have COPD and remains on oxygen. He reports after the administration his oxygen levels will dip as low as to 70 percent when oxygen is removed. Upon speaking to the patient he did admit to feeling bad several days before the administration in which he had a physician's office visit due to complaints of chest pain. The patient said the physician preformed x-rays and EKG to evaluate his symptoms. All test reported no abnormal findings. The physician changed his breathing medication and added steroid therapy for a few days to help him recover. This apt occurred on Tuesday 23rd. The administration occurred on Friday 26th. The patient said they experienced the "trouble breathing" during the weekend. He contacted his physician again on Monday the 1st and reported the vaccine had made him worse. Unfortunately he contacted them at 4:15 in the after before the office closed and they told him to report to the ER if he was in discomfort. He called me today the report the issue at 4:30ish. I was able to reach out to his pulmonary physician to confirm his therapy and previous apt and complaints. They instructed me to tell the patient to make an appointment if needed. The patient does not fill medication here. On the vaccination form he denied feeling unwell as well as denied the use of steroid therapy.
1073712	3/4/2021	WA	74	F	3/4/2021	3/4/2021	Pt developed circumoral paresthesia (tingling of her lips and tongue) shortly after injection into right deltoid without shortness of breath, chest pain, rash, sore throat, hives, myalgias, nausea, or vision changes. She reports feeling anxious regarding the crowded atrium while getting her shot. Patient symptoms improved after monitoring for 30 minutes with stable vital signs without administration of medications.

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1072887	3/4/2021	VA	41	F	1/26/2021	1/28/2021	Pt developed a few hive-like lesions on her legs on 1/28/2021, 2 days following first COVID vaccination. Over the next 2 days developed more. Each lasted less than 24 hrs, but some lesions were always present. No other symptoms. Allegra resolved hives. On 1/17/2021 after second COVID vaccination, she developed headache, body aches, and low grade fever lasting 1 day. Three days later, hives returned, worse than with first vaccination. Allegra resumed up to qid. On 2/23/2021 developed severe chest pain, waxed and waned through night, resolved by next morning. Was hive-free between 2/24 and 2/28 when the hives recurred. Has had two bouts of lip swelling. Hives persist, despite antihistamine use, to the present.
1073002	3/4/2021	MI	82	M	3/4/2021	3/4/2021	Patient received first dose of Pfizer/BionTech vaccine ~2:40p Patient experiencing palpitations and dizziness. patient took 1 nitro tablet, 3 minutes later patient told staff he was having chest pain and and nausea. He stated nitro was helping but he knew this was gonna be a bad one and 911 was called . 2 minutes later(2:56p) took 1 nitro tablet. still having chest pain, dizziness nausea. took third nitro tablet at 3:01p. BP 125/101 and 86 BPM. 5 minutes later BP was 138/78 mmHg. A and O x 3. ambulance transported him to hospital for further evaluation

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1073915	3/4/2021	WA	70	F	2/24/2021	2/24/2021	0805 pt received second dose pfizer vaccine 0810 pt reports "right afterward" noticing that her tongue felt numb. denies respiratory distress. No previous history of anaphylaxis with any vaccine or medication or other source. No problem with first dose pfizer other than sore arm, fatigue. 0825 pt states numbness progressing toward back of tongue 0830 pt escorted to ED Per ED note: Patient received second Covid vaccine at 8:05 AM, noted onset of central, not lateralized, tongue tingling without swelling/pain after receiving the shot, still notes able to feel pressure on tongue. Has never had a reaction to previous vaccines, including first dose of Covid vaccine 3 weeks ago. Denies any tongue biting or recent trauma to the tongue. She does feel as if the tingling is extending further back since onset...Patient states she can swallow fine without pain, no vision changes, hearing changes, taste changes, lesions in her mouth, facial asymmetry, shortness of breath, headache, rashes, swelling. Denies fevers, chills, URI symptoms, chest pain, palpitations, lightheadedness, nausea, vomiting, abdominal pain, change in bowel habits, change in urination. Vitals stable, no evidence of anaphylaxis on exam. Ruled out CVA, atypical MI, migraine, GERD, trauma. Thought possibly vaccine reaction. Patient was monitored in the emergency department for 4 hours after vaccine, without airway swelling or compromise. Discharged home but still with continued tongue tingling with preserved sensation.

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1073682	3/4/2021	NJ	80	M	1/28/2021	2/26/2021	pulmonary edema; Low heart rate; chest pain; This is a spontaneous report from a contactable pharmacist. An 80-years-old male patient received his second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscular in left arm on 28Jan2021 at single dose for COVID-19 Immunisation. Medical history included dementia, high blood pressure, COVID prior vaccination. He had no known allergies. Concomitant medication included diltiazem hydrochloride (CARDIZEM), anastrozole (ARIMIDEX), simvastatin and lorazepam. Historical Vaccine included first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 07Jan2021 (at the age of 80-years-old) at single dose for COVID-19 Immunization. There was no other vaccine received in four weeks. The patient experienced pulmonary edema, low heart rate and chest pain on 26Feb2021. The events resulted in hospitalization and patient died. The patient was hospitalized from 26Feb2021 for 1 day. Treatment received for the events included Epinephrine, morphine, nitroglycerine. The patient underwent lab tests and procedures which included Covid test Nasal Swab post vaccination on 26Feb2021 indicated Negative. The patient died on 26Feb2021. An autopsy was not performed. information on the lot/batch number has been requested.; Sender's Comments: Pulmonary edema, low heart rate, and chest pain, all reported as fatal, are deemed unrelated to BNT162B2 vaccine, being rather accidental occurrences, likely favored by the patient's age and by the mentioned high blood pressure, known risk factor for cardiovascular diseases. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.; Reported Cause(s) of Death: Low heart rate; pulmonary edema; chest pain

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1073189	3/4/2021	IA	89	F	2/15/2021	2/21/2021	Moderna COVID-19 Vaccine EUA Pt received Moderna COVID vaccine 2/15/21 (per pt, was 2/8/21 but shows 2/15/21). On 2/25/21 patient presented to ED with a complaint of generalized weakness for about 1 week, reporting it was worse that day. Pt reported diarrhea on Sunday 2/21 but none at visit. Denies fever, chills, chest pain, shortness of breath, nausea, vomiting, abdominal pain, vision changes, headache, sore throat, cough, diarrhea since Sunday, constipation, dysuria, hematuria, altered mental status. Low grade fever of 100 F, BP 155/65. Pt was tested for COVID, resulted in positive, and sent home with instructions for care. 2/26: Pt was contacted regarding starting monoclonal antibody bamlanivimab infusion.
1073257	3/4/2021	MA	47	F	1/12/2021	1/12/2021	Over night on the night following the vaccination, I had headache, body aches, malaise and insomnia. Throughout the next day (1/13/21), I continued to have headache, body aches, and malaise as well as objective fever (up to about 101.5 degrees F), fatigue, dyspnea on exertion and lightheadedness. Later in the day (about 5:00pm) I developed significant shortness of breath at rest and chest pain. Later that evening I went to the Emergency Department because of concern over my extreme and persistent shortness of breath and chest pain. In the E.D. they did the following tests: EKG (normal), oximetry (normal), Portable Chest Xray (normal), rapid COVID test (normal), cardiac enzymes (normal), D-DIMER (ELEVATED), other bloodwork (normal). Because of the elevated D-dimer, a CT angiogram of the chest was performed to rule-out pulmonary embolism. The CT showed enlarged lymph nodes, but no evidence of pulmonary embolism. I was discharged home. By the next morning (1/14/21) I was feeling much better. And by the afternoon of 1/14/21 I was feeling completely back to normal without any symptoms.
1073127	3/4/2021	CA	63	F	3/1/2021	3/1/2021	Chest pain radiating to back with associated nausea, transient hypertension
1073282	3/4/2021		55	M	3/4/2021	3/4/2021	Dry Mouth, Chest Pain, SOB. Transported to Emergency room/department or urgent care.

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1073333	3/4/2021	CA	40	F	3/4/2021	3/4/2021	Pt was vaccinated in facility with a 15 min observation done. Pt ambulated to car with mother at side. Pt and mother left site to go home when pt told mother "my lips feel numb". Mother drove pt back to facility and came in to tell us that her daughter was in the car and c/o mouth feeling numb. Myself, Site Leader and charge nurse went outside to car. Pt was sitting on passenger side of car A/Ox3. Denies feeling SOB, headache and chest pain. V/s obtained with initial v/s b/p 118/84, HR 83 O2 98% on RA. Advice pt that we could call EMS for further evaluation. Pt refused. Wanted to go home and take benadryl if numbness persist. Verbalized understanding of risk and outcomes of monitoring any other adverse symptoms.
1073350	3/4/2021	PA	22	F	2/27/2021	3/1/2021	On Monday at around 2pm I started having severe pain in my chest near my right breast, and as the day progressed it got worse with a horrible migraine. It began to radiate to the left, and Wednesday I went to Urgent Care because I was scared. My EKG & chest x-ray were clear. Today I feel even worse with migraines, chest pain (that radiates up my neck and around my back), and overall feeling gross and exhausted. My head is what's bothering me the most along with my joint pain.
1073360	3/4/2021	NJ	77	F	3/4/2021	3/4/2021	Patient during routine observation a flag for 30 minutes began to feel sweaty, hot flash sensation and began to hyperventilate. Patient was identified by observation staff as follows: Awake x3, no chest pain, slight SOB, increased work of breathing without rales, rhonchi or wheeze. Pulses strong, capillary refill at 2 seconds, warm and dry. Patient is hyperventilation state without carpal spasms. Patient placed on pulse ox at 98% room air, pulse 88 and BP 174/84. No rash or hives, - supportive treatment - Refused additional treatment

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1073535	3/4/2021	FL	68	F	1/24/2021	1/1/2021	she felt extreme pressure when she breathed, like an elephant sitting on her chest; Extreme chest pain/chest pain was not like a heart attack, but she felt a lot of pressure and weight when she was breathing in; heart rate went up (from 89 to 99); Pains; This is a spontaneous report from a contactable consumer (patient). This 68-year-old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL8982 and expiry date unknown), via an unspecified route of administration on the left arm on 24Jan2021 09:22 at a single dose for COVID-19 immunization. Medical history included degenerative disc disease (first disc came out) from 2007, chronic fibromyalgia from 2005, rheumatoid arthritis from 2000 (went into remission for a few years; while in remission, she was diagnosed with fibromyalgia), vertigo (diagnosed when she was 24 years old; bout of vertigo about twice a year; last year, 2020, was the worst bout of vertigo she ever had), allergy to shellfish (hives, itching, welts), sulfa (anaphylactic reaction), and mostly pain related issues. There were no concomitant medications. No additional vaccines administered on same date of the Pfizer suspect. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient wanted to know if she should get the second dose of the COVID vaccine knowing that she had a reaction to the first dose. She had a reaction which she believed was from the vaccine she received. She felt something immediately but did not concern herself with it, was kept for 30 minutes for observation. Her heart rate went up (from 89 to 99) and then her heart rate came back down. She said after the 30 minutes had gone by, she felt better. On 25Jan2021 and 26Jan2021, she felt extreme pressure when she breathed, like an elephant sitting on her chest which lasted all day. Patient woke up the next morning and pains were still there. It was also reported that the patient had extreme chest pain on 25Jan2021. She said that the chest pain was not like a heart attack, but she felt a lot of pressure and weight when she was breathing in. By the time she went to bed in the night of 25Jan2021 night, she felt fine. When she got up the next day, Tuesday, 26Jan2021, and started moving around, the chest pain came back. When she woke up on Wednesday, 27Jan2021, everything was all gone. Patient is scheduled for her second COVID-19

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1073248	3/4/2021	NJ	46	F	3/4/2021	3/4/2021	vaccine shot on 14Feb2021. The events did not require a visit to emergency room or physician office. The patient recovered from the chest pain on 26Jan2021, from heart rate went up on 24Jan2021, and from the other events in Jan2021.
1068937	3/3/2021	NY	47	M	3/2/2021	3/2/2021	Patient post 2nd dose vaccination about 10 minutes into observation began to feel lightheaded dizzy and a syncopal sensation. Patient identified herself to staff, during assessment increase diaphoresis, pale, decreased heart rate and weak radial pulses. Placed supine with no signs of rash, no SOB, no Chest pain, no difficulty swallowing. secondary assessment on cardiac monitor of Sinus brady 58, 100% room air, rate of 24 and blood pressure supine 110/68. 10 minutes post incident, remains awake x3, color improved, radial pulses strong, no other verbal complaints. Placed to a sitting position, no signs of dizziness, lightheadness, pulses remain strong. NSR 84, 20 with pulse ox @98%, 124/80. Patient is refusing treatment to Emergency room.
1069086	3/3/2021	MD	82	F	2/26/2021	2/26/2021	Patient received 1st dose of his Covid vaccine; after~10 min, during observation period, he was noticed to become pale ,diaphoretic and with decreased level of responsiveness; was put on the stretcher. Physician who was monitoring the vaccination area reported: "BP 110/64 HR 76 Sat 95% Patient was feeling better upon being placed supine and was verbalizing as well. Denied chest pain and shortness of breath. Just felt dizzy and weak." Patient was taken to ER; CBC,CMP,ECG- all normal and he was discharged after 2 hrs of observation with diagnosis of Vasovagal Syncope. Today, patient is well and went to work as per his spouse. Patient has history of similar syncope or near syncope events in the past during stressful situations, like seen blood .
							Patient presented to ED with chest pain on her right breast radiating to the back intermittently. No associated N/V, diaphoresis, or SOB. Pt was started on a heparin drip but was later discharged home after being cleared by cardiology. Per the EUA, hospitalizations are to be reported irrespective of attribution to vaccine.

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1068964	3/3/2021	NY	77	F	1/21/2021	2/26/2021	Vaccinated with Pfizer COVID vaccine on 1/21/21 and 2/12/21. Unknown facility, lot number Hospital course 2/24 ? 2/26/21 2/24 Chief complaint: Chest Pain. Per EMS - CP and SOB started 1220. Mid CP radiating to left arm. semi-relief with nitro x 2. Reports N. Denies V and no other symptoms. Hx cardiac stents, MI. HPI: Patient is a 77-year-old female who presents to the ER for evaluation of chest pain. Patient states that her chest pain started this afternoon around 1230 when she was cooking lunch. She says it lasted for about 10 minutes and was a intense substernal chest pressure sensation with radiation down her left arm. She had associated shortness of breath and diaphoresis and also endorsed nausea without vomiting. Patient also states she is had some occasional dizziness which she described as a room spinning sensation is made worse when she is in positions and standing or moves her head. She has a history of 2 heart attacks and 2 stents placed which were done. She has no local cardiology follow-up and she lives at an apartment and follows with pace. EMS gave her 4 aspirin prior to arrival she takes no blood thinners but she does take Plavix. Patient has a history of COPD and also endorses some wheezing, she says they took her nebulizer away from her for fear of spreading coronavirus and she is oxygen dependent at nighttime. COVID positive 2/24/21 (this assay amplifies and detects The target rna using real-time pcr. Testing performed on cepheid genexpert) Patient states she tested negative for COVID 19 last week at her PCP and got her 2nd COVID 19 vaccine on 2/11/2021. She reports having dinner with a friend 3 weeks ago who just passed away from COVID 19. EKG shows normal sinus rhythm with incomplete right bundle branch block and no obvious ST segment elevations or acute ischemic intervals Troponin negative Patient admitted to the COVID unit. Home (baseline) O2 requirement 2.5L at night 2/25: 3L O2 nasal cannula continuously, reduced to 2L within 12 hours No fever COPD with acute exacerbation: Diffusely wheezing bilaterally and in tripod position on exam. Start IV Solu-Medrol COVID-19 viral infection: Start IV Remdesivir as she is now requiring supplemental oxygen. IV steroids as above. Chest pain, history of CAD with previous stenting --Denies any chest pain on exam. EKG negative for ischemic changes. Troponin negative x1. Continue to trend troponin x2 more occurrences. --Continue

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1069053	3/3/2021	NJ		F	1/1/2021	2/12/2021	<p>Aspirin, Plavix, statin, Imdur. Anxiety disorder: Continue Prozac. Add Xanax 0.25 mg 3 times daily as needed. 2/26: medically ready for discharge to SNF COVID unit. Augmentin 875/125 x 7 days dexamethasone 6mg daily x 8 days</p> <p>Pain in the chest; High Blood Pressure; Acid Reflux; Weak On and Off; A spontaneous report was received from a consumer concerning a 78-year-old, female patient who received a second dose of Moderna's COVID-19 vaccine experienced chest pain, high blood pressure, acid reflux, weak on and off. The patient's medical history was not provided. No relevant concomitant medications were reported. The patient received their first of two planned doses of mRNA-1273 (Lot number: unknown) intramuscularly on an unknown date in Jan-2021. On 11-Feb-2021, patient received their second of two planned doses of mRNA-1273 (Lot number: 013L20A) intramuscularly in left arm for prophylaxis of COVID-19 infection. On 12-Feb-2021, in the morning patient had chest pain which lasted all day. She went to emergency room. Procedures performed at emergency room were blood pressure measurement which was high, electrocardiogram and chest X-ray with normal results. Patient stayed overnight at the hospital for observation. The next morning on 13-Feb-2021, nuclear scan of heart was performed, and it came out normal. Patient got discharged on same day. Sunday morning on 14-Feb-2021 she was weak but in the afternoon she felt better. The weakness has been on and off. Monday morning on 15-Feb-2021 weak again and in the afternoon, she was fine again. Patient was concerned if her symptoms were normal after second dose of vaccine. Acid reflux medication was provided at the hospital. Consent for safety Follow up given. The patient received both scheduled dose of mRNA-1273; therefore, action taken with the drug in response to the event is not applicable. The outcome of the events, experienced chest pain, high blood pressure, acid reflux, weak on and off were considered unknown.; Reporter's Comments: Based on the information provide which includes a temporal association, a causal association between the reported events and the administration of the mRNA-1273 cannot be excluded</p>

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1069117	3/3/2021	MI	39	F	3/2/2021	3/2/2021	Patient had chest pain, non-cardiac. Onsite EMS was called vitals BP 150/100 99% O2 HR 89. Patient Treated, Transported by the EMS to the hospital.
1069195	3/3/2021	CA	63	F	3/2/2021	3/2/2021	Complaint of dizziness and feeling warm. Alert and oriented x 4. Respirations even, skin within normal limits. Denies shortness of breath, chest pain and palpitations. BP 122/60, P 84, O2 94%, R 16. Patient states that she was feeling dizzy before she came in to clinic and that she had not eaten anything. BP 124/64, P 84, O2 95%, R 16. Patient discharged from clinic.
1069227	3/3/2021		33	F	2/24/2021	2/24/2021	During 30 min post vaccine observation, patient had mild chest pressure without SOB, dizziness, or chest pain. Patient reported a fast heartbeat. VS stable at 30 minute mark and instructed to go to ED for any worsening symptoms.

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1069253	3/3/2021	WV	75	M	3/3/2021	3/3/2021	<p>Patient was at clinic to receive his 2nd dose of the Moderna CoVID-19 Vaccine. Approx 13 minutes after receiving the dose, patient became weak, dizzy, and extremely diaphoretic. Rapid response was called. Patient was wheeled into exam room. BG checked immediately and was 110. Initial vitals showed HR 39 with BP 83/48. Patient was transferred to exam table w/o incident. He did not complain of CP or SOB. Denies any throat swelling or itching. He felt very weak and tired. He continued to be extremely diaphoretic. An 18G IV was introduced to the left forearm without incident. He was connected to 1 L bag of 0.9% Normal Saline which was hung to bolus, running well without pressure. EKG obtained and showed sinus bradycardia with a rate of 43. Possible ST changes in V1 and V2, but not diagnostic of ST elevations or depressions. There is IVCD noted. Patient has hx of AFib - not in Afib currently. Reports on Eliquis instead of Coumadin. EMS was contacted. Physical exam performed revealed a bradycardic HR which was regular. No murmurs. Lungs are clear. Patient is extremely diaphoretic and pale. He is alert and oriented x 3. He is not in respiratory distress and shows no signs of oral swelling. No hives noted on his skin. Vitals were rechecked at 3 mins and showed SaO2 at 95% and then 92%. NC O2 applied at 2 L/min continuous and there was improvement to 95%. He still denies any respiratory distress and was not manifesting any signs of respiratory distress. Still denied any chest pain. NS continued to infuse at bolus dose and BP recheck improved to 108/65 - patient was lying supine. HR remained between 40-42. At this time, the patient reported improved symptoms and he was not sweating as profusely as previously. At this time EMS arrived. Atropine was not administered in the clinic, but was prepared in expectation as a possible next step. As patient's symptoms improved, but his vital signs remained altered, he was agreeable to transport to the hospital by EMS. He was placed on stretcher and care was relinquished to EMS team. Patient transported out of clinic in guarded condition.</p>
1069513	3/3/2021	HI	68	F	1/26/2021	2/25/2021	<p>None at the time of vaccination. Pt admitted to ER on 2/25 with chest pain.</p>

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1068932	3/3/2021	IA	31	F	2/10/2021	2/12/2021	Shortness of breath on day 3 after dose 1 and chest pain/dizziness on day 5 after receiving dose 1 Had to go to a cardiologist for EKG, and further testing
1068004	3/3/2021	MI	69	F	1/25/2021	1/25/2021	raised bump on arm at injection site; Chest pain; This is a spontaneous report from a contactable consumer reported for herself (also reported as nurse). A 69-year-old non-pregnant female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL9261, expiration date unknown) via an unspecified route of administration on the left arm on 25Jan2021 at 12:15 PM at a single dose for COVID-19 immunisation in the hospital. Medical history included asthma and hypertension (controlled), sulfa allergy all from an unknown date. Concomitant medications included fluticasone propionate, salmeterol xinafoate (ADVAIR), montelukast sodium (SINGULAIR), simvastatin and spironolactone. The patient previously took propylene glycol and experienced allergies. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was not diagnosed with COVID-19 prior to vaccination. The patient experienced well defined raised bump on arm at injection site and chest pain both on 25Jan2021. It was reported that chest pain on the evening of 30Jan2021 resolved after 45 minutes after taking 2 aspirin, followed by 2 more after 30 minutes. The events were assessed as non-serious by the reporter. The patient was recovering from well defined raised bump on arm at injection site and chest pain. The patient has not been tested for COVID-19 since the vaccination.
1069488	3/3/2021	CA	66	F	3/3/2021	3/3/2021	Pt developed redness and itchiness on chest post-vaccination. Pt reports hx of allergic reactions after having surgeries in the past. Denies chest pain, palpitations, SOB, or trouble breathing. SpO2 99% on RA, un-labored breathing, lungs CTA bilaterally. Pt discharged under stable condition with Claritin 10mg x 1, ER precautions given.

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1068851	3/3/2021	PA	50	F	3/3/2021	3/3/2021	Patient was feeling anxious prior to vaccination. As soon as she received her shot she developed mild chest pressure and palpitations. She was brought to the medical tent for evaluation. Her initial blood pressure and heart rate were both mildly elevated (BP 164/97, HR 101). She had an EKG which showed normal sinus rhythm with no ischemic changes. After 10 minutes of observation her symptoms had resolved and her vitals were improved (BP 137/98, HR 86). She was advised that typical chest pain evaluation includes blood tests that can only be done in ER to definitively rule out ACS, and offered transport to ER, but she felt better and declined, stated she would go to ER if symptoms return.
1068842	3/3/2021	IL	31	F	1/11/2021	1/18/2021	Got vaccine in left deltoid. In the next week started having left arm pain along ulnar distribution and left sided chest pain consistent with costochondritis.
1068829	3/3/2021	WV	29	F	3/2/2021	3/2/2021	Vaccine was administered at 10:55 am, was in observation for 15 minutes; s/s of mild throat constriction and chest pain began at 11:20. Benadryl 25mg IM given and observed for approx. 15 minutes. VS WNL and patient states symptoms were relieved. She returned to medical staff at approximately 4:30 and had no additional s/s.
1068813	3/3/2021		88	F	2/26/2021	2/26/2021	During observation after patient received 2nd dose Pfizer vaccine, patient complained about chest pain, BP 173/81. Patient described chest pain before receiving vaccination when being evaluated in observation. Taken to ED and admitted to hospital. Noted to have ischemia on stress test with multivessel disease. Patient discharged from hospital.
1068635	3/3/2021	WV	72	M	2/25/2021	2/27/2021	Two days after patient received second dose of Moderna COVID-19 vaccine, he presented to the emergency department with complaints of abdominal pain radiating to his back. He denies alcohol use or fatty meals recently, does not smoke, denies nausea/vomiting/diarrhea, chest pain, shortness of breath, fevers or chills. In ED he was mildly tachycardic, otherwise hemodynamically stable.

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1068484	3/3/2021	OH	23	F	3/2/2021	3/3/2021	Patient experienced nausea, vomiting, chest pain and seizures (history of seizures but experienced it more strongly after the shot)
1068293	3/3/2021		70	M	2/1/2021	2/1/2021	severe hypoglycemic event (POC=38)/hypoglycemia; chest pain; He was found driving the wrong way down the highway; no memory of the event; This is a spontaneous report from a non-contactable pharmacist. A 70-year-old male patient received the first single dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot EL9265) intramuscular, on 01Feb2021 at 08:00 (at the age of 70 years old), for COVID-19 immunisation. Medical history and concomitant medications were not reported. On 01Feb2021, after vaccination, the patient experienced severe hypoglycemic event (POC=38)/hypoglycemia and chest pain. He was found driving the wrong way down the highway with no memory of the event, once stopped by authorities. He was admitted to the hospital with hypoglycemia and chest pain. His home diabetes coverage was an insulin pump and there was denial of decreased PO intake. The insulin pump was stopped once the patient was admitted. His glucose improved and insulin regular SSI was initiated. He was brought for cardiac cath on 02Feb2021 with no new issues seen. The patient was stabilized, was set for follow-up with PCP and endocrinologist and discharged on 04Feb2021. The events resolved on an unspecified date in Feb2021. No follow-up attempts possible. No further information expected.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1068256	3/3/2021	FL	74	F	2/15/2021	2/1/2021	my chest started hurting me at 3:50 a.m. this morning; stomach hurts; felt squeezed, I could not breath; had the feeling of being squeezed; This is a spontaneous report from a contactable consumer (patient). A 74-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, batch/lot number and expiry date unknown), via an unspecified route of administration on 15Feb2021 at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient previously received the first dose of BNT162B2 on 25Jan2021 and experienced AFib, diabetic, COPD, stomach issues, chest pains and fever. About 20 minutes after the first dose, I had chest pains, from one side clear across the other side. She took a nitro, and had fever over a 100°F for 24 hours on Jan2021. She received second dose on 15Feb2021 and experienced they had her get an EKG. Patient felt squeezed, she could not breath on Feb2021. Her oxygen level and blood pressure were both fine on Feb2021. She had the feeling of being squeezed on Feb2021. Her chest started hurting at 3:50 a.m. (16Feb2021) this morning, stomach hurts like doing flip flops inside her. She did not have anything that would aggravate it. The outcome of the events was unknown. The events was reported as non-serious. Information on the batch/lot number has been requested.

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1068247	3/3/2021	OH	75	F	1/28/2021	2/1/2021	AFib; Tingling sensation maybe her sinuses; Headache; Sore throat; Upper chest pain; aches (clarified as body or muscle ache in her arm or leg that occurred occasionally); aches (clarified as body or muscle ache in her arm or leg that occurred occasionally); Nausea; Heart pounding; Lightheadedness; tingling feeling below her neck on the flat area of her upper chest; This is a spontaneous report from a contactable consumer. A female patient of an unspecified age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN5318), via an unspecified route of administration on the left arm on 28Jan2021 11:00 at a single dose for COVID-19 immunisation. Medical history included Afib (diagnosed about 4-5 years ago) and stress. There were no concomitant medications. It was reported that when she got her first COVID-19 Vaccine, her arm didn't hurt, but she had a headache, sore throat, an upper throat and chest type of thing, aches (clarified as body or muscle ache in her arm or leg that occurred occasionally), a little nausea, heart pounding, and lightheadedness on an unspecified date in Feb2021. She said she has AFib (atrial fibrillation) on an unspecified date. She said she is scheduled to get her second COVID-19 Vaccine shot next Monday (22Feb2021), and wanted to know if her side effects are going to be worse. She clarified that her upper throat and chest type thing to be a tingling feeling below her neck on the flat area of her upper chest on an unspecified date in Feb2021. She said she spoke with her doctor on a video call. She said her doctor said her tingling sensation would not be from the COVID-19 Vaccine shot, and the tingling sensation maybe her sinuses on an unspecified date. She said her doctor put her on antibiotics for 10 days (prescribed Cephalexin 500mg capsules, twice a day for 10 days. She said she started the Cephalexin 500mg capsules on 05Feb2021 and finished the prescription yesterday, 15Feb2021. She said the Cephalexin 500mg capsules were dispensed in a pharmacy bottle). The patient stated that she has no other medical conditions, except stress. She said she and her husband have been quarantined, and the quarantine has felt like the longest 2 weeks of her life. It was reported that the patient still gets heart palpitations. She said the other side effects lasted 5-7 days, and improved during that time. She said the side effects have all resolved with the exception of the heart

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1069533	3/3/2021	MO	54	F	3/2/2012	3/3/2021	pt stated stated she woke up vomiting the next morning after receiving the vax. She also has developed flu like symptoms. Body aches, headache, chest pain, chills, abdominal cramps and diarrhea. Pt states she has not contacted her PCP at this time.

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1068047	3/3/2021	TX	35	F	1/25/2021	1/25/2021	<p>Couldn't take a full breath. Most intense standing or laying down, lesser when seated/when exercising like I can't take a big enough breathe; Centralized chest pain on sternum.; Felt extremely heavy, not like a regular flu. More like as asthma attack that was waiting to peak; Felt extremely heavy, not like a regular flu. More like as asthma attack that was waiting to peak; Arm soreness; Nauseous all week; loss of appetite; Sore to touch; heavy chested; medical history included Hashimoto's; medical history included Hashimoto's; This is a spontaneous report from a contactable consumer (patient). A 35-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EN5318; expiration date not provided), via an unspecified route of administration on 25Jan2021 19:00 at SINGLE DOSE for COVID-19 immunisation. Patient's medical history included Hashimoto's, asthma, and food allergy all from unknown dates and unknown if ongoing. The patient has no COVID prior vaccination. The patient was not COVID tested post vaccination. Patient is not pregnant. Concomitant medications included levothyroxine sodium, liothyronine sodium, progesteron, and sertraline. Adverse events on 26Jan2021 at 07:00 were reported as follows: Centralized chest pain on sternum. Felt extremely heavy, not like a regular flu. More like as asthma attack that was waiting to peak (patient reported that she has asthma). Sore to touch. Couldn't take a full breath, most intense standing or laying down, lesser when seated. Lasted just over 48 hours. Patient also stated, 'Still feel heavy chested when exercising like I can't take a big enough breathe'. Patient also reported arm soreness, nauseous all week, loss of appetite. Also on period. The patient has not received treatment for the events. Outcome of the events was reported as 'Recovered with lasting effects'.</p>
1068825	3/3/2021	OH	26	F	3/2/2021	3/2/2021	<p>At approximately 1030, began having heart palpitations, chest pain, and shortness of breath. She contacted her primary care provider who advised her to go to the Emergency Room since this was just a little over an hour since she received the vaccine. At the emergency room, they gave her IV fluids, pepcid, and benadryl. She was released home at 1430.</p>

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1068245	3/3/2021	FL	74	F	1/25/2021	1/1/2021	chest pains; fever over a 100°F; AFib; diabetic; COPD; stomach issues; This is a spontaneous report from a contactable consumer (patient). A 74-years-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection, lot number and expiry date not reported), via an unspecified route of administration on 25Jan2021 at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Patient received first dose on 25Jan2021 and experienced health issues in Jan2021 as AFib, diabetic, COPD, stomach issues, and reported to "have a lot of issues". The primary doctor thought it's better for her to get the dose than get COVID-19. Patient also reported that about 20 minutes after the first dose on 25Jan2021, patient had chest pains, from one side clear across the other side and took a Nitro, and patient had fever over a 100 degree F for 24 hours. The outcome of the events was unknown. Information on about lot/batch number has been requested.

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1070750	3/3/2021	OR	44	F	1/12/2021	2/10/2021	<p>very high Troponin levels (4.79 & 12.49); repeat episodes of chest pain; heart attack; thrombus formation; coagulopathy; myocardial infarction; This is a spontaneous report from a contactable nurse (reporting for herself). A 44-years-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot# ELI283), via an unspecified route of administration single dose on 12Jan2021 for covid-19 immunisation. First dose was received on 22Dec2020 10:00 left arm (lot# EJ1695). Medical history included chronic skin condition. No other vaccine was received in four weeks. Concomitant medications included oxycodone for pain, colecalciferol (VITAMIN D). The patient experienced myocardial infarction on 10Feb2021 20:00, very high troponin levels (4.79 & 12.49) on 11Feb2021, repeat episodes of chest pain on 10Feb2021 20:00, heart attack on 10Feb2021 20:00, thrombus formation on 10Feb2021 20:00, coagulopathy on 10Feb2021 20:00. The patient was hospitalized due to the events from 11Feb2021. Patient reported to be a healthy 44 year old woman with no history of hypertension or high cholesterol. She was now on 7 different medications to protect her heart, including blood thinners and antihypertensives that result in daily headaches and fatigue. She had had several repeat episodes of chest pain which has required taking sublingual nitroglycerin. She was off work for an undetermined amount of time. Her primary care physician was baffled by her case and reached out to a number of experts who have agreed that her heart attack was caused by a thrombus formation/coagulopathy most definitely related to the Covid vaccines she received. The events outcome was recovered with sequelae.;</p> <p>Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the reported event of myocardial infarction and other events. However, the reported events may possibly represent intercurrent medical conditions in this 44-years-old patient. There is limited information provided in this report. Additional information is needed to better assess the case, including complete medical history, diagnostics including EKG at baseline and during subject drug therapy, echocardiogram, electrolytes, chemistry panel and coronary angiogram, and concomitant medications.</p>

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							This case will be reassessed once additional information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1068799	3/3/2021	TX	47	F	1/12/2021	1/13/2021	extreme chills, nausea, chest pain, shortness of breath, fever of 104.3 that would only come down to 103 with alternating Tylenol and Ibuprofen, body aches, lasted 3 days
1069540	3/3/2021	NJ	70	F	2/25/2021	2/25/2021	fever, chills, itching at injection site followed by severe pain in upper and lower left arm, no urine output for 24 hrs, vertigo, fatigue, severe stabbing pains in face and head, stiff neck, no appetite, difficulty swallowing, pain in joints, chest pain, pain across upper back, stomach pain,. Symptoms lasted for 3 to 4 days. Severe head pain lasted 4 days. Could not raise left arm for 24 hrs after injection. After 6 days fatigue and general malaise still present. Stomach pain still comes and goes.
1071004	3/3/2021	NY	57	M	2/25/2021	2/25/2021	Patient endorsed chest pain one hour following administration of the vaccine.
1070960	3/3/2021	TN	44	F	1/25/2021	1/26/2021	Pale, clammy, diaphoretic associated with vomiting and near syncope 12 hours status post vaccine. Then within 24 hours post vaccine developed burning in chest. 36 hours post vaccine severe chest pain. Described as elephant on chest radiating down left arm to left jaw associated with paleness and diaphoretic. Hurt to take in deep breath and pain worsened upon lying down. Relieved with motrin 800 mg. I continued motrin every 6 hours until I could follow up with cardiologist on Friday 01/29/21. EKG showed ST elevation in all leads. Stat echo was performed at facility. Diagnosed per doctor with acute Pericarditis. Started on Colchicine 0.6mg twice daily X 10 days. Other doctor followed up and continued Colchicine 0.6 mg x 90 days.

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1070886	3/3/2021	NJ	50	F	2/25/2021	2/28/2021	Fatigued, dizzy, chest pain, difficulty breathing, low heart rate on third day after vaccine. Went to walk in clinic and was sent an ambulance to hospital to do heart work ups. Acute Pericarditis was the diagnosis.

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1070726	3/3/2021	PA	28	M	1/18/2021	1/21/2021	Had severe chest pains and pain radiating down left arm three (3) days; Had severe chest pains and pain radiating down left arm three (3) days; I was diagnosed with myopericarditis (inflammation of both the lining of the heart and the heart muscle); This is a spontaneous report from a contactable consumer. This 28-year-old male consumer reported that: Report about Covid vaccine: Yes Reporting type: AE Reporter type: Patient Age group: Adult (18-64 Years) Current age: 28 Current age unit: Years Gender: Male Patient occupation: None of the above Covid vaccine details: (product=COVID 19, brand=Pfizer, lot number=EL3246, lot unknown= False, administration date=18Jan2021, administration time= 04:00 PM, vaccine location= Right arm, dose number= 2), (product= COVID 19, brand=Pfizer, lot number= EJ1685, lot unknown= False, administration date= 29Dec2020, administration time=11:00 AM, vaccine location= Right arm, dose number=1) Facility type vaccine: Hospital If other vaccine in fourweeks: No Other medications in twoweeks: No Adverse event: Had severe chest pains and pain radiating down left arm three (3) days (Thursday 21Jan2021) after receiving the second Pfizer COVID vaccine (lot:EL3246) on Monday 18Jan2021. I was admitted to the hospital the same day, and was discharged on Saturday 23Jan2021. I was diagnosed with myopericarditis (inflammation of both the lining of the heart and the heart muscle). I was given a 90 day prescription of colchicine 0.6mg and I am still currently taking the medication twice daily with 1g of Tylenol (acetaminophen) once daily. Adverse event start date: 21Jan2021 Adverse event start time: 03:00 AM AE resulted in: [Emergency room/department or urgent care, Hospitalization] No days hospitalization: 3 If patient recovered: Recovered If treatment AE: Yes AE treatment: Colchicine 0.6 mg tablet (twice daily) If Covid prior vaccination: No If Covid tested post vaccination: Yes Covid test post vaccination: (covid test type post vaccination=Nasal Swab, covid test date=21Jan2021, covid test result=Negative) Known allergies: Penicillin/Amoxicillin Other medical history: No

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1070689	3/3/2021	VA	65	F	2/13/2021	2/14/2021	chest pain; dizziness; joint pain; muscle pain; bad headache; Extreme facial swelling began in areas of dermal filler, which was administered 10/2019 and progressed throughout face; This is a spontaneous report from a contactable consumer (patient). A 65-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EN6200, expiry date unknown) via an unspecified route of administration on 13Feb2021 13:15 in left arm at single dose for COVID-19 immunization. Medical history included migraine, joint pain and dermal filler in Oct2019; allergies to penicillin, mango, tree nuts, bees, shrimp. The patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. Concomitant medication received within 2 weeks of vaccination included estrogens conjugated (PREMARIN), celecoxib (CELEBREX), levothyroxine, colecalciferol (D3), cyanocobalamin (B12), ascorbic acid (C) and Mul. The patient previously received first dose of BNT162B2 (lot number EL9262), on 23Jan2021 09:30 AM at Left arm. At 4:30 am 14Feb2021, the patient woke with chest pain, dizziness, joint and muscle pain; and bad headache. Extreme facial swelling began in areas of dermal filler, which was administered Oct2019 and progressed throughout face. The events resulted in Doctor or other healthcare professional office/clinic visit. Treatment received for the adverse events included Benadryl and Tylenol (today 1 Celebex). The outcome of the events was recovering. The events were reported as non-serious, did not result in death, life threatening, caused or prolonged hospitalization, disabling or incapacitating, congenital anomaly or birth defect

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1070629	3/3/2021	VA	51	F	12/27/2020	1/10/2021	51 y/o female, no chronic health problems. 14 days following first COVID Pfizer vaccine, I felt unable to take a deep breath, on day 15 following the vaccine, I became short of breath,; on day 16 I was having mild chest pain with inspiration and shortness of breath; day 17 following vaccination I became significantly short of breath, with moderate to severe chest pain with inspiration and tachycardia (heart rate in the 140's). I called my PCP who ordered an EKG, CXR, COVID swab, a metabolic panel, a CBC, and a D-dimer. My D-dimer was elevated and he called me to go directly to the emergency department, which I did and had a CTA chest. I was diagnosed with multifocal pulmonary emboli in my right lung with a slight pleural effusion on my left lung. I had a duplex ultrasound of my legs which was negative for DVT, and an echocardiogram which was within normal limits. I was finally diagnosed with acute unprovoked pulmonary embolism, given a Heparin bolus and started on a Heparin IV infusion. Ultimately, I transitioned to Eliquis PO and was discharged from the hospital within 24 hours.
1070573	3/3/2021	CA	41	F	2/19/2021	2/19/2021	Tongue swelling and palpitations and difficulty with speech and swallowing, and throat tightness. onset within 30 minutes of vaccines. taken to Urgent care, received epinephrine injection, then transferred by ambulance to Hospital ER. given IV diphenhydramine and IV decadron. chest pain. normal ECG and troponin. They did not check tryptase.

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1070567	3/3/2021	CA	41	M	2/26/2021	2/26/2021	<p>2 minutes after received 1st dose of Moderna COVID vaccine, patient stated unilateral headache, advised to drink water. 3 minutes after receiving vaccine, patient stated " I feel funny, I can't breathe" and lost consciousness x 5-10 seconds. Patient airway clear and breathing monitored. Patient regained consciousness, diaphoretic, oriented. Patient A&O x 4 after sternal rub. HR: 52, SPO2: 97% RA. Provided breath coaching, held patient in upright position, monitored breathing, had patient orally drink water. Manual B/P: 95/60, HR: 64. Patient became more coherent and stated prior to loss of consciousness he felt chest pain, denied any current chest pain, SOB, dizziness, headache, confusion, itching, rash, swelling. Consulted with MD on site who advised EMS called and to monitor patient vitals. Patient declined EMS. Patient placed in wheelchair and taken to private room to lay supine and orally drink fluids. 15 minutes later supine vitals: B/P: 117/77 HR: 68, SPO2: 99% RA. Patient rested for additional 15 minutes, sat upright for 5 minutes. Vitals sitting: B/P 117/79, HR: 69, SPO2: 99% RA. Per MD, patient approved to return home but advised not to drive. Patient stated had not eaten or been drinking water and driven 2 hours prior to vaccination. Patient stated all symptoms resolved except feeling fatigued. Advised patient's wife to drive, to eat/drink prior to leaving, if develops chest pain, SOB, facial swelling, hives, loss of consciousness, lethargy, confusion to go to ER or call 911. Patient and wife verbalized understanding. Patient monitored for 1 hour after loss of consciousness. Telephone call to patient 4 hours after vaccination. Patient stated "feeling much better," ate and drank water after leaving clinic, and resting. Patient denied SOB, chest pain, loss of consciousness, confusion, lethargy, HA, dizziness, lightheadedness. Patient advised to inform PCP of symptoms/reaction and discuss plan for when/if 2nd dose. Explained may have been vasovagal response. Patient stated several years ago having similar episode at ER when seeing blood, stated at vaccine clinic today, watched wife receive vaccine, then saw small drop of blood on his arm before loss of consciousness. Patient stated he will discuss with his PCP.</p>

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1070519	3/3/2021	NY	52	F	12/19/2020	12/1/2020	chest pain; her lips were swollen/it is on and off; Palpitations off and on; she had a rash on her arms; she had an abnormal feeling in her throat/abnormal feeling in her throat comes and goes, off and on; maybe she is nervous and anxious; maybe she is nervous and anxious; This is a spontaneous report received from a contactable consumer (patient). A 52-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiry date unknown), via an unspecified route of administration on the left deltoid, on 19Dec2020, at single dose, for prevention/COVID-19 immunization, at the hospital. Medical history included allergies and allergies to propylene glycol 3350, polysorbate 20, polysulfate 20. It was reported that the patient had a "quick test" and confirmed she has allergies to propylene glycol and polysulfate 20. Her allergist gave her a list of things to stay away from and said to avoid those ingredients. She stated that COVID-19 vaccine has propylene glycol 3350. She clarified and said her allergist told her to stay away from propylene glycol products. Her allergist told her not to use the COVAX. On 19Dec2021, the patient got her first vaccine shot. Within 3 minutes of getting the vaccine, she had rash on her arms. 3 hours later, she had an abnormal feeling in her throat. She was told to go the emergency room and she was given a quick medicine (unspecified). The patient was unable to clarify what medication she received at the emergency room. On 20Dec2021 (the next day), her lips were swollen, on and off. The patient stated she uses dark shampoo and conditioners and maybe it has PEG in it or maybe she is touching something at the hospital. On 20Dec2020, the patient experienced palpitations. She asked the doctors and nurses about her palpitations and they said maybe she was nervous and anxious since she had a COVID patient in the unit. The patient reported that she thinks palpitation started when she went to pick up over the counter medications on 20Dec2020. On 02Jan2021, the patient experienced chest pain. The outcome of rash and palpitations were recovering; oropharyngeal discomfort, lip swelling, and chest pain were not recovered; and nervousness and anxiety were unknown. Information on the Lot/batch number has been requested.

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1070060	3/3/2021	TX	67	M	2/27/2021	2/27/2021	shorten of breath buringg eyes heachache chest pain throwing up

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1069560	3/3/2021	NY	61	M	1/15/2021	1/31/2021	<p>Hospital course 1/31 ? 2/20/21 1/31 in ED pt was at home when children noticed his lips were blue, ems arrived and found him to be 50% on RA, on Non-rebreather pt got to 78%, covid on 01/26 Shortness of Breath 61-year-old male presents with EMS for evaluation of shortness of breath hypoxia. History is limited due to the patient's current clinical condition and so is primarily obtained from EMS. EMS reports that he tested positive for COVID-19 5 days ago. He began developing shortness of breath yesterday and his family called because his lips and fingers were blue today and he appeared short of breath. On EMS arrival he had a room air saturation of less than 50% so he was placed on nonrebreather with improvement in his saturation to 70% and he was transported to the emergency department. Patient does admit to shortness of breath. He denies any chest pain. He is noted to have a cast on his left ankle and said that he broke his left ankle on 23 December but has not had surgery. He denies any new pain or swelling of the leg. In the ED he was placed on 15L nasal cannula and NRB mask with improvement in SPO2 to low 90s. Additional work up revealed troponin of 1.35, lactic acid 5.8, and d-dimer 14.4. He received dexamethasone and was placed on heparin gtt. 1/31 admitted to ICU Acute hypoxic respiratory failure due to COVID-19 vs heart failure vs PE. CXR with bilateral hazy infiltrates more pronounced in the bases and left periphery and suspected multifocal pneumonia. At risk for PE given LLE immobility in the setting of COVID-19 with significantly elevated d-dimer. RISK of CTA outweighs benefit given AKI and iodine allergy. Continue with empiric treatment with heparin gtt. Admitted to ICU with SO2 in 60s-70s on 15L and NRB. Attempted 50L 95% FIO2 high flow and nasal cannula. Given lasix 40mg IV with good diuresis however SPO2 still remained low 80s with RR 40s and PO2 42 so the decision was made to intubate. Oxygenation improved following intubation, with further improvement following recruitment maneuver and increase in PEEP. FIO2 weaned to 90% with SPO2 remaining in mid 90s. Will continue to wean FIO2 as able. ARDS net protocol as much as possible. Consider prone ventilation and/or epoprostenol if unable to improve. VAP Bundle: HOB >30 degrees; Oral care per nursing standard and on DVT/PPI prophylaxis Sedation: Target Richmond Agitation and Sedation Scale (RASS)</p>

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of 0 to -2 with propofol and fentanyl. Check baseline TG levels. COVID - 19: Convalescent plasma: Not indicated Steroids: Dexamethasone 6 mg / day for 10 days Remdesivir: Not indicated d/t AKI IL-6 inhibitor: Meets criteria for tocilizumab Systemic AC: Heparin gtt. No signs of bleeding (Platelets and Hb stable). Antibiotics: Start 3 and 7 day course of azithromycin and ceftriaxone, respectively. Elevated troponin Suspect demand ischemia d/t hypoxia; EKG does not show any ischemic changes AKI: Suspect d/t hypoxia in the setting of COVID infection. Urine output and electrolytes acceptable. Closed fracture of left ankle Suffered fracture following a fall on ice in December. Cast was placed on 12/30 by SOS. He was due to be re-evaluated this week for possible cast removal. Inhaled epoprostenol started Considered for ECMO but not initiated due to not a candidate Vasopressors required at times Antihypertensive infusion required at times severe hypoxia with position changes switched from heparin drip to enoxaparin prophylaxis 2/20 discharge summary 61 y/o male admitted to Hospital on 1/31 with hypoxia. He was diagnosed with COVID 19 5 days prior to admission, and had worsening respiratory status. He was intubated after arrival, and was on ventilator for the entire intervening time, until he was extubated on 2/20 at the time of transition to Comfort measures only. Prior to developing COVID 19, he had received his first dose of the Pfizer vaccine, as a member of the school system. He had a fractured L ankle after a fall on 12/31/20, and had a cast in place at the time of admission. He received Tocilizumab on 1/31, and underwent several cycles of prone positioning, beginning on 2/2. He completed a course of Decadron, he received Ceftriaxone and azithromycin beginning on admission, and completed a course of these. Anticoagulation with enoxaparin was utilized due to coagulopathy associated with COVID 19. Vasopressor support was required at times, as well as diuresis for fluid management. He required high levels of sedation to maintain ventilator synchrony, and high levels of ventilator support with high oxygen levels throughout his stay. Tracheostomy was being considered, but family decided that since he was not going to have good recovery, withdrawal of support, and allowing death was the appropriate choice for the patient and for them. He was extubated at 2100 on 2/20/2021.

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							Death was pronounced at 2123 on 2/20/2021. Children were at bedside.
1070939	3/3/2021	PA	61	M	2/11/2021	2/12/2021	Had COVID vaccine on 02.11.21. States the next morning his anxiety was very high. States he did not know who he was. Still experiencing a lot of anxiety at night. Admits to heart palpitations and hard time breathing. Can't sit still. Reports manic episodes and cycles of depression over the course of hours. Patient states it has gotten a tiny bit better. Tried trazodone which helps temporarily. Denies chest pain. Patient states he has no appetite. Palpitations resolved pretty quickly. Shortness of breath is described as tightness that comes with anxiety feeling. Resolves with shoulder massage. Occurring three times per day. Also admits to dry mouth. Patient admits to needing to sleep with multiple pillows or feeling like he had to sit up and couldn't lay down as shortness of breath would get worse. EKG in office on 2/24/21 showed ST-T changes and given symptoms patient was transferred to emergency room via ambulance. Work up in hospital was unremarkable and patient was diagnosed with pericarditis (unknown etiology) and prescribed NSAIDS from ER and discharged. Admission not required. Patient followed up to us as outpatient on 03.02.21. Patient felt much better and had not take motrin for 1 day. COVID testing obtained at this point (unclear why ER did not send it). Patient referred to outpatient cardiology given risk of cardiovascular disease, stress echo, and event monitor.
1070045	3/3/2021	IN	55	F	3/3/2021	3/3/2021	Patient received vaccination. Approximately 12 minutes following vaccination, patient complained of shortness of breath, chest pain, and weakness. Had some burning in the left, upper chest. Vital signs were stable throughout episode. EMS onsite. Baseline EKG normal. Patient requested transport to ED. Transported via EMS.
1069549	3/3/2021	CT	84	F	2/25/2021	2/27/2021	CHEST TIGHTNESS, CHEST PAIN, DYSPNEA, MYALGIA BEGINNING 48 HRS AFTER VACCINE WAS GIVEN, LASTING > 48 HOURS. GRADUAL DISSIPATION IS NOTED.

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1069556	3/3/2021	WI	31	F	2/25/2021	2/25/2021	Background on first covid-19 vaccine dose: Patient received her 1st dose of Pfizer covid-19 vaccine at vaccine clinic on 1/12/21 (this clinic is outside of the Health- system). Pfizer vaccine lot# EN3249 left deltoid. She was sent to an emergency department due to dizziness, nausea (ondansetron given in route). Given diphenhydramine in ED. Work up in the ED suggested anxiety reaction/stress response surrounding vaccine rather than an allergic reaction to the vaccine itself. Reported incident related to 2nd dose: Patient received 2nd dose of Pfizer covid-19 vaccine lot #EN6206 on 2/25/21 at Vaccine Clinic (seen there instead of Center) to allow for closer monitoring. She pre-medicated with 50mg of diphenhydramine on 2/25/21 at 1200 per her PCP's recommendation. She was monitored in the covid vaccine clinic waiting area where at 1310, she felt shaky, pressure headache, and body feeling tight. BP 155/110, HR 90, RR 24, SpO2 100%. had patient lie down. 1325: BP 155/103 HR 90, RR 24, O2 99%. same symptoms as listed above. 1340: BP 150/101. patient reports shorter quicker breathing. O2 WNL and RR 24. 1400: BP 143/98. Patient reports body feeling very exhausted which is what happened with the first shot. No other change in symptoms. 1430: patient up the bathroom using wheelchair, able to stand on own two feet to void, but reports feeling weak. 1445: BP 135/91. Pt not feeling better, but states she feels ok to go home. encouraged patient to continue to rest and find a ride home. Pt is in agreement. 1515: BP 135/99. Patient rested until 1615 and a friend came to pick her up. Wheeled out in wheelchair and able to get into car on own two feet. Seen in PCP clinic on 2/26/21 for BP monitoring/follow up. Pt's BP 130/80. Pt reports feeling fine. Denied shortness of breath/chest pain/pressure/palpitations. Pt has never had this type of reaction to other vaccines. BPs in clinic over the past year have mostly been 120-130s/70-80s.
1069584	3/3/2021	NC	69	F	3/2/2021	3/2/2021	~~feeling lightheaded", no chest pain, no SOB. She has not eaten, symptoms resolved after crackers and ginger ale

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1069546	3/3/2021	FL	49	F	1/27/2021	1/28/2021	I had extreme nausea, bone crushing pain, fever 100.2, chillshot flashes, sweats headaches, joint pain and chest pain. Also exp arm rash right arm at the injection site. The symptoms lasted 36 hrs.
1069593	3/3/2021	AZ	63	F	2/1/2021	2/2/2021	COVID shots Shot Feb 1, 2021 Day one of shot fatigue Day two of shot thigh cramps Day three of shot nausea Day four of shot back and joint pain Day five of shot sick feeling aching all over. Muscle and joint pain and fatigue. Chest pressure, cough, Hoarse voice Day six of shot headache fatigue pain through right eye. 2/5Temp 96.6, 98.6, 1:00pm SPO% 93% Resting heart rate 90 6:30pm SPO% 89%-91% Resting heart rate 102 Tylenol 100 mg 9:00am, 3:30pm TEMP 4:30pm 99.7* Symptoms of the freezing chest and cough as well as headache and feeling poorly kept rising several times a week. Covid 3/1/21 Covid symptoms return just like after Covid 19 1st vaccine. Body aches, joint pain, Chest pain, muscle aches, frozen feeling in lungs, cough, abdominal pain, eye ache, headache and fever. Temp 95.5 SPO 89% - 94% Resting heart rate 92 - 95 (After Covid shot 89% SPO, RHR 105, temp 99.7) 12:25pm temp 99 2/2/21 Feeling a little better. Still fatigue and ill feelings. At nighttime cough comes back with freezing lung feeling. Also started and body aches and joint stiffness. Went to bed took ibuprofen. 2/3/21 Still feeling ill. Woke with productive cough a little looser. Headache fatigue just feeling crummy.
1069606	3/3/2021	NC	42	F	2/25/2021	2/26/2021	18-19 hours after vaccination, pt experienced chest pain, dizziness, hot flash while at rest. She was not anxious. She was in between classes of teaching virtually

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1069632	3/3/2021	MN	55	M	3/2/2021	3/2/2021	Presented to ED for evaluation of generalized lower extremity weakness, falls. The patient states that he carries a diagnosis of MS and typically is fully functioning without assistance of a cane or walker. The patient states that yesterday morning around 0900 he received the second dose of his Moderna COVID-19 vaccine and was otherwise feeling fine but by last night (12 hours after the vaccine) the patient states he tried to get out of bed and was transferring when he felt his bilateral legs give out, causing him to slide to the ground. His wife then came to help and states that the patient was completely weak in the legs, and was unable to even lift his legs up to get back into bed. They then tried to walk him again a short time later and he again stumbled with weakness in his legs. Since that time, the patient states he has been minimally ambulatory and has been using a cane, but still needs large assistance to get around his home. The patient states he has baseline foot drop but feels this is worse in his legs today. He went to clinic this morning for his symptoms where he was noted to have an elevated temperature and was diffusely weak in his lower extremities. Given this, the patient was referred to the ED for further evaluation. The patient denies any weakness in his upper extremities or facial asymmetry. He denies sensation change in his extremities nor any recent illness such as cough, shortness of breath, chest pain, sore throat, nausea, vomiting, urinary symptoms, or leg pain. He has no history of stroke. He denies any injuries or head injury, syncope from his falls. He was admitted to the hospital where he will receive further symptomatic treatment as necessary. No treatment provided in emergency department for weakness.
1069664	3/3/2021	MD	26	F	3/2/2021	3/2/2021	Starting later in the day of the injection she began having chills, fatigue, body aches and chest pain/tightness. The chest symptoms are more on the right side than the left. She does have some mild shortness of breath with significant exertion. She has not taken any pain relievers.

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1069706	3/3/2021	PA	72	F	3/3/2021	3/3/2021	15-16 minutes after receiving vaccine, patient states her mouth felt dry and she started coughing. She denied shortness of breath, chest pain, throat swelling, voice changes, hoarseness, nausea, abdominal pain, rash, itching. No tachypnea or hypoxia on exam but mild expiratory wheezes noted at bilateral bases. She was treated with a duo-neb by medics (2.5 mg albuterol - 0.5 mg ipratropium). After nebulizer, she felt better with complete symptom resolution. She desired to go home to the care of her daughter. Patient and daughter were advised to present to an ER if symptoms recurred or if patient developed any symptoms.
1069969	3/3/2021	OR	56	F	2/28/2021	3/1/2021	Within 24 hours patient reported SOB and chest pain. Medication Error: patient was given Pfizer as a booster on 2/28/2021 yet Moderna was her 1st Vaccine on 1/31/2021. No reactions day of vaccines.
1070004	3/3/2021	TX	68	F	3/3/2021	3/3/2021	Mild localized erythema on the cheek, denies itching, SOB, chest pain, sore throat. Seen and cleared by EMS
1065506	3/2/2021	FL	72	F	3/1/2021	3/1/2021	Intermittent Tightness and Pain in Chest still 24 occurring 24 hours after injection.
1066203	3/2/2021	NV	28	F	2/25/2021	2/25/2021	Random hard chest pains that spontaneously happens throughout the day. Has been going on everyday since I was given the shot.
1066671	3/2/2021	CA	24	F	2/27/2021	2/28/2021	2/28- 1am: chills, muscle ache, stiff joints - hard to sleep 7am-5pm: headache, nausea, fever, muscle aches, stiff joints (neck and back), chills 6pm-9pm: only nausea went away (Went to bed) 2/29 (all day) Woke up with a really stiff neck/upper body, shortness of breath and chest pain while breathing, exhausted, headache. Shortness of breath getting better throughout the day, headache didn't leave. Still exhausted
1066666	3/2/2021	CO	71	M	1/15/2021	1/15/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: four hours after vaccination patient reported onset of intermittent headache, neck pain/stiffness, muscle twitching, and extremity tingling. No dyspnea, chest pain, confusion, dizziness, or swelling. Strength and sensation grossly intact with normal gait. Symptoms have gradually improved since vaccination and no new symptoms have developed.

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1066611	3/2/2021	CA	75	F	3/2/2021	3/2/2021	After approximately 10 minutes Pt started clearing her throat repetitively and complaining of chest pain, shortness of breath and tingling/swelling if her tongue. Pulse Ox was taken and Pt was at 97% on room air and pulse of 84. 1st dose of Epi 0.3 mg given IM in left thigh at 1156, followed by IM injection in left thigh of Benadryl 50 mg. Pty placed on 2L O2 by nasal cannula. Lungs clear, Pt was not stridulous. EMS called and arrived at 7 minutes after injection of Epi. Pt transported to ED via ambulance, departed without incident.
1066548	3/2/2021	NC	42	F	3/2/2021	3/2/2021	The patient presented to the Emergency Department today secondary to symptoms which she states started about 1 hour ago prior to arrival after she received her Covid vaccine first injection at 11:40 AM, states that she went back to work as a teacher and started to feel a sensation as if she had some swelling of her throat and a mild sore throat as well, she states that she developed some nasal congestion as well as lightheadedness, she denied any dyspnea, no coughing or wheezing, no chest pain, vomiting or diarrhea, she called her doctor and was told to present here for evaluation, she did not take any medication for symptoms prior to arrival and states that her symptoms are very similar to her previous allergic reactions but has never required epinephrine. Treatment required: NS1L IV bolus, Famotidine 20mg IV, Solu-medrol 125mg IV, and Diphenhydramine 50 IV all x1. The patient will be given a prescription for a short course of steroids at home and has been advised to take benadryl and pepcid at home if needed.
1066448	3/2/2021		77	M	1/26/2021	1/27/2021	77-year-old male with history of coronary artery disease must CHF brought in from home for worsening shortness of breath, per EMS saturation found to be in the 50s that improved on CPAP, apparently patient received his COVID-19 earlier today. Denies fever, chills, nausea, vomiting, chest pain, abdominal p

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1066687	3/2/2021	MI	59	F	12/23/2020	1/11/2021	i woke up at 3am with chest pain on 01-11-2021. I went to the hospital and was diagnosed with pericarditis. At the hospital, an EKG, echocardiogram, US of the abdomen, MRI of the chest, lab work, cardiac marker series , CRP and a scheduled exercised test was done that picked up arrhythmia. I am now recovering and I am still taking Colchicine, a gout medication that treats inflammation and pericarditis. I am on this medication till mid April 2021 when I see my cardiologist for follow up.
1066058	3/2/2021	CO	68	F	2/14/2021	2/17/2021	Beginning 3 days after my vaccination I began to experience chest pain and tightness sporadically throughout the day and night for the next 5 days. No fever. Then at the end of those 5 days, it seemed my lungs, right one in particular, had pain and I developed a cough. I had a small amount of pain when breathing, especially breathing in. It felt very similar to an episode of Pleurisy I had quite a few years ago. I do have seasonal allergies and had been sneezing off and on in the days previous to the vaccination and also afterward. Symptoms have since lessened considerably and have almost disappeared. I am curious to know if this was in any way related to the vaccination, or purely coincidental.
1066055	3/2/2021	MN	33	F	2/19/2021	2/20/2021	Intense chest pain 15 minutes, shortness of breath 5 days
1066038	3/2/2021	AR	26	F	2/23/2021	2/23/2021	After my second dose of the Moderna Vaccine I started experiencing headache, chills, chest pain and fatigue. It is still happening 7 days in.

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1066012	3/2/2021	IN	63	F	2/24/2021	2/25/2021	I woke up at 2 am to intense chest pains. They radiated from my left shoulder blade through to my left breast. Pain was worse when I breathed. I at first suspected indigestion, so sat on couch, took an antacid and that did not help. My husband awoke at 4 and gave me 3 baby aspirin which helped some what. Laid down for awhile, woke about 10 am to severe pain. Ended up in the emergency room at noon thinking it was a heart attack. My blood pressure was only slightly elevated and I have no history of heart problems. At the hospital all heart related tests came back okay. I was given morphine for pain and zofran. The medicine helped to ease pain and brought my blood pressure back to normal. I was released 4 hours later with no diagnosis for what caused the pain, the hospital told me to take Tylenol for pain as needed. When asked what caused it, they said that they didn't know. When I asked if it could have been the vaccine, they said they didn't know.

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1065523	3/2/2021	NJ	41	F	2/19/2021	2/19/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: The patient reported to have received 2nd Pfizer COVID-19 vaccine on 2/19/21. Unknown where the patient got their vaccine administered. Immediately afterwards, the patient developed hives, cough, and lightheadedness and was sent to Hospital. They were treated with steroids and diphenhydramine. Their symptoms resolved and they were discharged. On 2/20/21 patient came to emergency room in the morning with allergic reaction. They woke up in the morning with hives, swelling in face, and feeling of thickness in throat and shortness of breath. They were given dexamethasone, diphenhydramine, and famotidine. Their symptoms resolved and they were discharged. While at home the patient developed hives and took diphenhydramine. They had tingling and a rash over their face. On 2/20/21 the patient returned to the emergency room in the evening with a rash. The symptoms were pain and burning. They also complained of abdominal cramping, mild nausea, and left sided chest pain. Their symptoms improved and they were discharged. On 2/22/21 the patient returned to the emergency and was subsequently hospitalized. They presented with face swelling, general pruritus, and hives. She reported chest tightness and paresthesia involving her lips. Admitted on 2/22/21 to 2/25/21. She was given diphenhydramine, famotidine, and hydrocortisone.
1064674	3/2/2021	TX	40	F	2/9/2021	2/9/2021	Immediately after given vaccine - feeling of lump in throat. Unable to swallow, shortness of breath, rapid heart beat, flush feeling, intense shaking (especially in legs), pain in chest, lightheadedness, dizziness (ruled anxiety) and was monitored for 40 minutes. Was given orange juice and water and allowed to remove mask to catch breath. Almost everyday since this event, the same event keeps repeating it self (almost daily for 3 weeks). I am unable to control these episodes. Emergency department (ED) has been called and I have gone to see my nurse practitioner. Been trying to make an appointment with my doctor for this week. I have lost 5 pounds (down to 105 lbs. so I can't afford to loose more weight) since this first happened and I have also lost my appetite and unable to function normally.

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1064663	3/2/2021	AK	28	F	2/27/2021	2/28/2021	at 8am on 02/28/2021 I woke up in pain, feeling tired and sick. All of my skin, back and spine hurt, in the way that your body is sensitive and extra painful when you have a fever but I checked and I haven't had a fever yet. All of the day on 02/28/2021 I experienced skin and back pain, headache, fatigue, and brain fog (difficulty focusing and making decisions) as well as swollen and tender lymph nodes in my left armpit and under the left side of my jaw. On 03/01/2021 I woke up and felt better in the morning, I went for a walk around 3 pm and around 4 pm when I got back and sat down I started to experience headache, severe nausea which turned into chest pain and chest tightness and I still have swollen lymph nodes.

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1066744	3/2/2021	IL	65	F	1/20/2021	2/3/2021	2/3 rehab visit: PA - 02/03/2021 12:25 PM CST Formatting of this note might be different from the original. NURSING HOME ACUTE VISIT 6/24/1955 MD SUBJECTIVE: Chief Complaint Patient presents with ? Cough Pt has COVID 19 and she is coughing and congestion. This is an acute visit with pt. Status and changes discussed with staff. Advanced directives on file. Allergies reviewed at NH, though may not be fully updated in electronic record. Problem List reviewed. ROS: Gen: Denies fever CV: Denies chest pain Resp: Denies dyspnea GI: Denies abdominal pain. GU: Denies dysuria. Psych: Denies depression. OBJECTIVE: VITALS: Vitals: 02/03/21 1226 BP: (!) 94/54 Pulse: 79 Resp: 18 Temp: 37 °C (98.6 °F) SpO2: 96% PHYSICAL EXAM: General: Alert, awake, no acute distress Skin: Intact HEENT: Grossly normal Neck: Supple Lungs: Within normal limits/clear CV: RRR Abdomen: Soft, BS active Extr: WNL Neuro: Unchanged and nonfocal ASSESSMENT/PLAN: Reviewed and signed orders. Recheck in 60 days. Patient was seen today for cough. Diagnoses and all orders for this visit: COVID-19 Cough CXR 2 view. Plan to start melatonin, vit D3, zinc. Rehab nurse note: Table of Contents for Miscellaneous Notes Telephone Encounter - RN - 02/09/2021 9:30 AM CST Telephone Encounter - 02/09/2021 9:16 AM CST Telephone Encounter - RN - 02/09/2021 9:30 AM CST Discussed with Dr. and he recommended that patient go to ER for urgent evaluation/treatment with dyspnea and low O2 levels even with supplemental oxygen. Electronically signed by RN at 02/09/2021 9:32 AM CST Back to top of Miscellaneous Notes Telephone Encounter - 02/09/2021 9:16 AM CST Rehab called, they stated PT was having trouble breathing and her O2 was 80 with oxygen. They wanted to know if they should bring her in but PT is Covid positive. Staff recommended that she go to the ER. Electronically signed at 02/09/2021 9:17 AM CST 2/9 ER-> admission note: (6day admission) History The patient is a 65 y.o. female with a past medical history notable for History of anemia, anxiety, cirrhosis, COPD, CHF, diabetes, reflux, hypertension. The patient presents for evaluation of Worsening issues of cellulitis in addition to the patient's history of recent Covid 19 infection. Patient also tested positive for influenza. Patient was started on steroids at skilled care facility. Patient was

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						<p>already on breathing medications. Patient has had issues with CHF and lower extremity swelling. Patient was taking a diuretic for this. Due to patient's cerebral kidney function patient is not a candidate for certain medications or either influenza, Covid 19 and we are limited on antibiotics. Patient's past medical history, past surgical history, social history, family history, medications allergies were reviewed. 3/1/21 er to admission note: currently inpatient History The patient is a 65 y.o. female presents for evaluation of altered mental status. Notable PMHx: CHF, morbid obesity, diabetes, Patient is 3 weeks out from hospitalization for COVID-19 pneumonia. She has been more confused over the couple of days before admission. Because of altered mental status, patient was transferred to the emergency room. Patient also had some shortness of breath. In the ER, she had a chest x-ray which showed moderate interstitial infiltrate secondary to pulmonary edema or pneumonia. Lab work did show a UTI. BNP was normal at 45. Creatinine was near her baseline at 1.8. She did have elevated alkaline phosphatase at 452. White count was elevated at 14.7. Patient was difficult to arouse in the ER. On my exam, patient is difficult to arouse. After shaking her shoulder and yelling at her, she did open her eyes and say to me "I'm ok" before closing her eyes again. She is satting well on nasal canula oxygen.</p>	
1066880	3/2/2021	NJ	46	F	2/26/2021	2/26/2021	<p>Moderna COVID-19 Vaccine EUA: Vaccine recipient reported chest pain (7/10) 10 minutes after receiving the vaccine. They were sent to the emergency room. The chest pain lasted 1 hour. The EKG and cardiac labs were normal. The patient was discharged to home.</p>
1065704	3/2/2021	CA	46	F	2/11/2021	2/11/2021	<p>Known AE's in literature, however I wanted to report- Intercostal pain- severe. My entire rib cage, inside and out were on a complete flare that I have never felt before. It was hard to breath, not shallow or during extent of deep breath, but in between the two. I was getting false chest pains as the intercostal pain over the chest would flare. This was constant pain that started within 12 hours of the dose. It resolved to about 90% by day 20, however I still have lingering intercostal pain. This may be a flare of my lyme reacting to the vaccine. It is still worth it to get dose 2, but I am not looking forward to the AE's.</p>

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1067433	3/2/2021	CA	66	F	1/9/2021	1/16/2021	frequent numerous loose stools, gas, bloating, myalgia and arthralgia, swollen lymph nodes in neck, headache, chest pain
1066811	3/2/2021	WI	45	F	3/2/2021	3/2/2021	Patient received 2nd Moderna vaccine at 1145. At approximately 1157 patient complained of feeling dizzy and chest discomfort. BP 160/82, pulse 81 and regular. At 1204 BP 151/93, pulse 78. At 1209 patient complained of increased dizziness and chest pain. BP 165/105, pulse 86. Patient was taken to ED.
1066748	3/2/2021		59	F	3/2/2021	3/2/2021	PATIENT RECEIVED FIRST DOSE OF PFIZER VACCINE TODAY. AFTER 30 MINUTES OF OBSERVATION PATIENT COMPLAINED OF FEELING FAINT AND HAD A SYNCOPALL EPISODE. PATIENT WAS ASSISTED TO THE FLOOR ,VITALS SIGNS TAKEN AND MONITORED BY HEALTH CARE PROFESSIONAL. PATIENT COMPLAINED OF CHEST PAIN BUT UNABLE TO RATE PAIN . AED MACHINE APPLIED PATIENT IN SINUS RYTHM WITH BP 130/90,HR 88 ,BLOOD GLUCOSE 102 AND SPO2% 99% ON ROOM AIR. 911 CALLED .PATIENT WAS ALERT AND TRANSPORTED TO MEDICAL CENTER BY EMERGENCY MEDICAL SERVICES
1067489	3/2/2021	TX	55	F	2/28/2021	3/1/2021	When they gave me the vaccine ten minutes later I felt chest pain, but I tried to stay calm and I thought it was due to a state of anxiety, but I think that the asthma was triggered by the vaccine, since I had several months without presenting relapses.
1067435	3/2/2021		71	M	2/26/2021	2/26/2021	Acute congestive heart failure, unspecified heart failure type; Acute on chronic diastolic heart failure; Atrial fibrillation with RVR; CHF (congestive heart failure); Chest pain; Shortness of breath
1067393	3/2/2021	KY	27	F	2/13/2021	2/14/2021	Fatigue, headache, chest pains, side pains, stomach cramps, ovary aches, high blood pressure

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1067369	3/2/2021	TX	43	F	2/24/2021	2/25/2021	after injection, pain at site, 4 hrs later, headache, 4 hrs after headache, arthralgia, 4 hrs after arthralgia, chills. In the morning at 0600, woke up with nausea and BM urgency. Shortly after N/V, chest pain and delerium start. Chest pain caused anxiety. No SOB. Upon standing, I blacked out and fell to ground. When I came to (5-10 minutes later) nausea disappeared but arthralgia and chills still present. I did not take any OTC/ pain relief meds at all since I did not want to blunt my body's immune response. Nausea does not return and the CP/ hypotensive/shock episode made me stick to sitting on the couch for the remainder of the day. I took 400mg IBU around 8 am and all SX disappear by 1800.
1067311	3/2/2021	CA	58	M	2/27/2021	2/28/2021	Pt began feeling short of breath and feverish the night after receiving vaccine, which worsened to right-sided chest pain w/ inspiration that radiated to his back. Pt returned to work 03/01/2021 then checked into urgent care the following day d/t worsening symptoms. Patient Plan written by PAC: "At this time the nature of your pain is not clear. Your cardiac enzymes are within normal limits except for myoglobin which often goes up with skeletal muscle pain. Your BNP test which can come up with congestive heart failure is elevated slightly from your normal. We will want to recheck this in a week or so. Differential diagnoses could be skeletal muscle pain/injury, herpes zoster or shingles. (This can sometimes have sharp nerve type pain that will develop into a rash within the first 7 days.) Your rapid COVID test was negative. We are sending a PCR test out just to confirm. While awaiting test results please isolate at home. We will call you soon as results are back. Refer to Mendocino County's packet/isolation order. Your potassium level is low at 3.2. It should be 3.6. We gave you some potassium to take in the clinic. I am going to give you some to take for an additional few days. When you follow-up next week plan to have your labs redrawn." Plan Orders: SARS-CoV-2 RNA (COVID-19), QUALITATIVE NAAT to be performed. URIC ACID to be performed. The patient had the following medication order(s) completed today: Potassium Chloride 40meq PO; Toradol 15mg IVP.

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1067262	3/2/2021	NJ	25	F	2/26/2021	2/26/2021	My arm started hurting very bad after about 2-3 hours. At the 12 hour mark from my vaccine (11:30PM), I started to have chills, a fever, and feel nauseous. Around 1 AM I started to vomit and this occurred for about 15 minutes, and then repeated again about an hour later. By the morning of the day after I was no longer vomiting or had chills but still had a fever. The most prominent symptoms on the day after my vaccine were extreme body aches and horrible joint pain. My hands and feet felt swollen and stiff. I had terrible pains and aches in my whole entire body. I was also very tired and still had a low grade fever. On the second day after the vaccine I had bad chest and neck pain and started to have a mild cough. By the third day after the vaccine, the chest pain was gone but still had bad neck pain and a headache that radiated through my skull.
1066863	3/2/2021	KY	26	F	3/1/2021	3/2/2021	Fever, chills, body aches, chest pain, shortness of breath, pain at site of injection.
1067147	3/2/2021	MO	55	M	2/20/2021	2/21/2021	The afternoon following administration of the vaccine he began to experience chest pains. The chest pains continued throughout the rest of the day and throughout the night prompting him to present to the Hospital Emergency Department where he was noted to have a mildly elevated troponin and was admitted to the hospital. His troponins returned to normal and he was discharged with an appointment for outpatient coronary angiogram. Of note, he did have a Covid19 infection last fall several months prior to vaccination.
1066965	3/2/2021	CA	45	F	3/1/2021	3/1/2021	45 yo female with h/o htn c/oed of tingling of lips 13 min after covid vaccination. pt denies rash, hives, flushing , chest pain, palpitation, gi sx or dizziness pt with stable vital signs exam unremarkable : esp no angioedema and no stridor or wheezing . most likely anxiety attack wth parathesia which resolved after 50 min observation without intervnetion other than reassurance

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1066955	3/2/2021	CA	61	F	1/20/2021	1/20/2021	The patient received her second Moderna inoculation January 20, 2021 at 8 a.m. At around 7:30 p.m., she had a sudden onset of myalgias and chills. Within 30 minutes, she had a fever at 99.9° F. She went to bed without taking acetaminophen or NSAIDs based on new CDC recommendations of how to treat symptoms due to the COVID-19 vaccine. The patient hydrated and went to bed around 9 p.m. By 11 p.m., the patient?s fever was 100.4° F., accompanied by intense myalgias, chills and a migraine headache. She woke again at 1 a.m. with a fever of 101° F. At 2 a.m., she woke with right-sided pleuritic chest pain (severe pain with inspiration, some pain with expiration and no pain with holding of the breath), with her fever persisting at 101° F. And tachycardia to 109. By 7:30 a.m., her fever dropped to 100.4° F. But still tachycardia at 101. At this time, she took ubrogepant 50 mg, with resolution of her headache within about 30 minutes. Because she had rhinorrhea at this time, she decided to get tested for COVID-19 that day.

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1066942	3/2/2021	IL	59	M	2/15/2021	2/22/2021	2/22/21 positive for covid and flu b 2/23/21 requested bamlanivimab infusion d/t not eating and weakness 2/24/21 emergency room after infusion: HPI 59 y.o. male who presents with left-sided posterolateral chest pain. Pain has been present 4-5 days time. It is worsened by deep inspiration or coughing. The patient has also had nausea and vomiting. Fever has been as high as 101.6°. He was tested and found to be positive for both influenza and COVID-19. He denies anterior or central chest pain dyspnea or orthopnea palpitations sputum production. 3/1/21 emergency room for worsening condition: 59 y.o. male presented to the emergency room with a several day history of intractable nausea vomiting and severe weakness. The patient does have a known history of recent coronavirus (COVID-19) infection. He was diagnosed on February 22nd and did receive Bamlanivimab. He started feeling a little bit better after this, but a few days ago started having increasing weakness and nausea/vomiting. He called me this morning and stated he had been unable will keep anything down for several days and was extremely weak and I asked that he go to the emergency room. In the emergency room is lactic acid was found to be elevated. His CT scan of his chest with contrast showed severe coronavirus (COVID-19) pneumonia. This was run after he was found to have an elevated D-dimer. He was found to be extremely weak and deconditioned. His oxygen saturations at times or found to be in the low 90s. Because of all of this he will be admitted and treated for sepsis from coronavirus (COVID-19).. 3/2/21 currently remains hospitalized
1066896	3/2/2021	TX	37	F	2/26/2021	2/27/2021	Report, chest pain HA, sore throat and hoarseness. Treatment: None. Outcome: refer for COVID-19 testing will follow-up with pcp.

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1067244	3/2/2021	TX	74	M	3/2/2021	3/2/2021	Vaccine administered as ordered without complication. Vitals checked after 15minutes of injection. Elevated blood pressure and pulse rate reported to this nurse. Rechecked vitals manually. Blood pressure and pulse rate elevated, pt denied lightheadedness/chest pain/SOB. Pt asked to sit in room and recheck vitals in 15mins d/t elevated readings. Pt agreed. Vitals rechecked 15mins later. Manual BP was lower, however pulse rate was 188. Reported to doctor at this time. Pt assessed by physician in clinic, ice applied to patients head and neck per doctor request. Pulse rate continued to be elevated. Pt taken to ER for treatment per doctor request. EKG and lab work ordered in ER. Pt currently being treated and monitored by physician at this time.
1067470	3/2/2021	AR	65	F	1/8/2021	1/8/2021	day 1 of vaccine pain swelling redness at the site chills 1-8-21 day 7 continued swelling of L deltoid size of handball chills continue swelling of lymph nodes in L axilla fatigue 1-28-21 developed strong chest pain substernal to L scapula x 7 hours went to er admitted to hospital elevated d dimer ct of chest nothing acute ekg nothing acute lab work up for evaluation of heart normal continued swollen lymph nodes L axilla swelling of deltoid gone discharge from Hospital after 1 day 2-5-21 had episodes of chest pain relived by rest 4-5 x a day since 1-28-21 unable to work due to chest pain swelling of lymph nodes in L axilla continue fatigue repeated episode of chest pain on 2-5-21 lasting 2 hours went back to hospital monitered for 1 day stress test and echocardiogram normal. 3-2-21 continue to have chest pain with activity ie walk 20-30 ft taking a shower have had chest pain 4-5 x daily since 1-28-21
1066800	3/2/2021	CA	45	F	3/1/2021	3/1/2021	pt with sensation of tingling of the right lower leg 10 min after first covid vaccination. pt denies, rash, flushing, hives, chest pain, palpitation, shortness of breath, wheezing , stridor or altered mental status. symptoms resolved 40 min without intervention except observation and reassurance. pt instructed to follow up with pcp

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1063081	3/1/2021		57	F	2/1/2021	2/1/2021	57 year old female who presents for brief focused urgent care visit, with a complaint of lightheadedness after receiving COVID vaccine. She reports she is diabetic and on insulin, and only had a small salad for lunch today. Her husband checked blood sugar and was found to be hypoglycemic in the low 50's. Patient began drinking orange juice and felt better after. She denies chest pain, SOB, difficulty breathing or swallowing, itching, swelling in throat, rash, visual disturbances, slurred speech, numbness or tingling of extremities. Patient re-checked blood sugar with her own glucometer and it was 103 prior to discharge. Symptoms completely resolved. Appropriate actions taken; no further action at this time.
1063119	3/1/2021	NJ	26	F	2/26/2021	2/26/2021	Fever, severe shaking, muscle aches, severe headache, pain in chest and abdomen, nausea, vomiting. Started around 10pm 12/26, mostly subsided by 9pm the next day.
1063217	3/1/2021		74	F	2/20/2021	2/21/2021	Reports x 1 week s/p vaccine on 2/20/2021. C/O sharp left sided chest pain, cough, wheezing and generalized weakness
1063229	3/1/2021	WA	67	F	2/13/2021	3/13/2021	about 45 mins after vaccine administration patient began to experience itching in hands. No fever, chills, headaches, visual changes, lightheadness, or dizziness. No nasal discharge or sore throat. No neck or back pain. No difficulty breathing or swallowing. No throat swelling. No chest pain, shortness of breath, abdominal pain, nausea, vomiting or diarrhea. No numbness or tingling.
1063479	3/1/2021	MI	59	M	2/28/2021	2/28/2021	Patient received covid shot, was sitting in chair after shot, felt sudden urge to have BM, stood up and passed out. Bradycardia (Per ems reading of 58 and then 41, current in hospital 62), and Hypotension (Per ems 88/64 and then 68/42) He was required to stay for 15 mins afterward for symptom monitoring. He then proceeded to feel ill after the vaccine, became sweaty, lightheaded, and felt gassy. He then stood up to use the restroom, and stated he felt he was going to pass out and fell to the ground, hitting his head against the ground. He denies any full LOC. Did sustain a laceration to L forehead. He denies any preceding vertigo, chest pain, or DIB.

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1063277	3/1/2021	WA		U			Chest pain radiating through to back and nausea. Treated by on-site staff and transported to local ER.
1063475	3/1/2021	GA	51	M	3/1/2021	3/1/2021	Pt. reported back to the HD front window after waiting 15 minutes post vaccination and leaving the HD. He reported that after he was finished with his 15 waiting period he was about to leave and he had a stinging sensation in the middle of his chest. Pt. denies any shortness of breath or any other symptoms. Pt. BP was taken at 10:09 and was 144/88 and again 5 minutes later and it was 137/ 85. Pulse was regular at 61 BPM. Pt. wife came to HD and stayed with husband while he was observed for another 20 minutes. Pt. reported that stinging pain was gone but he was just worried because he had never had a pain like that before. Denies any problems with first Moderna Covid-19 Vaccine EUA. Pt. was advised to contact primary care provider for further evaluation and follow up for his stinging chest pains. Pt left health department with wife unassisted and no distress on 03/01/2021 at 10:25 AM.
1062913	3/1/2021		67	F	3/1/2021	3/1/2021	Developed chest pain, heart racing, hot, sweaty, nauseous, feeling faint. Lost consciousness. Evaluated by EMS-regained consciousness, c/o nausea, vitals done. Placed on stretcher, EKG done -HR 50, rhythm sinus bradycardia. Transported to emergency room via rescue squad.
1061688	3/1/2021	CA	39	F	2/25/2021	2/25/2021	0900 received second dose of Moderna vaccine around 1530 started feeling weak, body ache and nauseated around 1830 fever 99.9 then by 1930 extreme fatigue, chills, body ache, soar arm, body sweat and headache. Every hour it was getting worse by 2230 fever of 102. Heart rate 116 (didn't check it any more because I was getting scared) 2300 vomited. Urine was dark amber. Shaking excessively so weak and tired but pain was so bad couldn't fall asleep. Chest pain and throat starting hurting. Around 4 am fever dropped to about 99 but very nauseated vomited 2 times at 0409. Still had the chills, headache, body ache, fatigue and only slight fever. At 0900 no more nauseated feeling or fever. Only headache soar arm and fatigue. Finally by Saturday around 1500 I was feeling better. Only symptom left is dark colored urine which is not my normal color.

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1063467	3/1/2021		92	F	3/1/2021	3/1/2021	Chest pain, palpitations-cleared by EMS.
1062899	3/1/2021		28	M	2/12/2021	2/13/2021	Was symptom free from Lyme for 2 years. Lyme symptoms flared up day after vaccine and cont in addition to chest pain and breathing difficulties. Heavy fatigue, joint pains, breathing difficulties progressing. Following up with MD this week.
1062892	3/1/2021	DE	59	F	2/19/2021	2/24/2021	On day # 5 (evening of feb 24th) following Moderna vaccine (#2) I began with excruciating left chest pain midclavicular line that was palpable between ribs #9-10. Pain was reproducible upon orthopedic movements and in particular upon inspiration. Tmax 100.7 (without meds). Feb 26th the pain improved and a covid test was performed on Feb 26th (which was negative). On Feb 27 the pain extended higher up on the chest wall and by Sunday the 28th pain resolving again. Today March 1st pain much improved doctor initially suspected costochondritis but not consistent with fevers so now considering pleurisy. Today continue with lower grade temp 99.7 but much improved.
1062759	3/1/2021	MI	27	F	2/26/2021	2/26/2021	27 year old female complained of chest pain. Onsite EMS responded. Vitals BP 122/76 HR 58 100% O2, she was transported to the local Hospital
1062737	3/1/2021	VA	37	M	2/26/2021	2/26/2021	Patient received second dose of moderna and while in observation area starting having uncontrollable nose bleed. EMS transported patient to hospital . While in transport started having increase heart rate and chest pain.
1062466	3/1/2021	TX	63	F	2/25/2021	2/25/2021	Vaccine administered, 10 minutes later pt stated she felt dizzy. She did mention she was anxious after reading possible side effects of COVID vaccine. She started to cry and mentioned the recent loss of a family member. Five minutes later, stated she felt nauseous. Pt crying and requesting for us to call her sister. Denied chest pain, tightness of chest or trouble swallowing. Denied shortness of breath,

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1062452	3/1/2021	OH	44	F	1/29/2021	1/29/2021	Pt presented to ED 45 minutes after receiving 1st dose Pfizer COVID vaccine with elevated BP, itching, rash and hives. Pt PE upon arrival stated that she was in acute distress. Itching,rash,hives,swelling and redness present on pt's back, chest and left arm. Progression: worsening. Moderate severity. Pt had taken lisinopril 10 mg with no improvement. Pt was treated with steroids, H1 and H2 blockers with good response. 02.01.2021 Pt presented to ED with BP of 200/140. Pt reports BP has been elevated since receiving her COVID vaccine on 01.29.2021. Pt exam positive for tinnitus. BP @ 1253 144/98, 1152 170/107, 1130 185/112, 1126 190/124. Pt BP came down with self administered hydralazine. 02.04.21 Pt presents to Ed with elevated BP of 161/111 and chest pressure. Pt has not had relief with dose of clonidine and hydralazine. She also took a dose of steroid. Pt ROS pos for chest tightness, chest pain and leg swelling. BP improved with anxiolysis.

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1062230	3/1/2021	NJ	30	F	2/11/2021	2/11/2021	<p>whole body felt sore and exhausted; whole body felt sore and exhausted; bad cold/flu; bad cold/flu; little chest pain; minor fever; blood pressure dropped; dizziness; backpain; left arm felt sore; sleepy/light drowsiness; This is a spontaneous report from a contactable consumer (patient). A 30-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL3247), via an unspecified route of administration on the left arm on 11Feb2021 15:30 at a single dose (at the age of 30-years-old) for COVID-19 immunization. Medical history included >13 years ago: diagnosed TB with no symptom, completed TB treatment 1 year-plan and has issue no since then; >16 years ago: Hepatitis-b positive but received treatment and cleared out on diagnostics afterward. The patient was not pregnant. Concomitant medications were not reported. The patient had no COVID prior to vaccination. The patient has no known allergies. The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL3247) on 21Jan2021 at 13:15 on the left arm at a single dose (at the age of 30-years-old) for COVID-19 immunization. After about 4.5h post-vaccination (20:00), her left arm felt sore and within the next 3h, she felt sleepy and experienced random light drowsiness. She woke up around 06:30 the next day (12Feb2021) only felt continued sore arm. However, at 08:30 to 09:30, her whole body felt sore and exhausted, especially back pain, as if she having a bad cold/flu. She also felt a little chest pain, had a minor fever and went sleeping from 12:00, woke up around 18:00-19:00. The whole body ache was almost gone but her back was still in pain and her blood pressure dropped with random dizziness when she was walking or standing up. The next morning (13Feb2021), the back pain was gone and she felt it back to normal except for a little random dizziness in movement. She did not take any medication to alleviate the adverse effects during the timeline. The patient was not COVID tested post vaccination. The patient recovered from back pain in 13Feb2021, the patient recovered from the remaining events in Feb2021.</p>

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1062146	3/1/2021	VA	75	F	1/14/2021	1/1/2021	hurting in her chest, like she has to keep breathing; feeling kind of weird/ feeling bad; feeling kind of weird, off balance; Upset stomach; Chills; She cannot function very good, She is feeling so bad and cannot do nothing; At night time it is hard to try to do something and she cannot do it because she is tired; can hardly breathe at night; it kind of feels like she has an ear ache but she does not have an earache; This is a spontaneous report from a contactable consumer, the patient. A 75-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number EL1283), via intramuscular route of administration on 14Jan2021 (at the age of 75-years-old) as a single dose in the left arm for COVID-19 immunization. Medical history included ongoing chronic obstructive pulmonary disease (COPD) from an unknown date (per patient diagnosed quite a while ago and she goes to a pulmonary doctor). Concomitant medications included unspecified inhaler at two puffs per day if needed and unspecified rescue inhaler one puff a day as needed, both ongoing for one year for COPD. The patient did not receive any other vaccines within four weeks prior to the vaccination or any other prior vaccinations or any vaccinations on the same date of the vaccination. The patient experienced chest pain, feeling abnormal, feeling off balance, upset stomach, chills, cannot function very good, tired, can hardly breathe at night and ear discomfort, all in Jan2021. The patient reported she received the vaccination on 14Jan2021 by her primary doctor. She is feeling kind of weird and has an upset stomach. She is asking how long this will last. She is worried about taking the second dose. She is supposed to have the second dose on 04Feb2021. She cannot function very good, states it kind of feels like she has an ear ache but she does not have an earache. Her balance is off and she can hardly breathe at night. All her symptoms started on the third day after getting the shot (Jan2021). She reports the feeling weird and off balance feeling feel like you are drunk. It aggravates her because she cannot function right. She also experienced chills started the third day after the shot and the chills have recovered completely. The patient reported that she was alright the first day. She has hurting in her chest, like she has to keep breathing which also started the third day after getting the shot and has been going on all this time.

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						At night time it is hard to try to do something and she cannot do it because she is tired, states it is the worst part, She is feeling so bad and cannot do nothing. She has a hard time breathing. The events did not require a visit to emergency room or physician office. The patient did not have any relevant tests. The clinical outcomes of the events chest pain, feeling abnormal, feeling off balance, upset stomach were not recovered. The patient recovered from the chills in Jan2021. The outcome of the cannot function very good, she is feeling so bad and cannot do nothing, tired, can hardly breathe at night and ear discomfort was unknown.
1061975	3/1/2021	IN	72	F	1/25/2021	1/25/2021 chest pain; This is a spontaneous report from a contactable consumer. A 72-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EL9262) on her left arm, via an unspecified route of administration on 25Jan2021 at a single dose for covid-19 immunization. Medical history included Open heart surgery in 2006. There were no concomitant medications. It was reported that the patient had the COVID shot on the 25Jan2021, she and her husband, and she sat for 20 minutes, everything was fine, she got in the car, and was going down the road, she had chest pains, then it eased up and it stopped then probably another 25 to 30 minutes later is started again. The chest pains started probably a half hour after the shot. They went away, then she had it three times that day, and once today, and once yesterday, so they are ongoing. The outcome of the event was not recovered.
1063635	3/1/2021	VA	50	F	2/25/2021	dizziness,shortness of breath,sweating , nausea,confusion,dull chest pain and loss of appetite

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1062020	3/1/2021	GA	78	F	1/23/2021	1/1/2021	Severe headache; Feeling unwell; Joint pains; Muscle pains; Difficulty breathing; Chest pain; Tiredness; She felt a "little bit of nausea, very slight"; This is a spontaneous report from a contactable consumer (patient). A 78-year-old female patient received the first dose of bnt162b2 (BNT162B2 also reported as PFIZER-BIONTECH COVID-19 VACCINE, lot EL3302), via an unspecified route of administration in the left arm on 23Jan2021 11:00 at single dose for Covid-19 immunisation. Medical history included blood pressure abnormal, thyroid disorder and high cholesterol. Concomitant medications included levothyroxine, lisinopril and rosuvastatin. The patient experienced severe headache, feeling unwell, joint pains, muscle pains, difficulty breathing, chest pain, tiredness on 24Jan2021 and little bit of nausea, very slight on unspecified date in Jan2021. The outcome of headache was recovered on 24Jan2021; for difficulty breathing was recovered; for chest pain and fatigue was recovering; for other events was unknown.
1064090	3/1/2021	CA	26	F	2/24/2021	2/24/2021	26 Y female who presents with a chief complaint of syncope. Pt says that pta, she passed out shortly after she got her covid vaccine. Says she received the vaccine, and stood up to go to the observation area. Was walking through the doorway when she started to get lightheaded. Says she grabbed ahold of the door frame, and slid down to the ground. Denies injury. Denies any prodromal symptoms, no SOB, chest pain, rash, abd pain, back pain. No leg swelling or calf muscle pain. No other complaints. History/exam more consistent with vasovagal syncope as opposed to reaction from the vaccine. Canadian syncope rule puts her at very low risk (-3 points, 0.4% risk of 30-day serious adverse event). Pt without ectopy on ED monitoring during observation period. F/u with pmd in 3 days for recheck, pt agrees to return for any further concerning symptoms
1063605	3/1/2021	MA	78	M	2/26/2021	2/27/2021	11 Hours later ambulance called Taken to hospital C/O of left shoulder arm chest pain ,significant dizziness, unable to stand without falling over

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1064390	3/1/2021	CA	67	M	2/26/2021	2/27/2021	Patient presents to the clinic for evaluation of itchy eyes and bilateral eyes swelling that started on Saturday after getting the vaccine. Also, states that his left arm was very painful over the weekend. He did not take any medications for it. Pt does not report any other s/s like fever, headaches, fatigue, no chest pain, no SOB, no rash. Denies any other systemic s/s of allergic reaction. No blurry vision or eye pain. Pt is a very poor historian and forgetful. Pt states that he forgot to let providers and medical staff that he had had a Pfizer vaccine at clinic on Feb 15th, states that "he did not remember" and forgot to write it on the formulary or communicate w/ provider. Pt did not bring vaccination record at the day of vaccine until today. Patient thought he could get second vaccine any time. Patient reports feeling well. No side effects. Tx given: loratadine 10 mg daily x 30 days, Zaditor eye drops, short term prednisone 10 mg daily x 5 days.
1064366	3/1/2021	CA	77	F	1/28/2021	3/1/2021	Patient developed sudden SOB 1 week after she received #1 COVID vaccine on 1/28/2021 w/o associated chest pain/palpitation/cough. Her SOB was significant enough for her to seek Urgent evaluation on 2/8 then ED evaluation on 2/11 then again on 2/20/2021. she continues to have SOB/DOE even now. She also has dizziness intermittently. she had chills initially but no fever until she had transient fever for less than 12 hours 2.5 weeks later likely associated w/ unrelated problem(UTI). so far no causes found regarding her SOB after numerous tests(see below for tests).

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1064312	3/1/2021	MI	77	M	2/26/2021	2/27/2021	Reported via Nurse Triage / PCP: Fainted earlier, eyes rolled back, mouth was drooping. Nausea, weakness, and chills. BP was 107/75, HR in the 70s. Currently alert and resting. States that patient had his 2nd covid vaccine yesterday AM and then develop chills and clammy skin last night. Symptoms worsened today and patient became weak and fainted. Was unconscious for about 5 minutes and while unconscious, mouth was open and drooling and became incontinent and eyes rolled back in head. Is awake and alert now, but still weak and only able to take 1 or 2 steps. No chest pain or breathing difficulty and no fever. Feeling very nauseous. Caller requesting prescription for zofran. Yesterday AM 2nd vaccine. Last night chills. This AM feeling weak. Today at 11am he felt weak with ambulation. He fainted. Was unconscious for 5 min. Had drooping of the face. He was unresponsive during this time. Had incontinence of urine. Then became awake but very weak still. Only able to walk a few steps. He is communicating. No chest pain. No current fever. No shortness of breath. BP 107/75 with HR 70. He has been very nauseated. He is drinking only small sips of water. Does not seem like a usually COVID-19 vaccine reaction. Given the LOC with urinary incontinence and sustained weakness, I advised ER evaluation to rule out neurological issues. Pt's daughter in agreement. They will go to ER. From Emergency Department: Patient presenting with chief complaint of syncopal episode which was witnessed by his wife. He reported the got dizzy and lightheaded and then passed out while seated. The reported duration of his loss of consciousness was somewhat inconsistent, unclear how long he passed out for, there was however no postictal state. He was not noted have any shaking or seizure activity, he did have an episode of urinary incontinence. He has not been feeling well ever since receiving his 2nd COVID-19 vaccine. By the time of my exam patient states that he is completely asymptomatic, he states he is feeling much better after receiving IV fluids. His lab work is remarkable for a slightly low sodium, compared to his previous levels which were many months ago. Unclear of the acuity of this, although upon further discussion with the patient he has been drinking large amounts of water since his vaccine trying to stay hydrated. I advised him to substitute to some electrolyte balanced fluids and to have his sodium rechecked by his

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1064287	3/1/2021		81	F	2/25/2021	2/26/2021	PCP to ensure that this is transient. With negative testing and resolution of his symptoms he is stable for discharge home. Close return precautions were given.
1064189	3/1/2021	CA	70	F	2/23/2021	2/26/2021	81 y/o otherwise healthy female on no prescription medications Received Moderna Covid 19 vaccine on 2/25/2021 at 11:30 am -- > no problems following administration of vaccine About 15 hours later, on 2/26/2021 at around 2:30 am, pt went into the shower and suddenly felt acutely weak in lower extremities; unable to bear weight, so sat down on floor; no fall or injury; no focal neurologic sx at that time. Patient was able to crawl out of bathtub and call family member - total time down about 3 hours. Patient denied any associated fever, chest pain or upper body weakness. Due to extreme lower extremity weakness, pt taken to ER -- > dx: nontraumatic rhabdomyolysis She was treated with IVF, Tylenol and discharged home. Since discharge, she has been steadily improving. Three days after ER, pt is able to bear weight, ambulate but still with mild bilateral upper thigh pain and weakness (unable to get up from low seated position or squat).
1064116	3/1/2021	CA	54	F	3/1/2021	3/1/2021	Dentist used lidocaine 2% with epi injection to numb so she can do a deep cleaning. Pt was very nervous. She was fine when getting injection but 15 min later when SRP almost done, pt complained that she had the chest pain. The procedure had been terminated right away at 9:46am and the code blue had been activated. I stayed with the pt the whole time in the room to make sure she was fine untilThe Medical staffs came and took over right after the code blue, about 2min. Pt had been checked and took care by medical staffs and she was transferred to MD side for EKG. HX: she has the pacemaker and had covid vaccine 3 days ago.
1064116	3/1/2021	CA	54	F	3/1/2021	3/1/2021	Developed sensation of increased heart rate about 10 minutes after injection along with anxiety. BP 144/88, p-93, O2sats- 99% on RA. Given water and symptoms resolved within 10 minutes. No chest pain, no shortness of breath, no sensation of tongue or lips swelling. Vitals rechecked 130/78, p-83 and O2sats- 99%. No further symptoms and patient expressed desire to leave.

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1064017	3/1/2021	CA	66	F	3/1/2021	3/1/2021	Complaint of dizziness. Denies shortness of breath, chest pain, difficulty breathing and pain. No blurred vision. Patient did not eat or take prescribed medications prior to vaccination. Patient alert and oriented x3. Vitals: BP 120/78, T 97.9, P 89, R 18, O2 95%. Vitals prior to discharge BP 122/80, T 97.4, P 91, R 20, O2 95%. Patient discharged from clinic.
1064014	3/1/2021	WI	77	F	2/9/2021	2/9/2021	Client report having COVID in November 10, 2020. Client received first dose on 02/09/21 at 2 pm, reaction of SOB began two hours later. SOB progressed to chest pain and fatigue. She sat at kitchen table to relax and rest, fell asleep for 2 hours. When she woke up she continued to have trouble breathing, drank some warm tea, went to bed and slept for 12 hours. This is not usual for her sleep schedule. The next day she felt better for a couple of hours then had some difficulty breathing again. She went to Urgent Care. EKG and chest X-ray preformed came back normal. Blood pressure was elevated. Client given 4 puffs of an inhaler. Discharged to home.
1063621	3/1/2021	IL	75	F	3/1/2021	3/1/2021	Patient presents with right eye pain after receiving First Pfizer COVID vaccine dose. Patient stated got first vaccine, went out into the waiting room for observation, sat down for a few minutes, then right eye started to throb. Patient brought into exam room for assessment by on site provider. Denies visual disturbance, headache, photophobia, ill contacts, or COVID symptoms. Ate breakfast and plans to eat lunch after appointment today. Review of Systems: Constitutional: Negative for activity change and fatigue. HENT: Negative for congestion. Eyes: Positive for pain (right). Negative for photophobia, discharge, redness, itching and visual disturbance. Respiratory: Negative for cough and shortness of breath. Cardiovascular: Negative for chest pain. Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting. Skin: Negative for rash. Psychiatric/Behavioral: The patient is not nervous/anxious. All other systems reviewed and are negative. Right eye pain. Symptoms resolved while in exam room. Call if symptoms recur. Reviewed symptomatic treatment and patient and/or guardian verbalized understanding.

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1063600	3/1/2021	NY	71	F	3/1/2021	3/1/2021	Patient received her second dose of the Pfizer vaccine today at 1330, she waited the required 15 minute observation time, was feeling fine and left. She returned to the vaccine clinic around 1415 reporting that she was having trouble breathing. Security called the charge nurses and alerted them that a patient needed assistance. Writer came out to patient who was seated in her car. We assessed patient who was visibly having difficulty breathing and was unable to respond to questions without difficulty breathing. Emergency medication box was opened and epinephrine was prepped. We assessed patients allergies and recent medications taken. Patient denied hx of breathing problems or anxiety. Pt denied chest pain. Per protocol for potential allergic reaction, 0.3ml of epi was given at approximately 1426 via IM injection in the pt's left arm. ED triage nurse was called and asked to come assist. Two ED technicians with stretcher arrived and with writer accompanying them transported pt to ED.
1064145	3/1/2021	WA	78	M	3/1/2021	3/1/2021	within 10 minutes of second dose of vaccine pt reported new onset chest pain, rated pain 7/10, vitals signs obtained, EMS called, EKG obtained, received dose of aspirin and transported to ER for further evaluation.
1063501	3/1/2021	TX	54	F	2/27/2021	2/28/2021	Throat closing, severe headache, low grade fever, muscles and joint aches, chest pains, and stomachache
1063985	3/1/2021	NY	77	F	2/25/2021	2/25/2021	c/o lower bilateral arm pain and shaking of arms. Arms did not shake when on her lap. Denied chest pain or SOB .
1063752	3/1/2021	TX	50	F	3/1/2021	3/1/2021	tingling on right arm, swollen right thumb, lightheaded; denies SOB or chest pain. Vitals: 160/100, HR- 95, pulse ox- 96%, repeat B/P- 140/90, HR- 85; client is an insulin dependent DM, blood sugar- 375. Client stated she had not taken her insulin this morning, reports eating candied yams last night @ 10pm. 0912- client self injected 10 units novolog insulin pen; 0922- reports feeling better, injection still sore; cleared by site lead and released to facility director

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1063822	3/1/2021	VA	25	F	2/25/2021	2/25/2021	pt stated that 10 minutes after receiving the covid vax her throat started closing so she went to the ER. She had hives, chest tightness, and unable to breath. They injected epi-pen and administered steroids, Pepcid and Benadryl. She was released to go home after 5 hours. The next day she had really bad sternum chest pain, back pain, neck pain and fatigue so she went back to the ER. They did chest XRAY that came back clear, did an EKG w/ normal results, and blood work w/ high white blood count. New RX for Naproxen 500mg, lidocaine patches, Zofran and has an EPI pen on order. Pt states since leaving the ER she still has fatigue, pain in neck, arm, back, and now in the face. She states her face is numb and has bad pain and blurred vision in both eyes, more so on the right side. The ER told her to come back if she needed to FU.
1063828	3/1/2021	TX	44	M	3/1/2021	3/1/2021	Chest tightness, lightheaded & nervousness; denies chest pain, SOB or difficulty breathing Vitals: 120/65, HR-80, pulse ox- 97% Client reports history of anxiety, PTSD; takes trazadone 50mg & Abilify 1.25mg nightly 0952- client reports feeling better, cleared by site lead
1063962	3/1/2021	OK	63	F	2/26/2021	2/26/2021	at 02:45 client complained of tingling in L hand, flushed, hot, racing heart beat, nausea, headache BP 179/98, P 61, O2 98% 3:00 BP 144/97, P-63, O2 98%, 3:11 BP 122/98, P-57, O2 98%, 3:22 headache, lower jaw pain increasing to upper jaw, 3:24 BP 160/102, 156/106, refused ambulance, 3:28 transported by daughter to ER. Spoke with client the following day, client's BP went up to 284/224 while in the ER, client had arm heaviness from elbows down, shoulder blade pain, client was given metoprolol, pepcid, phenergan and steroids. Client was released at 7 pm, client went home with daughter and had chest pain and headache all night. client was doing better the next day, only complaining of headache off and on.
1063980	3/1/2021	CA	91	F	2/9/2021	2/17/2021	1/26 /2021 - pt went to ER for chest pain 2/9/2021 - pt received Pfizer COVID vaccine 1st dose 2/17/2021 - cardiac arrest with death

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1063602	3/1/2021	VA	39	F	2/24/2021	2/24/2021	developed sharp left chest pain, fever, chills. Felt better with acetaminophen. On 2/27/2021 left chest pain returned and was so severe caused hospital ED visit and hospital admission
1060926	2/28/2021		52	F	2/28/2021	2/28/2021	SOB, chest pain, numbness, tingling in mouth, nausea, weak. Cleared by EMS
1061624	2/28/2021		47	M	2/26/2021	2/26/2021	47yo male for witnessed pre-syncopal episode. Patient reports onset symptoms several minutes after receiving first dose of COVID-19 vaccination. Sat in observation area and shortly after began to feel hot and sweaty, followed by paresthesia in bilateral fingers moving up both extremities. He moved to sit on the ground and his limbs started trembling. Per witnesses on scene no LOC or post ictal state. Patient remembers entire event. Denies feeling anxious about vaccination, stood in line for approximately 10 minutes prior to injection. Denies HA, dysphagia, chest pain, SOB, abdominal pain, N/V/D, dysuria. Prior similar reaction to yellow fever vaccine.
1060385	2/28/2021	CA	44	F	2/22/2021	2/22/2021	Ear pain 2 minutes after injection Left arm completely numb 8 minutes after injection Hot flashes 10 minutes after injection Chest pain and tightness 15 minutes after injection Brain fog delayed movement thyroid meds left my system 20 minutes after injection

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1060415	2/28/2021	KY	75	M	2/19/2021	2/20/2021	The patient is a 75 yr/o male with a history of COPD presents with multiple constitutional symptoms have been present over the past week since getting his second COVID-19 vaccination. Patient states he has had fever and chills, generalized fatigue, body aches, increased sleepiness, and some burning with urination. Patient states his wife took his blood pressure this morning and that it was abnormal prompting the visit to the ER. The patient states all the symptoms started about a day after getting his second COVID-19 vaccination and have been persistent since that time. He states that he has a longstanding history of shortness of breath due to his COPD but no worsening shortness of breath over the past week. Patient denies any chest pain, nausea, vomiting, bowel issues. Patient denies any headache, dizziness, vision changes. Patient does wear corrective lenses. Per Triage: HOT Fatigue (wife states BP was 67/48 this AM at home, 2nd COVID vaccine 2/19) Fever (all week since wednesday off/on) Final diagnoses: AKI (acute kidney injury) (CMS/HCC) Elevated CK Body aches Fatigue, unspecified type Transient hypotension
1060695	2/28/2021	DE	74	F	2/1/2021	2/11/2021	Severe chest pain & pressure/nausea/vomiting/body aches/headache.
1060751	2/28/2021	TN	40	M	2/5/2021	2/8/2021	Heart attack. Chest pain and numbness in both arms and back. The pain lasted from 3:00AM until 5:00AM at which time I as in the ER. Troponin levels were at 6.0 and I had a small abnormal finding on my EKG. The Cardiovascular physician on call said it could be something and they would do a cardiac cath to determine where a blockage may be. The angiogram came back with no blockages. troponin levels reached a 10 by the end of the first day. The Echo the next day showed no issues in structure. The Cardiac MRI showed fluid and 4% of my heart had myocarditis from the issue. Troponin levels reduced to 7, then 6 by the end of the second day. On the third day I went home with new meds, an order for a follow up and cardiac rehab.

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1060856	2/28/2021	KY	70	M	2/13/2021	2/26/2021	RECEIVED 1ST DOSE OF PFIZER COVID19 VACCINE ON 02/13/21. ON 02/26/21 WENT TO ER WITH COMPLAINT OF CHEST TIGHTNESS AND PAIN IN HIS BACK. HAD ABNORMAL EKG AND ADMITTED TO HOSPITAL WITH DIAGNOSIS OF CHEST PAIN AND ABNORMAL EKG.
1061009	2/28/2021	NC	58	M	2/28/2021	2/28/2021	Pt developed acute onset chest tightness and difficulty swallowing about 1.5 hours after his vaccination, and about 10 minutes after the completion of a test dose of iron dextran. He was acutely distressed. He was treated with IV benadryl and IM epinephrine. The difficulty swallowing resolved, but chest tightness persisted. Trial of nitroglycerin did not improve his pain so pt was given IV hydromorphone. After approximately 10 minutes he was relaxed and breathing comfortably, but still endorsing chest pain.
1061083	2/28/2021	CA	39	F	2/28/2021	2/28/2021	Patient c/o left arm itching and feeling "hot" noted to have erythematous rash left neck no SOB, itching, chest pain, or stridor.
1061105	2/28/2021	IL	27	F	2/28/2021	2/28/2021	Approximately 2 hours after vaccination, patient went to lunch and noted her face was numb, and could not feel when she chewed. Denies shortness of breath, chest pain, wheezing, or rash
1061608	2/28/2021	MD	77	F	2/17/2021	2/18/2021	The patient had her second Moderna shot on Feb 17, 2021. At 3 am the next morning she reported to the ED c/o being "fluish" and short of breath. She was found to be hypoxic to the upper 80's on RA, and a CXR was consistent with CHF. She stated she had some off and on chest pain for the last few weeks, especially with exertion. Ultimately it was found that she had an elevated troponin and was felt to have had an MI. She underwent cardiac cath and a stent was placed in a 95% ostial right coronary stenosis. Although she was reported as having had a "hyperimmune" response to the vaccine, I can only say for certain she had flash pulmonary edema due to cardiac ischemia that was due to a stenosis in her RCA that had been there for quite some time, but possibly just happened to become critical right after her second COVID vaccine. It would be hard to blame the vaccine, but it is also impossible I guess to absolve it from any role in her MI.

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1060968	2/28/2021		25	F	2/26/2021	2/26/2021	100-103 fever for 26 hours, body aches, joint pain, lung pain, chest pain, injection site pain, heartburn, chills, slight sore throat, fatigue, nausea, headache, ringing in ears. Took 2 Tylenol every 6 hours, lots of fluids, took 2 ibuprofen about 30 hours after getting vaccine because fever would not reduce. Symptoms began to subside 32 hours after vaccine.
1061166	2/28/2021	FL	37	F	1/15/2021	1/15/2021	Immediately after vaccine felt flushed with high heart rate and lightheaded. An hour after, developed chronic mild headache, chronic mild lightheadedness, and chronic moderate fatigue which are expected symptoms with the immune response. HOWEVER, symptoms did not improve in 3 days and actually very slowly worsened until I couldn't function for work about 2.5 weeks after the vaccine. At this point, the lightheadedness and fatigue were severe and headaches varied between moderate to severe, resulting in me being out of work for 9 consecutive work days. Had multiple MD visits with tons of tests. During the time I was out, I developed severe lower abdominal pain for two days and severe lightheadedness/nausea/mild vomiting due to being nauseated with chronic headaches. OTC meds did not help much for the headaches nor other symptoms. I have never dealt with symptoms like these before and am very healthy. At the 4.5 week mark post vaccine, these symptoms finally started to very slowly improve, VERY slowly. Tests at MD were inconclusive. I'm still dealing with chronic mild headaches, lightheadedness, and this past Friday now unusual chest pains that move location and severity.

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1059221	2/27/2021	MD	22	M	2/23/2021	2/24/2021	<p>Moderna COVID-19 Vaccine EUA The patient was in his usual state of health until he received his second dose of the Moderna COVID-19 vaccine on Tuesday 2/23. He had previously had no side effects from the first dose other than soreness at the injection site. After the 2nd dose, he noticed arm soreness at the injection site more quickly than before. 10-12 hours later, he noticed headache and subjective fever, which was relieved by Tylenol. On Wednesday he woke up with subjective fever and chills, and felt sternal chest pain during deep breathing and attempted cough, but did not notice any effect from positional changes. Other than attempting to cough to elicit pain, he did not experience any other symptoms such as runny nose, coughing, sneezing, congestion, shortness of breath, palpitations, abdominal pain, diarrhea, or dysuria. The following day, he noticed that the chest pain was more severe and persistent throughout the day. The pain location would vary from the sternal area to the left side of his chest. The intensity of pain would vary between a 2-3/10 to 7-8/10. When the pain peaked, it would be accompanied by feelings of fever, chills, and brief headache, and he felt that the pain would "spread" across his chest. The pain would persist for a variable amount of time but then eventually disappear before returning. The pain was not affected by deep breath, position, or analgesics (he took an ibuprofen at around 2 AM when he couldn't sleep). After he fell asleep he was not woken up by pain. On Friday, he pain continued to be intermittent, and peaked during a work meeting. At that point he told his boss and an MD co-worker, who recommended that he presented to the ED. The EKG that was obtained in triage showed sinus tachycardia widespread ST elevations, PR depressions, with reciprocal changes in aVR. At this time he was continuing to experience chest pain. After getting a room in the ED, he no longer felt pain. He received a 2nd EKG showing improvement in ST elevations in some, but no all leads. He received ibuprofen and he continued to feel no symptoms. He was found to have a troponin elevation of 8.84 that peaked to 11.2. Transthoracic echo showed no motion wall abnormalities, normal EF, no pericardial effusion. He was admitted to the CICU out of concern and workup for myopericarditis.</p>

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1059831	2/27/2021		22	F	2/27/2021	2/27/2021	Lightheaded, HA, vision changes, shaky, chest pain, facial flushing, cleared by EMS-
1059800	2/27/2021	TX	21	M	2/22/2021	2/25/2021	Patient developed typical fever, myalgias, body aches in the days after his vaccine. He would describe them as severe. This was followed by chest pains. These chest pains prompted him to seek care in the ER. Upon workup, I found the patient to have developed myocarditis with a significantly elevated troponin prompting hospitalization.
1059771	2/27/2021	KY	74	U	2/18/2021	2/25/2021	Patient says she received her second Covid vaccine about a week ago. She is worried she could be having symptoms from that. Complains of left-sided flank pain that radiates around the flank into the abdomen just a little bit. No other abdominal pain. Movement makes it worse. No midline back pain. No numbness tingling or weakness. No incontinence. No urinary symptoms. No changes in bowels. Normal bowel movements. No nausea vomiting or diarrhea. No chest pain or shortness of breath or difficulty breathing. Slight cough at night but not unusual. Dry. No change in taste or smell. No headaches or neck pain. No fevers. Also complains of mild sore throat. Swallowing makes it worse. No change in voice. No difficulty swallowing. No known sick exposures. She has had this before. No headaches or neck pain or neck stiffness
1059671	2/27/2021	KY	90	U	2/17/2021	2/18/2021	90 yr/o female with PMHx of AAA, CKD, GERD, PVD, dementia, who presents with speech impairment that was noted earlier today (2/25). Symptoms lasted about 15 minutes and completely resolved. She reports she had a similar episode a week ago. She reported associated generalized weakness and had some difficulty controlling her R arm on her initial episode. She denies headache or recent illness. Was recently admitted here for chest pain workup. Was treated conservatively. Has not had chest pain recently. She is on plavix.
1059633	2/27/2021	MS	75	M	2/20/2021	2/22/2021	Shortness of breath, jaundice, chest pain, vomiting, O2 sat dropped to 87-95%, bilirubin 16, Hgb 6.7, Hct 15, elevated BNP and troponin, required 2.5 L of O2, and 2 units of blood, 3 night hospital stay, discharged 2/26/21.

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1059445	2/27/2021	NY	47	M	2/11/2021	2/23/2021	<p>On 2/23/21, about 12 days after the vaccine was received, I felt chest pains in the late afternoon. At midnight, I woke up with uncontrollable chills and shakes, with a low-grade fever that hovered in the 99.5 -100 range. I attempted to get up and struggled to breathe,; it was as if my abdominal and lower back muscles were seizing. I had to crawl to a kneeling position to urinate. I took several Tylenol then went back to lie down; after a few hours, the fever subsided, and I was able to briefly fall back asleep. At 4:00 a.m. the fever and major chills subsided, with no fevers reported since then, and only occasional chills. However, the muscle fatigue, pain and stiffness have become frighteningly debilitating. On Wednesday - Friday, the three days after I first experienced symptoms, each day it took me between 1.5 - 2 hours to get out of bed and finally get to a standing position. During the day on each day following my first symptoms, I have been able to gradually walk around, go up and down stairs, use the bathroom, and perform basic tasks. However, when the evening comes, it is a different story. 12 midnight - 10 a.m. are the worst hours, as any extended period lying down results in my muscles seizing, freezing and stiffening up. After falling asleep for an hour, it takes 10-20 minutes to mobilize enough (using a crutch and assistance) to get to the bathroom. After falling asleep for 2-3 hours, it takes 30-40 minutes to do the same. And, if I fall asleep for 3+ hours (which is about as long as I've been able to sleep since the adverse reactions began), it will take 1.5 - 2 hours to get completely mobile. This is when I finally wake for the day, and it takes about 10 minutes to raise my head and turn my torso, then another 10-15 minutes to get my legs off the bed and assume a crouching position, then 30-60 minutes to stand on my own.</p>

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1060204	2/27/2021	TX	68	F	2/27/2021	2/27/2021	Pfizer-BioNTech COVID- 19 Vaccine EUA Approx 5 minute post vaccination, patient began reporting itching. Shortly after, developed a dry cough and reported that her throat "felt funny." Patient began vomiting and having difficulty breathing, speaking in 1-2 word sentences. Pt received epi pen to left thigh, with some resolution of symptoms. Pt continued to have cough and nausea, chest pain. Gave 25 mg benadryl IM at 08:27 am. Patient received 2nd dose of Epi for increased SOB, difficulty breathing, and increasing cough, with some resolution of symptoms. Patient reported increased chest pressure. Began having seizure like activity at 08:30, lasting approx 20 seconds with no post ictal period noted. EMS arrived after 2nd dose of epi. Second "seizure like" activity after EMS arrival, lasting approx 20 seconds. During transport to ambulance, patient had 2 more episodes of seizure like activity with no post ictal phase. ED note states low suspicion for true seizure since patient was awake during episodes of tonic clonic movements, answering questions during, and did not have post ictal state.
1059850	2/27/2021		54	F	2/27/2021	2/27/2021	Tingling in head, dizziness, SOB, chest pain, palpitations, evaluated by EMS-cleared
1059509	2/27/2021	KY	37	F	2/12/2021	2/21/2021	37-year-old female with history of anemia here with chest pain. She states that on Sunday she started to have central and left-sided chest pain that is worse with coughing, sneezing, movements, and palpation. She does have some shortness of air and pain with breathing. She did start to have body aches on subsequent days and she has developed a cough with congestion. No loss of taste or smell. No known sick contacts. She did receive her first shot of Pfizer COVID-19 vaccine last Friday or approximately 6 days ago. She does work with the general public, but no definitive known sick contacts. No recent travel or surgeries. Not on exogenous estrogen.

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1060330	2/27/2021	OH	24	F	1/15/2021	1/16/2021	the first day (1/16/21) following the first dose of the vaccine, i began experiencing nausea. the third day (1/18/21) i vomited that morning once but then not again throughout that day. after that for about two weeks, i was just generally nauseous and also had no appetite. food tasted off to me. this went away after two weeks, but then i got my second dose on 2/12/21. on 2/13/21, i spent about 12 vomiting very consistently, about every 10-15 minutes. i also had chills alternating with profuse sweating and hot flashes, but did not ever have a fever. other symptoms included headache, extreme fatigue, dizziness, body aches, shortness of breath, and chest pains. the next day, i was fine aside from some slight lingering nausea but no vomiting. since then, i have experienced nausea intermittently every day, and have vomited on more than a dozen of those days. i have no appetite, and have now lost ten pounds since getting the second dose. i realized that my main food aversion is to meat, i will vomit every single time i eat meat now. i?m not sure if this is my reaction to the texture and taste like i think it is, or if it?s actually more like an allergic response by my stomach. i also still struggle with shortness of breath and feeling like my chest is tight, as well as dizziness and a nagging cough.
1060144	2/27/2021	NH	31	F	2/27/2021	2/27/2021	Received first diose Pfizer at 6:20pm . Symptom onset 6:25 pm with left arm tingling and weakness. Left sided chest pain developed, radiating to the back. Staff alerted of reaction at approximately 6:33pm. VS 139/65 HR 61, SpOx 100% RR 22 sharp chest pain with deep inspiration. Neuro checks-significant left arm weakness Patient is accompanied by her mother and they agree that they wiil seek a higher level of care. Patient is refusing EMS and feels stable to be transported by her mother.
1059909	2/27/2021	IN	45	F	2/24/2021	2/25/2021	3am-heart racing, restlessness, lips slightly swollen, Lethargy, back and legs ached with shooting pains, chills 2/26-excruciating chest pains around 4 pm, restlessness continued, swollen at site of injection as big round about size of baseball, slept 17 hours

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1060332	2/27/2021		60	F	2/27/2021	2/27/2021	While in observation area, patient reported to EMT a rash and itchiness in abdominal area. EMT notified lead nurse on site. EMT assessed patient and reported blood pressure 142/90 mmHg, regular pulse 60 bpm, and respirations 16 breaths per minute. Patient denied difficulty breathing, difficulty swallowing, and chest pain. Patient revealed history of allergies to unspecified medications. Patient offered diphenhydramine. Patient refused diphenhydramine. Patient advised to wait 15 minutes for further observation. Lead nurse assessed patient. Patient reported decreased itchiness and denied difficulty breathing, difficulty swallowing, and chest pain. Patient advised to seek emergency care if symptoms progress. Patient left observation area with steady gait.
1060261	2/27/2021	UT	72	F	2/18/2021	2/19/2021	On Friday, Feb 19th, I started feeling nauseated, and dizzy, on Saturday Feb 20th, I started having chest pain, I do have angina but the pains have occurred more often since getting the vaccine.
1060174	2/27/2021	NY	57	F	2/27/2021	2/27/2021	Immediately after being vaccinated the patient requested to lie on the floor because she felt dizzy. RN place patient in a reclining position and requested evaluation of patient by NP. Patient was pale, and diaphoretic. Patient denied chest pain, SOB, N/V, negative rash, negative facial swelling, Pt was Hypotensive. EMS was activated .Repeat V/S 3 minutes later were WNL pt remained A&O throughout encounter. Pt stated " this has happened before". Patient was transported to Hospital Via EMS
1060133	2/27/2021	NY	51	F	2/27/2021	2/27/2021	20 minutes status post vaccination while sitting in the observation area the patient indicated to the RN nurse observer that she "felt her face was flushed". Pt was seen and evaluated by NP, a redness was observed on patients bilateral cheeks and forehead. Pt was negative for chest pain, SOB, Facial Swelling, or N/V. There was no rash noted vital signs were taken, Patient was treated with 50mg of oral diphenhydramine, EMS was activated, pt was able to ambulate out of the vaccination center under the care of EMS and was transferred to the Hospital for further evaluation.
1060095	2/27/2021	OR	54	F	2/25/2021	2/25/2021	Left side of face ear area fullness numbness progressed later to numb lip on left side and poor vision in left eye , chest pain in center of chest and walking imbalance

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1060068	2/27/2021	CA	63	M	2/27/2021	2/27/2021	Client stated feeling warmth and flushed face after receiving Pfizer Covid-19 vaccine, dose. Client was sitting in post vaccine waiting area. At 1023 EMT noticed client appeared uncomfortable in chair and asked how we was feeling. Client stated feeling warm and EMT saw face was flushed. PHN was alerted. When PHN arrived, client was sitting near doorway, face flushed, and was speaking with EMTs. Client alert and oriented, stated feeling warm and sweaty. EMT assisted client to remove jacket to take vitals. 1027 vitals: blood pressure 145/90, pulse 66, o2 97, respirations 16. Client denied shortness of breath, chest pain, dizziness, headache. Flushed face, did not radiate past face, no swelling noted or rash. Allergy to penicillin and client was already aware to wait 30min after vaccine. Per client did not take blood pressure medication this morning. List of medications: allopurinol, toprol, pantoprazole, colchicine, lasix, potassium, crestor, vitamin D, praluent, eliquis, spironalactone, nitroglycerin and hydrocodone. Client given water and instructed to take small sips at a time. Client informed he would be observed for 30 minutes. Vitals 1034: blood pressure 150/70, pulse 60. Flushed face same, not improving. PHN offered client if he would like benadryl, client denied. Vitals 1040: blood pressure: 130/90, pulse 61, o2 95, respiration 16. Client stated symptoms improving. Last set of vitals at 1053: blood pressure 120/80, pulse 60, o2 95, respiration 18. Client alert and oriented, stated warmth feeling improved, face still flushed, not worsening. Client advised to speak with provider prior to receiving second dose. ER precautions given, wife driving client home. Client left facility with steady gait.
1060042	2/27/2021	AZ	24	F	2/25/2021	2/25/2021	Chest pain, cough, post-nasal drip

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1057978	2/26/2021	MD	77	F	2/26/2021	2/26/2021	Patient describes "dry throat" and "metallic taste in mouth" starting immediately after vaccination. Patient was observed to repeatedly clear her throat. Denies shortness of breath, denies difficulty swallowing, denies cough, denies chest pain. After 30 minutes, she's no longer clearing her throat. She continued to deny shortness of breath, difficulty swallowing, cough, chest pain. She was advised to follow up with her primary care provider. Discharged with her son. Son states understanding of all. Patient was afebrile, pulse 72, BP 140/85, RR 16. Patients states that she took her hypertensive medications today and that her blood pressure is normally in this range.
1057966	2/26/2021		69	F	2/26/2021	2/26/2021	Immediately following administration of the patient's second dose, the patient reported feeling "pulsation up to her neck". Vitals checked with HR in 160's, BP 116/80, pulse 96. Denied chest pain, nausea, SOB and all other major symptoms. Tried vagal maneuvers, HR remained elevated. Called EMS.
1056643	2/26/2021	TX	57	M	1/27/2021		shortness of breath; bad headaches; chest pain; rash on his neck and behind his ears; This is a spontaneous report from a contactable consumer (patient). A 57-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number N5318), via an unspecified route of administration on 27Jan2021 as single dose for covid-19 immunization. The patient's medical history and concomitant medications were not reported. The patient experienced shortness of breath, bad headaches, chest pain and rash on his neck and behind his ears, all on an unspecified date in 2021. The events were all serious as they involved hospitalization from 02Feb2021 to 03Feb2021. Details were as follows: patient received the first dose of the vaccine on 27Jan2021; he had a lot of bad side effects and went to the hospital: shortness of breath, bad headaches, chest pain, rash on his neck and behind his ears. All this happened a few days after receiving the vaccine. He had an appointment with his cardiologist and he will have a cardiac catheter placed on 19Feb2021. The second dose of the vaccine was scheduled for 18Feb2021. The outcome of the events were unknown.

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1056978	2/26/2021	TX	55	F	2/26/2021	2/26/2021	c/o Mild redness around the cheeks with mild headache rated as 1 on a scale of 0 - 10. Reports same symptom with first dose and it lasted for 2hrs. Denies chest pain, SOB, fever. No acute distress Seen and cleared by EMS
1057853	2/26/2021	CA	64	M	2/18/2021	2/21/2021	on 2/218/2021 the patient was at home and developed chest pain. Patient was transported by family to urgent care then to the ED where the patient later died.
1057761	2/26/2021	MO	48	F	2/25/2021	2/25/2021	Patient reported blotchy itchy rash on right cheek, neck and upper chest. No difficulty breathing, chest pain or shortness of air. Ambulatory and needed no assistance moving. Vitals HR 85 BP 126/82 pulse ox room air 98%. Benadryl 50 mg administered IM right arm at 11:40 am. Patient observed until 12:35 pm when discharged to home (HR 60 BP 110/78 100% O2). Rash was much improved by this time. Patient called 11:20 am. 2/26. Rash almost entirely gone - just one spot on check. Will take benadryl PO. Mentioned she had small spot of rash around injection site following first dose of vaccine.

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1057750	2/26/2021	PR	69	M	1/20/2021	2/8/2021	<p>Started feeling unwell; Headaches; Body aches; Chest pain; Didn't had wishes to eat; Diarrhea; COVID-19 pneumonia; A spontaneous report was received from a consumer concerning a 69-year-old male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced COVID-19 pneumonia, feeling unwell, headaches, body aches, chest pain, decreased appetite and diarrhea. The patient's medical history high blood pressure which was controlled with medication. Concomitant product use included nifedipine and fenofibrate. On 20-JAN-2021, approximately a week and a half or two prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 (Batch number 030L20A) intramuscularly in the right arm for prophylaxis of COVID-19 infection. A week and a half or two later the patient stated feeling unwell, headaches, body aches, chest pain, decreased appetite and diarrhea for which patient was hospitalized on 06-FEB-2021. Since everything seemed to be fine the patient was discharged on an unknown date in FEB-2021 however, patient's family was not notified that it was a late reaction to the vaccine's first dose. Later, due to shortness of breath he was hospitalized again on 08-FEB-2021 and was diagnosed for pneumonia and was intubated on the same day. Due to COVID-19 situation patient's family could not be in the facilities and that there wasn't any follow up of the patient given to the family, so family did not have much information. During the first hospitalization(06-FEB-2021) the patient had a blood test which showed a normal result and was tested for COVID-19 and Influenza, both were negative. During second hospitalization (08-FEB-2021) the hospital said that the patient was stable. The patient's family did not know the results of the tests conducted at the time. The action taken with the vaccine in response to the events is not applicable. The outcome of COVID-19 pneumonia was fatal. The patient died on 14 Feb 2021. The cause of death was reported as COVID-19 related pneumonia. The autopsy was not done.; Reporter's Comments: Very limited information regarding this event has been provided at this time. The cause of death was reported as COVID-19 related pneumonia. Based on the current available information and the mechanism of action of mRNA-1237 vaccine, the events are assessed as unlikely related. Further information has been requested.;</p>

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1057742	2/26/2021	NY	79	F	2/25/2021	2/25/2021	<p>Reported Cause(s) of Death: COVID-19 pneumonia</p> <p>Per NP note, "...presented to vaccine cancer center to receive first dose of COVID 19 vaccination. First dose of Pfizer vaccine (Lot # EN6202) administered. Immediately after administration, Pt complained of acute mid-sternal chest pain described pressure. EKG completed, Pt observed for an additional 20 minutes, reported spontaneous resolution of symptoms. Prior to discharge pain completely resolved, lungs clear to auscultation , cardiac exam with normal S1 & S2,no rubs, gallops or murmurs. Pt admitted to being anxious, has a documented history of white coat syndrome.~~</p>

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1057548	2/26/2021		55	M	1/2/2021	1/30/2021	<p>bilateral pulmonary embolism; multiple areas of infarct; back pain; ateltheisis; chest pain; left leg pain; deep vein thrombosis; pulmonary effusions; fever; Chills; myalgia; A spontaneous report was received from a physician who was also a 55-year-old, previously healthy male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced fever/pyrexia, chills, myalgia, chest and back pains, bilateral pulmonary embolism/pulmonary embolism, multiple areas of infarct/pulmonary infarct, ateltheisis/atelectasis, left leg pain, and deep vein thrombosis. The patient's medical history included daily exercise and no personal or family history of clotting issues and no trauma. Products known to have been used by the patient were not provided. On 02 Jan 2021, prior to the onset of the events, the patient received the first of two planned doses of mRNA-1273 (Lot number: 039k20-2a) intramuscularly for prophylaxis of COVID-19 infection. On 30 Jan 2021, approximately 28 days after the first dose, and prior to the onset of symptoms, the patient received the second of two planned doses of mRNA-1273 (Lot number: 012m20a) intramuscularly for the prophylaxis of COVID-19 infection. On 30 Jan 2021, the patient reports that for the first 18 hours, he experienced fever, chills and myalgia. On 01 Feb 2021, the patient reports that he thought the myalgia was continuing, as he had pain in his chest and back. The chest pains gradually worsened. On 05 Feb 20221, the patient went to the emergency room and was admitted. He was diagnosed with a pulmonary embolism. He was started on enoxaparin sodium but switched to apixaban. A computerized tomography study of the lungs showed that he had bilateral pulmonary embolism, multiple areas of infarct and atelectasis. His dimer was 4800. COVID-19 test was negative. An echocardiograph was performed, no results were reported. An ultrasound of the legs was performed and ruled out deep vein thrombosis. Date of discharge was not specified. On an unknown date two days after discharge, the patient experienced left leg pain and returned to the emergency department. Patient was diagnosed with deep vein thrombosis that ran the entire length of the femoral artery. Patient was switched back to enoxaparin sodium and taken off the apixaban. A repeat computerized tomography study was done to see if the pulmonary embolism was progressing and it was not,</p>

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						however, it showed pulmonary effusions. All current lab work was reported as normal, except for an increased prothrombin time. COVID-19 test was negative. Patient continues to be followed by a pulmonologist and hematologist. Consent to contact patient, pulmonologist and hematologist was obtained. Action taken with mRNA-1273 was not applicable. The outcome of the events, fever/pyrexia, chills, myalgia, chest and back pains, bilateral pulmonary embolism/pulmonary embolism, multiple areas of infarct/pulmonary infarct, atelthesis/atelectasis, left leg pain, and deep vein thrombosis, was considered not resolved.; Reporter's Comments: Very limited information regarding this events has been provided at this time. Further information has been requested. Company assessed the events to be unlikely related to company product.	
1057062	2/26/2021	TX	30	F	1/8/2021	1/9/2021	1/8 vaccination 1/9 I woke up with severe HA, muscle aches, and fatigue. That evening I got chest pains. 1/10 CP resolved. Everything resolved. 1/17 positive pregnancy test 1/22 miscarriage. First pregnancy. 2/10 finally able to see dr.
1057883	2/26/2021	CA	58	M	2/11/2021	2/12/2021	pain and rash at injection site; pain and rash at injection site; body aches; joint pain; chest pain; fatigue; This is a spontaneous report from a contactable nurse (patient). A 58-year-old male nurse received first dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 11Feb2021 at 15:00 at single dose in right arm for COVID-19 immunisation at the age of 58-year-old. Lot number was e11283. Medical history included allergy to penicillin, diabetes, Hypertension, Covid-19 (covid long haulers). Concomitant medications were unknown. On 12Feb2021, the patient experienced pain and rash at injection site, body aches, joint pain, chest pain, fatigue. The patient was not treated for the events. The patient did not recover from the events. Prior to vaccination, the patient was diagnosed with COVID-19; since the vaccination, the patient has not been tested for COVID-19.
1056953	2/26/2021	OH	51	F	2/25/2021	2/25/2021	stabbing chest pain on left side, occasional belching -- still exists currently

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1056927	2/26/2021	OH	78	F	1/26/2021	1/29/2021	in the middle of the night my toes turned beat red/purplish color and numb and cold started to form blisters took almost a week to get over it still have rough spots where the blisters were. Went to the dr. took my blood pressure and it was high. went for several test at the Cardiologist my blood pressure was still high and i was also having some discomfort and chest pain
1056883	2/26/2021	FL	55	F	1/21/2021	1/25/2021	severe headaches, difficulty swallowing, pressure in throat, pain in chest, back, neck, arms treatment include visit to ED and hospitalized for 2 days. multiple tests, symptoms ongoing
1056875	2/26/2021	IN	18	F	2/25/2021	2/25/2021	Nausea, Vomiting, Diarrhea, Stomach Ache, Chest Pain
1056652	2/26/2021	FL		M			chest pains; Ejection fraction decreased (from 40 down to 20); This is a spontaneous report from a Pfizer-sponsored program "Covax US Support"received from a contactable consumer reporting for himself. A male patient of an unspecified age received the 2nd dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), via an unspecified route of administration, on an unspecified date, at single dose, for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Previously the patient received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech) for COVID-19 immunisation. The patient experienced chest pains and ejection fraction decreased (from 40 down to 20) both on an unspecified date with outcome of unknown. The patient underwent lab tests and procedures which included ejection fraction: from 40 down to 20 on unknown date. The events were considered serious as caused patient's hospitalization. The information on the lot/batch number has been requested.

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1056561	2/26/2021	TX	43	F	1/26/2021	1/27/2021	Neck/back chest pain; Neck/back chest pain; Neck/back chest pain; dizzy; weak; fever; This is a spontaneous report from a contactable nurse (the patient). This 43-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number: EL9262), dose 2, single dose via an unspecified route of administration in the left arm on 26Jan2021 at 10:00 AM (at the age of 43- years-old) for COVID-19 vaccination. The patient's medical history included hypertension, hyperlidemia, pre-cancer cells in cervix, hysterectomy and allergy to penicillin. Historical vaccine included BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number: ELO1423, expiration: 1/2021), single dose, dose 1 in the right arm on 05Jan2021 at 10:00 AM. Concomitant medications included atorvastatin, hydrochlorothiazide, losartan potassium (LOSARTAN/HCTZ), fluoxetine (PROZAC) and zolpidem (AMBIEN). On 27Jan2021, the patient had neck, back and chest pain, dizzy, weak and fever. The events were reported as non-serious. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccine within 4 weeks prior to the vaccine. No therapeutic measures were taken as a result of neck, back and chest pain, dizzy, weak and fever. The clinical outcome of neck, back and chest pain, dizzy, weak and fever was not recovered . The patient has been tested for COVID-19 since having the vaccine. On 25Jan2021, COVID rapid test was negative.

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1056448	2/26/2021	MD		M	1/20/2021	1/30/2021	myocarditis; pericarditis; Chest pain; rapid heartbeat; A spontaneous report was received from a 20-year- old male patient who experienced chest pain, myocarditis, pericarditis, inflammation of pericardium. The patient's medical history was not provided. Concomitant medications included phenylpropanolamine, diclofenac sodium, and colchicine. The patient received their first of two planned doses of mRNA-1273 (Batch number: unknown) on 20 Jan 2021 intramuscularly for the prophylaxis of COVID-19 infection. On 30 Jan 2021, the patient experienced chest pain, rapid heartbeat and went to emergency room (ER). He was hospitalized and was diagnosed with myocarditis, pericarditis, inflammation of pericardium. The patient was discharged on 31 Jan 2021. Treatment information was not provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome of the events, chest pain, myocarditis, pericarditis, inflammation of pericardium, was considered not resolved.; Reporter's Comments: Very limited information regarding this event has been provided at this time. Further information has been requested. The use of concomitant medication, Phenypropanolamine, which is a sympathomimetic agent, is a risk factor and confounding factor for causality.
1056190	2/26/2021			F	1/24/2021	2/5/2021	Bell's palsy; chest pains; high blood pressure; This is a spontaneous report from a contactable consumer (patient). A female consumer of unknown age received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 24Jan2021 at single dose for COVID-19 immunisation. Medical history and concomitant medications were unknown. On 05Feb2021, the patient had bad chest pains (she was not sure if she was having a heart attack, as reported), high blood pressure, and Bell's palsy. She was scheduled to have her second dose on 14Feb2021. On unknown date, blood pressure resulted high. The outcome of the events. Information on the LOT/Batch number has been requested.
1056058	2/26/2021		27	U	2/19/2021	2/19/2021	Fever Nausea/Vomiting Cough Congestion Chest Pain Headache Vaccine #1 22JAN2021 Vaccine #2 19FEB2021

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1058865	2/26/2021	VA	42	F	2/24/2021	2/24/2021	Chest pain, fever (102.7), dizziness, exaggerated body pain, metallic taste in mouth, not able to walk, not able to stay awake for more than a few minutes, swollen lymph nodes under armpits on right arm
1058043	2/26/2021	MO	64	F	2/24/2021	2/24/2021	RASH, DYSPNEA, CHEST PAIN, FEVER JOINT PAIN, CHILLS, FEVER. TREATMENT: KENALOG, BENADRYL, PEPCID.

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1056852	2/26/2021	MI	78	F	2/22/2021	2/23/2021	Admitted to hospital for acute on chronic respiratory failure following covid vaccination. (patient significantly fatigued, slept most of the day after vaccine, not on BIPAP as needed) HISTORY OF PRESENT ILLNESS: patient is a 78 y.o. female with a history of oxygen-dependent chronic obstructive pulmonary disease, obstructive sleep apnea, and persistent atrial fibrillation who presents today with general malaise. She received her 2nd COVID-19 vaccination yesterday and complained of fatigue, body aches, and general malaise all day. Later in the evening she noticed that her blood oxygen level was low. She denies having any more shortness of breath abnormal. She has had no vomiting, headache, or chest pain. On arrival she was noted to be febrile and required 6 L supplemental oxygen via nasal cannula. She usually uses 2 L nasal cannula at baseline, occasionally increasing it to 3 or 4 with exertion. She also had elevated troponin levels and noted leukocytosis. There was radiographic evidence of congestive heart failure. On exam, she is tired and wants to go to sleep. She is still requiring 4 L of oxygen via nasal cannula. Her daughter is at bedside. Plans are discussed for admission and she is agreeable. ASSESSMENT / PLAN: * Acute on chronic hypoxemic respiratory failure (HCC) Assessment & Plan Admit to medicine- hypoxic requiring 6 L nasal cannula, utilizes 2 L nasal cannula baseline Hypoxia appears to be secondary to robust immune response to COVID-19 vaccination Increased hypoxia, fever, leukocytosis, elevated troponin, radiographic evidence of congestive heart failure Will repeat troponin level in the morning, daily chemistry and blood count, will treat congestive heart failure as below CHF (congestive heart failure) (HCC) Assessment & Plan Transesophageal echocardiogram from October 2020 noted preserved left ejection fraction, and had no evidence for diastolic dysfunction Radiographic evidence of congestive heart failure, normal BNP, elevated troponin with an increase of 18 at the 2 hour mark, will recheck in the morning As this is her 2nd hospitalization since that echo with hypoxia and concern for CHF, will obtain repeat echocardiogram Received 80 mg IV Lasix in the emergency department, will continue 40 mg IV Lasix 2 times a day Daily weights, 2 L fluid restriction Patient was admitted with acute on chronic hypoxic respiratory failure.

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							I think this is due to acute on chronic diastolic congestive heart failure that was brought on after she was sleeping most of the day without her BiPAP. She says she got her COVID-19 booster shot and felt so tired she slept all day. She did not think she needed her BiPAP during the day even if she was sleeping. She has not had a recent sleep study. Patient is diuresing and will likely be able to discharge tomorrow.
1059056	2/26/2021	NV	59	F	2/20/2021	2/21/2021	chills, headache, body/joint ache, cough, chest pain
1058855	2/26/2021	CA	50	F	2/25/2021	2/25/2021	subjective 50 yo female presenting for 2nd covid vaccine with h/o anxiety a/w tingling in left hand 15 min after first covid vaccination which resolved during a 30 min observations period . Again, approximately 15min after the 2nd covid vaccination c/o tingling without weakness in the palm of left hand a/w anxiousness Pt denies swelling in hand, no rash, no flushing, no swelling sensation in face or neck, no globus no sob no wheezing no chest pain no palpitation no gi sx no headache no altered mentation or brain fog Objective Pulse 63 bp=154/103 rr 12 temp afeb Heent wnl Neck wnl Chest clr p&a Cor rrr Neuro grossly intact Skin clr Assessment/plan Anxiety with psychosomatic features and elevated bp due to hyperadnergic state from anxiety. Pt reassured being observed by physician and pt reclined in a quiet room. Repeat vital signs were p 64 bp 150/89 and p 62 bp 120/85 repectively d . pt discharged home with resolution of left hand paresthesia and normalized vital signs
1059155	2/26/2021	MD	44	M	2/25/2021	2/26/2021	Patient developed significant chest pain It did not require additional medical care or impede breathing However, pain was significant and unusual

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1058239	2/26/2021	MN	49	F	2/1/2021	2/6/2021	Received COVID vaccine 1 on 1/13 and COVID vaccine #2 2/1. 49 y/o previously healthy female who had a COVID 19 exposure ~ 1/3. The person she was exposed to tested positive 1/6 (daughter had a fever and cough). On 1/11 the patient received the 1st dose of the Pfizer vaccine. 12-24 hours after the Pfizer vaccine she developed fevers, malaise, myalgias that lasted 2-3 days (Called off work). She then returned to a normal state of health. On 2/1 she received the second dose of the vaccine. On 2/6 she developed right pleuritic chest pain so went to an urgent care. COVID 19 PCR was positive and CXR unremarkable. She was told to take naproxen and her pleuritic chest pain slowly improved. On 2/8 she started to have general malaise followed by nausea. On 2/11 she developed increased nausea and vomiting followed by diarrhea-eventually that day she had a near syncopal episode prompting her presentation to the hospital. Seen at an outside hospital between 2/11-2/12. CT abd/pelvis showed patchy ground glass opacities at the base of the lungs and she was noted to have diffuse mural thickening. There was concern for possible cholecystitis so a perc cholecystostomy tube was placed. Ultimately she developed significant hypoxic respiratory failure and had to be intubated. She was transferred to another hospital on 2/12. Initially she was started on treatment with dexamethasone but continued to clinically get worse. Also on empiric antibiotics.
1058997	2/26/2021	CA	77	F	2/26/2021	2/26/2021	PRURITIS, CHILLS, CHEST PAIN
1058938	2/26/2021	IL	60	F	1/29/2021	1/31/2021	Sunday after administration, pt stated she started to feel her hear racing when going to bed, woke up with her heart racing in the am. Pt stated to experience tingling and burning in her feet that later traveled to her hands. Pt has a history of PVCs but noted an increase in the PVC frequency. Chest pain that was intermittent but lasted for 4-5 days. Continues to experience twitches and tingling feet to this day.
1058899	2/26/2021	NY	27	F	2/25/2021	2/25/2021	Hands tingling, chest pain, body aches, joint pain, hot flashes, shooting pain in chest and extremities, fever, sweating, abdominal cramps, gas. Pain also at injection site and swelling.

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1058883	2/26/2021	IL	57	F	2/14/2021	2/19/2021	Day 1 Site Pain, Fatigue, Nausea, Day 2 additional symptoms Tightness in chest, Headache, Aches, Chills, Fever, Day 3 additional symptoms Lymph node pain, Day 4 additional symptoms Redness of face, Day 5 additional symptoms Swelling of face and throat, Day 6 additional symptoms Breathing Issues, Chest pain
1058857	2/26/2021	CT	68	F	2/12/2021	2/18/2021	One week after shot had chest pain on left side. Later the pain radiated to the right side and got worse. After a week of no improvement I went to ER and was diagnosed with pleurisy and pleural effusion. Currently taking antibiotics.
1058756	2/26/2021	CO	75	F	2/5/2021	2/5/2021	Patient had COVID shot on 2/5/21 Friday afternoon and waited her observation period. She started having a sharp chest pain on drive home. She pulled over and the feeling went away. No other symptoms. On sat morning patient started getting twinges of chest pain on left side bottom by her breast. On Saturday night and Sunday morning patient started belching. She doesn't normally have belching. This morning patient felt like her heart racing. She is still having a chest pressure. Was sent to ED 2/8/21 after triage. Labs unremarkable, troponin negative, instructed to f/u with PCP, discharged in stable condition. F/U w/ PCP 2 weeks later and reported weight loss, weakness, possible facial droop (although not noticed today on exam). Symptoms appear to be improved.
1058628	2/26/2021	KS	54	M	2/22/2021	2/22/2021	Patient received 2nd dose of Moderna Covid Vaccine at 1pm. At 2:30pm he started to develop chest pain and left side neck and arm pain. He was admitted to the hospital for further work-up. While in the hospital the patient had relief only from sitting up and forward. The doctor decided to transfer the patient to another facility that had specialist. At the next hospital it was determined that the patient had Viral Pericarditis, associated with the Covid Vaccine.

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1058600	2/26/2021	ME	87	F	2/26/2021	2/26/2021	Spoke to who reports that she got her second covid vaccine this afternoon, reports she also had lasagna which she always gets when she is there, reports however, shortly after these events she has broke in hives. Reports hives though are located to her ears only, and ears are itchy. States took her allergra and by the time she got home to call to report this they have subsided almost completely and apologizes for calling, she was just not sure if she should have these symptoms reported as she read and was told to report any "reactions" to the covid vaccine. States did not experience the hives with her first dose and she reports the hives in her ears have occurred previously when she had fried clams. Denies fever, cough, shortness of breath, respiratory distress/concerns, nausea/vomiting/diarrhea, chest pain, hives elsewhere*

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1058382	2/26/2021	KS	52	F	2/24/2021	2/24/2021	<p>Progress Notes (Nurse Practitioner) Pt called for follow up s/p covid-19 vaccine done on 02/24/21. She reports doing well and better today. She still has a sore arm where the injection site is. No redness or swelling nor fever. She also states that her cotton mouth sensation is gone. She is overall well. Pt is appreciative for the phone call. Denies any other concerns. Progress Notes (Nurse Practitioner) Attempt to reach patient for follow up. No answer. Progress Notes (Nurse Practitioner) Cosign Needed Expand All Collapse All Date: 2/24/2021</p> <p>Subjective Pt is a 52 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 30 minute waiting period after the injection, the patient began to experience chills/shaking "as if my internals are trying to come out.". She also reports of R arm pain "as if someone socked me in the arm" at injection site. She denied rash, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency room area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, collapse, hypotension, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. PMH: depression/PTSD, recovered alcoholic and pill user x 8 years come this April. Currently on Zoloft, Abilify, Wellbutrin. ALLERGY REVIEW OF SYSTEMS: Patient complains of chills, muscle aches (R arm pain where injection site was) and headaches (she developed a headache later while she was in the bay about 15 minutes into her visit. Rates pain at 8/10) Patient denies fever, malaise/fatigue, facial swelling, ear pain, itching in ears, sore throat, frequent throat clearing, eyes watering, eyes itching, puffy eyes, eye redness, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin and abdominal pain She reported about 15 minutes into her visit with me of "Sudden onset of dry mouth.": Previous Reactions: when she was younger, she had an adverse reaction, unable to recall what, to the chicken pox vaccine. She's</p>

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only been able to get one shot. She's tolerated other vaccines w/o issues. Objective Vitals Vitals: 02/24/21 0907 02/24/21 0926 02/24/21 0943 02/24/21 1000 BP: 135/84 128/71 120/73 101/71 BP Location: Left arm Left arm Patient Position: Sitting Sitting Pulse: 93 82 68 SpO2: 97% 100% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is obese. She is not diaphoretic. Comments: initially appeared fatigued, not as alert. After drinking water, eating a granola bar. She started to come around HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Thyroid: No thyromegaly. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Musculoskeletal: Cervical back: Neck supple. Skin: General: Skin is warm and dry. Comments: R arm inspected. Warm, no erythema, swelling nor rash. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood is anxious. Affect is flat. Comments: initially flat/anxious. Pt was able to have normal mood by end of visit. Assessment/Plan Treatment included: water, snacks and ibuprofen for headache Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health), Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Doing well after observation. She has a ride. She was able to ambulate out to the front with co-worker. She is aware of precautions to watch for. Advised to place warm compress or ice to R arm. F/up with pcp as needed. Electronically Signed 2/24/2021 12:50 PM

1058597 2/26/2021 CA

35 F

2/20/2021

2/21/2021

Started with pain in my arms then led to chest pains on the upper left region of my chest. Pain was extensive for about 48hours and still persist but only mildly.

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1058349	2/26/2021	CA	58	F	1/29/2021	1/30/2021	After the second vaccination employee experienced minor symptoms on day 1 and day 2 with headaches, feeling hot/cold alternating, arm pain, muscle aches. Day 3-5, employee became more sick with mild intermittent chest pains, extreme exhaustion, muscle aches and spasms, dizziness, headaches, feeling hot and cold alternating, but no fevers noted. Day 7, employee started to feel better, but symptoms continued with fatigue which persisted for a several days until she was back to baseline
1058388	2/26/2021	MO	68	F	2/23/2021	2/23/2021	Patient went to the restroom after her vaccine and when she came out, she was walking to her seat and had mid-sternal chest pain.

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1058411	2/26/2021	KS	56	F	2/24/2021	2/24/2021	<p>Progress Notes APRN (Nurse Practitioner) ? ? Family Medicine Pt called for follow up s/p covid-19 vaccine done on 02/24/21. She was sent to the ED from here for further evaluation of chest pain. She states her bp continued to be elevated but they gave her an anti-inflammatory shot for her chest pain. States it helped a little but not much. States last night was "rough" but got better through the night and "honestly I didn't feel better until noon today." Took her bp today and it was 148/98. She has not contacted her pcp for follow up. She was reminded to continue to track her bp and record. It was also recommended that she contact her pcp tomorrow to get in sometime next week to be further evaluated and f/up on bp. She is aware of when to return to ED for worsening or new symptoms discussed today. Pt voiced appreciation for the phone call/follow up. Denies any other questions or concerns. Progress Notes APRN (Nurse Practitioner) ? ? Family Medicine Cosign Needed Attempt to call patient for follow up via phone. No answer. Progress Notes APRN (Nurse Practitioner) ? ? Family Medicine Cosign Needed Date: 2/24/2021</p> <p>Subjective Pt is a 56 y.o. female who was seen at clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience chest tightness. She denied rash, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, hypotension, rapid progression of symptoms, respiratory distress and tongue swelling. PMH: DM and HTN. She was taken off Actos here in the last couple of weeks and switched over to Glipizide. She also takes 10 mg of Lisinopril at night time. She also takes Morphine BID for chronic pain. ALLERGY REVIEW OF SYSTEMS: Patient complains of chest tightness and dizziness Patient denies chills, fever, malaise/fatigue, sore throat, frequent throat clearing, cough, shortness of breath, wheezing, rash, hives, eczema, itching of skin, abdominal pain, muscle aches</p>

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and headaches Previous Reactions: none
Objective Vitals Vitals: 02/24/21 0915 02/24/21 0928
02/24/21 0939 02/24/21 0945 BP: (!) 155/82 (!) 159/93 (!)
154/79 (!) 156/88 BP Location: Left arm Left arm Left arm
Left arm Patient Position: Sitting Sitting Sitting Sitting
Pulse: 87 SpO2: 99% Blood Sugar 185
collected at 0915 Physical Exam Constitutional:
General: She is not in acute distress. Appearance:
Normal appearance. She is well-developed. She is
obese. She is not ill-appearing or diaphoretic. HENT:
Mouth/Throat: Mouth: Mucous membranes are
moist. Pharynx: Oropharynx is clear. Eyes:
Conjunctiva/sclera: Conjunctivae normal. Neck:
Thyroid: No thyromegaly. Cardiovascular: Rate and
Rhythm: Normal rate and regular rhythm. Heart
sounds: Normal heart sounds. Pulmonary: Effort:
Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.
Musculoskeletal: Right lower leg: No edema. Left
lower leg: No edema. Skin: General: Skin is warm and
dry. Neurological: Mental Status: She is alert and
oriented to person, place, and time. Psychiatric:
Mood and Affect: Mood is anxious. Behavior:
Behavior normal. Thought Content: Thought content
normal. Judgment: Judgment normal.
Assessment/Plan Treatment included: antihistamines
and water Follow up response to treatment: fair. Patient
discharge: Transported to ED by POV. Differential
Diagnosis: Vaccine-Related Anxiety (include misc mental
health) and Red flag symptoms (CP, SOB, NVD,
Visual/Neuro concerns) During her stay she was
monitored. After zyrtec was administered and she was
laying down. She reported to feel a little better. Upon
ambulation to evaluate, she reported lightheaded and
chest tightness worsening slightly. She states she has
her husband out front who is "angry with me for even
being here." We discussed reasons for further evaluation
as I am limited here. She declines Ambulance and states
her husband won't take her but she would take herself or
find a friend. Pt stable. Taken out in wheelchair. Pt
ambulates without assistance. 2/24/2021 11:11 AM

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1058416	2/26/2021		25	M	2/3/2021	2/3/2021	hours ago and about 45 minutes after the vaccine developed diffuse body numbness. Denies weakness denies chest pain shortness of breath nausea vomiting diarrhea he states he has about 3 out of 10 numbness he still feels some things but states it doesn't feel normal. It is diffuse all extremities and his face.
1058476	2/26/2021	MA	21	F	2/7/2021	2/7/2021	Day of vaccine, 4hrs post vaccine: felt drunk/high/intoxicated (touch was intensified, numbing feeling) Day 2-3: exhausted and fever of 102F, body aches, chills, nausea Day 4: started feeling better, fever went down with Tylenol Day 5 3am: woke up with chest pain (3.5-4/10), went away with Tums; 0930pm chest pain 6/10 while sitting at desk, increased to 7/10, lasting 2 hours by the time I went to the ER

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1058528	2/26/2021	KS	67	F	2/24/2021	2/24/2021	<p>Progress Notes: (Nurse Practitioner) ? ? Family Medicine Cosign Needed 3rd Attempt to call patient for follow up via phone. No answer. Progress Notes (Nurse Practitioner) ? ? Family Medicine 2nd Attempt to call patient for follow up via phone. No answer. Progress Notes (Nurse Practitioner) ? ? Family Medicine Attempt to call patient for follow up via phone. No answer. Progress Notes: (Nurse Practitioner) ? ? Family Medicine Cosign Needed Expand All Collapse All 2/24/2021 Patient Date: 2/24/2021 Subjective is a 67 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience itchy, shaky, hot, chest tightness. She denied rash, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, drooling, hypotension, rapid progression of symptoms, respiratory distress, skin changes and tongue swelling. PMH includes none. She does not take any medications but is on Vyvanse.none. She denies any medial hx. Not on any medications. She did drink a protein shake this am. ALLERGY REVIEW OF SYSTEMS: Patient complains of chills, chest tightness and itching of skin (to R shoulder/injection site area) Patient denies fever, malaise/fatigue, nasal sores, sneezing, sore throat, frequent throat clearing, cough, shortness of breath, wheezing, rash, hives, eczema, abdominal pain, dizziness and headaches Previous Reactions: none Objective Vitals Vitals: 02/24/21 1024 02/24/21 1029 BP: (!) 180/73 (!) 150/90 Pulse: 71 SpO2: 97% Blood Sugar 108 collected at 1050 Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not ill-appearing, toxic-appearing or diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Comments: Clear oral airway Eyes: Conjunctiva/sclera: Conjunctivae normal.</p>

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						<p>Neck: Thyroid: No thyromegaly. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Musculoskeletal: Cervical back: Neck supple. Skin: General: Skin is warm and dry. Findings: No rash. Comments: Injection site and R arm without erythema or swelling. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood is anxious. Judgment: Judgment normal. Assessment/Plan Treatment included: antihistamines, water and snacks Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health), Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) PT monitored and improving. Pt ambulates well without dizziness. Chest tightness resolved and itchiness improving. Precautions discussed with patient. Pt aware of what to monitor and when to go to ED. Pt voiced understanding and appreciated. Pt able to ambulate out of the facility with ease. APRN Electronically Signed 2/24/2021 12:27 PM</p>
1058440	2/26/2021		31 F	2/26/2021	2/26/2021	<p>Anaphylaxis - chest pain, shortness of breath, tingling in throat, lightheadedness Responsive to EpiPen x 2. Given IM solumerol EMS took her stable to ER</p>
1058568	2/26/2021	CA	39 F	2/23/2021	2/23/2021	<p>Covid19 vaccine (Pfizer): Pt was employee receiving second dose of vaccine. Per report to had reaction to first therefore premeditated with 25 PO benadryl prior to shot. Pt received shot at 13:40. Around 13:44 pt felt right face and neck swelling, chest pain. BP 121/74, HR 93 and 100% on RA. Patient transported to ED for evaluation. symptoms improved. Discharged home after 2h of observation.</p>

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1058247	2/26/2021	NC	51	F	2/24/2021	2/24/2021	Patient presented to the ED due to shortness of breath and chest pain stating that the symptoms developed yesterday after receiving COVID-19 immunization. Patient stated that she has taken multiple albuterol and Benadryl doses yesterday. Pain is located at the center of the chest and bilateral ribs (right more than left). When taking deep breaths the pain increases.
1054319	2/25/2021	NM	63	F	2/24/2021	2/24/2021	After receiving vaccine the patient was waiting for her 15 min. She began to report feeling of numbness in her fingers. Her vitals were checked and she had an elevated blood pressure of 200/108. She was also was developing a redness on both arms and hands. Rechecking her blood pressure 5mins later her blood pressure was 190/110. Patient also had complaints of intermittent chest pain. After speaking to a provider it was decided to send patient to the ER to treat the elevated blood pressure.
1054158	2/25/2021	IL	55	F	2/18/2021	2/20/2021	Large area of swelling around injection site about the size of a softball measuring 14 cm in diameter. Treatment- anti-inflammatories- ibuprofen. It has now been 1 week and is down to 4 cm. Also, on 2/23 had a flair-up of the post CoVid syndrome and ended up in the ER with chest pain and severe shortness of breath. All cardiac tests came back within normal limits. Chest X-ray just showed atelectasis in bases remaining from bilat CoVid pneumonia 3 months ago. Diagnosis was post CoVid syndrome. Treatment - nebulizer and anti-inflammatories - more ibuprofen. Returned to baseline shortness of breath that has existed since having CoVid in November in about 8 hours. I'm not sure if this was a reaction to the vaccine, but thought I would include it.

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1054197	2/25/2021	WA	34	F	2/18/2021	2/18/2021	presents with fever x 1 day. fever range 103.6 and 105. She has been taking ibuprofen 400mg daily with last dose at 4:15pm today. She received the pfizer covid vaccine on her right arm on 2/18/2021 and she developed fever last night. Temp during video visit was 104.8. Denies swelling, redness, itching, or rash to injection. She only had slight fever after the first vaccine. Did not contact covid throughout the covid season. Denies headache, sinus pain, nasal congestion, chest congestion, cough, shortness of breath, difficulty breathing, neck stiffness/pain, chest pain, loss of taste or smell, n/v, diarrhea.
1054273	2/25/2021	MD	77	F	2/20/2021	2/23/2021	Pt received injection on 02/20/2021 and tolerated well. Pt contacted PCP office and spoke with triage RN on 02/23/2021. Pt woke up on 02/23/2021 and after taking her shower noticed redness, swelling and warmth at the injection site. area was 4" and now appears to be approx. 2.5" in diameter. Pt monitored the area and in the afternoon the symptoms resolved. Pt denies chest pain, shortness of breath, fevers, chills, rash/blisters and swollen glands at the time of the triage call. RN provided pt with home care instructions for her to continue to monitor for reaction to COVID vaccine, take Tylenol as needed and apply cool compresses tot he area with barrier between skin/ice as needed. Pt returned telephone call to the PCP office and spoke with triage RN on 02/25/2021 and advised the area of redness has extended to her left elbow. Pt reports no " red streak noted" its only red, warm to touch and with no swelling/pain or fever. RN sent message to PCP and recommendations received and RN contacted pt. RN advised pt to continue with ice as needed, Tylenol as needed and reviewed instructions for worsening symptoms and when to present to hospital (increase redness/warmth/fever) and ED) red streak/increase pain/swelling/high fever/decreased movement to left arm).
1054286	2/25/2021	TX	63	F	1/31/2021	2/2/2021	Lasting effects are increased heart rate, itching, hematomas, head pain, chest pain and heavy lungs
1054304	2/25/2021	CT	44	F		2/8/2021	Temp- 102, chest pain, body aches, headaches, vomiting. Saw primary in the AM and went to the ER from there.

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1054124	2/25/2021	MD	73	M	2/19/2021	2/24/2021	2/24/21 patient was admitted after a cath lab procedure; reason for admission: chest pain per the EUA, hospitalizations are to be reported irrespective of attribution to vaccine This hospitalization does not appear to be related to the vaccine
1053871	2/25/2021	IA	38	F	1/13/2021	1/13/2021	COVID-19 Vaccine Pt received first dose of vaccine in December and states that she only had a sore arm. She received second dose 1/13/2021 at 0813 and had no side effects. Around 1500, she developed chest pain and wheezing. She used her albuterol inhaler (pt has asthma), which helped. That night, she developed a sore arm. She woke 1/14/2021 around 0100-0200 from pain and was unable to go to back to sleep. She had aching in her left arm, as well as shooting pains through her arm and into palm. She took APAP 1000 mg PO x 1 and doxylamine which helped, but she was still unable to go back to sleep d/t pain. The pain expanded into her chest (especially with deep breaths), and upper back. She developed headache, sore throat, sweats and chills, shooting pain in her ear, painful and swollen left axillary lymph node, and the right side of her tongue became numb (numbness subsided after 1-2 hours). 1/14/21 morning, pt has persistent left hand pain, as well as joint pain in her feet, hips, and knees. She took another 1000 mg of APAP, which helped her pain. by 1/14 evening, she took 1000 mg APAP again and was able to sleep, although pt still endorsed sweats/chills. 1/15: Pt reports her pain is better, less severe, though now she is very fatigued and feels like she has been "hit by a truck". Her left axillary lymph node is still painful and swollen, but less painful than before.
1054538	2/25/2021	NJ	35	F	2/24/2021	2/24/2021	Symptoms about an hour AFTER injection, facial numbness and mild soreness at the injection site. A few hours (~8hours) symptoms started with fatigue, body soreness, chills, low fever, malaise, mild chest pains/tightness, headache, dizziness

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1054465	2/25/2021		86	F	2/11/2021	2/11/2021	Pt seen on 2/24/2021 for vaccine reaction, initial encounter, acute gastroenteritis, chest pain, unspecified type; GI s/s following COVID vaccination and 4 days of chest pain, cardiac workup negative, MD felt overall may be from recent GI illness causing chest pain, IV's given and antiemetics, able to eat small amount of food here in ER, discharged home, close follow up with PCP and cardiology, concerned over possible COVID - tested and negative in ER, shortly after COVID vaccine began to have nausea, vomiting, diarrhea, inter. stomach cramping, sensitive stomach, past 4 days chest heaviness and pain around heart, cardiac history in past. To follow up with APNP ASAP.
1054303	2/25/2021	TX	82	F	2/25/2021	2/25/2021	Dizziness, R side chest pain radiating to R side of neck and R arm. Evaluated by EMS, cleared.
1054110	2/25/2021	FL	44	M	2/19/2021	2/19/2021	Around 4 hrs after vaccine, he felt down and tired. that night he had worsening flu like symptoms. Since the vaccine he endorses having a fever, feeling tired and aches all across the body. He also complains of being dizzy and numbness of both his hand that developed since the vaccine. He has taken tylenol and it resolves all the symptoms, however he says that the symptoms return as soon as the tylenol wears off. Denies constipation, diarrhea, chest pain, SOB but endorses nausea. Suggested to contact PCP and to see a doctor, also advised that if symptoms worsen, he should visit an ED.
1054045	2/25/2021	WI	86	F	2/23/2021	2/23/2021	Chest pain
1054022	2/25/2021	OH	42	M	2/16/2021	2/17/2021	Resident became pale with c/o chest pain followed by emesis. Heart rate Tachy at 142/min. Resident indicates pain to mid-sternum radiating to right shoulder. States right arm has been sore since #2 COVID vaccine on 2/16/2021. BP 120/88, Pulse 142, Resp 20, Oxygen saturation 99% on room air, Aspirin 325mg given and supplemental Oxygen applied. Resident was subsequently transferred to the local ER.

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1053968	2/25/2021	IA	53	F	1/31/2021	1/31/2021	Pfizer COVID-19 Vaccine EUA Pt received 1st dose of vaccine on 1/31/21. Afterwards, she developed a slight cough and chest pressure. Pressure is worse with deep breathing. Denies chest pain. Denies SOB or wheezing. Pt also had episode of loose stool x 1. States she has had an anaphylactic reaction in past, but it did not feel the same. Pt took diphenhydramine 50 mg PO before receiving her vaccine after consulting her PCP. When pt presented to convenient care, vitals WNL. Pt given methylpredisolone 125 mg IM x 1. Pt prescribed epinephrine 0.3 mg injectable 2-pak kit. Provider recommended pt not receive the 2nd dose of vaccine unless PCP says otherwise. Pt discharged to home. 2/1/21: Pt continued to endorse loose stools, fatigue, and body aches. 2/2/21: Pt's PCP told her not to receive 2nd dose of vaccine.

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1053582	2/25/2021	NM	24	M	1/25/2021	1/25/2021	unable to bear weight on legs/could not walk or bear weight; shortness of breath; fever; nausea/nauseous; pain in left shoulder radiating to left chest 4/10; Chest pain at the side 5/10; tried to get up to walk but was very shaky and could not get up to walk/unable to walk/could not walk or bear weight; dizzy/light headed; almost instantly was sharp stinging in injection site; tried to get up to walk but was very shaky and could not get up to walk; WBC 14000, no unit of measurement, normal was 11000; This is a spontaneous report received from a contactable pharmacist and consumer (patient). A 24-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection; lot number: EL3302 and expiry date: May2021), via intramuscular route on deltoid left on 25Jan2021 15:57 at 0.3 ml single for COVID-19 immunization at hospital. Patient did not receive other vaccine in four weeks and in last two weeks. Patient's medical history, family medical history and concomitant medications were reported as none. Patient had no known allergies. Historical vaccine included BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number; EL1284; expiry date: Apr2021) via intramuscular route on left deltoid on 04Jan2021 at 10:45 AM for COVID-19 immunization; Hep B Adult Energix-BPFS (HEPATITIS B VACCINE, lot number; 2793Z) on left deltoid on 12Jan2021. Patient received 3 previous doses of HEPATITIS B VACCINE. It was reported that, the patient complained of pain in left shoulder radiating to left chest 4/10 and nausea immediately following injection, Chest pain at the side 5/10 (on 25Jan2021 at 14:00, after second dose of COVID vaccine). Taken to the ED (emergency department) via wheelchair at 1700. No rash, no swelling of lips/tongue or throat. No treatment was given for the events nausea and pain in left shoulder. No COVID was presented prior vaccination and post vaccination. Patient stated almost instantly was sharp stinging in injection site, he felt nauseous, dizzy, light headed, and had chest pains, he tried to get up to walk but was very shaky and could not get up to walk on25Jan2021 at 14:00. Stated that he was wheeled to the emergency room, he was admitted to the emergency room for almost 8 hours. Clarified he was not admitted to the hospital that he did leave that night. He was able to stumble out of the emergency room to go home. Clarified

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1053897	2/25/2021	IA	43	F	1/15/2021	1/15/2021	<p>he got the vaccine on 25Jan2021 (his second dose). Stated he woke up next morning on 26Jan2021, unable to bear weight on legs, chest pain, and shortness of breath, fever. HCP prescribed Arnuity for the chest pain. WBC 14000, no unit of measurement, normal was 11000. Patient was unable to walk, nausea, dizzy, lightheaded and having some chest pain and patient was not hospitalized, spent 8 hours in Emergency Room. Outcome of the event fever was recovered on 27Jan2021; nausea, dizziness, was recovered on 31Jan2021; Unable to walk, lower extremities weakness of, shortness of breath was recovering; the event chest pain was not recovered; and for remaining events it was unknown.</p> <p>Pfizer COVID-19 Vaccine EUA Pt received 2nd dose of COVID vaccine 1/15/21. A few hours after receiving vaccine, pt developed shoulder and neck pain. She felt feverish, chills that night but did not check temperature. Over next few days, she developed increasing generalized body aches, joint aches, headaches, weakness, fatigue. On 1/21/21 pt noted SOB and chest tightness, so she reported to ED. She checked her pulse ox and was 99%, was tachycardic to 140-150. She takes propranolol for essential tremor, so she took propranolol 40 mg PO x 1 and presented to ED on 1/21/21. In ED, pt was no longer tachycardic. Pt also states her concern for blood clot (mother had DVT in her 30s). She presented with moderate chest pain and tightness, as well as headache, weakness, SOB. Pt given APAP 1000 mg PO x 1, ibuprofen 800 mg PO x 1, orphenadrine 100 mg PO x 1. Nitroglycerin 0.4 mg SL x 1 ordered, but not given on MD's orders. Pt discharged home. 1/22/21: Pt f/u with hospital. DO says her elevated WBX and Cr were likely d/t vaccine and dehydration. DO offered to schedule f/u BMP and CBC on Monday 1/25. Pt also scheduled for outpt fluids at infusion center on Monday 1/25 in case BMP and CBC still indicate dehydration.</p>

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1053673	2/25/2021	CA	70	F	1/18/2021	1/22/2021	<p>did I have a heart attack. No doctor will see me to give me an EKG; Collapsed; Crushing chest pain; chest was killing me and hurting and I was sobbing and it lasted about an hour and 15 minutes; Side of my neck hurt; My back hurt; It was just awful; Lethargic; I ended up vomiting for 2 days after the chest pain receded; slept for 16 hours; This is a spontaneous report from a contactable consumer. This consumer reported similar event for 2 patients (husband and wife). This case refers to the wife with serious adverse events. A 70-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EL8982, expiration was not reported), via an unspecified route of administration on 18Jan2021 at single dose for COVID-19 immunization. Medical history included acid reflux. Concomitant medication included dexlansoprazole (DEXILANT) for acid reflux. Patient reported that she had terrible severe reaction on the 22Jan2021. They were vaccinated on the 18Jan2021 and on the night of the 22Jan2021, she had such crushing chest pain that she just collapsed. Her chest was killing her and hurting and she was sobbing and it lasted about an hour and 15 minutes. The side of her neck hurt and her back hurt. It was just awful. Patient reported that she have called everybody. She have called her doctor's assistant and she confused her. Patient reported that they just went in because they were 70 and 71 and got the vaccine but then she ended up vomiting for 2 days after the chest pain receded and they took baby aspirin and then she just vomited and vomited and slept for 16 hours. They were both very lethargic. She asked her what should she do. She does not know if this was a reaction to the vaccine or did she have a heart attack. No doctor will see her to give me an EKG. They say they are not seeing patients. The patient recovered from chest pain on an unspecified date; while outcome of the remaining events was unknown.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021115775 same reporter/drug, similar event, different patient.</p>

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1053672	2/25/2021		42	F	1/21/2021	1/22/2021	tachycardia up to 201; up to BP 210/101; chest pain; Extreme weakness; slept 36hrs; nausea; no appetite; stomach cramping; headache; site soreness; dizziness; full body aches; chills; diarrhea; This is a spontaneous report from a non-contactable nurse who reported for herself, a 42-year-old female patient who received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number and expiration date unknown), via an unspecified route of administration on 21Jan2021, at the age of 42 years, at a single dose for COVID-19 immunization. Medical history included depression. Patient had no cardiac history. Patient had no COVID prior vaccination, and was not COVID tested post vaccination. The patient was not pregnant, and not pregnant at time of vaccination. Concomitant medication included celecoxib (CELEXA). On 22Jan2021, the patient experienced extreme weakness, slept 36hrs, tachycardia up to 201, up to BP 210/101, nausea, no appetite, stomach cramping, headache, site soreness, dizziness, chest pain, full body aches, chills, and diarrhea. No treatment was received for the events. The outcome of the events was recovering. No follow-up attempts are possible; Information about lot/batch number cannot be obtained.; Sender's Comments: The reported events including serious events hypertension, tachycardia, and chest pain were likely related to due to plausible temporal relationship. The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1053671	2/25/2021	TN		F	1/6/2021	1/7/2021	<p>inability to stand or walk; slurred speech; inability to stand or walk; left sided pain in chest; left sided pain in chest, neck & scapular area; left sided pain in chest, neck & scapular area; elevated BP; lightheadedness; left hand started become cold & felt heavy; left hand started become cold & felt heavy; This is a spontaneous report from a contactable other health professional reporting for herself. A 48-years-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection; lot number: unknown), intramuscular (arm left) on 06Jan2021 17:45 (05:45 PM) at SINGLE DOSE for covid-19 immunisation. Medical history included endometriosis from an unknown date. The patient's concomitant medications were not reported. The patient did not take other vaccines in four weeks and no other medications were taken in two weeks. Patient did not have COVID prior vaccination. The patient was tested for COVID post vaccination (Unknown results in 2021). On 07Jan2021 11:30 (also reported as less than 24 hours post vaccination), the patient experienced left hand started becoming cold and felt heavy. On 08Jan2021 12:00 (reported as around noon), the patient experienced inability to stand or walk, elevated BP, slurred speech, lightheadedness; and left sided pain in chest, neck and scapular area. The patient was taken to urgent care and emergency room due to events left sided pain in chest, neck and scapular area, inability to stand or walk, elevated BP, slurred speech and lightheadedness. BP came to baseline by 1am (unspecified date in 2021). Treatment was given for the events. Outcome of the events was recovering. Information on the lot/batch number has been requested.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of events Dysstasia, Dysarthria, and Gait inability cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified</p>

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							to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1054505	2/25/2021	FL	62	F	2/12/2021	2/12/2021	SEVERE weakness in legs and arms. SOB, headache, neck weakness, twitching, jerking, uncoordinated, dizzy, hardly able to walk, mind fog, chest pain.
1054597	2/25/2021	GA	33	M	1/29/2021	1/29/2021	Moderna COVID 19 Vaccine EUA: Patient reports about 30 minutes after receiving vaccine he experienced chest pain, heart palpitations and extreme body aches. Patient did not see medical attention at this time. He states he laid down and fell asleep for the remainder of the night . Upon waking the following day, he experienced a severe migraine headache, continued body aches and then developed a cough lasting several days. Patient followed up with PCP Tuesday, Feb. 2nd. Patient denies any fever. He states he has continued to have a "strange feeling in my heart" at night depending on the position he is lying in. Patient denies any history of heart problems.
1053913	2/25/2021	OH	31	F	1/27/2021	2/22/2021	Palpitations, chest pain, anxiety, fatigue
1055331	2/25/2021	IL	77	F	1/18/2021	2/1/2021	A 77 year old female who presents with patient states went to see PCP today for six-month labs and was noted to have elevated BP. Patient's has never been diagnosed with hypertension. She states after going home she got a headache and dizzy since she recheck her blood pressure and noted that it was 190/106. Patient denies any chest pain or shortness of breath and says that her headache is resolved. 2039 BP 145/78, PT FEELS FINE. EXPLAINED TO PT WILL CHECK A SECOND TROPONIN WITH ABNORMAL EKG AND ELEVATED BP. PT VERBALIZED UNDERSTANDING. SECOND TROPONIN NEGATIVE WILL START PT ON ATENOLOL 25 MG DAILY AND DISCHARGE TO FOLLOW UP WITH PCP.
1054689	2/25/2021	FL	84	F	2/22/2021	2/22/2021	Nasal congestion, chills no fever, exhaustion, pain at injection site. Palpitations and arrythmla. Tylenol and bismuth subsalicylate for bloating and chest pain.
1054411	2/25/2021	NY	28	F	1/15/2021	1/15/2021	1/15/21 Chills a few hours later after vaccine 1/16/21 temp 99.9 despite Tylenol, nausea, shoulder, chest pain, cold sore call out sick on 1/16 and 1/17

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1055551	2/25/2021	NJ	61	F	2/25/2021	2/25/2021	Patient about 12 min into observation began with signs of a mild itch, and noted red blotchy spots on inner arm. Patient with a significant allergy report which was properly flagged by clinical nurse for 30 minute observation. During initial assessment, patient denied any SOB, no chest pain, slight pruritus on upper arms and neck. No difficulty swallowing, no wheeze, pulses present and good capillary refill. Placed on Cardiac monitor - Normal Sinus 89, Pulse Ox 98% room air, 164/88. EMS present as support, patient refusing medical transport, EMS documented refusal. Patient will obtain Benadryl from the CVS up the road. Patient with no additional extension of rash, no SOB, no additional itch from rash on arms and back of the neck.
1055499	2/25/2021	CA	54	M	2/25/2021	2/25/2021	Pt expressed anxiety over receiving vaccine, then developed lightheadedness. Denies chest pain, SOB, HA.

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1055459	2/25/2021	IL	94	M	1/21/2021	2/14/2021	2/14 Emergency room HPI Patient is a 94 y.o. male who presents with complaint of cough that started about a week ago, and was seen by primary care provider on the 9th February 2021. Patient was started on Augmentin and has taken it for about 5 days but said the cough is worse and productive of clear sputum. Patient in ER to get checked for pneumonia. Patient denies a fever or chills, shortness of breath, chest pain, nausea vomiting and no headache or dizziness. Transferred to another facility h&pHistory of Present Illness: 94-year-old former smoker with a history of paroxysmal atrial fibrillation not currently on anticoagulation, coronary artery disease, insulin-dependent diabetes, CKD 4, prostate cancer on surveillance, TAVR 2/17, with a son who is a doctor and a caregiver who is a Radiology NP by his report, who presents in transfer from previous Hospital due to a large right pleural effusion. He has had a cough for some time now, but thinks it may have worsened, at least per his caregiver, over the last 4-5 days. He was seen by his PCP on February 9th and placed on Augmentin, but nothing changed. He himself denies being short of breath, having any chest pain, fevers, chills, sweats, change in appetite, abdominal pain, nausea, vomiting, dysuria, diarrhea. Of note, on a chest x-ray in June he had bilateral pleural effusions, and on an MRI in July to investigate a renal mass, he was noted to have a small right-sided pleural effusion. On arrival to facility this morning, he was afebrile, normotensive, had a normal heart rate, sometimes mildly bradycardic, normal respiratory rate and saturations of 97% on room air. Labs demonstrated chronic anemia and thrombocytopenia, stable stage 4 kidney disease creatinine of 2.6, BUN 64, glucose 187. Chest x-ray demonstrated a moderate right pleural effusion, noting that underlying consolidation cannot be excluded. He was also felt to have bibasilar atelectasis. CT of the chest without contrast showed a large right pleural effusion with most of the right lower lobe being collapsed. Superimposed infection could not be excluded. He had a small left pleural effusion with adjacent atelectasis and a small pericardial effusion as well. EKG and procalcitonin were not performed. He was sent to our facility for thoracentesis. On arrival here, vitals remained stable. His bedside RN informed me that upon returning from the bathroom, he appeared

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							to be a bit dyspneic, but the patient himself denies any shortness of breath or ?huffing and puffing?. 2/25 admEd to hospital admission
1055442	2/25/2021	CA	60	F	1/4/2021	1/4/2021	10 min. After shot developed rash to chest, torso. On 4th day developed SOB, chest pain and fatigue.
1055364	2/25/2021	IL	88	F	2/12/2021	2/18/2021	Emergency Room PT is a 88 y.o. female who presents with chest pain. Patient has a chronic intermittent chest pain due to coronary artery disease. She was recently evaluated and catheter to cessation demonstrated coronary artery disease that was not amenable to stenting. It was also felt that she was not a candidate for CABG due to her comorbid medical problems including renal insufficiency. Patient has been managed medically. She essentially has daily episodes of angina. Patient denies associa or lightheadedness. Patient had 1 sublingual nitroglycerin prior to arrival. The pain had been present approximately 2 hr time prior to its resolution. The pain had completely resolved prior to her arrival. In addition, she had received 324 mg of aspirin orally.
1055573	2/25/2021	SC	35	F	2/4/2021	2/19/2021	Stabbing chest pain, right side. Prolonged elevated blood pressure
1055323	2/25/2021	GA	50	F	2/24/2021	2/24/2021	Facial Flushing,feeling hot,dizziness,Patient became sleepy and difficult to arouse,nauseated,shallow respiration's rate of about 18. Had patient remove her mask,cool compress applied to back of neck and forehead,checked vitals and blood sugar.When patient became fully aroused gave zofran odt,Patient complained of chest pain and mild sob,Benadryl 50mg given IM. Sat with patient until EMS arrived.
1055320	2/25/2021	WV	52	M	12/28/2020	1/26/2021	heart palpitations, tired, chest pain, anger outbursts, diarrhea , head ache.
1055294	2/25/2021	NC	49	F	2/25/2021	2/25/2021	Patient developed chest pain 5-10 minutes after the first dose requiring hospitalization. I am a hospitalist physician admitting the patient to hospital from the ER.

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1054975	2/25/2021	KS	77	F	2/25/2021	2/25/2021	<p>Progress Notes (Nurse Practitioner) ? ? Family Medicine Cosign Needed Expand AllCollapse All 2/25/2021 Date: 2/25/2021</p> <p>Subjective a 77 y.o. female who was seen at Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience L hand numbness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , chest pain, rapid progression of symptoms and respiratory distress. PMH includes DM, HTN, asthma. Takes metformin and losartan around noon every day. She has not taken her bp medication yet today as she takes it with lunch. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, eyes itching, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, cysts, itching of skin, muscle aches, dizziness and headaches Previous Reactions: none Objective Vitals Vitals: 02/25/21 1145 02/25/21 1201 BP: (!) 160/97 124/83 Pulse: 72 SpO2: 99% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. Neck: Thyroid: No thyromegaly. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Musculoskeletal: Cervical back: Neck supple. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Cranial Nerves: No cranial nerve deficit or facial asymmetry. Sensory: Sensation is intact. No sensory deficit. Coordination: Coordination is intact. Gait: Gait abnormal (walks with walker, steady gait). Comments: +5/5 strength against</p>

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resistance to both upper and lower extremities.
Assessment/Plan Treatment included: water Follow up
response to treatment: excellent. Patient discharge:
Stable to go home and follow up with PCP. Differential
Diagnosis: Vaccine-Related Anxiety (include misc mental
health) and Local reaction (arm pain, bleeding/bruising,
mechanical irritation, localized rash) Exam is
stable/unremarkable. VS improved. Pt monitored for 20
minutes. She feels well. Possible more likely anxiety
related than a local reaction. Pt aware to monitor and
follow up with pcp if needed. Pt here with husband whom
walked out with her. She declined wheelchair. She feels
well. APRN Electronically Signed 2/25/2021 11:59 AM

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1055722	2/25/2021	CA	40	F	2/25/2021	2/25/2021	Client complained of warmth and dizziness after receiving first Pfizer Covid-19 vaccine. Client was sitting in post vaccine waiting area approximately 10 minutes before alerting EMT she was not feeling well. EMT alerted lead PHN to assist. Client alert and oriented, faced appeared slightly flushed, PHN asked client to lower mask to assess for any swelling or hives. Client denied shortness of breath, chest pain, allergies to vaccines in the past. Client stated room feeling warm. First set of vitals at 1020: blood pressure 124/80, pulse 79, respirations 16. Client was moved to chair near exit door for breeze of air and given water. Client walked with steady gait by herself. Shortly after being closer to open doorway client stated warmth feeling was improving. Per client only allergic to gluten products, only medication she takes is for thyroid and she had taken that this morning. Client asked if she could eat her snack she had in her purse, per client no breakfast this morning. PHN just instructed client to take small sips of water and eat slowly. PHN informed client her wait time would be extended to 30 min observation to make sure symptoms had improved prior to her leaving and client agreed. EMT stayed with client and reassessed vitals after 5 minutes. Blood pressure: 128/80, pulse 75, o2 98, skin color normal, alert and oriented, and client stated symptoms resolving. PHN and EMT reassessed client at 10:40, as client was approaching 30 minute observation. Vitals: blood pressure, 128/78, pulse 78, o2 99. Alert and oriented, client stated prior complaints had resolved. PHN had patient stand up by chair to assess for dizziness and client denied at this time. ER precautions given. EMT walked client out of building at 10:45, client walked out with steady gait.
1055368	2/25/2021		28	M	2/20/2021	2/21/2021	Patient presented with bilateral blurry peripheral vision that resolved over several days. He was found to have P1 PCA stenosis. Additional imaging showed this to be resolved and a normal variant. Additionally, patient diagnosed with myopericarditis. Found to have elevated troponin up to 6, diffuse ST segment elevation on EKG and chest pain. Started on ibuprofen and colchicine with relief. Discharged from the hospital on hospital day 2.

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1055243	2/25/2021	WI	75	M	1/25/2021	1/25/2021	75-year-old male presenting with speech changes. Patient accompanied by need he reports that he was last seen normal between 11 and 12:00 a.m.. Patient went to get his COVID vaccine and then to the grocery store. He drove home and pulled into the garage but when he did not get out of the car his neighbor went to check on him. His neighbor states patient was awake but aphasic and paralyzed on the right side. He moved into the passenger seat and drove directly to the hospital. Patient started to talk and had difficulty expressing words. Patient denies headache, chest pain shortness of breath, nausea or vomiting, abdominal pain or diarrhea. Neighbor states patient has a history of a bleeding stroke 2 years It was a bleed into the outside of the brain on the left side of head as a result of a fall that caused problems for me.
1054962	2/25/2021	MN	38	F	2/11/2021	2/12/2021	Patient presented to the ED with chest pain, fever and shortness of breath. This was following the 2nd dose of COVID-19 vaccine. She was in her usual state of health prior to vaccine. She had anterior chest pain that started at 1:00am on 2-12-21 along with fever of 100.4, nausea, and HA. Denied loss of taste, smell. No cough or upper respiratory congestion. Pain and local inflammation at the injection site. Also reported right leg cramping and right leg edema. She reported she never had a DVT or PE but has Factor V Leiden. Patient felt that her dyspnea was not related to her asthma, that it felt different. ROS: Positive for fever, SOB, wheezing, nausea, myalgias, HA Physical exam: No acute distress. Tachycardia, No respiratory distress. Breath sounds no stridor, wheezing, or rhonchi. No edema in right lower or left lower leg.

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1054931	2/25/2021	KS	73	F	2/25/2021	2/25/2021	<p>Progress Notes Family Medicine Cosign Needed Expand All Collapse All 2/25/2021 Date: 2/25/2021</p> <p>Subjective is a 73 y.o. female who was seen at Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience L arm/hand numbness. She denied rash, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality, chest pain, rapid progression of symptoms and respiratory distress. PMH: none per pt. Not on any medication. She has not been back to her pcp for "several years". No known hx of htn. She does have a bp cuff at home. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, itching in ears, sore throat, frequent throat clearing, cough, chest tightness, shortness of breath, wheezing, rash, hives, eczema, itching of skin, muscle aches, dizziness and headaches Previous Reactions: none Objective Vitals Vitals: 02/25/21 1118 02/25/21 1136 BP: (!) 172/84 124/82 Pulse: 96 SpO2: 99% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is well-developed. She is not diaphoretic. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Thyroid: No thyromegaly. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2</p>

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1054977	2/25/2021	NY	40	F	2/25/2021	2/25/2021	seconds. Findings: No rash. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Cranial Nerves: No cranial nerve deficit or facial asymmetry. Sensory: Sensation is intact. No sensory deficit. Motor: Motor function is intact. No weakness. Coordination: Coordination is intact. Coordination normal. Gait: Gait normal. Comments: +5/5 strength to upper and lower extremities. Equal facial movement. Psychiatric: Mood and Affect: Mood is anxious (slightly). Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: no therapy Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) Exam is stable/unremarkable. VS improved after monitoring. Pt monitored for 20 minutes. She feels well. More like anxiety than local reaction. Pt aware of what to watch for. Education on monitoring bp at home and recommended that she follow up with pcp sometime next week to get up to date on her physical and follow up on bp records she will have done at home. Electronically Signed 2/25/2021 11:33 AM
1055017	2/25/2021	UT	37	F	2/5/2021	2/5/2021	Fever all night day of vaccine, fever next day, general malaise through Sunday. Diarrhea through next week, random cough and acid reflux/ chest pain up to 3 weeks later.
1055153	2/25/2021	IL	79	M	2/24/2021	2/24/2021	Pt received COVID injection at doctors office. Approximately 1 hour later while sitting in recliner, wife noticed patient pale and unarousable. Paramedics were called and found patient with agonal respirations in asystole. Pt was intubated, received epinephrine, amiodarone and atropine per ALS care. Pt wife stated patient complained of dizziness and headache, but no chest pain or shortness of breath. Pt transported to ER. Following testing and treatment in ER, pt transferred to ICU.

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1055187	2/25/2021	SD	56	F	2/22/2021	2/22/2021	Chest pain, difficulty breathing, tingles in the face, tongue swelling, cold sweats
1055209	2/25/2021	TX	67	F	2/1/2021	2/1/2021	8:55 patient complained of feeling anxious, fluttering in chest per patient this is not new, history of Mitral valve prolapse, Diabetes mellitus and COPD. Lost her spouse on this day, feeling anxious. 9:15- 128/60 Pulse 84, respiration 70, 97% saturated Patient denied chest pain or shortness of breath. No sign of distress observed. 9:30 -Patient instructed to call EMS for chest pain and shortness of breath, fluttering, contact Primary care provider. Patient verbalized understanding and drove home.
1054908	2/25/2021		58	M	2/12/2021	2/13/2021	After second Moderns COVID -19 vaccine, along with fever and body aches, individual also experienced chest pain, which he called 911 for. He was kept in hospital for observation x 24 hours, and released with dx of chest pains r/t body aches from vaccine. He states no long-term concerns.
1051823	2/24/2021	FL	72	F	2/21/2021	2/21/2021	1st: 1/24/2021, 2nd: 2/21/2021 1st: 029L2019, 2nd: 039K20A Headache and dizziness with chills beginning last night around 1900. Took ibuprofen which seemed to help with symptoms. Denies chest pain, shortness of breath or difficulty breathing. No other complaints. Patient continues to have headaches and body aches, took Tylenol with some relief. Recommended to see primary provider if symptoms worsen.
1051987	2/24/2021	MI	66	F	2/24/2021	2/24/2021	AFTER RECEIVING THE VACCINE TODAY, SHE COMPLAINED OF A HEADACHE AND CHEST PAIN. ON SITE EMS RESPONDED. VITALS ARE BELOW. SHE DID NOT TAKE ANY OF HER MEDICATIONS TODAY. SHE RECOVERED AND RELEASED TO HOME
1051866	2/24/2021	WI	45	F	1/5/2021	1/6/2021	at noon the day after my vaccine, i started with chills, body aches and fever that reached 103 at tmax, was taking tyl and ibuprofen at recommended amounts and hydrating. the feve persisted, i ended up with high pulse rate in the 120-130 range, chest pain and shortness of breath. it hurt to breathe, similar to the feeling i had when i got covid. i went to the ER for care at 9 pm

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1051880	2/24/2021	OK	60	F	2/9/2021	2/9/2021	Pt reported slight tongue "tingling" and also has a small patch of flat erythematous area on her skin about 8 minutes after the vaccine was administered. She does report the reddened area is itchy. She denies SOB, denies airway tightness, denies chest pain. Her vitals at 1356 hours are a HR of 66, BP of 139/74, RR of 18, Sats 100%, RR 16. Pt took a PO benadryl at 1347 hours per her request as she had already declined further EMS care (ALS and ambulance declined). Her Sxs resolved by 1356 hours. She stayed a few more minutes to be sure her symptoms were completely resolved and left POV at 1407 hours. She will follow up with her physician as soon as she leaves. She has been notified that her symptoms could return.
1052005	2/24/2021	OK	43	U	2/23/2021	2/23/2021	11:37: felt rapid HR, c/o blurred vision & headache; 11:41: felt like might pass out, was assisted to floor; 11:43: HR: 85 BP: 135/90 O2: 100%, c/o blurred double vision, headache, & chest pain, & tongue swelling; 11:44 Benadryl 25 mg PO given; still c/o tongue swelling HR: 83; O2 applied at 25L via NC; 11:46: Rapid response team called; 11:48 18g IV started in LAC, Epinephrine 0.3 mg admin IV; 11:53: Slurred speech observed, c/o feeling tired; 11:56: BP: 155/100 HR:85 O2: 100% on O2 of 25L; 11:59: c/o chest pain, stated "tongue not as swollen"; 12:03: Pt alert & orientedx4 BP: 150/100 HR: 85 O2: 100% on 25L; 12:05: Pt on air mattress then transferred to stretcher; c/o Chest pain and dizziness; transferred to ED
1052018	2/24/2021	NC	82	F	1/30/2021	1/30/2021	BODY FLUSHING, CHEST PAIN PATIENT EVALUATED BY EMS FOR 40 MIN VITALS STABLE AND SYMPTOMS RESOLVED
1052021	2/24/2021	IA	35	F	2/23/2021	2/23/2021	Anaphylactic Shock. 10 minutes after injection - vomiting, shortness of breath, throat swelling, chest pain. Self-administered EpiPen and went to the ER, given multiple doses of epinephrine, solumedrol, Benadryl, Pepcid. was monitored overnight and sent prednisone and Pepcid.

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1052057	2/24/2021	MD	78	F	2/24/2021	2/24/2021	15 minutes after vaccination, Patient complained of non-radiating chest pain and "stomach discomfort." States chest pain 3-4 out of 10. Vital signs stable. Denies nausea or pain in other areas. States "a little" short of breath. Unable to determine pulse ox related to client nail polish. 911 was called, paramedics recommended client go for hospital evaluation, client refused. Client walked out with her husband. She was encouraged multiple times to go for evaluation, and to call her doctor to report symptoms.
1052089	2/24/2021	CA	81	F	1/27/2021	1/27/2021	Patient c/o feeling dizzy/lightheaded and her face was warm. Reported feeling anxious. Facial flushing noted. Patient taken to private room for further observation via w/c. Patient reports SOB and chest pressure 9/10 BP 204/85 hr 71 spo2 99%. Nitroglycerin 0.4 mg SL given. Pt continues to appear flushed, and c/o h/a and chest pressure EKG completed and handed to doctor at bedside. FM replaced with O2 2LNC. Patient's facial flushing, redness to upper extremities and tremors, has subsided notably and pt is reports feeling better. Continues to deny chest pain. Pt's affect improving and she is able to smile when she answers questions. BP 144/53 HR 88 Spo2 100%. Pt discharged via w/c with family in stable condition as per doctor. Patient aware allergy department will be following up on her reaction and she will be provided with further instructions regarding second dose of moderna covid vaccine.
1051812	2/24/2021	FL	74	M	2/11/2021	2/15/2021	Symptoms began aprox one week ago on 2/15/2021 described as a sharp neck pain lasting for aprox. for 2-3 minutes. Soon after, caller describes a puritic, warm, erythemic rash aprox 2 inches in diameter with mild swelling at injection site with continues symptoms thru today. C/o intermittent minor headaches; taking Tylenol. Denies chest pain, shortness of breath, difficulty breathing or any other symptoms.

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1052041	2/24/2021		57	F	2/19/2021	2/19/2021	Patient had second vaccination on 2/19, and later in the evening started to feel achy, and tired, and had swelling under arm, that is still there, though it has gone down. She stated it feels like it spread to her breast. She also stated she had a twitching on the side of her mouth that lasted a second. She denies, fever, SOB, chest pain, rash, or any other symptoms. She stated she is taking Tylenol every 6 hours which is helping. RN reviewed red flags to call 911. RN reviewed would follow up tomorrow with her.
1051787	2/24/2021	TX	38	F	2/24/2021	2/24/2021	c/o burning sensation 10min after injection on the injection site, rated sensation as 3/10 on a scale of 0-10. Denies chest pain, SOB, lightheaded, rash. Cleared, no acute distress. Advised to go to ER if symptom worsen
1051698	2/24/2021	AZ	55	F	2/19/2021	2/20/2021	presenting to the ED for evaluation of reported reaction to the COVID-19 vaccination. The patient reports undergoing her 1st COVID-19 vaccination recently and did not experience any reaction with this whatsoever. However, she received her 2nd vaccination yesterday and initially felt well, but awoke this morning with the feeling of "an elevated pulse", along with fatigue, nausea, nagging diffuse headache, left flank/low back pain, and soreness surrounding the vaccination site. No redness or significant swelling around the site. Also notes a brief episode of RLQ abdominal pain described as "cramping" earlier this morning that has since resolved. She has tried taking 500 mg Tylenol at 0800 without relief in her symptoms. No fevers, chills, dysuria, hematuria, chest pain, or shortness of breath. Patient reports being recently diagnosed with thyroid disease and began taking medications for this about two weeks ago. She denies any past medical history otherwise.
1051653	2/24/2021	ME	77	M	1/28/2021	2/1/2021	Moderate pain in chest behind sternum when breathing. Admitted to Hospital on 1 February 2021. Diagnosed as pericarditis. Treatment: Ibuprofen 600 mg 3x/day for 2 weeks, and Colchicine 0.6 mg 2x/day for 3 months.

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1051564	2/24/2021	NJ	46	F	2/16/2021	2/18/2021	Chest pain left side only if sleeping on my left side, spasms in my hands and all of my left side, extreme itching upper chest area only, lost sense of taste and smell intermittent, intermittent chest pain currently, and fatigue.

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1051449	2/24/2021	IL	33	F	2/17/2021	2/17/2021	9-10min after getting the shot, my lungs felt like I was running a marathon; chest pain; my ears and face flushed red & hot; my ears and face flushed red & hot; coughing; choking; couldn't breathe; My throat was swelling up so fast and filling with a thick mucous; My throat was swelling up so fast and filling with a thick mucous; she was not coherent enough to remember it; This is a spontaneous report from a contactable consumer (patient). A 33-year-old female patient received the 1st dose of bnt162b2 (BNT162B2) at single dose at left arm on 17Feb2021 15:00 for Covid-19 immunisation, administered at hospital. Medical history included asthma, gastrooesophageal reflux disease (GERD), endometriosis, adenomyosis, polycystic ovaries (PCOS), anaphylactic reaction Known allergies: fried chicken/fast food unknown preservative (anaphylactic). Patient was not pregnant. The patient had not experienced Covid-19 prior vaccination. Concomitant medication in 2 weeks included: levonorgestrel (MIRENA), omeprazole (OMEPRAZOLE), paracetamol (TYLENOL). No other vaccine in 4 weeks. The patient previously took cyclobenzaprine and experienced dust allergy, metronidazole and experienced drug hypersensitivity, cephalexin and experienced drug hypersensitivity, tramadol and experienced anaphylactic reaction. On 17Feb2021 03:15 PM, 9-10 min after getting the shot, her lungs felt like she was running a marathon. She told the observer and before she finished describing her chest pain, her ears and face flushed red & hot. She called for a stretcher and she started coughing. They got her on a stretcher & ran her to the ER down the hallway. She was coughing and choking and couldn't breathe. Her throat was swelling up so fast and filling with a thick mucous. Patient received treatment with an epinephrine shot, solumedrol shot, Benadryl shot & started an iv steroid that started with a V sound (between choking/epinephrine/Benadryl, she was not coherent enough to remember it). Within a few minutes her coughing subsided and she was able to breathe normally. She received an albuterol treatment at that point. She was kept under observation for 5 hours. At about the 4 hour mark she had another albuterol treatment. She has continued albuterol treatments every 4 hrs. Oral Prednisone, oral Benadryl. It's hills immediately after meds, valleys between. Patient was not

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1051376	2/24/2021	FL	57	F	1/14/2021	1/15/2021	<p>tested for covid post vaccination. AEs resulted in: doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Life threatening illness (immediate risk of death from the event. Reactions were ongoing. The outcome of events was recovering.</p> <p>arm is sore; pain in her chest as she had before/pain in chest to her left upper sternal border area (under collar bone); fatigued; chills; fever; body aches, it was more like body cramping; body aches, it was more like body cramping; This is a spontaneous report from a contactable nurse (patient). A 57-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EK9231 and expiry date: unknown), intramuscular on the left deltoid, on 14Jan2021 07:15 at a single dose for COVID-19 immunization. The first dose was received on 28Dec2020 (lot number: EK9231), intramuscular on the left deltoid and patient experienced sore arm, and left upper (under collar bone) pain in her chest. The patient medical history was not reported. There were no concomitant medications. She received the vaccine around 7:15 in the morning and by midnight on 15Jan2021 (she works nights), she started to feel the pain. By that point, she was like "ooh, my arm is sore". She also started to have the same pain in her chest as she had before (pain in chest to her left upper sternal border area (under collar bone). Her doctor ordered a chest x-ray on 25Jan2021. Patient stated it was not cardiac. It's just there. The pain was annoying and she can feel it when she moves or when she goes to get up, it's an ache. Its a pain in the neck. On Friday, 15Jan2021, she was real fatigued, had chills, a little bit of a fever, and body aches. She clarified it was more like body cramping and her body hurt so bad. She over that by Sunday. All of her symptoms resolved by Sunday 17Jan2021, except for the pain she was experiencing in her chest which was still ongoing and persisting. She had taken Tylenol, Aleve, and Ibuprofen, but it doesn't resolve the pain at all. Outcome of the event of sore arm was unknown, for pain in chest was not recovered while for the remaining events was recovered on 17Jan2021.</p>

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1051370	2/24/2021	FL	57	F	12/28/2020		Sore arm; Pain in chest to her left upper sternal border area (under collar bone); Pain in the neck, its an aching pain, a nuisance type of pain; This is a spontaneous report from a contactable healthcare professional (patient). A 57-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: EK9231; Expiration date was not reported), intramuscularly on the left deltoid on 28Dec2020 (07:15) at a single dose for COVID-19 immunization at the hospital. The had no relevant medical history and concomitant medications. On an unspecified date, after the first dose of vaccination, the patient had sore arm; pain in chest to her upper sternal border area (under the collar bone); and pain in the neck (further described as "an aching pain, a nuisance type of pain"). The patient had chest x-ray on 25Jan2021 (results were not provided). The patient had received paracetamol (TYLENOL), naproxen sodium (ALEVE) and ibuprofen as treatment for the reported events. The outcome of the events was not recovered for 'pain in chest to her upper sternal border area (under the collar bone)'; and was unknown for 'sore arm' and 'pain in the neck'. The patient had received the second dose of vaccination on 14Jan2021. The reporter believed that it was "highly coincidental" (pertaining to causality) considering the events happened with both vaccine doses. No further information was provided or obtained.

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1051304	2/24/2021	MI	71	F	1/23/2021	1/23/2021	Chest pain and pressure; Chest pain and pressure; Numbness on left jaw, arm and hand; This is a spontaneous report from a contactable other healthcare professional (patient herself). A 71-year-old non-pregnant female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection), via an unspecified route of administration in right arm on 23Jan2021 13:45 at single dose for COVID-19 immunisation in facility type other. The patient's medical history included asthma, unspecified auto immune, sickle cell trait, reflux. The patient have allergies to medications, food, or other products. Concomitant medications included nifedipine (CELEBRATE) at 200 mg, mirtazapine at 7.5 mg, vitamin b12, ascorbic acid (VITAMIN C). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was not diagnosed with COVID-19 prior to vaccination. The patient has not been tested for COVID-19 since the vaccination. On 23Jan2021 04:00 AM, the patient experienced chest pain and pressure, numbness on left jaw, arm and hand. The adverse events result in emergency room/department or urgent care. The events were considered as non-serious by the other healthcare professional. The patient did not receive treatment for the adverse events. The outcome of the events was recovering. Information on the lot/batch number has been requested.
1052099	2/24/2021	TX	42	F	2/8/2021	2/8/2021	per patient she experienced nausea and pain after 1st dose received on 1/14/2021 patient states that after her second dose she experienced facial swelling, hives, chest pain , joint pain and feels tingling in her body

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1051021	2/24/2021	CA	75	F	1/1/2021	1/1/2021	Bell's palsy; blood pressure increased; chest pain; breathing difficulty; weakness; tired; loss of appetite; This is a spontaneous report from a contactable consumer (patient). A 75-year-old female patient received first dose of bnt162b2 (lot number: EL9262), via an unspecified route of administration, at arm left, on Jan2021 at single dose for COVID-19 immunisation. Medical history included Prediabetes from 2019 (reported as diagnosed two years ago), overweight from an unknown date, ongoing arthritis from 2017 (reported as about 4 years ago), gets worse now. There were no concomitant medications. Caller states she just has a question, states she took the test about 2 weeks ago, clarifies the Pfizer vaccine and due for next one on Sunday, caller wanted to find out if what she experienced could be due to the vaccine, states she had a reaction for almost two weeks (also reported that all the events started on 05Feb2021, pending clarification), states her blood pressure went up, she had chest pain in her chest, weakness, loss of appetite, states it lasted about 24 hours, no exact dates provided. Also experienced Bell's Palsy states it comes and goes, that when she talks the saliva comes down the side of her mouth. States her Blood pressure went really high, 145/90 or so, lasted about 24 hours. Did not know if she was having a heart attack. Does see a cardiologist because of a family history of cardiac issues. The outcome of the event Bell's Palsy was not recovered, of the other events was recovered on Jan2021 (reported as lasted for 24 hours).
1051581	2/24/2021	SC	68	F	2/13/2021	2/14/2021	I had chest pains I am still having some. I went to the ER. They ran tests and found nothing wrong with my heart. The only thing I could think of was the shot since it started after the shot.

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1051015	2/24/2021			F			a heart attack; I had a blood clot in my lung; stabbing pain in chest; This is a spontaneous report from a contactable consumer. A 76 years old female patient first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection) on an unspecified date at single dose via an unspecified route of administration for COVID-19 immunization. Relevant medical history and concomitant medications were not reported. About 30 hours after 1st dose of vaccine the patient experienced stabbing pain in chest wall, quite persistent. At first she thought was having an heart attack. Hurt too much to move. Had to lay down. Thought she had a blood clot in her lung severe for 2 days, moderate for 2 day. It was dissipated after 6 days. The patient was scheduled for second dose on 20Feb2021. The patient recovered from the events on an unspecified date. Information about Batch/Lot number has been requested.

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1051022	2/24/2021	CA	48	F	1/15/2021	2/3/2021	<p>Drug Ineffective; felt like she had Covid plus the flu; very congested chest; Flu like symptoms; Chest pain; Cough; Shortness of breath; This is a spontaneous report from a contactable consumer (patient). This 48-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), the first dose (Lot # EL1283) intramuscular at single dose in the right arm on 15Jan2021 and the second dose at single dose in the left arm on 03Feb2021 11:30, for covid-19 immunisation. Medical history included exposure to sars-cov-2 in Dec2020 (Her mother ended up positive for Covid and she was exposed to her and showed symptoms). There were no concomitant medications. On 03Feb2021, the patient experienced felt like she had Covid plus the flu with outcome of recovered on 05Feb2021, very congested chest with outcome of recovered on 06Feb2021, flu like symptoms with outcome of recovered on 05Feb2021, chest pain with outcome of recovered on 05Feb2021, cough with outcome of recovered on 06Feb2021, shortness of breath with outcome of recovered on 06Feb2021. The patient underwent lab tests and procedures which included oxygen saturation: normal on an unspecified date, sars-cov-2 antibody test: positive on an unspecified date. Therapeutic measures were taken as a result of felt like she had covid plus the flu, flu like symptoms. The events were described as follows: Patient said that she had some weird side effects from the 2nd vaccine, but not the first dose and believes that she had Covid in Dec2020. Patient said that she had flu like symptoms, she said it felt like she had Covid plus the flu. She said that she also had chest pain, a very congested chest, a cough, and shortness of breath. She did not have that with Covid. She said that her symptoms came on about 10 hours after the vaccination and were gone within 48 hours. Patient said that she does not know if having Covid so recently plays into it at all. Patient said that she received the last dose on 03Feb2021 at 1130. Patient said that the phlegm started in her throat and she had the chills. She woke up with the whole shebang. She stated that it got worse by the next day. She said that she did not feel a thing from the first injection and had no side effects. She never tested positive for Covid in Dec2020. Her mother ended up positive for Covid and she was exposed to her and showed symptoms. She had exhaustion vertigo, and</p>

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							general feeling of being unwell with Covid. She had all of that again, but she was told not to expect anything respiratory. She got concerned with the chest pain, cough, phlegm, and shortness of breath. She saw the doctor on 05Feb2021 and she was instructed not to take anything because it could affect the vaccine, but her symptoms went away within 48 hours. She said that she felt like the congestion felt like a allergic reaction for her, said that it was hard to swallow, and had a lot of phlegm in her throat. She said that it is not inherently different if you were allergic to flowers. Chest pain she described like you are full of phlegm and like there is inflammation. Shortness of breath: Feel panicky when you try to breath and you feel the phlegm. Patient said that when she gets sick she does have a tendency to get upper respiratory infections. Like with a cold that she would end up with a cough that would linger a little bit. She still thinks getting the vaccine was worth it. She just wished that it would have been a listed side effect, because when it is not, you panic. Most people are worried about the shortness of breath. She reported that her O2 levels were ok when she checked. Doctor gave her a vitamin IV to make her feel better. Told her that her lungs were clear and it was all upper respiratory.
1053177	2/24/2021	CA	25	F	2/24/2021	2/24/2021	At 9:40 started to feel like my heart was racing, a weight on my chest, pain in my left chest area. Called nurse when I got to work, and they recommended going to ER. Was light headed when walking, slight headache, and chest pain moved between left chest, left arm, middle of chest.
1051523	2/24/2021	IL	71	F	2/5/2021	2/6/2021	Experienced Chest pain and dizziness shortly after the first vaccine shot, but did not last too long. Is this a normal side effect of the vaccine shot?
1052146	2/24/2021	PA	82	M	2/10/2021	2/11/2021	Patient reports having chest pain developing 1 day post-vaccination. It improved 7 days after onset. The patient states he has a lingering dry cough that he believes is unrelated to the vaccine. Contacted patient's PCP at patient request to have a possible appointment at the office/ PCP recommendation for 2nd dose.

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1053304	2/24/2021	MI	71	M	2/24/2021	2/24/2021	The patient started having right sided chest pain/rib pain minutes after receiving the 2nd dose of Covid 19 vaccine. When he presented to the medical treatment area he was c/o this right sided chest pain that was worsened by inspiration. The pain was non-radiating and was also associated w/ shortness of breath. He has been experiencing shortness of breath intermittently over the past couple of weeks. The patient denied associated dizziness, lightheadedness, nausea, vomiting, abdominal pain, vision changes. He noted that he has a prior history of DVT and PE, but is not on any anticoagulation medications. He is currently being treated for bacteremia from a dog bite wound and receiving IV antibiotics through a port. He also has hx of CLL, currently on oral chemotherapy medication.
1053264	2/24/2021	CA	72	F	2/23/2021	2/24/2021	Restricted breathing, light-headed, difficulty drawing a deep breath, minor chest pain and feeling weight on chest when inhaling. Increase in mucus production with difficulty clearing plugs.
1053175	2/24/2021	OR	45	F	2/24/2021	2/24/2021	headache, flushing, nausea , vomiting and chest pain after 2nd dose. vitals were stable with strong pulses pt took zofran that she brought home. encouraged rest, and fluids. provided cold compress and reassurance pt laid down in a stretcher and rested for about an hour before getting discharged home.
1053155	2/24/2021	MD	64	F	2/24/2021	2/24/2021	Patient complains of tingling of the fingertips on her left hand. Denies weakness, numbness, dizziness, headache, SOB and chest pain. Denies lip/throat tingling/swelling.
1053144	2/24/2021		65	M	1/31/2021	1/31/2021	syncope, hypotension, chest pain
1053139	2/24/2021	OK	36	F	2/23/2021	2/24/2021	Fatigue, muscle ache,headache, shortness of breath, chest pain,sore forearm,redness and knot at injection site
1053003	2/24/2021	CA	81	M	2/18/2021	2/18/2021	Patient received the vaccination and within 5 minutes began to feel a frontal head ache and sensation of palpitations without chest pain or SOB. During evaluation he reported significant improvement of sensations/symptoms but medic obtained EKG and he was then advised to be transported to ED for full evaluation.

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1052939	2/24/2021	NY	38	M	2/15/2021	2/24/2021	Chest pain on exhale, slight cough, shortness of breath, extreme tiredness
1052888	2/24/2021	WA	76	M	2/23/2021	2/24/2021	Fever, achy all over, arm and shoulder pain, other pain consistent with joint inflammation, fatigue, headache. Concerning event was chest pain in the center and of my chest and a bit to each side.

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1052873	2/24/2021	AK	38	F	2/24/2021	2/24/2021	<p>Patient came into clinic for first dose COVID-19 vaccine. Patient preferred to receive Moderna vaccine. Vaccine Screening checklist completed by patient, EUA Moderna Fact sheet given and reviewed with patient. Patient received Moderna Lot # 007M20A in Left deltoid Given by RN at 1120 AM. Informed to remain in clinic for 15 minutes after receiving vaccine. At 11:30AM patient reported to administrative assistant that she "wasn't feeling well." Administrative assistant notified RN. RN brought patient into exam room to assess patient reports "feels like my heart is pounding." Vital signs at 1133AM BP 133/93, O2 99% on room air, 99.1 F temperature, Heart rate 77, and respiratory rate 16. Radial pulse felt normal, not bounding or thready. Heart rate on auscultation was WNL. Patient denied any feelings of difficulty breathing, tingliness in lips or face, just states "I can feel my pulse in my ears." Patient sitting up and able to have a conversation with RN without difficulty. Patient states the only medication she takes is her inhaler for asthma, and she ate breakfast of grits this morning. RN brought patient some water. At 1145 patient stated she felt slightly dizzy. Patient was wearing a heavy jacket, and two sweatshirts, RN advised patient to take off a couple of layers to try and cool body down a little bit. Patient laid back on bed on right side and rested. Vital signs at 1153, patient back to sitting up, Blood pressure of 114/81, temp 98.9F, O2 saturation of 100% on room air, Heart rate 75bpm, Respiratory rate 16. RN opened window in exam room, patient felt better with some fresh air. Patient states she "isn't dizzy anymore and her heart still feels like it is pounding but not as bad." RN attempted to call Medical director to report but call from exam room phone did not go through. RN opened patient's chart and noted allergies of azithromycin (hives), seafood (severe but unknown response), and seed (anaphylactic reaction). On patient's vaccine screening form patient only notified or admitted to azithromycin allergy. RN educated patient on allergic responses and caution to take with vaccines, as patient has had an anaphylactic reaction in the past. Patient used to have an epi pen but does not carry one anymore. Patient still denies any tingliness around lips/face, difficulty breathing, no swelling noted. Vital signs checked 1215pm blood pressure 126/90, O2 saturation 100% on room air, Heart rate 74, temp 98.9, and</p>

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1052392	2/24/2021	TX	46	F	2/22/2021	2/22/2021	respiratory rate 17. Patient denies feeling dizzy, states her heart doesn't feel like it is bounding, it's better but maybe not totally back to normal yet. Patient able to stand and walk around without getting faint or dizzy. RN called Medical director phone went through and notified of patient's response and current status. RN informed patient to call 911 or go to the ER if she feels dizzy again or like her heart is racing. PHN reviewed emergency signs of an allergic reaction (anaphylaxis) and patient able to teach back that she will go to the ER immediately if she starts feeling those symptoms of chest pain, difficulty breathing, tingliness around mouth/face/throat, or any swelling. RN suggested to patient to maybe receive her 2nd dose of the vaccine at the hospital. RN walked with patient out of clinic, patient doing well, and is feeling better.?
1053270	2/24/2021	UT	38	F	1/28/2021	1/28/2021	patient began feeling tingling sensation at injection site left arm. A few minutes later dizziness and (now stating shortness of breath) original evaluation, assessment and patient statements did not reveal shortness of breath. She was speaking softly, SaO2 was 98. Provided gatoraid and offered weather. Husband stated she had previous similar reaction post-anesthesia. at 1515. Patient began to feel weakness over entire body. Refused ambulance at that time. 1520- began having chest pain, tingling in legs and feet. Husband said he would take her to the ER due to BP continuing to be elevated. 1528- Unable to stand requesting an ambulance. a1530- EMS called at 1535 ambulance confirmed. 1540- Ambulance arrived. Turned over care to EMS
							Pt presented with itching and heaviness in chest 15 min after vaccine administered. Pulse regular. Denies chest pain. 10cc liquid Benadryl given PO, 25 min later itching gone and chest heaviness decreased, 15 min later feeling much better with no itching and chest heaviness gone, VS stable. Released 15 min later at 7pm to father and instructed to notify dr. Pt called nurse hotline the next day (1/29/21) experiencing 102.5 fever, achy, hard time breathing, HA and chills, appt with MD in 3 days. Given emergency protocol.

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1052859	2/24/2021	IN	76	F	2/22/2021	2/22/2021	Chest pain, fever, chills, headache all these lasted a day and a half. Took lots of Tylenol After the second day pain around chest and neck have subsided. 3rd day still have headache.
1052258	2/24/2021	MN	84	F	2/12/2021	2/16/2021	Face swelling, chest pain, arms and legs swelling and aching, sore throat
1052151	2/24/2021	TN	65	F	2/24/2021	2/24/2021	10:21 Patient complained of mild difficulty breathing, heart racing and slight chest tightness (denied chest pain - difficulty taking a deep breath) after administration of first dose of Moderna vaccine (Lot # 010A21A, exp. 8/14/21). Vaccine was administered at 9:55am. Denied itching or tightness to throat. BP 180/100 Speaking without difficulty. Hx: asthma and MS; Allergies: morphine - vomiting, hydrocodone, codeine, azithromycin and "other antibiotics" - difficulty breathing, bees - anaphylaxis; patient was observed in clinic x 30 minutes after receiving vaccine due to history of anaphylaxis. 10:22 Physician to assess patient. Patient denied anxiety. No visible edema to face, throat, neck or tongue, lungs CTA. States she has asthma and MS and "feels like this sometimes, but it seems a little worse than normal" BP 182/98. HR 82. Patient had albuterol rescue inhaler with her and took two puffs. 10:30 BP 170/88 HR 80 Pt c/o continued shortness of breath, slightly increased and also c/o mild itching to face underneath mask, but "thinks it might just be her mask". Continues to deny anxiety, but stated inhaler made her jittery and her heart race more. Mask removed. 10:35 Patient developed wheezing upon auscultation, and dyspnea with increased respiration rate worsening itching to face and erythema and edema around mouth. States tightness to chest persists and now feels tightness in her throat. Denies chest pain. Legs elevated. BP 160/80 HR 82 EMS and code blue called. Husband called into clinic from vehicle. 10:36 EPI pen 0.3mg IM right anterolateral thigh administered through pants per Physician. Patient's difficulty breathing improved 30-60 seconds after administration of epinephrine. 10:42 EMS arrived and patient transferred.

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1052401	2/24/2021	NC	41	M	2/18/2021	2/19/2021	Dose 2 of Covid vaccine given 2/18/2021, on 2/19/2021 felt bad, stayed in bed all day and that evening had a sharp pain in chest. chest pain continued intermittent next day and then 2/22/2021 0200 it was a sharp crudhing pain that radiate down his L arm, same arm had the vaccine in, awoke him from sleep
1052422	2/24/2021	ME	83	F	1/11/2021	2/1/2021	Patient seen in Emergency Room with intermittent chest pain ~ 4pm on 2/11/21 after receiving 2nd vaccine dose ~ 8:30 am that morning.
1052461	2/24/2021	PA	69	M	2/16/2021	2/18/2021	Severe chest pain, upper back/shoulder pain, fatigue?? dx. Acute Myocardial Infarction? angioplasty with stent
1052485	2/24/2021	NY	63	F	2/22/2021	2/22/2021	During the waiting period after vaccine administration, employee developed dizziness, mild chest pain and headache. 911 was called and employee was taken to the hospital

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1052571	2/24/2021	MN	84	M	2/23/2021	2/23/2021	Resident came up to staff and approximately 1400 and said, "I have a fever" - temperature was assessed and was 98.4 resident came back several minutes later and stated again, "I have a fever" - temperature assessed again and was 98.2 - staff asked if resident had his window open, he stated no - staff suggested maybe he open up his window because it is quite warm in the building at this time. Resident said ok - went back into room - staff told writer he had c/o "I have a fever" while staff was in change of shift report and they assessed fever and it was 97.1. Around 1525, Resident noted to have sudden SOB. PRN albuterol neb given. RR before neb was 40 and did not improve. BP 136/66, pulse 158, temp 101.7 tympanic, and O2 sats 76% RA. Placed on supplemental O2 and sat came up to 86% on 3 L. Resident then started to complain of chest pain. Resident was weak and unsteady and insisted on standing but was guided to his chair to sit down. Resident said he wished to go to ER and daughter in agreement. 911 called. Writer assisting with transferring resident out to hospital. While waiting for ambulance, patient restless and visibly short of breath. Lips with blue discoloration, pale appearance, and breathing with accessory muscles. Changing positions frequently from lying to sitting and standing due to being uncomfortable. Temp 103.2 in left ear and 102.5 in right ear. Respirations 36. Blood pressure unable to be checked due to restlessness and moving around. Pulse 167. O2 92% with nasal cannula on 3L. Asked him to point to the pain and he pointed to his upper abdomen, but describes it as chest pain. Per EMTs he is being sent to clinic instead of the other clinic due to abnormal EKG readings. Received update from EMT around 1700 that patient arrived to ER and heart attack was confirmed so patient was being sent to cath lab for angioplasty procedure.

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1052613	2/24/2021		67	F	2/24/2021	2/24/2021	Blotchy redness mostly face. Denies respiratory distress,chest pain. b/p 140/82 pulse62 respirations 18. Denies feeling warm. Denies need for further medical care. 1316 Patient she feels fine and would like to leave. Advised to call MD or 911 is shortness of breath or chest pain. 1259 returned to clinic with reddish blotches on face. None else where. 1316 b/p 122/72 pulse 62 respirations 16 Patient denies any other signs or symptoms of reaction to vaccine. Lungs sounds are clear. Denies itching or pain.
1052707	2/24/2021	CA	31	M	2/17/2021	2/18/2021	Chief Complaint fever and chills, body aches x 3 days. also complains of intemrissent chest pain since yesterday 02/20/21 10:28 History of Present Illness This is 31 year old male with no significant past medical history. Patient is health care provider and working in surgical center. Patient ha COVID 19 second dose of vaccination on Wednesday and he was feeling sick after that including fever, chills and tiredness. He had chest pain started Thursday and which is in left side of the chest and mostly constant in nature and intensity was up and down and highest intensity was 7/10. No aggravating and relieving factor, denied any shortness of breath, leg swelling. He visited to urgent care and had 12 lead EKG and which showed ST changes in inferior lead and transfer to hospital ER. He is currently having pain about 1/10 intensity. He denied any nausea, vomiting, urinary and bowel symptoms. (sic) Assessment/Plan Chest pain with elevated troponin NSTEMI vs myocarditis post COVID 19 vaccination

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1052373	2/24/2021	PA	38	M	1/23/2021	2/3/2021	Blood clot on lung after experiencing chest pain; This is a spontaneous report from a contactable consumer reported for himself. A 38-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 23Jan2021 14:00 on Arm left at single dose (Lot # EK9231) for covid-19 immunisation. Prior to vaccination, was the patient did not diagnose with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient with confirmed blood clot on lung after experiencing chest pain/chest tightness/left sided, thought that he was having a heart attack, shortness of breath on 03Feb2021, reported as non serious. Emergency room/department or urgent care. Blood thinner received for the events. Outcome of the events was unknown.
1049404	2/23/2021	CA	82	F	2/23/2021	2/23/2021	Pt has hx of rash on bil arms with her first dose of Moderna and she denies no other reactions including shortness of breath , chest pain, dizziness, headaches, fever, difficulty breathing, dyspnea,dysphagia or wheezing. Pt does notes to have underlying dysphagia which is a chronic issue for pt. Today pt was here for her second Moderna Imm which she tolerated well but at 0845 am reported mild headache which to her seemed similar to her previous migraine headaches which she gets off and on . Denied any nausea vomiting, dizziness, chest pain, shortness of breath, dysphagia, dyspnea, wheezing or coughing or difficulty breathing. Pt was given water and crackers which helped her sx immediately. BP: 134/83 HR: 76 O2: 98% RR: 17. Neuro: pt A&O and able to follow instructions. Pt was monitored for 40 mins total and she left in stable condition.ER precautions were given to pt incase she has any worsening of sx, shortness of breath, chest pain, wheezing , difficulty breathing. She reported understanding.

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1048740	2/23/2021	MA	54	F	2/22/2021	2/22/2021	PATIENT IN OBS AREA FOR 10 MIN WHE SHE BEGAN TO FEEL "PANICKY WITH HEART RACING. HR 144 BP 148/88. REDIRECTION AND REFOCUS ATTEMPTED WITH GOOD EFFECT AS NOTED BY HR DECREASE TO 88-103 AND BP 130/88 100% PATIENT DENIED SOB AND CHEST PAIN. MARKED DECREASE IN SYMPTOMS WHEN CALM, HOWEVER, DIFFICULT TO KEEP HER CALM AND SHE WAS CONVINCED THE VACCINE WAS THE CAUSE OF THE SYMPTOMS. DECISION MADE TO TAKE PATIENT TO THE ER FOR EVALUATION. VS ON D/C 98- 138/73 100%; REPORT GIVEN TO RN ER CHARGE
1049242	2/23/2021	MA	34	M	2/18/2021	2/20/2021	Patient received second dose of Pfizer vaccine at 5pm on 2/18/21 and experienced expected symptoms of fatigue, injection site pain and minor body aches. Patient began to experience difficulty breathing on the morning 2/20, at that time the patient attributed it to asthma. Patient reports that he has not had an acute asthmatic episode in 25 years and has not experienced any respiratory condion like this before. Shortness of breath, chest pain and dizziness increased in the day to follow. On Monday 2/22 at 8:30am patient was seen at family medical facility by Doctor presenting with a O2 SAT of 93%. Covid test was preformed and was negative. Dr prescribed a preventative inhaler and some prednisone and sent patient home. Patient continued to decompensate and at 6pm was seen by previously treating physician, presenting with O2 sat of 91% given a nebulizer and sent home. Patients condition worsened overnight and he was seen in the faility Urgent care at 9am on 2/23. Patient was given a repeat covid test, that was negative , flu test that was negative, and chest xrays that were clear.

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1049389	2/23/2021	ID	74	M	2/9/2021	2/20/2021	Patient passed away Saturday at 14:04pm. Patient's wife reports his death was sudden, he passed away sitting in his chair his heart just stopped she said. They tried to perform CPR, 911 was called and paramedics arrived at the scene and he was given medication but never had any return of vital signs and so his death was called at the scene. Wife reports he was not ill, did not have any symptoms prior to the event. They are not going to be doing a autopsy. She wanted us to know based on timing that there may be some possible correlation with his COVID19 vaccine. He obtained the vaccine on 02/09/2021 - wife reports he had no symptoms, not even arm soreness after the vaccine. Had no fever, shortness of breath. Did not complain of chest pain. We can update chart to reflect the patient is deceased and lets make a card for the family.
1049325	2/23/2021	CO	70	F	2/22/2021	2/23/2021	I began getting chills and felt feverish. I also had body aches and pains as when ill with the flu. There was a sense of nausea initially but it went away. There was pronounced feeling of heat located subcutaneously on my right outer thigh. It came and went about every minute or so. (I counted the seconds in between each incident). I am still experiencing flu like symptoms (bodily aches, slight headache, mild chest pain, and general ill-feeling.) I will contact my primary care physician today about my concerns but felt it necessary to document these mild but disturbing side effects.
1049318	2/23/2021	NJ	83	F	2/17/2021	2/22/2021	Developed a cough with chest pain
1049313	2/23/2021	CO	70	F	2/21/2021	2/21/2021	2 hrs. After injection mild chills & fatigue. 14 hrs. After injection mild chills, mild headache, very tired/fatigue, moderate to severe upper body muscle aches, mild migratory chest pains for about 30 minutes. 24 hrs after injection just overwhelming fatigue& mild headache continued for another 12 hrs. 48 hrs. After injection symptoms gone.

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1049283	2/23/2021	CA	41	F	1/21/2021	1/25/2021	Hypertrophic Cardiomyopathy; Chest Pain; Chest Pressure; Numbness in Left Arm; Back Pain; A spontaneous report was received from a nurse concerning herself, a 41-years-old, female patient who experienced hypertrophic cardiomyopathy, chest pain, chest pressure, numbness in left arm, and back pain. The patient's medical history was not provided. concomitant medications included metoprolol, omeprazole and acetylsalicylic acid. On 21 Jan 2021, approximately four days prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 [Lot number 0412LOA] intramuscularly in the for prophylaxis of COVID-19 infection. On 25 Jan 2021, four days after the vaccine administration, the patient started experiencing chest pain, chest pressure, numbness in left arm, back pain and hypertrophic cardiomyopathy and was hospitalized in emergency room for 48 hours from 25 Jan 2021 to 26 Jan 2021. The event hypertrophic cardiomyopathy was also considered to be medically significant. Treatment information was not provided. Action taken with mRNA-1273 in response to the events were not provided. The outcome of the events chest pain, chest pressure, numbness in left arm, back pain and hypertrophic cardiomyopathy were considered unknown at the time of this report.; Reporter's Comments: Very limited information regarding this events has been provided at this time. Further information has been requested.
1049219	2/23/2021	CA	35	M	1/19/2021	1/19/2021	About 8 pm that night, I felt my chest going really fast - my heart rate was high. I called the nurse hotline. They asked me if I had pain and I said no. Just a high heart rate. WAs told to monitor it. Next day, I had chest pain and tightness in chest and fast heartrate. I went to ER. Gave me IV; fluids and steroids. They sent me home with steroids for five days. About three or four days after steroids were done, it resolved the symptoms.

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1049157	2/23/2021	PA	35	F	2/12/2021	2/12/2021	Muscle and severe joint pain, lumbar, thoracic, and cervical spine pain (every vertebrae in my spine hurt like my car accident was yesterday), severe headache with horrible eye pain, nausea, injection site pain and arm weakness, sweating at night, diarrhea, sharp chest pains (like when I had covid), soft tissue between ribs hurt, gerd (reflux, over full feeling, gas, heartburn, sour stomach, pain when eating), extreme exhaustion, inability to do daily activities or go to work for one week
1048943	2/23/2021	GA	52	F	2/20/2021	2/20/2021	Headache, Redness in the injection site, fever, chest pain, Tachycardia, weakness, fatigue, muscle pain
1048897	2/23/2021		81	F	2/22/2021	2/22/2021	Shortness of breath and chest pains immediately after administration. Transported to hospital. Outcome unknown.
1048751	2/23/2021	KY	76	M	2/19/2021	2/22/2021	1st vaccine 1/26/21; 2nd vaccine 2/19/21; developed chest pain 2/22/21 and went to ED and admitted to hospital, DX: Chest pain, unspecified type R07.9 786.50
1047818	2/23/2021	CA	54	F	2/18/2021	2/18/2021	54 y o female c/o hives to face _ none seen) , lip tingling and 5/10 chest pain Given 50 mg of Benadryl IM right deltoid at 204 pm and placed on 10 lpm O2 via mask at 205 pm O2 reduced to 8 lpm via mask after 2/10 chest pain Lungs CTA bilaterally non-labored breathing. Client had used albuterol PTA Client on room air at 234 pm and feeling good. Denies any lip tingling Chest pain resolved. VSS 102/78 70 24 Client agreed to follow up with PCP prior to 2nd CoVid vaccine. Meds: Zyrtec, albuterol, Advair, Flonase, singular Allergies: morphine, lidocaine, EES Client DC;d home stable NAD MAEW non-labored breathing
1047809	2/23/2021		30	M	1/28/2021	1/29/2021	CHIEF COMPLAINT & HPI: Pt presents to ED for fever after COVID-19 vaccination. Pt received 2nd dose of COVID-19 vaccination yesterday then reports feeling fever and fatigue 12 hours later. No rash, shortness of breath, or chest pain. Pt symptoms were controlled with acetaminophen that he took at 0700 this AM. Pt was sent to the ED by his chain of command in order to be tested for COVID-19.

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1047801	2/23/2021	RI	68	F	2/6/2021	2/6/2021	I had the virus in August of 2020 for 30 days until symptom free. ON 2/6/2021 received first vaccine injection. within 3 minutes a light headache started. That evening, rash and itching on right fore-arm and under chin. took benedryl. Woke at 3:30 am on 2/7 not feeling well and left arm very sore and could not touch. 6:30 am - chills with severe body shaking and 101 temp. 7:30 am 102.2 took tylenol 8 hr 650 mg. Oxygen at 96, heart rate at 76 and BP 117/68. 8:00 am 101.9 temp. 10 am 100.6 temp. 1:30 pm 102.9 temp. 2:00 pm 103.3 Took Tylenol, extra strength 2 tabs. 8:30 pm used inhaler due to chest pains 101.3 temp. took benedryl. Oxygennn @98 HR-82 BP 145/77. 11.00 pm 103.3 temp. took 2 tylenol. Mon 8:00 Monday am continued/ 100.2 temp oxygen 97 HR-70; 99.2 temp BP 110/71. 7 pm. took Benedryl for congestion. Quit taking stats. Fatigue and rest took play at this point. Since then have had intermittent low grade fever in 99.2 to 99.9. Same with headache and extreme fatigue. Have high risk husband that I take care of . He had his first vaccine at same time. No side effect at all. I am scheduled for 2nd vaccine on March 6th. I am very apprehensive about taking it with this reaction. Please advise/recommend if I should proceed. My PCP stated that these reactions were evidence the vaccine is working. Is this because I had the virus??? Both the virus and vaccine have been really hard on me. I am usually a very active person and since August, I have been struggling with fatigue. First time in life. Thank you.
1049444	2/23/2021	MA	28	F	2/23/2021	2/23/2021	Pt stated she felt lightheaded. Denies SOB, chest pain. She stated that she did eat breakfast this morning and thought she may have been hungry and needed to eat lunch and she thought it may be indigestion. Gatorade and water given to pt and pt tolerated well. BP checked 120/80, HR 95. PT advised that if symptoms persist go to urgent care or to the closest PCP. PT verbalized understand and stated she felt fine to leave.

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1049848	2/23/2021		75	F	2/21/2021	2/21/2021	Patient called stating she received the second Pfizer vaccine on 2/21. That evening, she developed severe generalized weakness. She was unable to walk or stand. She laid on the floor from 2/21 3pm until 2/22 PM. She was incontinent of urine- reports urinating on towels throughout yesterday. She was unable to hold her head up due to weakness. She still feels weak today, but is able to stand and walk with husband's assistance. Also reports generalized muscle soreness and intermittent vertigo. She is drinking fluids well, has eaten a light meal today. Denies fever, shortness of breath, chest pain, palpitations.
1048886	2/23/2021	NJ	70	F	2/15/2021	2/16/2021	COVID-19 Moderna Vaccine Patient received 2nd dose of Moderna COVID-19 vaccine on 2/15/2021 and developed urticaria the next day. Patient has a history of multiple allergic reactions, came to ED for evaluation of generalized hives after vaccine. Patient denies angioedema, throat swelling, SOB, voice change, difficulty swallowing, fever, chills, chest pain, chest tightness, nausea or vomiting. Patient given famotidine 20 mg, hydroxyzine 50 mg and then discharged at 3:13 am on 2/16/2021
1050260	2/23/2021	TX	24	F	2/23/2021	2/23/2021	symptoms started 10 minutes after vaccine given, left sided lower chest pain, with tingling to the left arm and shoulder , pressure to bilateral lower extremities , and left sided neck area. patient was alert and oriented x4 denies worsening in symptoms, vitals taken bp elevated a bit 154/98 , bp improved at 134/90 15 minutes later, patient stable, and alert with m and provider in room.
1049685	2/23/2021		64	F	2/23/2021	2/23/2021	C/o feeling hot flush heart rate 104. Denies no dizziness, nausea, chest pain, or SOB. EMS evaluated P 94 148/99. OK to walk with husband as nd left for home w husband 12:26 pm.
1049519	2/23/2021	CA	43	U	12/23/2020	12/24/2020	Light headedness, dizziness, fatigue, Chest pain

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1051484	2/23/2021	CA	24	F	2/20/2021	2/21/2021	Right after injection pain at the injection site, and inability to move right arm higher than patients waist. Starting at 1:20pm on the 20th a headache, nausea, and chills began. On Sunday morning at 8:00 patient woke with chest pain, coughing fits, and felt like an elephant was sitting on her chest. On Monday a rash and heat started around injection site at 11:00am. Patient is still experiencing shortness of breath, fatigue, and nausea. Prescribed inhaler and space chamber to help with shortness of breath.
1050463	2/23/2021		73	F	2/17/2021	2/18/2021	epigastric and chest pain, went to emergency room
1050415	2/23/2021	CA	63	F	2/8/2021	2/9/2021	2/9 NEXT DAY IN AM 99.7 FEVER; SORE ARM MUSCLE TO MOVE ARM. 2/10 DAY TWO 48 HRS 3-6:00PM TIGHT BURNING CENTER CHEST PAIN TOOK TYLENOL; WATER. 2/11 DAY 3 - TIGHT BURNING CHEST PAIN INTERMITTENT ALL DAY - TOOK TYLENOL; HYDRATED WITH WATER. 2/12 DAY 4 - NO DISCOMFORT; GOT COVID TEST TO RULE OUT - NEGATIVE. 2/13 DAY 5 TIGHT CHEST PAIN 1:00PM TOOK TYLENOL SUBSIDED ONE HOUR. 8:00PM BLOODY NOSE 30 MINUTES. OK THERE AFTER.
1279604	2/23/2021	KY	75	M	2/14/2021	2/15/2021	Patient developped occasional pain in chest, under left arm pit moving toward nipple, 1-1.5 min. Although none since hospitalization 2/15-17/2021 dx atypical angina, hypertensive urgency- started on chlorithalidone

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1050065	2/23/2021	WA	35	F	1/6/2021	1/9/2021	<p>Around lunch time on the 9th of Jan . I noticed all over body rash, macular papular rash redish whitish throughout body, it became very itchy in my arms and legs, I noticed numbness in right and left arm and legs numbness, shooting pain in left side as well, I experienced neurological symptoms and went to ER. They did a complete blood count and basic metabolic panel, they said it was probably a immune response and was told to take antihistamines at home. symptoms started to subside after a couple of days, I then developed intermittent chest pains in the left side and the pain became more consistent and then a week later it was consistent with every breath and I went to the ER again, they did an EKG, Troponin, all cadiac workup and chest xray said it was not cardiac but possibly a chest wall issue, I was referred to cardiology, cardiologist thought I may have pericarditis, I started taking 800mg of ibuprofen for management. My pain has began to subside and now I only have a couple of minutes every other day that I still have pain but stopped taking medication the third week in February. Because of the intensity of my immune response they recommended I not take the 2nd dose. If symptoms subside I will let my dr know</p>

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1050043	2/23/2021	MS	58	F	2/23/2021	2/23/2021	Received second Covid vaccine at ~1:45pm and was monitored x 15 minutes without difficulty. She reports that about 2:15pm while she was on her way home, she developed some chest fullness/tightness and some mild SOB. She returned to Vaccine clinic for evaluation. She was able to park and walk-in unassisted. Denies throat itching/swelling No rash Vitals: Initial set 115/66, HR 70, RR 18, O2 sat 99% Continuous pulse oximetry with oxygen sats 99-100% and HR 70-75. Gen: WDOWN WF NAD, conversing easily without dyspnea. CV: RRR no MGR Resp: CTA bilaterally, no increased WOB Skin: warm, dry, not diaphoretic, no rash Neuro: afocal,MAE Fingertstick glucose: 89 Monitored x 15 minutes with significant improvement and resolution of chest discomfort and SOB Discussed with medical director and transferred to employee health for additional 30 minutes of monitoring. Monitored x 30 minutes in SEH. Complete resolution of symptoms. Vitals q 15 minutes x 2 @1513 133/69 HR 71 @ 121/65 HR 72 Cleared to return home. Discussed signs necessitating emergent treatment including chest pain, SOB, throat swelling/itching.
1049683	2/23/2021	NM	91	M	2/11/2021	2/11/2021	PATIENT EXPERIANCED CHEST PAIN AND ARM NUMBNESS.

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1050442	2/23/2021	PA	52	F	1/27/2021	1/27/2021	Patient is a 52 year old female who presents with concerns of headaches, nausea, fatigue, hives/itching, and SOB since receiving her Covid-19 vaccine 3 weeks ago. Got the Pfizer vaccine at the Center on 1/17/21 around 12:30PM. She had no side effects during the 15 minutes she was kept for observation after receiving the vaccine. She did develop a headache and fatigue approximately 1.5 hours after she got the vaccine and then later that day developed nausea. SOB developed the following day. She developed hives on her chest approximately 2-3 days after the vaccine. States she cannot recall the exact date that the hives started. Hives have appeared like pink raised plaques. Largest plaque was 1 inch in diameter she estimates. The hives have continued to come and go from different areas of her body including her shoulders, buttock, upper legs. SOB is present at rest and with exertion. She has had no chest pain/pressure/tightness/wheezing , palpitations, or feeling of her throat closing. States her exertion capacity is reduced.
1049583	2/23/2021	IL	66	F	1/18/2021	1/18/2021	Emergency room 1/25/21 HPI patient is a 66 y.o. female who presents with dizziness, nausea, and vomiting. Patient reports that she began having acute episodic dizziness and vertigo early this morning when she rolled over in bed. She states the dizziness became so bad it made her nauseous and she began vomiting. Patient reports she tried to take a Dramamine but was unable to keep it down, and thus it did not help. Patient denies any ringing in the ears, decreased hearing, or ear pain. Patient does report she has had episodes of dizziness and vertigo like this in the past. Patient denies any fevers or chills. Patient does report mild frontal headache. Patient denies any chest pain, palpitations, or shortness of breath.

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1049972	2/23/2021	HI	43	F	2/19/2021	2/19/2021	<p>Patient presents for evaluation of encounter for immunization. Here for moderna COVID-19 vaccine #1. See scanned vaccination screening form and post vaccine questionnaire.@1713 Patient reports that her lungs "felt tight". She denies mouth swelling, facial swelling, tongue swelling, throat tightness, difficulty breathing or speaking. Denies GI distress, nausea. Denies rashes, itching or other symptoms. She denies allergies. Denies chronic conditions. Denies daily medications. She reports her only medical history is "childhood asthma" and does not take any medication currently. (1715) Patient escorted to exam room for privacy and monitoring. Patient able to ambulate without difficulty or distress. She reports her "chest tightness" is a 6 (0-10 scale). And denies other symptoms including chest pain, itching, mouth swelling, SOB. Patient reports she prefers to sit in chair, vs lying on exam table, VS monitored by RN. ROS: CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change. EYES: Negative for blurred vision, eye pain, and photophobia. E/N/T: Positive for Denies mouth, tongue swelling. Denies throat tightness.. CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema. RESPIRATORY: Positive for Denies cough, distress, endorses "tight chest". GASTROINTESTINAL: Positive for Denies nausea, vomiting, GI distress, diarrhea. INTEGUMENTARY/BREAST: Positive for Denies rashes, lesions, changes to skin.. Vitals: Current: 2/19/2021 4:48:38 PM T: 97.9 F (temporal); BP: 174/104 mm Hg (right arm, sitting); P: 81 bpm (finger clip, sitting)O2 Sat: 100 % (room air) Repeat: 5:38:26 PM BP: 182/108mm Hg (left arm, sitting, 5:17pm) 5:38:59 PM BP: 158/97mm Hg (right arm, sitting, 5:26PM) 5:40:22 PM O2 Sat: 100% (room air, 5:26PM) 5:39:56 PM P: 73bpm (finger clip, sitting, 5:26PM) Exams: Initial Exam completed by NP at 1713, 1720, 1730, 1740 and 1746. No changes from baseline GENERAL: well developed, well nourished, in no apparent distress;; well developed; well nourished; well groomed; no apparent distress EYES: lids and conjunctiva are normal; pupils and irises are normal; E/N/T: normal external ears and nose;; Hearing: grossly normal Lips, Teeth and Gums: normal; Oropharynx: normal mucosa; NECK: Neck is supple with full range of motion; RESPIRATORY: normal</p>

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respiratory rate and pattern with no distress; even and unlabored, no wheezing; CARDIOVASCULAR: normal PMI placement; no thrills, heaves, or lifts; normal rate and rhythm without murmurs; normal S1 and S2 heart sounds with no S3, S4, rubs, or clicks;; normal rate; regular rhythm; irregular rhythm; Radial pulses +2 CR< 3 seconds BUE; GASTROINTESTINAL: no masses or tenderness; SKIN: no ulcerations, lesions or rashes no skin thickening, induration, or subcutaneous nodules; NEUROLOGIC: AOx3, awake, alert, calm PSYCHIATRIC: mental status: alert and oriented x 3; appropriate affect and demeanor; recent and remote memory are intact; good insight and judgement; Procedures: Encounter for immunizationBenadryl 50 mg tab given PO per, NP at 5:14pm 1. Epinephrine given IM, in the right thigh; administered by: employee; (lot #0GM147; exp. 11/2021) 5:37pmVS were monitored closely by RN and NP during reaction, see chart for RN's VS **Requested RN to chart her VS: see "Post COVID-19 Vaccination Questionnaire for VS completed by employees 1714 Benadryl given PO 1726: VS: Ox 100% on RA RR 16 HR 73 BP 158/97 1731 VS: Ox 98% RA RR 16 HR 84 - patient reports chest tightness worsening: Ordered IM epi, given by RN 1738 VS:Ox 99% RA RR 16 HR 83 BP 167/114 1742 VS: Ox 100% RA RR 16 HR 89 1746 VS: Ox 100% RA RR 16 HR 80 167/98 Plan: Encounter for immunizationvaccine given per protocol.30 minutes after vaccine, patient c/o chest tightness. PO benadryl and IM epi given per protocol, VS monitored per protocol and documented by RN and NP 1) Protocol followed for anaphylaxis 2) Patient remained stable under care. Patient AOx3, awake, no respiratory distress, talking and smiling. 3) (1537) Informed patient we are calling 911 due to administration of Epi and patient's reported symptoms. Patient refused. Re-educated to the importance of calling 911. Patient refused x 3. 4) Husband presented to drive patient to the emergency room. Re-educated to the importance of calling 911 for anaphylaxis. Patient and husband refused. Husband committed to taking patient straight to Emergency Room, and to call 911 on the way if she gets worse in any way. Patient and husband both agreed to this. 5) Educated patient that she must seek emergent medical attention for anaphylaxis. Educated patient to NOT get second vaccine. 6) (1746) Patient reports her

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1049757	2/23/2021	AR	74	F	2/23/2021	2/23/2021	chest tightness has gone from a 6 to a 2 (0-10 scale) 7) Patient and husband v/o and agrees to POC. 8) (1746) Patient left in stable condition, under the care and supervision of husband with plan to go straight to the Emergency Room and to call 911 immediately if anything changes or worsens. 9) Case and chart reported to Medical Director.
1049857	2/23/2021	NC	64	F	2/13/2021	2/14/2021	2/14: The day after receiving the vaccine, she noticed a rash on her chest and legs. She felt nauseous and endorsed vomiting, body aches, and fever. 2/16: Saw PCP and was found hypotensive. Was sent to ED and received 2L fluids, IM steroids, and PO ondansetron. She was discharged because she was feeling better. 2/17: Returned to hospital due to pleuritic chest pain and hemoptysis and was noted to have an elevated lactate (received 3L fluids) and was admitted to the hospital. SpO2 was in the 70s on presentation and she was placed on BiPAP (O2 improved to 100%). Per note: patient presented to the ED with hypoxia, tachycardia, tachypnea, and leukocytosis. Patient received dexamethasone 6mg, vancomycin, cefepime, azithromycin, furosemide, and ipratropium/albuterol. Patient is currently receiving the following medications: budesonide, ipratropium/albuterol, cefepime, acetaminophen, atorvastatin, benzonatate, enoxaparin, escitalopram, ferrous sulfate, guaifenesin, hydrocodone/acetaminophen, methylprednisolone, methylprednisolone, Montelukast, morphine, ondansetron, pantoprazole. Patient has been hospitalized since 2/17

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1049886	2/23/2021	CA	72	F	1/22/2021	1/22/2021	<p>Patient at Covid vaccine drive up clinic Patient with multiple medication allergies-confirmed with patient Allergies Allergen Reactions ? Levaquin [Levofloxacin] Hives ? Percocet [Oxycodone-Acetaminophen] Nausea and Vomiting ? Amoxicillin Nausea and Vomiting ? Bactrim [Sulfamethoxazole W-Trimethoprim] Other dizziness ? Hydrocodone-Acetaminophen Other ? Keflex [Cephalexin] Other Severe vertigo ? Norco [Apap-Fd&C Yellow #10 Al Lake-Hydrocodone] Nausea and Vomiting ? Oxycodone Nausea and Vomiting ? Tramadol Nausea and Vomiting patient reported tingling of face and lips after receiving vaccine @1630 States lips appeared more swollen then prior to vaccine Denies shortness of breath, wheeze, tongue/ throat swelling, chest pain, palpitation OBJECTIVE: Blood pressure :138/ 78 HR 77 Oxygen saturation 99% on room air Gen: sitting in car. No acute distress Eyes: Conjunctivae and sclera without injection/icterus and lids and lashes normal. Oropharynx moist and intact without lesions. HENT: Atraumatic. No facial droop. Minimal swelling of right upper lip without erythema. Oropharynx moist and intact without lesions. Neck: supple Pulm: No tachypnea, retractions or cyanosis. clear to auscultation bilaterally with symmetric air entry in all fields. Speaking in > 5 word sentences without difficulty. CV: regular rate and rhythm Psych: Speech fluent with normal volume, rate, and pitch alert and oriented x iii,pleasant affect/mood. Skin: Exposed areas warm,dry, without rash or jaundice ASSESSMENT/PLAN: 1. Tingling of face and lips 30 minutes after receiving Covid vaccine. No evidence of hypoxia or respiratory distress/hemodynamic instability. Patient with history of multiple allergies to medications. Benadryl 25 mg orally x1 given @ 1640 Lot 201666 Exp 04/2023 Reassess in 15-20 minutes Addendum Reassessed at 1700 Patient reports increased swelling/tingling to lips and face right > left Denies shortness of breath, wheeze, difficulty swallowing , itching, hives Exam Gen: sitting in car-appears comfortable Eyes: Conjunctivae and sclera without injection/icterus and lids and lashes normal. HENT: Atraumatic. No facial droop -increased swelling to lips/ perioral right > left -mild erythema periorally - Oropharynx moist and intact without lesions. Neck: supple Pulm: No tachypnea, retractions or cyanosis. Speaking in > 5 word sentences without difficulty Psych:</p>

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							Speech fluent with normal volume, rate, and pitch alert and oriented x iii,pleasant affect/mood. Skin: Exposed areas warm,dry, without rash or jaundice ASSESSMENT/PLAN: 1. Increased edema and patient reports increased tingling of lips/ face ~ 60 minutes after receiving Covid vaccine. Not improved with benadryl 25 mg x1. Concerning for allergic reaction with history of multiple allergies. Urgent Care to continued monitoring and treatment Patient agrees Husband will transport via private care Urgent Care notified by clinic: Patient given EpiPen in case symptoms return. Instructed patient to go directly to the emergency department for any tongue swelling lip swelling trouble breathing or need to use of EpiPen. Patient is asymptomatic. Patient has additional Benadryl or will pick up from the pharmacy.
1049900	2/23/2021	CA	78	F	2/22/2021	2/22/2021	patient stated she had chest pain while in observation area, patient was alert and oriented, patient stated that she was nervous, emergency services were called and patient was taken to ED
1049924	2/23/2021	MI	60	F	1/24/2021	1/27/2021	presented 1/27 to ED with rigors, dyspnea chest pain and R ear pain post COVID vaccine, thought to initially be systemic SEs from the vaccine but found to have re-collapse of the BI on chest CT with probable post obstructive pneumonia. still admitted as of 2/23/2021
1049953	2/23/2021	NY	44	F	2/22/2021	2/22/2021	5:30pm 2/22/21 started feeling ache ate dinner: 7:30pm started vomiting with fever of 100: 9pm sever chills with sweats: 9:30pm vomited layed down: 1am woke sweating shivering fever still 100 took a shower started extreme body aches with chest pain: drove myself to Stony Brook ED: labs ran covid swabbed still with all symptoms: chest xray preformed: released at 6am was told to monitor symptoms and if I can not keep anything down like water and or still with chest pain after 24hrs return to ED
1046083	2/22/2021	NC	57	M	1/7/2021	1/8/2021	I had right sided chest pain that was non radiating. It was localized pain between the sternum and the right breast that would last for 5-10 seconds. It was irregular as far as when the pain would return.

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1046636	2/22/2021	NH	22	F	2/12/2021	2/13/2021	12 hours after my second Moderna shot, had severe chest pain and shortness of breath. Admitted to emergency room later in the week for myocarditis as a result of the vaccine.
1046558	2/22/2021	MD	53	M	1/25/2021	2/12/2021	Patient was hospitalized with chest pain and elevated BP. Patient's blood pressure medication regimen was optimized and patient was discharged
1046362	2/22/2021	NH	47	F	2/22/2021	2/22/2021	Symptoms onset occurred approx 10 min post administration. Case reports shortness of breath and midsternal chest pain that radiates around her back. She has a history of a cardiac stent one year ago. BP 110/80 HR 80 SpOx 00% room air LS-CTAB Patient evaluated, she presents anxious and admits to anxiety upon arrival. Highly recommended transfer to a higher level of care. Patient refused EMS transport multiple times, she was accompanied by a passenger in the vehicle. She agreed to stay an additional 30 minutes for continued monitoring and then felt well enough to drive home. She was advised to follow up with her PCP and cardiologist.
1046244	2/22/2021	OH	45	F	2/13/2021	2/14/2021	Woke up on 02/14/2021 and had no sense of taste or smell. 2 negative covid tests. Also extreme fatigue, shortness of breath, increased HR with little to no movement noticed. Occasional chest pains. To this date, the symptoms still exist.
1046186	2/22/2021	CA	54	F	2/19/2021	2/19/2021	Approximately 15 minutes post-vaccination (0830), pt started feeling dizzy, nauseous and had one episode of emesis. Vital signs at 0830 were bp:184/108, p:112, SpO2:99%. At this time pt was flushed, skin was hot and dry. Vitals at 0835 were bp:179/124, p: 92. Pt began feeling chest pain. Vitals at 0840 were bp: 182-108, p:86. Emergency services were called and pt was transferred to local ED.
1046158	2/22/2021	MI	63	M	2/20/2021	2/20/2021	Patient experienced Chest pain & was diaphoretic approx 5 minutes after vaccination. Onsite EMS was called vitals BP 168/107 HR 63 100% O2 room air. No past reaction to vaccine, last flu vaccine in September. Patient said he was feeling better after approx 10 minutes. Relaxed to home.

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1046684	2/22/2021	MN	46	F	12/28/2020	1/3/2021	L arm pain, HA, body aches/chills starting 12/29/2020. Chest pain, SOB, cough, fevers starting 1/3/2021. Hemoptysis 1/7/2021 with worsening SOB and positional cough. Multiple PEs found on chest CT 1/10/2021 and hospitalized on heparin drip for >24hrs. DVT found on lower leg US 1/10/2021. Remain on DOAC for anticoagulation.
1045959	2/22/2021	KS	60	F	2/19/2021	2/19/2021	Headache, chills, joint pain, severe fatigue, insomnia, some minor chest pain.
1045952	2/22/2021	MI	53	M	2/22/2021	2/22/2021	AFTER RECEIVING THE VACCINE HE COMPLAINED OF STABBING CHEST PAIN. ON SITE EMS RESPONDED. HE WAS TAKEN TO THE AMBULANCE FOR AN EKG. IT WAS RECOMMENDED TO GO TO THE HOSPITAL BY AMBULANCE, BUT HE REFUSED AND LEFT AGAINST MEDICAL ADVISE. I WASN'T ABLE TO GET ANY VITALS FROM EMS.
1045771	2/22/2021	FL	75	F	1/15/2021	1/15/2021	She felt hypotensive. She states that she felt that her BP was increasing. Average range is 160/170 systolic. Felt anxious prior to vaccine. Denied SOB, difficulty breathing, denied chest pain or dizziness. 15:35 VS 187/72 and HR 69. 16:17 VS 212/94 HR 71 RR 14 and o2 sat 100%. Brought patient to our express symptom management unit.
1045763	2/22/2021	FL	49	F	1/15/2021	1/15/2021	Patient felt light headed. Denies SOPB, chest pain, palpitations, V/V, or visual changes.
1045757	2/22/2021	FL	46	F	2/4/2021	2/4/2021	Approximately 45 minutes after receiving the vaccine, patient returned reporting sharp back pain and headache. Patient denied difficulty breathing or swallowing. Denied chest pain or palpitations. Patient reports dizziness began 3 weeks ago. Glucose was 167.

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1045720	2/22/2021	DE	68	F	2/2/2021	2/2/2021	Chest pains by heart once in the car; Itching by neck, shoulders, upper arms, legs, back; Throat closed up a bit; Sore upper left arm at injection site; Headache; Fatigue; Later on sharp pains in left calf upon walking; Numbness in left facial cheek and left side of tongue; Numbness in left facial cheek and left side of tongue; Difficulty swallowing; This is a spontaneous report from a contactable consumer (patient). A 68-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL9265, expiry date not reported), via an unspecified route of administration in the left arm on 02Feb2021 13:30 at single dose for COVID-19 immunization. Medical history included allergies or hypersensitivity. Concomitant medication was not reported. The patient was not pregnant at the time of vaccination. The patient was vaccinated at a health facility. The patient was not diagnosed with COVID-19 prior to vaccination. Since the vaccination, the patient has not been tested for COVID-19. The patient previously received second dose of varicella zoster vaccine (lot number and expiry date not reported) on 18Jan2021 at single dose for immunization. Five minutes after first shot of Pfizer Covid 19 vaccine, on 02Feb2021 13:35, it began itching by neck, shoulders, upper arms, legs, back; throat closed up a bit. The patient was administered 50 mg Benadryl, but itching continued. The patient had sore upper left arm at injection sight. They waited at the vaccination facility under care of 3 nurses for one hour. The patient was offered Epi-pen, but did not administer Epi-pen. The patient's husband drove her home. She had chest pains by heart once in the car. The patient had headache, fatigue, and later on sharp pains in left calf upon walking, numbness in left facial cheek and left side of tongue and difficulty swallowing. Clinical outcome of the events was not recovered.

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1045523	2/22/2021	FL		M	2/1/2021	2/1/2021	AFIB; really tired; chest pain; A spontaneous report was received from a consumer concerning a himself, a 75-year-old male who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced atrial fibrillation, chest pain and really tired. The patient's medical history included atrial fibrillation with ablation 3 years ago. No relevant concomitant medications were reported. On 01 Feb 2021, the patient received their first of two planned doses of mRNA-1273 (Lo038A20A) intramuscularly for prophylaxis of COVID-19 infection. On 02 Feb 2021, the patient woke up at 2:30 a.m. with chest pain, which "has" subsided (date not reported). On 03 Feb 2021, the patient was really tired. On 04 Feb 2021, the patient felt great. On 05 Feb 2021, at 6:30 a.m., the patient went into atrial fibrillation. Action taken with mRNA-1273 in response to the events was not reported. The event of chest pain was recovered/resolved. The event of really tired was recovered/resolved on 04 Feb 2021. The outcome of the event of atrial fibrillation was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, the patient's age and history of atrial fibrillation with ablation are risk factors and confounds causality assessment.
1045178	2/22/2021		20	M	2/18/2021	2/19/2021	CHEST PAIN; SOB; ELEVATED INFLAMMATORY MARKERS; ELEVATED TROPONIN; MYOCARDITIS
1046692	2/22/2021	NV	31	M	2/10/2021	2/12/2021	within 12 hours had a reaction to include significant shakes and chills. After a period of respite patient developed chest pains, was admitted to hospital on 14FEB, and diagnosed as having had a Type 2 heart attack.

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1046052	2/22/2021	MO	50	F	2/14/2021	2/14/2021	02/14/2021 at 1130 am-I received my 2nd Dose of Covid Vaccine (Moderna) at work. Stayed at work for monitoring. I start getting dizzy and nauseated at 1330 and have told the provider about it. He questioned me if I had eaten anything, which I have not. So, I head home ate and took a nap. ? At 1000pm that night- I started having chills with Fever of 100 degrees, body aches. I took Tylenol 650mg 2 tabs and try to sleep. My fever broke at about midnight and was sweaty, groan and moan all night, ?coz of pain. ? 02/15/2021 at 0430am ? Started chilling again, with Fever of 101, severe body aches and joint pains, severe headaches. Took Tylenol 650mg 2 tabs around 5am. ? At 1100 am-Shivering, Fever 102 degrees, exploding headaches, joint pains, muscle pains, body aches, neck pain, diarrhea x 2, dizziness, nausea, extreme weakness, and little fingers are bending forward and painful. My headache was unbearable, I felt like my brain is going to explode. Tylenol 650mg 2 tabs taken. Ice compress to forehead and back of neck applied. Called Dr office which I was told to be in the clinic office at 1330 and I will be consulting with Dr instead. ? At the Clinic- I was told that I was having bad reactions from the Covid Vaccine and my symptoms will be treated as if I have ?Covid?. My Blood pressure was 150/100 as I am extremely in pain. He gave me a Toradol shot 1st thing and let me rest for about an hour with lights off. By then, my pain were tolerable including my headache. He gave me Medrol Dose (steroid) shot and Rocephin shot then. I was instructed to come back in the Clinic for f/u the next day. He wants to monitor me closely as he has seen uneventful cases of this that leads to death. He sent me a dose of Toradol for pain to be given between about 11pm if needed for pain. ? At 11pm -Started having chills again with fever of 100 degrees. My body aches/joint pain started to intensify and my head starting to ache. Took Tylenol 650mg 2 tabs for fever. My Sister who?s a Nurse gave me the IM shot of Toradol dose prescribed by the doctor. I was able to sleep all night without interruptions, but woke up with clothing wet because of too much sweats. ? 02/16/2021 at 0830-My body aches/HA are under control, but still extremely weak. As I was getting ready for 1000 am Doctor?s follow up. I started getting short of breath with simple activities such as dressing and walking. By the time I got to the office I am very

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much short of breath, but my oxygen Saturations has been staying up above 90?s. He gave me an inhaler to ease my breathing. Prescribed me Dexamethasone and Azithromycin, Symbicort. He?s not releasing me to work until he sees me in a week, schedule for 02/22/2021. ? At 11pm that night- started to have mild chest pain lasted about 30 minutes. I took Ibuprofen 600mg and force myself to sleep. I roughly sleep that night. ? 02/17/2021 at 0930-Start having increased Short of breathe with talking, walking, dressing (simple activities). My lungs felt bruise and painful, but I have no cough nor phlegm. My headaches are back with intensity of 9/10. I felt very exhausted as I gotten up at 0500 and felt like I have not slept and unable to rest/calm my mind. Started having chest pain again on and off. I took all the prescribed medications and inhalers. My BP 149/98, Pulse 108, R 22, T 98 Spo2- 96%. Started having chest pain again on and off. My short of breath has ease a little at rest and after inhalers usage. ? 3:00pm-Gotten up to check Vital signs BP- 138/82, P-100, R 20, T 97.8, Spo2-95%. Lungs still painful, breathing?s better, headaches still there annoying but tolerable. Then I started seeing floater?s in my eyes. Checked Blood sugar-131. 02/18/2021- I feel like 60% better with breathing. However, I?m very weak and easily fatigue. Needs intermittent rest every 2-3 hours. My voice seems to be fading, can only speak in soft volume voice as if not enough strength with my vocal voice. 02/19/2021- Called Dr office for update of my condition and was told to come to Clinic at 5pm. EKG was done in clinic , spirometer. Due to new onset of chest pain and EKG result. Doc suggested direct admission for more lab works, cardiac work out and CXR. I was direct admitted at Hospital at 6:30pm at Cardiac/Telemetry unit. 02/20/2021 ?See data?s/documentations from hospital. I was discharged at 8:30pm to home. To f/u with Dr on Monday the 22nd. As I arrived home, I ate a little then vomited a lot. 02/21/2021- I have massive abdominal cramps with diarrhea. Very dizzy and very weak still, but no more short of breath at this time. My voice seems to be coming back to normal volume.

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1047669	2/22/2021	IL	62	F	1/1/2021	1/23/2021	01/23 Hives began on thigh and progress to arms, torso, underarms and then both thighs. 01/25 Called dr and had a Telemed call with NP on Tues. 01/26. Predisone and Benadryl was prescribed. Thurs. 01/28 Call to let them know that it wasn't working. I went into the office for one shot of Solumedrol. This help and they were gone. They gave me second dose of Predisone to take in case it came back and to continue the Benadryl. 02/8 Second vaccine. Hives began that night: arms, torso, thighs, hair. Call the Dr. on 02/10 and suggested I go to an allergist. Went to allergist on 02/11 she said to only take one Predisone, Allegra one am and one at noon, then take zertek at nighttime. The Predisone created a major brain fog, I had to stop. Saw the allergist on 2/18, she agreed to get off the Predisone. 02/11 I passed out in the am and when I woke up with vomit running down my face. Still suffering with hives this entire time. 02/17 my face, lips, tongue started to swell and I had chest pain for 90 minutes. My feel swelled and I have hives so bad on my feet I could not walk or put on shoes. 02/20 Woke up with sweat on my chest. My hands were so swollen I had to have my wedding ring was cut off . 02/21 I went to the Urgent Care and received a shot of Solumedrol. They said this should last me for a few days. 02/21 woke up 3 time throughout the night soaked in sweat.
1046697	2/22/2021	KY	76	M	2/10/2021	2/21/2021	1st vaccine 2/10/21; developed chest pain 2/21/21; seen at ED and admitted to Hospital 2/22/21 for chest pain.
1047674	2/22/2021	UT	51	F	2/8/2021	2/9/2021	Ongoing sporadic nausea, bloating, stomach cramps. Severe fatigue. Noticed left side supraclavicular node swollen to 2 cm a few days after vaccination--no change so far. Continued feeling of pressure, heartburn or chest pain.
1047663	2/22/2021	VA	38	F	2/17/2021	2/17/2021	Chills, fatigue, hallucinations, shortness of breath, chest pain, and body aches

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1047631	2/22/2021	NE	42	F	1/11/2021	1/13/2021	Two days after the 2nd injection I started to have chest pain and not feel right. I went to the Station where I volunteer. I did an EKG which showed Anterior Infarct. I went to the ER. They gave me 4 baby aspirin to take and some blood work. I was told the blood work showed elevated levels consistent with a blood clot as well. I had a CT scan to rule out a clot in my heart or lungs. Which it was negative. I was released and told to see a cardiologist in the next few days. I saw the cardiologist two days later who said I ended up with Pericarditis and that it should resolve on its own. I was feeling better until two days ago when I developed chest pain again. I again went to my fire station I volunteer for and did an EKG which showed Anterior Infarct. I am currently waiting for treatment from my cardiologist.
1047627	2/22/2021		20	M	2/18/2021	2/18/2021	20 YOM with prior COVID vaccine Dec 2020 presents 4 days after COVID vaccination (First dose) with constant substernal chest pressure, ST early repol vs elevation in ST segment and troponins 11. Onset of chest pain occurred 3 hours after covid vaccine-- 5/10, constant, not positional. Transferred to cardiology inpatient for suspected myocarditis. No prior troponin obtained given prior covid illness.
1047558	2/22/2021	CA	40	F	2/20/2021	2/20/2021	complained of feeling weird and heart racing. HR 120s BP 168/78 at 1510. by 1600 HR down to 92, BP 142/76. Patient reported feeling better. Denied shortness of breath, chest pain and denied other symptoms. Advise to see primary care physician.
1047502	2/22/2021	OR	29	F	2/7/2021	2/7/2021	Chest pain within 5 minutes and heart palpitations every 5 minutes for 30 minutes. After 30 minutes they were their worst and blood pressure was checked to be 140/90. Heart palpitations and chest pain have not subsided for patient.
1045955	2/22/2021	OH	50	F	2/18/2021	2/18/2021	Body aches around 8PM, by 2AM chills fever of 100.5. The next day around 4pm laid down to take a nap woke with a huge lump under my left armpit. Very painful and achy. I have taken ADVIL to help with the swelling and pain. 5 days after shot the lump has gone down but still there. I have also had a lot of chest pain and discomfort with a lot of heart burn.

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1047473	2/22/2021	WV	63	F	2/12/2021	2/12/2021	Chills 2 Days of Fever over 102.5 1 Day of Fever over 100 3 Days fever above normal Itchy Arm (after around 5 days) Severe headache and body aches for around 3-4 days Stomach issues - could not eat for 2 days - made me sick Very weak for about 3 days Took a week to feel almost normal, but still not 100% Arm still hurts Chest pain (note - had 3 stents put in on Dec 11 due to cardiovascular blockage). Had a shooting pain the first night. Not sure if related to the vaccination or not.
1047294	2/22/2021	IL	47	M	1/27/2021	1/28/2021	WEAK, CHILLS, JOINT PAIN, SORENESS, AND CHEST PAIN.
1047274	2/22/2021	IL	48	M	1/21/2021	1/25/2021	FATIGUE, NAUSEA, LEFT SIDE MUSCLE PAIN, CHILLS, SORENESS, AND CHEST PAIN.
1047177	2/22/2021	NC	77	F	2/13/2021	2/13/2021	patient c/o lightheadness at 11:55am. Blood pressure was 142/90. Consulted with Doctor. observed for 10 more minutes. Patient started c/o numbness in face, shortness of breath and chest pain around 12:05pm. O2 was 99%. Consulted with Doctor and paramedics called. Patient was confused and had difficulty with balance while being transferred to ambulance. Transported to medical Center at 12:18pm
1047166	2/22/2021	KY	47	F	2/19/2021	2/22/2021	Received 2nd vaccine on 2/19/21 and started having fatigue the next day that progressed into Chest pain that radiates into shoulders.

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1047055	2/22/2021	CA	85	M	2/18/2021	2/18/2021	Aprox. 5 minutes post vaccination patient complained of dizziness. When interviewed he stated he had not had any water only coffee today. Patient was provided a bottle of water to sip on while he finished waiting in the vehicle for observation for 15 min. About 5 mins later, checked on patient and patient reported to be doing fine, no complaints and dizziness had resolved. 5 minutes later patients wife called over observation staff reporting patient was having chest pain. Patient appeared altered, but with history of dementia. 911 was called and patient was transported via ambulance. Complaining of 5/10 dull pain in his left upper chest improved when given nitroglycerin en route ED department. No SOB and patient denies ever having pain like this in the past. Observed in the ED for approx 6 hours. Patient then discharged home. Per ED provider "85 y/o male who presents w/ CP s/p COVID vaccine inj. Low clinical suspicion for acute cardo pul pathology give atypical hx, neg ED workup. No recurrence of sx while being observed in ED. Dc w/ con sx care, f/u PCP
1046982	2/22/2021	MD	83	M	1/22/2021	2/13/2021	Patient was admitted for pleuritic chest pain. It was determined during his hospitalization, that his pain was likely musculoskeletal in nature and was advised to follow up with PCP
1046918	2/22/2021	WI	29	F	1/28/2021	1/30/2021	Client arrived for second dose of COVID vaccine and disclosed that she had a reaction to the first dose. She described having "chest pain" two days later. She denied of having experienced before and denied any cardiac history in the past. She described the chest pain as pressure and she did "feel a lump in her throat." This occurred after carrying groceries up stairs. She denied doing anything out of the ordinary. Denied difficulty breathing, swelling, or other symptoms. Client did not seek medical attention at the time. Second dose was not administered.
1046812	2/22/2021	AK	66	M	2/8/2021	2/9/2021	Had chest pain ("lung pain") the day after vaccination, then 2 days after the shot, he experienced some dizziness and nausea. Dizziness and nausea lasted for 3 days and 3 nights. Chest pain persisted and seems to be getting worse. Severity 3/10 - 7/10. + pain with movement, none at rest. No dyspnea, shortness of breath or fever.

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1046868	2/22/2021	TX	60	F	2/10/2021	2/10/2021	Communication Comment: "Patient present in clinic for COVID-19 vaccine. Patient reported feeling something going up and down her neck" about 15 mins after vaccines was administered. Blood pressure reading was obtained, elevated at 188/100, HR 100. She reported new symptoms of dry throat causing tightness sensation and numbness in tongue. Patient was given Benadryl 25mg PO and water and observed for an additional 40minutes. Her symptoms resolved including throat dryness, tongue tingling, throat tightness. Denies dizziness, rash, difficulty swallowing, hoarseness, chest pain. Vital signs improved. She reports she has blood pressure medicine at home that she was advised to take only when needed. She did not take medication today. She does not know the name of medication. Declined prescription of blood pressure medication today, agreed to take medicine she has at home and return to clinic for appointment Friday, 2/12/2021. Patient given strict ER precautions if her symptoms continue, worsen or if she develops new symptoms.~~
1047709	2/22/2021		79	F	2/17/2021	2/17/2021	to ER on 2/19/21 breathing difficulty, hoarse voice , chest pain, skin itchy, headache, edema, body joint pain, elevated B/P
1044650	2/21/2021	KY	77	F	2/20/2021	2/21/2021	RECEIVED PFIZER COVID-19 VACCINE 1ST DOSE ON 02/20/21. REPORTED TO ER ON 02/21/21 WITH COMPLAINTS OF ABDOMINAL PAIN AND NAUSEA AND VOMITING. DAIGNOSED WITH EPIGASTRIC ABDOMINAL PAIN, ATYPICAL CHEST PAIN, URINARY TRACT INFECTION WITH OUT HEMATURIA, AND HIATAL HERNIA. DISCHARGED HOME WITH INSTRUCTIONS FOR FOLLOW UP APPOINTMNET WITH PCP, GI, GENERAL SURGERY, AND CARDIOLOGY.

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1043998	2/21/2021	MI	57	M	2/10/2021	2/10/2021	02/10/21 received the shot in right arm - pain at site of injection, developed headache; 02/11/21 woke up with nausea, tiredness, headache, pain in arm - symptoms continued 4 days; 02/14/21 developed itching all over body- itching lasted one day, severe joint pain in right shoulder continued 4 days; 02/18/21 mild joint pain in right shoulder, mild pain started again in right shoulder, itching and rash developed at injection site; 02/19/21 woke up in night due to pain in chest and back when breathing in, this continued through the day so contacted doctor's office was told to go to ER to get checked, went to ER 3:30 pm - Diagnosis chest pain, unspecified, pleurisy; 02/21/21 pain in chest with breathes continues
1044217	2/21/2021	WI	43	F	2/17/2021	2/17/2021	?Moderna COVID-19 Vaccine EUA? Symptoms started at roughly 9:30 AM, 5 minutes after receiving the Moderna Covid vaccine. She first experienced mild throat tightness that has persisted since onset. After about 20 minutes she additionally began to experience perioral numbness. Symptoms were consistent with prior anaphylactic reactions during which she did not develop hives and shortness of breath until 4-5 hours later. Currently she reports vague heaviness with breathing though denies feeling short of breath. Associated symptoms include lightheadedness and fatigue. She denies fevers, chills, recent illness, chest pain, abdominal pain, or hives. She was initially treated with diphenhydramine 25 mg and was observed for a couple hours. Symptoms did not significantly improve and she began to develop nausea so she was given a second dose of diphenhydramine and 1 L LR bolus. Roughly 45 minutes later she continued to be anxious and began to report mild chest pain and abdominal pain. She was given Epinephrine 0.3 mg and prednisone 60 mg at that time given concern for developing anaphylaxis. Symptoms did not progress further over the next 2 hours of observation in the ED. Discussed with the patient that symptoms were likely not a result of anaphylaxis and she was comfortable with discharge at this time.

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1044226	2/21/2021	KY	90	M	2/21/2021	2/19/2021	RECEIVED BOTH MODERNA COVID-19 VACCINES ON 01/19/21 & 02/16/21 (NO LOT#, ROUTE, OR LOCATION PROVIDED IN EPIC CHARTING). 02/18/21 CALL TO CARDIOLOGIST TO REPORT CHEST PAIN RADIATING TO LEFT ARM THAT HAD BEEN GOING ON X2 HOURS. HE ALSO DESCRIBED HIGH BLOOD PRESSURE AND THAT HE HAD RECEIVED HIS 2ND COVID VACCINE 2 DAYS PRIOR. CARDIOLOGIST RECOMMENDED HE GO TO ER FOR CONTINUED PAIN. PATIENT REPORTED PAIN HAD ENDED. 02/19/21 REPORTED TO ER WITH CHEST PAIN AND ELEVATED BLOOD PRESSURE. DIAGNOSED WITH CHEST PAIN, UNSPECIFIED TYPE AND HYPERTENSION NOT AT GOAL.. 02/19/21 ADMITTED INPATIENT TO HOSPITAL..
1044439	2/21/2021	KY	36	F	2/17/2021	2/21/2021	RECEIVED BOTH DOSES OF PFIZER COVID-19 ON 01/27/21 & 02/17/21 REPORTED TO ED ON 02/21/21 WITH COMPLAINTS OF CHEST PAIN AT 25 WKS PREGNANT. DAIGNOSED WITH ACUTE CHEST PAIN, ACUTE PULMONARY EDEMA, AND DYSPNEA ON EXERTION. ADMITTED TO HOSPITAL ON 02/21/21.
1044917	2/21/2021		36	F	2/3/2021	2/4/2021	Fatigue Arm Pain Bloating Brain fog Joint pain and stiffness Arm & leg numbness Anxiety Chest pain Shortness of breath Tachycardia

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1044581	2/21/2021	CA	71	F	1/19/2021	1/28/2021	71 year old female with a past medical history of colon cancer status post colectomy and chemotherapy completed 01/07/2021, hypertension, no previous history of allergic or anaphylactic reactions who presents to the ED to be evaluated for pruritic rash x 8 weeks, upper lip swelling and throat tightness since last night, possible reaction to Covid vaccine. She received her first COVID vaccine on 01/19/21 about 10 days later she developed a pruritic rash to her trunk and legs. Spoke with her Heme-Onc team who advised her to take Claritin and benadryl with partial relief of rash. On 01/30/2021 patient had a virtual visit with the doctor who prescribed a 5-day course of prednisone, as soon as she completed the course pruritic rash returned. Patient was advised to go ahead with the second dose of the vaccine which she received on 02/16. She presents to the emergency room today because last night began to feel as though her throat was closing and began to have swelling in her upper lip. Patient presents today with upper lip angioedema, no troubles breathing. Denies fever, chills, headache, chest pain, shortness of breath, abdominal pain, nausea, vomiting, dysuria, change in urine or bowels. Patient cannot think of any provoking factors. Denies new soaps, lotions, home gardening, outdoor hobbies. States she has been quarantining at home with her husband who does not have any symptoms.
1044772	2/21/2021	WA	48	F	2/19/2021	2/20/2021	Fainting, nausea, chest pain
1044873	2/21/2021		74	F	1/28/2021	2/4/2021	7 days later pt had a large local reaction then on 8 days after shots noticed 2 itchy red spots on both sides of abdomen (pt states she gets this from time to time) - improved over a few days w topical steroids on day 9 after shot pt had chest pain only with lying down (went to ER) and was diagnosed w GERD a few days later pt had EGD which showed inflammation at GE junction (consistent w GERD)

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1044493	2/21/2021	CT	32	M	2/21/2021	2/21/2021	1-2 minutes post vaccine (given in left deltoid) patient developed bilateral tinnitus. No associated headache, dizziness, nausea, chest pain, abdominal or shortness of breath. No other focal neurological motor/sensory deficit. No signs or symptoms of anaphylaxis (no airway compromise). Tinnitus remained consistent over next 1 1/2 hours of observation (until discharge home). Patient reports 1-2 prior mild episodes of tinnitus, none as severe or prolonged as today.
1043001	2/20/2021	CO	81	F	12/29/2020	1/4/2021	Five days after first shot, had chest pain, high BP and severe shortness of breath.
1043825	2/20/2021	ID	39	F	1/27/2021	1/30/2021	Patient presents for left breast discomfort. Patient reports that she had her COVID vaccine 01/27/21, 4 days after she developed a swollen lymph node in her left axilla, patient reports this was tender, but resolved without treatment or evaluation after 2 days. Following resolution of the lymphadenopathy patient reports having superficial pain from the axilla around anteriorly to the left breast. Patient denies deep pain, any palpable masses, changes in skin integrity or rashes. No nipple discharge noted. Patient reports the pain is made worse with light touch over the area including clothing rubbing on her skin. She denies chest pain, SOB, DOE, weakness in the upper extremities, denies Hx of shingles, neurovascular compromise, DM, Vitamin D deficiency.
1042708	2/20/2021	LA	28	F	2/17/2021	2/18/2021	fever up to 39, continue to have fever for 2 days. acetaminophen is good to relieve but can't eliminate. start to have chest pain under breast when heavily breathing in after 48hrs.

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1042765	2/20/2021	MD	54	F	2/13/2021	2/14/2021	<p>Worst symptoms: During severe flu symptoms next day: racing heart, waking from severe joint pain in Right ankle, aching pain in abdomen. Starting after the flu symptoms resolved on Tuesday: After my fever went down I got a red ring around the injection site and stinging welts on arm, shoulder, neck, face. Prickly itches mouth, ears, scalp hands, feet. --- After injection, second dose, Saturday 3:25. NO issues, didn't even feel shot. expecting a day of flu, fever around 100 and no other issues based on 1st dose reaction (Moderna # 013L20A, 1/16/21). No respiratory symptoms this time, no runny nose, unlike last time. I didn't notice anything unusual about my heart rate. normally resting as low as 48 while sleeping, waking in the 50s per Apple watch, 100s, up to 120s with exercise. 9 AM Saturday Woke with resting heart rate of 97. Cross room to get thermometer and Tylenol. Heart rate 117. Fever 101.7 cross room to get soup from microwave and return to bed. Heart rate 123. Took 500 mg gel cap with broth and veggies. Woke 11 am. Fever 102. Drank 12 oz of water. Closed eyes, could not stay awake. Headache. Ringing in ears. very achy flu symptoms with strange symptoms, tenderness left lower abdomen palm width from Left hip. Arm felt hot, tight. My ligaments particularly in ankles felt loose. Woke with sharp ankle pain 3 times. I usually put the blankets under my feet and tucked under knees, like sleeping bag. it felt like my joints were hyper extended over the blankets. I tried to give them extra support and not move them or elevate them much. Continued gel cap of Tylenol at 3 pm (feeling dizzy and nausea started) , 9 pm (stood to get medicine and thought I was going to faint), 3 am, 9 am. Fever at 102. Sunday afternoon, felt like my GI tract had stopped. Nausea with food. Urine every few hours but no other output, even gas, until Tuesday. Heart rate closer to normal on Monday night. Pain in chest and abdomen resolved. Flu symptoms, joint pain resolving on Tuesday. Eating again. Slept most of Sunday and Monday. Moving around Tuesday Fever down to 100 Tuesday, continuing through Friday. Tuesday my Arm starts to feel worse, like the day after the first dose injection. Hot, tight, aching. Faint semicircle developed below 2nd injection site Tuesday. Stinging Welt develops 4 inches below. Other welts start and merge into pink band with pale transition zone. pale patches starting in other places. I start feeling itches on bottom of feet, in</p>

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1042836	2/20/2021 MI	71 F	2/4/2021	2/4/2021	<p>scalp, on chest, on cheeks. Wed. I call the health department and my doctor. Pink ring around 2nd injection site Stinging welts on left arm forming a band almost all the way around arm on Wed. include first injection site. Pale band below, a transition zone, hurts a lot more than the warm pink welts. Stinging welts below injection site create bands of bright pink that stings like ant stings, hot to warm temp. Pale band below and patches sting like bees, much more painful. pain like hornet sting where they overlap as band wrapped around arm. Pink stinging at back and left side of neck .Ears itching and ringing. Some stinging in areas of hand, left fingers, space between thumb and index finger. Feels like Cold cream stinging on face, left cheek large patch under left eye, smaller patches around left side of eye and three small patches on left eyelid. Began turning pink a few hours later. Mouth started itching. Pale patch the size of my hand on my left shoulder and chest aches and stings, is tender. Feels like it is going to become a big welt like the pink one below the injection site. Stinging pricks of pain very occasional on left thigh, left side of back and even on right shoulder blade, left side of neck I brush my hair instead of scratching at my scalp. scabs on left shoulder and chest from stratching. Prolonged fever of 100 after most flu symptoms resolved, into Friday, Thursday my dr sent me to ER. Pale transition zone that hurt the most, below and in fold of elbow is darker, creases because there is more swelling. patch is expanding. Called ER for wait time. Went to Patient First Urgent Care. EKG normal limits. Started Methylprednisolone Pack, 6 day stepped down dosage. Told to use cortisone cream without getting in or near eye, not on lid. Told to take Benadryl. Tylenol. Friday the band on left arm signif diminished, welts forming on face are gone. Some areas still sting and itch, even without looking red. Mouth does not itch. some itches and sharp stings. Still some stinging in left eye and left eye lid. Sat. morning my temperature is below normal even for me. 96.7 Still some stings and itches. Pink ring around injection site fading. Heart rate normal. Still some chest discomfort occasionally.</p> <p>Patient complained of chest pain,Non-Cardiac . Onsite EMS was called vitals were taken BP 200/70 BG 82 100% O2 room air HR 58.Patient treated, transported by the EMS to the hospital .</p>
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1042862	2/20/2021	MI	93	F	2/4/2021	2/4/2021	Patient complained of chest pain,Non-Cardiac . Onsite EMS was called vitals were taken BP 169/97 96% O2 room air HR 60.Patient treated, Left against medical advice. .
1042888	2/20/2021	NY	29	F	2/19/2021	2/19/2021	PT C/O migraine type headache approx.5min after 2nd dose of Pfizer covid vaccine,vitals stable,pt denied any SOB,palpitations,chest pain,itching or any discomfort. Felt better after one dose of Tylenol
1042952	2/20/2021	IL	44	F	2/8/2021	2/9/2021	Headache,body Ache,Nausea,SOB,Chest pain,Chills,Sore Throat,Swollen lymph nodes
1043000	2/20/2021	PA	34	F	2/2/2021	2/2/2021	Appx 8 hours after vaccination, pt had chest pain, back pain, Headache, Fatigue, chills. Lasted for appx 36 hours.
1043738	2/20/2021	CA	30	M	2/19/2021	2/20/2021	Heart palpitations. Fast heart beat. 99-120. 95 when at rest. Up to 130 when stabbing or moving from laying position. Chest pain heart area.
1043056	2/20/2021	NY	77	F	2/20/2021	2/20/2021	3-5 mins post 1st dose vaccination on the left arm, patient began having a "funny taste" sensation on her mouth, tongue, and throat. She had dry mouth and numbness in her upper and lower left lip. She was brought over for observation. Vitals were within normal limit. Neurologic exam was normal. She was given Benardryl 25mg one tab and post administration, the "funny taste" sensation in her mouth resolved but the numbness in her her lips remained for another 20 mins. She reported feeling anxious since she had several deaths in the family within one month. She also admitted to feeling a funny taste in her mouth after getting shots. She denies any chest pain, SOB, wheezing, dizziness or nausea. She declined medical transportation to the ER. She was monitored for over an hour. She was advised to follow up with the ER if worsening symptoms of anaphylaxis. She was informed to follow up with her PCP or allergist for further evaluation prior to having her second dose.

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1043206	2/20/2021	CT	76	F	2/20/2021	2/20/2021	While pt was sitting in observation for about 15 minutes she reported feeling excessive nasal congestion. EMS was on site, Pt's BP was 224/112, came down to 203/108. Pt reported nasal congestion seemed to be getting better. Pt denied headache, dizziness, visual changes, chest pain, SOB, swelling, tingling. Pt reports she usually has normal BP. Pt did not want to go to the hospital. She signed a refusal for transport to the hospital with EMS. Pt was advised to call her doctor when she got home. Pt was advised on ED precautions and when to call 911. Pt verbalized understanding.
1043427	2/20/2021		62	F	2/20/2021	2/20/2021	Pt assessed after receiving COVID-19 vaccination drive thru site. She reported onset of mild lightheadedness and a non-specific "funny feeling" in her head. No vertigo or presyncope. No other new neurologic changes such as vision changes or extremity weakness. No chest pain, palpitations, dyspnea. No other signs of allergic/anaphylaxis (ie rash, throat swelling, GI side-effects). She reports hx of high blood pressure and is on one BP medication but cannot recall the name. States she took it today. Reports eating breakfast this morning. Exam notable for BP 140/85, HR 60. Pt well-appearing, no acute distress, no obvious CNS or peripheral deficits. RRR, normal s1/s2, no m/r/g. Lungs CTAB. No obvious rash or facial swelling. During course of evaluation pt reported symptoms improved but did not quite resolve. Advised pt to continue monitoring at vaccination site for additional 15 minutes. Offered juice, crackers, fluids which she declined though did drink some of her own water. Upon reassessment pt reported continued improvement though symptoms had not completely resolved. Offered to have EMS come assess pt though she declined. Warning signs/symptoms discussed with pt for when to seek out care at ED. She is in agreement.
1043542	2/20/2021	VA	30	F	2/20/2021	2/20/2021	Dizziness progressed to shortness of breath and chest pain; benadryl given x 1; Epi when the patient complained of throat tightness and difficulty. EMS transfer to hospital
1043681	2/20/2021	TX	88	F	2/20/2021	2/20/2021	c/o epigastric pain and nervousness. Denies chest pain, SOB. Denies history of heartburn BP: 135/50 HR: 98 SpO2: 99% RA

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1043710	2/20/2021	IL	21	F	2/20/2021	2/20/2021	Immediately following the vaccine administration pt started to c/o dizziness, chest pain and pressure, SOB. VSS at 122/58, 103, 22, 98%.

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1043033	2/20/2021	TN	26	F	1/26/2021	1/26/2021	<p>Moderna vaccine 041L20A (I think) Given 1/26/2021 Adverse Events started 1/26/2021 ?? Symptoms at the time of the shot Tuesday January 26th: burning at site for twenty minutes, warmth shooting down my arm, up my neck, and across half my face, headache, vision disturbances. ?? Night one: sore arm, joint pain, headache, nausea, fatigue unfixed by rest, slept all night, chills, and intermittent fever. ?? Wednesday: sore arm, joint pain, headache, nausea and vomiting, fatigue unfixed by rest, slept all day, chills, and intermittent fever. Ate two bites of banana and sipped Ginger Ale and Gatorade. ?? Night two: sore arm, joint pain, nausea, fatigue unfixed by rest, slept all night, chills, and intermittent fever. The friend checked on me thought I died because I (a very light sleeper) didn't wake up at first. ?? Thursday: sore arm, joint pain, nausea, fatigue unfixed by rest, slept all day, chills, and intermittent fever. Couldn't stand for more than five minutes without rest. Ate two bites of toast and one cup of honey chamomile tea. ?? Night three: sore arm, intermittent joint pain (feet especially), last fever at 4pm, fatigue unfixed by rest, slept all night, chills. ?? Friday: achy all over, nauseous, brain fog, fatigue unfixed by rest, heart palpitations. I went to work, stimmed most of the day plus erratic emotions and behavior. Ate two bites of cereal, one burrito (over the course of three hours), and drank two cups of water. Blood Pressure 116/76 (6 more than normal of each) pulse 93 (33 bpm more than normal). I woke at 30% capacity. ?? Night four: brain fog, heart palpitations, achy, nauseous, exhausted. After work, I got home at 1% capacity and collapsed in bed, unable to do anything else. ?? Saturday: achy, heart palpitations, vision disturbances, brain fog, tinnitus, intermittent chills (maybe fever? Too tired to check), debilitating fatigue unfixed by rest. Not actively nauseous, but allowed to eat ONLY what my body craved (anything else would have been thrown up) a doughnut, French fries, two cups of tea. Woke at 5% capacity. Fed myself and pets, slept. I did not clean, brush hair, or anything else. ?? Night five: achy, heart palpitations, brain fog, headache, tinnitus, fatigue unfixed by rest. ?? Sunday: achy, heart palpitations, tinnitus, intermittent chills (maybe fever? Too tired to check), debilitating fatigue unfixed by rest. Woke at 10% capacity - fed myself and pets, cleaned dishes and litter box, brushed hair, and slept for the rest</p>

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of the day. Ate 1/2 cup cereal, one kiwi, meatloaf, drank lemonade. ?? Night six: achy, heart palpitations, fatigue unfixed by rest. ?? Monday: achy, debilitating fatigue unfixed by rest. Woke at 15% capacity - ate, cleaned dishes, brushed hair, fed cat and cleaned litter box, did laundry, took out trash - slept for the rest of the day. Ate baked potato, meatloaf, kiwi, drank lemonade. ?? Night seven: achy, heart palpitations, fatigue unfixed by rest. ?? Tuesday: debilitating fatigue unfixed by rest. Went to a clinic and Tested Negative for Covid with a rapid test, Negative for antibodies. ?? Night eight: fatigue. I went non-verbal for a few hours. ?? Wednesday: heart palpitations, headache, intermittent chills (maybe fever? Too tired to check), debilitating fatigue unfixed by rest. ?? Night nine: fatigue, heart palpitations. ?? Thursday: debilitating fatigue unfixed by rest, nausea, headache. ?? Night ten: fatigue. ?? Friday: fatigue. Got checked at a clinic - normal labs, FNP thinks it is some kind of autoimmune response (due to my family history) and said it usually goes away in about a month. ?? Night eleven: Fatigue. ?? Saturday: chills (maybe fever?), headache, debilitating fatigue unfixed by rest. ?? Night twelve: Fatigue, heart palpitations. ?? Sunday: chills, headache, debilitating fatigue unfixed by rest. ?? Night thirteen: Fatigue. ?? Monday: went to work at 25% capacity. Left at noon. Sharp headache, nausea, heart palpitations, shaky, falling asleep at desk, sharp intestinal pain, stabs of chest pain, nausea, uncontrollable fidgeting, fatigue unfixed by rest. Work hour one: equilibrium. Completely out of touch with my body - immune to cold (I'm always cold) and everything else. Work hour two: moderate physical discomfort and mental strain. Work hour three: severe physical discomfort and mental exhaustion. Work hour four: felt like I was losing my mind, intense physical pain (NOT anxiety - I know what anxiety feels like - this was my body shutting me down by whatever means worked) ?? Night fourteen: heart palpitations, sharp chest pain, sharp intestinal pain, felt like I was going insane, headache, chills (no fever), fatigue. ?? Tuesday: 5% capacity. Nonfunctional. Heart palpitations, headache, aches all over, chills, debilitating fatigue unfixed by rest. Ate and slept. ?? Night fifteen: headache, body aches, chills (no fever), fatigue. Slept with a heating pad. First emotional meltdown. ?? Wednesday: 10% capacity. Headache, body aches,

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						debilitating fatigue unfixd by rest. I had a two minute burst of energy, then off like a light switch, and slept for hours. ?? Night sixteen: chills, body aches, fatigue. ?? Thursday: Body aches, debilitating fatigue unfixd by rest. ?? Friday day seventeen - present 2/19/2021 with no end in sight. Debilitating fatigue unfixd by rest. I can?t read, can?t watch movies most of the time, get tired making myself food even when I sit in a chair in the kitchen, only drive if I absolutely have to, sleep 20ish hours a day, regular headaches (I almost never got headaches before), symptoms severely worsen with minimal or no activity, only resting in a quiet dark room helps. I am debilitated. I can?t work. I can?t grocery shop. I can?t cook without sitting down. If I take out the trash, I have to sleep the rest of the day. I have brain fog and can?t read. I can?t function.	
1041122	2/19/2021	CA	45	F	2/17/2021	2/18/2021	Had normal symptoms except tachycardia that was noticed 2/18/21 at about 10am. My heart rate is usually between 68 and 72 and it was between 110 and 120 all day yesterday. No chest pain, numbness, shortness of breath. Just felt like I was going to faint and found it when I checked my blood pressure (which was normal). Had an EKG 2 weeks ago as part of a screening and it was normal.
1041230	2/19/2021	SC	75	M	1/22/2021	1/26/2021	Patient received first dose of covid vaccine on 1/22/2021. Patient had no immediate reaction. Patient presented to the Emergency Department on 1/26/2021 c/o shortness of breath and chest pain. ECG showed a ST elevation myocardial infarction. Patient was treated and transferred to a cath lab where he died. Patient had significant coronary artery disease.

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1041317	2/19/2021	KS	38	F	2/19/2021	2/19/2021	<p>COVID VACCINE CLINIC Subjective Patient is a 38 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 30 min waiting period after the injection, the patient began to experience throat tightness and wheezy. She denied sob, cp, facial swelling, tongue swelling. She reports of above symptoms about 20 minutes after receiving vaccine. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting . PMH: Previous Reactions: allergies including anaphylaxis to shellfish, peanut oil and sulfa drugs. Reaction of arm swelling to location of shot and wheezy when she got the flu shot 7 years ago. Asthma hx. She had taken Singulair, cetirizine and albuterol prior to coming. She did not take any benadryl prior to her injection as pt reports that her sister whom is a nurse told her not to take benadryl in case it masks a reaction. ALLERGY REVIEW OF SYSTEMS: Patient complains of frequent throat clearing (slightly upon arrival. with throat itching) and wheezing Patient denies chills, fever, malaise/fatigue, facial swelling, itching in ears, sore throat, eyes watering, eyes itching, puffy eyes, eye redness, cough, chest tightness, shortness of breath, rash, hives, eczema, cysts, itching of skin, vomiting, abdominal pain, diarrhea, muscle aches, joint pain, dizziness and headaches Objective Vitals</p> <p>Vitals: 02/19/21 0933 02/19/21 0944 02/19/21 0952 02/19/21 1002 BP: (!) 143/83 134/81 126/80 123/70 Pulse: SpO2: 100% 100% 100% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is not ill-appearing, toxic-appearing or diaphoretic. Comments: No facial or lip swelling HENT: Mouth/Throat: Lips: Pink. Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Uvula midline. No pharyngeal swelling, oropharyngeal exudate, posterior oropharyngeal erythema or uvula swelling. Eyes: General: Lids are normal. Extraocular Movements: Extraocular movements</p>

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1041005 2/19/2021 LA

73 M

2/2/2021

2/3/2021

intact. Conjunctiva/sclera: Conjunctivae normal.
 Neck: Trachea: Trachea and phonation normal.
 Cardiovascular: Rate and Rhythm: Regular rhythm.
 Tachycardia present. Pulses: Normal pulses. Heart
 sounds: Normal heart sounds. Comments: Slightly
 tachycardia (103) Pulmonary: Effort: Pulmonary effort
 is normal. Breath sounds: Normal breath sounds and
 air entry. No stridor, decreased air movement or
 transmitted upper airway sounds. No decreased breath
 sounds, wheezing, rhonchi or rales. Comments:
 Speaking full sentences. Musculoskeletal: Cervical
 back: Full passive range of motion without pain. Skin:
 General: Skin is warm. Findings: No rash.
 Comments: Injection site w/o erythema or swelling. No
 adhesive reactions Neurological: General: No focal
 deficit present. Mental Status: She is alert.
 Psychiatric: Mood and Affect: Mood is anxious (
 slightly). Thought Content: Thought content
 normal. Judgment: Judgment normal. Re-
 evaluation of lung sounds and throat was done
 periodically about every 5-10 minutes. No acute findings
 seen/heard. Assessment/Plan Treatment included:
 albuterol, antihistamines, water and solu-medrol IM and
 pepcid, albuterol (pt used her own). Follow up response
 to treatment: excellent. Scale of 0-10 based on
 symptoms of tightness was 7 at first. Upon discharge was
 3-4/10. Patient discharge: Stable to go home and follow
 up with PCP and her allergist. Differential Diagnosis:
 Anaphylaxis/anxiety (dyspnea, stridor, drooling, tongue
 swelling) We discussed close monitoring at home and
 when/if she were to take her epi-pen and call 911 if
 symptoms were to worsen. She's to let her allergist know
 about her visit today. She may need to have other
 medications taken prior to her #2 dose of Pfizer
 according to her allergist recommendations. Pt
 appreciative and is ready to go home. Pt wheeled out to
 front door by security. Accompanied by husband.

Pt. recieved 2nd dose COVID vaccine on 2 Feb and was
 admitted to Hospital on 3 Feb with Chest pain; DKA
 (diabetic ketoacidoses); Diabetic ketoacidosis without
 coma associated with type 1 diabetes mellitus;
 Hyperglycemia. He was discharged on 5 Feb. His home
 course is unknown

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1041473	2/19/2021	AL	59	F	2/19/2021	2/19/2021	Patient received vaccine at 11:02 am. During her observation period, her husband notified me at 11:14 am that the patient "felt like she was going to pass out". Upon assessment patient was diaphoretic. Denied any shortness of breath or difficulty breathing. Initial vitals at 11:15 showed blood pressure 110/70, Heart rate 70, spO2 87%. At 11:20 the pulse oximeter showed spO2 70% and HR 150 bpm. Ambulance was called. The pulse ox was moved to other hand and showed a reading of 81% and HR 140 bpm. Patient was still diaphoretic and described tingling in to fingers and toes. Fingers were very cold to the touch. Patient still denied chest pain and shortness of breath or difficulty breathing. Patient was awake and communication throughout event and when trying to sit up described her head as feeling "woozy". Additional reading on pulse oximeter at 11:26 showed HR 155 bpm and spO2 62%. Blood pressure 130/70. Ambulance arrived at 11: 30. Upon their initial assessment her spo2 was 100%, HR 76 bpm- sinus rhythm, and blood pressure 136/76. Patient declined ambulance ride to hospital and was driven by her husband in personal vehicle. Patient was alert and described symptom improvement at time of departure. Patient also stated that she "hadn't been feeling right for a while". I do not believe that this was a true reaction to the moderna vaccine.
1040694	2/19/2021	NY	41	M	2/8/2021	2/8/2021	Initial adverse events: night sweats, fever, body aches, muscle aches (Back pain). These all occurred about 12 hours after the second shot and subsided around 36 hours after the second shot. 8.5 days after the second shot I had throat and chest pain. This pain then continued and got worse to the point I went to the ER and was evaluated for potential heart attack. After testing - results were that I did not have a heart attack. I was still experiencing this pain, so the ER took a strep test. This was also negative. The diagnosis was "pulled chest muscle". I've had pulled muscles, I know what those feel like and it sure didn't feel like what I experienced on the night of the 16th and the day of the 17th of Feb. 2021.

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1041486	2/19/2021	LA	84	M	2/11/2021	2/11/2021	patient came into the office for swelling under left eye he noted 2 hours after 2nd injection of covid vaccine. Denied blurred vision or pain in eyes. Denied shortness of breath, chest pain at assessment. Patient was monitored in office. Patient was advised of ER precautions and discharged to home with no signs or symptoms of acute distress.
1041456	2/19/2021	TX	63	M	2/2/2021	2/6/2021	Shortness of breath - Initial ED Comments: Patient is a 63 y.o. male patient presenting to the ED via EMS with c/o shortness of breathin which began this morning. EMS reports that the pt had a bilateral lung transplant 1 year ago and has been on cyclosporine and cellcept. EMS also reports that the pt recently received his COVID vaccine. Pt denies fever, chills, chest pain, abdominal pain, back pain, nausea, vomiting, or lower extremity edema. EMS reports that the pt does not normally require supplemental O2 but states that his O2 sat was 75% on 3 L NC home O2. EMS reports that they gave 2 albuterol, 1 Atrovent, and solumedrol. EMS also reports that they placed the pt on 10-15 L NRB and states that his O2 sat was stable at 100%. Pt denies any aggravating factors for his symptoms
1040971	2/19/2021	WV	55	F	1/29/2021	2/1/2021	Three days after vaccine was feeling short of breath, bounding increased heart rate, and frequent palpitations (PVCs). Four days later these symptoms persisted, but started having chest discomfort and bilateral lower leg and feet numbness, tingling, and needle like pain. Eight days later as the aforementioned symptoms persisted , had to visit a hospital ER for chest pain. Was placed on Metoprolol to control heart rate and rhythm. Now three weeks post 2nd COVID19 vaccine and symptoms persist, but somewhat controled with Metoprolol. No history of these problems pre-vaccine.

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1040918	2/19/2021	FL		M	1/16/2021	1/23/2021	Acute pericarditis; Soreness on the left shoulder (injection site); A spontaneous report was received from a consumer who was also a 75-years-old, male patient, who received Moderna's COVID-19 Vaccine (mRNA-1273) and who experienced soreness on the left shoulder (injection site)/ injection site soreness and acute pericarditis/ pericarditis. The patient's medical history was not provided. Concomitant medications were not reported. On 16 Jan 2021, seven days prior to onset of the events, the patient received their first two planned doses of mRNA-1273 (Batch number: 039K20A) intramuscularly for the prophylaxis of COVID-19 infection. On 23 Jan 2021, the patient experienced soreness on the left shoulder (injection site), tiredness, headache, and chest pain. On 02 Feb 2021, he had difficulty breathing even with his continuous positive airway pressure (CPAP) machine and called 911. He was taken to emergency room (ER) and was diagnosed with acute pericarditis. Treatment included ibuprofen, pantoprazole, and colchicine. Action taken with mRNA-1273 in response to the events was not reported. The outcome of events, soreness on the left shoulder (injection site and acute pericarditis, was not reported.; Reporter's Comments: This case concerns a 75 year old male subject, who experienced a serious unexpected event of Pericarditis and a non-serious expected event of injection site pain after first dose of mRNA1273 (Lot# 039K20A). Very limited information has been provided regarding the event of pericarditis at this time. Further information has been requested.
1040844	2/19/2021	OH	71	M	1/16/2021	1/30/2021	1/30/2021 Began with spiking BP and extreme pain in right shoulder - taken to ER. Given pain med, BP came down and sent home. 2/2/2021 - Spiking BP and chest pain, numbness and tingling in hands and feet. - taken to Medical Center. Admitted. Series of heart and brain assessments done. Each day he got weaker until he could no longer stand, walk, arm and hand strength depleted and dexterity issues. Spinal Tap on 2/8/2021 revealed Guillain Barre Syndrome 2/12 Admitted to Rehabilitation Center, 2/15 at Hospital plummeting BP, 2/18 return to Rehabilitation Center

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1040610	2/19/2021	MN	18	F	2/9/2021	2/9/2021	Complaint of chest pain with no other signs and symptoms. Denied shortness of breathe. Vitals assessed. Patient became pale in color and continued to have chest pain. Given Benadryl and sent to local clinic for evaluation. Clinic reported additional services at local emergency room. No additional health outcome diagnosed or treated.

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1040532	2/19/2021			U	1/28/2021	1/29/2021	<p>Passed out and was unconscious for approximately 5 minutes; Nausea; Tightening or squeezing sensation of my chest; Tired; Vasovagal event; A spontaneous report was received from a healthcare professional who is the patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced tightening or squeezing sensation in my chest, passed out, unconscious for approximately 5 minutes, nausea, vasovagal event and tired. The patient's medical history was not provided. No concomitant product use was reported. On 28 Jan 2021, the patient received their second of two planned doses of mRNA-1273 (Lot number: not provided) for prophylaxis of COVID-19 infection. On 29 Jan 2021, at 01:30, the patient reported they started to feel a tightening or squeezing sensation in their chest. On 29 Jan 2021 at 02:30, the patient's symptoms worsened, they reported increased chest tightening and were nauseated. The patient went into their bathroom and "I passed out and ended up on the floor". The patient reported they were unconscious for approximately 5 minutes. The patient's wife called 911 due to chest pains and to rule out a mild heart attack. The patient stated, "all tests came back negative". The patient stated they had a vasovagal event while in the hospital with a blood pressure reading of 77/40. Patient feeling better now, but still tired". Treatment information was not provided. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events, tightening or squeezing sensation in my chest, passed out, unconscious for approximately 5 minutes, nausea, vasovagal event and tired, were considered unknown.; Reporter's Comments: This spontaneous report from a healthcare professional of unknown gender who experienced the serious events of unconscious, passed out and tightening or squeezing sensation in my chest and non-serious events of nausea, vasovagal event and tired. The events occurred 1 day after the administration of mRNA-1273 vaccine (Lot number: unknown, expiration date: unknown). Treatment given was not provided and outcome is resolved. Based on the information provided which shows a temporal association a causal association, between the reported events and the administration of mRNA-1273 vaccine cannot be excluded. The events of nausea and fatigue are consistent with the known safety profile of mRNA -1273</p>

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1041004	2/19/2021	NY	51	F	2/14/2021	2/19/2021	vaccine. Developed "racing heart" within 15 minutes of receiving vaccine. HR > 100. BP 224/102. Denied SOB or Chest pain. 10 minutes later HR = 92 and BP 158/104. Twenty minutes after onset, BP 182/112. Denies hx. of hypertension, and last taken approximately 6 months ago. Transferred via ambulance to hospital. During stay at ER and before discharge, BP 155/88- 164/94. Diagnosed w possible hypertension and instructed to follow up with primary care MD.
1041509	2/19/2021	KY	61	F	2/13/2021	2/13/2021	1st vaccine 2/13/2021; 20 mins post vaccination developed flushing and since developed HA, and CP onset 2/19/21. seen in ED 2/19/21 and admitted to hospital for additional workup; Dx on admission: Chest pain, unspecified type ;Acute nonintractable headache, unspecified headache type; Hepatic steatosis.
1040858	2/19/2021	IA	68	M	2/17/2021	2/17/2021	Pfizer COVID-19 Vaccine EUA Pt observed at 1230 with prominent redness to right forearm and redness on left forearm. No SOB, CX pain, dyspnea. Nurse from Facility in for observation. Pt to stay additional 15 minutes. Nurse in at 1245 for eval and rash not as prominent. Pt transfered to convenient care for bilateral arm rash. History of anaphylaxis. Rash is macular, not itchy, not burning, not pustular, not vesicular, not painful. Denies chills and fever, denies SOB, difficulty breathing, chest pain, throat tightness, tongue swelling. Vital signs WNL. Pt given diphenhydramine 50 mg PO x 1 and rash started to resolve. Pt monitored for 20 minutes after diphenhydramine. Pt discharged to home.

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1042334	2/19/2021	NE	31	M	2/3/2021	2/1/2021	headache; Immediate injection location pain; left chest pain/Continuous left chest pain; Symptoms similar to migratory arthritis randomly occur from day two to four, mainly in both knees, left groin, and left wrist; This is a spontaneous report from a contactable Other Health Professional (patient). A 31-Year-old male patient received first dose of bnt162b2 (Pfizer-BioNTech COVID-19 mRNA vaccine, Lot Number EL9262 and Expiration Date unknown) via Intramuscular on 03Feb2021 09:45 AM (vaccine location: Left arm) at single dose for COVID-19 immunisation. The patient's medical history included Hypertension. The concomitant medications was reported as Lisinopril. There is no other vaccine in four weeks. Immediate injection location pain and left chest pain on 03Feb2021 10:00. Continuous left chest pain and headache for about 12 hours on day one. Symptoms similar to migratory arthritis randomly occur from day two to four, mainly in both knees, left groin, and left wrist. The outcome of events was recovering without treatment was given. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of event Migratory arthritis cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1040970	2/19/2021	NC	44	F	2/16/2021	2/17/2021	awoke on 2-17-2021 at approximately 11:55pm with SOB and chest pain-prior to these symptoms had body aches, sore throat, fever (100.3-101), chills approximately 5 hours vaccination

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1042579	2/19/2021	LA	77	F	2/4/2021	2/5/2021	Pt. recieved COVID vaccine on 4 Feb and came to hospital on 5 Feb with Chest pain; Elevated troponin; Exertional chest pain; Symptomatic bradycardia. Admitted for ACS and being treated with heparin. syncopal eisode. she was discharged on 9 Feb. Home course unknown

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1042342	2/19/2021	NY	72	M	2/3/2021	2/4/2021	cold and clammy; kept clearing his throat; blood sugar was 245; blood pressure 175/111; Runny nose; it could have been a delayed allergic response; This is a spontaneous report from a contactable nurse reporting for husband. A 72-years-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 03Feb2021 10:15 right arm at single dose for protection from virus. Medical history included diabetes from 2005 and ongoing, partial gastrectomy from Jul2016, stroke from 2015, allergic to various things, dementia. Prior Vaccinations (within 4 weeks): None. Patient previously received Shingrix vaccine (first dose) and experienced a similar reaction (have to clear his throat), flu or hepatitis vaccines and not had a reaction. The patient experienced cold and clammy, kept clearing his throat, blood sugar was 245, blood pressure 175/111, runny nose on 04Feb2021 02:00. Clinical course reported as: Her husband had the vaccine at 10:15am. She gave him some Advil. Sixteen hours later at 2:00am her husband was cold, clammy and diaphoretic. He was having to clear his throat. He did have a little dementia and was diabetic. His blood sugar was 245. His blood pressure was 175/111 and he had a runny nose. He did not have any chest pain. He was unable to explain what was happening. She checked his blood pressure again manually and the results were the same. She gave him another blood pressure pill though it was out of the usual time. Gradually his blood pressure came down. The diastolic stayed over 100 for the evening. The systolic came down. She kept trying to read but was unable to find information. She thought it could have been a delayed allergic response. She was going to take him to the hospital but took care off him herself. She gave him a Benadryl and it calmed him down. He was feeling better and was able to fall asleep. Her husband had a Shingrix vaccine (first dose) this summer and had a similar reaction (have to clear his throat). He went to the hospital and they monitored him. They said it was not because of the vaccine. Her husband has not had a reaction in the past to vaccines. He has had every kind of vaccine with no reaction. He has not had a reaction to the flu or hepatitis vaccines. Outcome of events cold and clammy, kept clearing his throat, blood sugar was 245, blood pressure 175/111, runny nose was recovered on

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							04Feb2021. Events cold and clammy, kept clearing his throat, blood sugar was 245, blood pressure 175/111, runny nose were reported as serious medically significant. Events cold and clammy and kept clearing his throat was classified as related to suspect vaccine. Information on the lot/batch number has been requested.; Sender's Comments: Based on temporal association and profile of the product, the contributory role of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), to reported events cannot totally be excluded.
1042024	2/19/2021	TX	64	M	1/13/2021	1/20/2021	Report minor chest pain after receiving both first and second dose x 1 week later. Treatment: Visit to Cardiologist with stress test and EKG being unchanged from previous. Outcome: Continue to monitor. Employee continues to work
1041946	2/19/2021	MD	57	F	1/8/2021	1/8/2021	* ~10 pm on day vaccine given (Friday, 1/8/21), developed mild headache * Progressed to severe migraine with some nausea during night, and lasted all day Saturday (~20 hrs.) I took Children's Tylenol dye free liquid late in day which took slight edge off headache. * Developed severe central chest pain in night, which felt like pain I experienced with esophagitis/gastritis in past. This lasted for about 20-30 minutes, then resolved. * Awoke next morning (Saturday, 1/9/21) with low grade fever (~99.3 degrees F), and had fever for 2 days (never exceeded 100.3 degrees F that I detected)--no appetite all day * Developed central low back pain/ache on Saturday ~ mid-day, which lasted through at least Sunday * Awoke Sunday morning with rash on torso (same rash familiar to me when I have infections--biopsied in past and determined to be interface dermatitis). Rash progressed throughout day to portion of arms, neck, groin (as always does with illness), and faded until resolving Monday am/mid-day. Itching then occurred over next couple of days (as it always does with illness). Appetite still limited. * Sunday evening experienced acute abdominal pain and urgent diarrhea x 3 or 4 episodes * Monday I felt better, but was fatigued and trying to get back on my feet

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1041586	2/19/2021	KY	55	F	2/12/2021	2/12/2021	limited use in left arm. patient states event started approximately 2 hours after 2nd moderna vaccine. Injury mechanism: started after covid vaccine. The pain is present in the upper left arm. The quality of the pain is described as aching. The pain does not radiate. The pain is at a severity of 6/10. The pain is moderate. The pain has been constant since the incident. Pertinent negatives include no chest pain, muscle weakness, numbness or tingling. She has tried acetaminophen and rest for the symptoms. The treatment provided mild relief.
1041886	2/19/2021	MO	32	F	2/18/2021	2/18/2021	Difficulty breathing/wheezing. Complaints of arrhythmia. Flushed chest and back. Chest pain reported. ED provider evaluated and administered Benadryl. Pt advised to not receive second dose.
1041821	2/19/2021	CA	67	M	2/12/2021	2/14/2021	Pain in right arm about 2 inches above the wrist starting the day after vaccination, chest pain in upper right chest two days after, right shoulder and neck pain starting 6 days after.

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1041707	2/19/2021	MI	46	F	2/17/2021	2/17/2021	CHIEF COMPLAINT: TONGUE SWELLING (patient had her second COVID vaccine today, later developed tingling in her mouth and tongue/lip swelling and dry mouth. Denies difficulty swallowing) Assessment/Plan: DIAGNOSIS at time of disposition: 1. Allergic reaction, initial encounter - Symptoms: Patient had second dose of COVID 19 vaccine today at 1230 p.m. She states at around 530 - 6 p.m. she started coughing and felt like that was a hair caught in the back of her throat, states throat is tingling and looked in the mirror and states her tongue is swollen. Feels that her heart rate is abnormal, but states it could relate to anxiety. COVID vaccine clearance needed if future booster needed. Informed patient to follow up with PCP if needed after ED visit. HISTORY OF PRESENT ILLNESS: The patient got her 2nd dose of COVID vaccine today at noon. At 5 she started feeling a bit of a tickle and scratchiness of her throat and her mouth felt very dry. She was concerned about allergic reaction. No shortness of breath chest pain rash itching hives or any other concerns. She has not taken any Benadryl. The patient is in no distress. Symptoms been going on for 3 hours. This could be a very mild allergic reaction. Therefore I am giving her 50 mg of oral Benadryl. Given the symptoms been going on for 3 hours and I do not see any angioedema I am comfortable letting her go home at this point in time. I do not think steroids would be beneficial. She will return here if worsening and I instructed her to use Benadryl 50 mg every 4-6 hours if needed. BLOOD PRESSURE SCREENING: Based on last blood pressure taken in the ED of 171/98, HTN (\geq 140/90), recommend follow up with PCP within 1 month.
1041701	2/19/2021	FL	63	F	2/19/2021	2/19/2021	15 minutes after receiving vaccination, pt reported it feels like "my throat is closing up", left sided neck, arm, and chest pressure, and nausea. Pt does report she has had chest pressure intermittently for past 2 weeks but throat closing feeling began after vaccination. Pt received aspirin 324 mg po x1, diphenhydramine 25 mg IV x1, famotidine 20 mg IV x1, Solu-Medrol 125 mg IV x1, morphine 2 mg IV x1, and nitroglycerin 0.4 mg SL x1. Following treatment, pt reports she is free of chest pain and throat symptoms have improved.

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1041676	2/19/2021	FL	69	M	2/13/2021	2/16/2021	Date and time of vaccination: (list both if they received both shots): 1st: 1/21/2021 @ 0900, 2nd: 2/13/2021 @ 0900 Brand and lot of vaccine: Pfizer 1st: e18982, 2nd: e19269 Right arm pain described as intermittent sharp pain from shoulder to wrist as well as pain at injection site. Denies any erythema or swelling. Denies any chest pain or shortness of breath. Not taking any medications for pain. Admits to known "nerve pain" in right arm from several years ago.
1041659	2/19/2021	NJ	50	F	2/14/2021	2/15/2021	2/14 soreness in arm, then felt tired and chest pains started later, the next day I was tired, I woke up on 2/16 had rapid heart rate/palpitations and on the 17th I had a headache and was nauseated. Today the headache is gone but I still feel a weirdness in my chest. I have implants and I'm not sure if the reaction could be because I have something foreign in my body.
1041621	2/19/2021	PA	36	M	1/4/2021	1/11/2021	Vague onset of malaise, fever, exertional dyspnea, chest pain that progressed approximately 1-2 weeks after the 2nd dose of the Pfizer vaccine. Led to development of pericardial effusion with cardiac tamponade physiology, atrial flutter, and subsegmental pulmonary embolism. Workup of other causes of pericardial effusion (e.g., infection, malignancy, autoimmune), and hypercoagulability were otherwise negative. 2nd dose of vaccine was on 1/4/2021 and pericardial effusion was diagnosed and evacuated on 2/14/2021. Patient hospitalized from 2/14/2021-2/17/2021. Patient is also healthcare provider.
1042639	2/19/2021	LA	84	M	2/6/2021	2/6/2021	Pt. recieved COVID vaccine on 6 Feb @0730 and presented to the hospital with chest pain & questionable stroke. + CT and transferred to another hospital @ 1430, appears CVA (cerebral vascular accident); Cardioembolic stroke; Cerebrovascular accident (CVA), unspecified mechanism; TIA (transient ischemic attack). He was discharged on 10 Feb. Home course unknown

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1042449	2/19/2021	CA	62	F	2/19/2021	2/19/2021	Patient began having feelings of sternal chest pain, acute onset of cough, feeling warm throughout body, and c/o headache after approximately 25-30 min after administration of vaccine. patient was on 30 min observation for previous hx of penicillin allergy. RN obtained vital signs, called for MD assistance, obtained blood sugar, gave baby aspirin per MD's order, called 911 for transport to ED to r/o possible MI, patient refused 911 assistance AMA signed for paramedics patient drove away from clinic for refusal of treatment
1041592	2/19/2021	MA	48	F	2/13/2021	2/13/2021	Feeling out of my head (6 days so far) dizzy(6 days so far), extreme fatigue (6 days so far) headache (intermittent) chills (intermittent), nausea, weakness (6 days), body and head feel like lead (6 days), chest pains (one day), abdominal pains (1 day), diarrhea (1 day), blurred or double vision (two occasions), eyes burning (one occasion)
1039180	2/18/2021	AZ	42	F	1/30/2021	1/30/2021	I was in observation for about 45 min due to the symptoms I had with the first dose. About 10 min after vaccination, I felt itching on my face, and it progressed to my back and hands. I also started coughing, no rash. In the evening, at home I started feeling shortness of breath and started using my albuterol inhaler and symbicort. I had a feeling like someone was sitting on my back, squeezing my left side, my left lung. I also experienced chest pain. I had to use symbicort and albuterol for about 5 days and the symptoms persisted for at least 3 days, itching, cough, chest pains. The symptoms went away and they returned 3 days ago. Now I am once again starting to experience cough and shortness of breath.
1038687	2/18/2021	CO	35	M	2/11/2021	2/12/2021	Thursday, February 11th: Fever, Chills, Nausea, Malaise Friday, February 12th: Severe Chest Pain from sternum to throat, Difficulty Swallowing, Pain in left chest Saturday, February 13th: Itching, Swelling in Left Hand, Welts/Hives on extremities and stomach, Swelling to face, swelling to throat Sunday, February 14th - Tuesday, February 16th: Fatigue Wednesday, February 17th: Difficulty Breathing, Shortness of Breath

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1038707	2/18/2021	CA	41	F	2/18/2021	2/18/2021	41 y old female received first dose of her COVID vaccination, she started feeling dizziness and mild sensation of dry / inflamed throat. she denied any sob, wheezing, chest pain, rash, or any other sx. denies pervious allergies. PE: lungs ; CTA bil , heart; RRR. neuro: alert and oriented. responding. 08:15: BP: 146/88, HR: 72 O2:100% 08:38: BP: 152/86 HR: 67 Sats: 100% - pt was feeling much better and denied any sx Pt was monitored for 30 mins and reported resolution of sx before she left the clinic. she was able to drink apple juice without any issues.
1038771	2/18/2021	CT	43	F	2/13/2021	2/13/2021	Dose #2 pfizer; Pt reported onset of chest pain and SOB within 5 min of vaccine. Followed by nausea, vomiting, and feeling of swelling of lips, . Pt used her own albuterol, 2 puffs. RRT called. BP 166/99, HR 90, pulse ox 100, airway intact, lungs clear, cardio tachy but regular, skin warm and dry with no diaphoresis. Concern for anaphylaxis as pt symptoms continued and some increase in disorientation Epi Pen administered, O2 via NC. IV access attempted but unable to obtain. EMS called. Pt monitored with resolution of CP, SOB, nausea, lips swelling and disorientation. Pt continued to have feelings of swelling of tongue and transported to ED
1038774	2/18/2021	AZ	23	F	1/8/2021	1/8/2021	I had chest pain right between my sternum, burning sensation with tightness. It started about 5 PM and lasted about 48 hours until I went to the ED.
1039019	2/18/2021	FL	73	F	2/16/2021	2/16/2021	Within 15-minutes of vaccination, the patient reported dizziness. Patient rated the dizziness as 4/10. EMS evaluated patient on-site. Patient has a history of cardiac stent placement and EKG displayed PVC's <6 min. The patient was hypertensive (164/81). Patient denied chest pain or difficulty breathing. EMS believed the patient had a psychosomatic response secondary to their anxiety. Patient's condition improved and refused further evaluation, treatment, or transport to hospital.

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1039023	2/18/2021	CA	47	F	1/4/2021	1/4/2021	I experienced a rash in my face. It looked like mosquito bites almost. The normal pain on the injection - red on outside. Whole arm was red and swollen. That lasted several days. Next day after vaccine, Inside of my arm, I noticed rash (looked like chicken pox/mosquito bites) and then it went to chest, abdomen and legs. The rash continued. My face was flushed and had a 99.9 fever. I had foggy brain and chest pain (started day after the vaccine). The chest pain would last about a minute - I monitored my heart rate. From sitting down my heart rate when up to 120 and down to 37. This occurred for four days - four - six times a day. By the 3rd day after vaccine, I started feeling worse. I experienced dizziness, nausea, couldn't think, was disorientated, rash on my body, no appetite, couldn't sleep well and had no energy and chest pain - was in bed for next three days. I didn't call my Dr right away, I was monitoring the chest pain while I rested. That resolved (chest pains) by Saturday. The rest continued. My Monday, I called Public Health and they advised to call my DR. Spoke to Dr. on 11th. On the 12th, I had a telehealth appt with him. On the 13th had an EKG done. Everything normal on EKG. I continued feeling dizzy and no energy. I didn't work until Jan 19th. On the 20th, I felt foggy brain and rash wasn't gone and I went back to my doctor on January 21 and he put me off work for another week. At this point, within the last few days, my energy is back and rash is gone - I do still have dark spots on back and legs from the rash. On January 25th, I got the second dose. (The rash kind of flared back after second dose but nothing as bad.)
1039127	2/18/2021	DE	70	F	2/2/2021	2/12/2021	Shortness of breath, chest pain, belching, nausea, and very tired.
1038667	2/18/2021	CA	32	M	2/15/2021	2/17/2021	Muscle pain and intense headache, chest pain, hand pain.

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1037874	2/18/2021	AK	68	F	2/2/2021	2/2/2021	fluttering heart; Started light headed; sharp chest pain; hard to take a breath; Face turned hot and bright red/Felt like my head was on fire; Body ache all night; This is a spontaneous report from a contactable consumer (patient). A 68-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EL9265, expiry date: unknown), via an unspecified route of administration on 02Feb2021 at single dose (Right arm) for COVID-19 immunization. Medical history included Mild Asthma and Known allergies: Penicillin, Sulfa, Levoquin. Patient is not pregnant. Concomitant medication included prednisone (short course). The patient previously took bnt162b2 for COVID-19 immunization {product=COVID 19, brand=Pfizer,lot number=EJ1686, lot unknown=False, administration date=12Jan2021, vaccine location=Right arm, dose number=1}. It was reported that the patient started light headed, then sharp chest pain, fluttering heart, hard to take a breath. Face turned hot and bright red. Felt like my head was on fire. Body ache all night. Started happening about 3 hours after vaccine dose. Events started on 02Feb2021 13:00. Did not go to ER, no treatment. Stayed home and rested. The outcome of the events was recovering.
1039070	2/18/2021	MN	34	F	2/11/2021	2/11/2021	Dull pain in left lung , left arm, and up neck within 5 minutes of receiving vaccine. Pain increased over the course of the next 1.5 days until I found it was necessary to go to the hospital. Trouble taking deep breaths and moving around was painful. Wheezing and crackling in lungs would occur if exposed to cold. Increased temp occurred on day 4 (99.8). Currently am on day 8 and am mostly back to normal with occasionally chest pains/wheezing. I believe pleurisy was the final diagnosis.
1038648	2/18/2021	FL	54	F	1/6/2021	1/6/2021	after 2nd dose Pfizer vaccine got fevers 104, myalgias, atypic chest pain. Fever resolved.' But for several weeks feeling severe fatigue, malaise, still having atypical intermittent CP with intermittent low level tachycardia (low 100?s).

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1038637	2/18/2021		75	F	2/11/2021	2/17/1955	Caller stated she got vaccine on 2/11 and has been fine. She stated last night at injection site it was itchy and she noticed a black and blue mark. She denies fever, redness, SOB and chest pain. She denies she has any other reactions before this. RN reviewed with her to use a cool compress on the the site as it could help with itchy area. RN Advised to call her provider to ask what she could take for to help with itchy arm. RN stated will follow up with her tomorrow.
1038636	2/18/2021	KY	40	F	2/14/2021	2/15/2021	1st dose Vaccine 1/9/21; 2nd dose vaccine 2/14/21; developed hives/rash 2/15/21, resolved with Benadryl; developed chest pain, SOA, HA, jaw/teeth pain, and nausea 2/17/21; seen at Clinic 2/17/21 and sent to ED same day for eval; was d/c'd home from ED 2/17/21.
1038453	2/18/2021	MI	37	F	2/18/2021	2/18/2021	AFTER RECEIVING THE VACCINE SHE STARTED HAVING CHEST PAIN AND RAPID SHALLOW BREATHING. ONSTIE EMS AND PHYSICIAN RESPONDED. EKG APPEARED NORMAL, VITALS WITHIN NORMAL LIMITS. RECOMMENDED TO GO TO ER AND SHE WAS TRANSPORTED BY EMS
1038397	2/18/2021	ID	53	M	2/15/2021	2/15/2021	About 30-45 minutes post dose. Dizziness, lightheadedness, warmth, chest pain/pressure, SOB
1038358	2/18/2021	CA	84	M	1/30/2021	1/31/2021	Development of chest pain and dyspnea. Large pleural and pericardial effusions requiring drainage. No evidence of CHF by echo or BNP. Fluid was found to be exudative rather than transudative. No growth of infectious agents found to be causal. ESR and CPR extremely elevated. All self resolving after thoracentesis and pericardiocentesis.
1038347	2/18/2021	MO	89	M	2/9/2021	2/10/2021	Developed chest pain, severe shortness of breath during the night following the vaccine. NO chest pains were reported for the previous 4 years prior to the vaccine. Was rushed to the hospital. Several tests were completed. Troponins were elevated but no EKG changes. Not able to complete a cardiac Cath d/t pt being too weak. Pt placed on hospice and sent back to facility.

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1038110	2/18/2021	NY	76	F	2/6/2021	2/6/2021	Fever for 24 hours Chills Lightheaded Nausea Extreme fatigue Pain at site of shot Chest pains New left axillary Adenopathy -CT scan 2/11/21
1039245	2/18/2021	HI	46	F	2/3/2021	2/3/2021	After receiving first dose of COVID-19 vaccine patient began experiencing jaw numbness on both sides and numbness of the arm. Was brought into ED where she denied any slurred speech, headache, chest pain, or shortness of breath. Denied any hives or itchiness, dizziness, or syncope. Blood pressure in the ED was 186/99 30 minutes after shot.

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1037873	2/18/2021	MD	73	M	1/29/2021	1/29/2021	High pulse rate; Blood pressure low; Sweating; Clammy; wasn't feeling well; Chills; feeling feverish without having a fever; Fatigue/Tiredness; irregular heartbeat; he said the nausea started later on Friday evening; he had a sore right arm after getting the COVID-19 Vaccine; He said he already has stomach trouble; pain in his chest.; This is a spontaneous report from a contactable consumer (patient). A 73-year-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EJ1686, expiry date not reported), via an unspecified route of administration in the right arm on 29Jan2021 at single dose for COVID-19 immunization. The patient was vaccinated at a hospital. Medical history included heart rate irregular and blood pressure high. Concomitant medications were none. The patient said he had an irregular heartbeat after getting his first dose of the COVID-19 Vaccine on Friday, 29Jan2021. He said he had to go to the Emergency Room on Sunday, 31Jan2021. He clarified he checked his blood pressure at home and his blood pressure was low at 91/73. He said he also had a high pulse rate of 160, or better, for 9-1/2 hours. He said the only thing he can attribute his low blood pressure and high pulse rate to is the COVID-19 Vaccine. He said he hasn't heard anything about the COVID-19 Vaccine being related to having an effect on the heart, but he personally believes it was his first COVID-19 Vaccine dose that caused his low blood pressure and high pulse rate. He clarified after receiving the COVID-19 Vaccine on Friday, 29Jan2021, he had a sore right arm after getting the COVID-19 vaccine, fatigue, tiredness, and nausea. He said on Saturday, 30Jan2021, he wasn't feeling well. He said he recognized a small amount of chills, feeling feverish without having a fever, and sweating. He said his wife checked his temperature a few times on Saturday, 30Jan2021, and he never had a fever, but he felt clammy. He said he had noticed the nausea more than anything else. He said he maybe should have checked his blood pressure on Saturday, 30Jan2021. He said he didn't check his blood pressure until Sunday morning, 31Jan2021, and when he saw his low blood pressure and high pulse rate, he called the hospital and eventually drove to the Emergency Room. He said by the time he had got to the Emergency Room his blood pressure had went up to "100 and something", but his pulse rate never changed, and his

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pulse was still 160. He said the doctor gave him several medications to try to get his pulse rate to come down. He said the doctor had given him a medication that was supposed to bring his pulse down. He said then the doctor had to add something else in a syringe to go with the other medication to bring his pulse down. He said he wasn't sure of the medication's name. He clarified he never noticed his pulse rate was high until he took his blood pressure on Sunday, 31Jan2021. He said he felt the nausea start later Friday evening (29Jan2021). He said he already has stomach trouble anyways that he takes medicine for, so he took a pill, but the nausea continued. He clarified he took 1 Omeprazole 20mg capsule that was dispensed in a pharmacy bottle, but stated the Omeprazole 20mg prescription looked like it expired in 2017. He said he knows he has a newer Omeprazole prescription, but did not know where the prescription bottle was. He reported on Saturday, 30Jan2021, he just laid around. He said he did not feel as bad on Saturday, as he did on Sunday, 31Jan2021. He said he called the Emergency Room on Sunday morning, and went to the Emergency Room. He said he didn't feel his 160 pulse rate. He said he was told by the doctor in the Emergency Room that his fast heart rate had his heart beating like he was having a stress test. He reported he doesn't know if he wants to get the second COVID-19 Vaccine shot after what he experienced this past weekend. He reported he only takes blood pressure medicine that he has been on for a while. He reported he had several EKGs done on Sunday, 31Jan2021, while he was in the Emergency Room. He said the EKG showed Atrial Fibrillation/flutter with a heart rate in the 160s. He reported while he was in the Emergency Room he was given IV Heparin, IV Potassium, Potassium pills, and Amiodarone in a pill and IV form. He said the doctor added another IV medicine in a syringe, but he doesn't know the name of the medicine. He said the doctor also gave him IV Morphine because he had pain in his chest. He said the doctor said his chest pain was being caused by his heart trying to go back into a regular rhythm. He reported he was in the Emergency Room for 11-12 hours before he was admitted to the hospital. He said his pulse rate wasn't coming down and stayed at 160 for 9-1/2 hours. He said the doctor wanted to admit him to the hospital, so he could have a procedure to make sure the

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high pulse rate didn't damage his heart. He said on Monday, 01Feb2021, he had a procedure where they went through his wrist and put a dye in his heart to see if the stress from his high pulse rate damaged his heart. He said his heart wasn't damaged, so he was discharged from the hospital later in the day on 01Feb2021. He clarified his blood pressure was good by the time the first or second EKG was performed in the Emergency Room. He clarified he already had an issue with sweating before he received his first dose of the COVID-19 Vaccine. He said he is still sweating, but he doesn't know if that is because of the COVID-19 vaccine. Clinical outcome of high pulse rate and blood pressure low was recovered on 31Jan2021; nausea, fatigue/tiredness recovered on 02Feb2021; chills, feeling feverish recovered on an unspecified date; sweating was not recovered; while for the other events was unknown.

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1037866	2/18/2021	TX	34	M	12/22/2020	1/9/2021	<p>Premature ventricular contractions; Postural Orthostatic tachycardia syndrome; Dizziness; shortness of breath; chest pain; This is a spontaneous report from a contactable physician (patient). A 34-years-old male patient received the first dose of BNT162B2 Pfizer-BioNTech COVID-19 mRNA Vaccine, Lot number EL0140, in Hospital, via an unspecified route of administration in left arm, on 22Dec2020 (at 34 years of age) at single dose for COVID-19 immunization. Medical history included prediabetes (glucose tolerance impaired) from an unknown date. The patient didn't have COVID-19 prior to vaccination. Concomitant medication included metformin and multivitamins. On 09Jan2021 the patient experienced premature ventricular contractions, postural orthostatic tachycardia syndrome, dizziness, shortness of breath and chest pain. The events resulted in Emergency room/department or urgent care access and hospitalization as life threatening events. The patient was treated with diltiazem, fludrocortisone, aspirin and atorvastatin. He remained in hospital 2 days and then he was discharged. The patient underwent COVID-19 test (nasal swab) on 12Jan2021 and 13Jan2021 and both gave negative results. The patient had not recovered yet from the reported events at the time of the report.;</p> <p>Sender's Comments: The causal relationship between BNT162B2 and the events ventricular extrasystoles, postural orthostatic tachycardia syndrome, dizziness, dyspnea and chest pain cannot be excluded as the information available in this report is limited and does not allow a medically meaningful assessment. The patient is a young adult with known prediabetes, but no other comorbidities reported. Information on tests done during admission, clinical course and working diagnosis would be helpful in further assessment of this case. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.</p>

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1037809	2/18/2021	NJ	26	F	2/2/2021	2/2/2021	Spike in blood pressure - BP 178/120; Spike in pulse 120; Dizziness; slight chest pains; Arm tingling, turned into full arm pins/needles/Tingling spread through my left underarm and across left side of chest; This is a spontaneous report from a contactable pharmacist (patient). A 26-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot number: EL3302), via an unspecified route of administration into the left arm on 02Feb2021 14:15 at a single dose for covid-19 immunisation. Medical history included allergies to penicillin and mushrooms. Patient was not pregnant. Concomitant medication included desogestrel, ethinylestradiol (APRI) for birth control. The patient previously took azithromycin and experienced drug allergy. On 02Feb2021 14:15, patient experienced spike in blood pressure (BP) 178/120 (unit unspecified), spike in pulse 120 (unit unspecified), dizziness, slight chest pains and arm tingling, turned into full arm pins/needles then tingling spread through her left underarm and across the left side of chest. The patient was treated with potassium tablets in the emergency room. Outcome of events was recovered on an unspecified date.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the event blood pressure increased cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.
1038143	2/18/2021	KS	37	F	2/16/2021	2/16/2021	STEMI, chest pain started around 8 PM the day of receiving 2nd dose of COVID 19 vaccine. COVID 19 vaccine received at 11 AM. Patient presented to ED 2/17/21 AM with chest pain, ECG reveled ST elevation, proceeded to PCI

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1040297	2/18/2021	CA	39	F	1/20/2021	1/20/2021	She received 1st dose of Moderna COVID19 vaccine on 1/20. At clinic, around 11:00. Stayed for 30 minute monitoring. Around 25 min felt tightness in her neck, slight shortness of breath, chest pain, and dizzy. Described as mild. Became somewhat worse. Stood up and was dizzy. Took BP, was a little higher than usual. Had some difficulty standing; was advised to go to ED / did not want to go though. Took benadryl and zyrtec. 30-40 min later felt much better. 4 hours later took some add'l antihistamine. Still feeling some chest discomfort intermittently, mild dizzy feeling. She went to ED triage area, appearing as mild at that time (d/n check in though). Went home. Felt much better overnight. (then next 1-2 days had body aches, joint pain etc). symptoms of dizziness, chest tightness, throat tightness after 1st covid vaccine dose (Moderna). Derm rec NOT to receive 2nd dose and allergy updated
1041271	2/18/2021			M	2/12/2021	2/13/2021	02/13/2021 at 12:00 A.m. Developed temperature 102 degrees - took OTC Tylenol and Motrin, alternating time to manage fever 02/18/2021 2am. Woke with severe chest pain, rated at 8/10, SOB, and cough. Went to ER. Admitted for possible pericarditis. Fever continues. Will be seen by cardiology and infectious disease doctors. Patient has a history of pericarditis
1039182	2/18/2021	NY	83	F	1/29/2021	2/5/2021	Chest pains, vomiting, chills, aches, dizziness, swollen and red face and neck. Also hallucinating.
1040401	2/18/2021	CA	35	M	2/16/2021	2/16/2021	Tuesday, 2/16/2021 about 1:20PM I started having headache. Then later hard to breathe with mask on. Around 5 PM I began having chest pain when breathing in. Wednesday I woke up about 9 am with headaches and I was really tired. Thursday 2/18/ 2021 I wake with mild headaches and chest pains when breathing in. I call the nurse at the Medical Center and she informs me that I need to come to the Emergency Room.
1039192	2/18/2021	WA	61	F	1/29/2021	1/29/2021	Burning at site.. immediately feeling lightheaded, heavy chest pains within 3 minutes and maintained for two hours Rapid rise in Blood Pressure within 5 minutes of injection staying at over 180/109 for two hours Hives 90 minutes after injection Sharp pain in facial nerves, neck lasting days

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1040218	2/18/2021	CA	36	M	2/18/2021	2/18/2021	36 yo man with hx developmental disabilities here with caregiver and mother for second Covid vaccine. In observation area he was noted to become poorly responsive, pale at 12:55 pm. Initial VS P 127, thready but regular, pulse ox 98%, B/P 90/50 and difficult to hear. Oxygen started at 3 L NC. Patient placed supine on mat. He remained pale, arms cool and diaphoretic, tachycardic. He was able to answer questions. Denied c/o chest pain or SOB. Denied headache. No rash noted, no stridor. 1:11 pm 99% sat, P 127. 1:15 pm given three small pieces of fruit snack. No change noted. 1:22 pm VS: 120/80, P 123, Sat 99%. Pulse remained thready but stable and B/P remained difficult to auscultate. 1:27 pm VS 95/78, P 120 sat. 99%. 1:41 pm B/P 110/85, P 124 99% sat. Paramedics called at 1:43 pm. Paramedics arrived 1:51 pm and report given. Patient transported to ER for further eval. Mother and caregiver present throughout observation period.
1040169	2/18/2021	MA	47	F	1/21/2021	1/22/2021	Pain in shoulder/arm more than what would be described as being "punched in the arm" for three days. Intermittent chest pain/squeezing sensation over the period of 10-14 days tapering off in frequency and intensity during that time period.
1040150	2/18/2021	CA	43	F	1/24/2021	1/25/2021	Rash, headache, elevated blood pressure, Chest pain. tachycardia

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1040066	2/18/2021	CA	54	F	2/17/2021	2/17/2021	Called to COVID -19 post vaccination observation area to see this patient. Received 1st vaccination of COVID 19 Moderna vaccine (lot 024M20A, exp 8/3/2021) at approximately 10a Was in observation area for 30 minutes (due to prior hx of anaphylaxis with immunotherapy shots as teenager). Pt initially felt well, until approximately 30 minutes after the vaccination, when she started to have sensation of constriction in chest, feeling of heart beating quickly, and mild lightheadedness. Pt awake and alert and appropriately responsive. Denied any itching, rash, SOB, throat discomfort or swelling or facial swelling. No rash or redness noted at vaccination site. Pt transferred to clinical reclining chair via wheelchair, with assistance, in private area. VS normal with HR 71 and BP 136/79 Sat 97%, normal respiratory effort, speaking in full sentences. Given po apple juice. Pt with persistent feeling of chest constriction, feeling face slightly flushed/warm (no rash, no visible erythema or flushing). Hx of coronary vasospasm with hx of elevated troponin 4 yrs ago post surgery, cardiac cath 2 yrs ago due to intermittent chest pain. Coronary vasospasm noted on cath per pt, current meds are diltiazem, ASA 81, a statin, and nitroglycerin prn. Last episode of chest pain was approx one year ago. Repeat VS HR 73 BP 130/89 Sat 99% on RA, awake and alert and appropriate 911 called due to chest discomfort with hx of coronary vasospasm in past. Paramedics given report including pt's medical history as above. Paramedics arrived at approximately 10:45a and evaluated patient: ECG done, normal per paramedics. Under their observation CP improved, slight flushing sensation improved, pt feeling better without intervention, no evidence of anaphylaxis. Per paramedics pt offered ambulance transfer by EMS, declined. Per paramedics/EMS, no indications for transfer to ED as ECG normal and pt feeling much better without intervention. Per their evaluation pt can be allowed to go home. They state that they have seen this often in patients post vaccination. When asked, they state that this is not an indication of severe reaction, and there is no contraindication to second vaccine. They discussed this with patient. Pt observed for an additional 20 minutes. 11:15a pt feeling very well, no chest pain or flushing or itching. Ambulating without difficulty. Pt left at 11:19a feeling well.

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1040018	2/18/2021	NE	37	M	2/12/2021	2/12/2021	Patient reported he was not feeling well to this nurse, c/o pain in chest and felt like he was going to pass out. Patient assisted to lay down on floor by 3 staff, knees bent. Patient alert, pink, warm, dry, c/o dizziness and discomfort in chest. Breathing unlabored, VS noted pulse 66, O2 sats 97%, BP 143/81 left arm auto cuff. Patient skin assessed, no rash or hives noted, mask removed, lips and tongue normal shape and appearance. Patient denies any difficulty breathing. Reports feeling better laying down. Patient reports not eating lunch today as he normally would. Denies diabetes or hypoglycemia issues. 1229 Pulse 62, 98% O2 sat on RA, BP 149/93 auto cuff lying down. Patient assisted to sit up, denies dizziness, given granola bar and 6 oz apple juice to eat and drink. Patient reports feeling in his chest is gone while eating. Patient reports feeling better eating. At 1233 BP 154/99 sitting with pulse of 69. Patient assisted to stand, denies dizziness, BP 149/98 standing, pulse 73. Patient denies dizziness or pain, states feels better. Patient was d/cd walking with staff escorting and wheelchair at standby at 1238. Reviewed patient's situation with caregiver and what to monitor for at home.
1039990	2/18/2021	NY	67	M	2/18/2021	2/18/2021	Flushing of the face began five minutes post 2nd vaccination dose. His vitals were within normal limits. He was brought to the medical evaluation area and monitored for over 30 mins with no further incident. He denies any SOB, chest pain, dizziness, numbness or tingling of the tongue. Wife at bedside. Refused to be transported to nearby ER for further evaluation. Patient requested to follow up with PCP.
1039969	2/18/2021	CO	40	F	1/6/2021	1/7/2021	I received the vaccine on 01/06/2021 and had some arm pain. On 01/07/2021, I had flank pain, a mild headache. Then on Friday night I had chest pain right underneath the right breast that would at times radiate into the neck. My pain continued all day Saturday and into Sunday morning, I went saw a Pulmonogist. After testing, it was determined it was not cardiac and that it was muscular. On 01/11/2021, I saw my Chiropractor that made an adjustment in my back. I also was a massage therapist. After seeing both, the symptoms eventually subsided.

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1039373	2/18/2021	AZ	46	F	2/18/2021	2/18/2021	02/18/2021 10:20:50 MST Subject: Covid vaccine side effect Pt is receiving her initial vaccine today. Pt stated she had felt a warm flush and developed elevated heart rate at 141 bpm per her watch. She denied chest pain, shortness of breath or other concerns at that time. Lung sounds clear and heart rate elevated at 110 bpm per auscultation. Pulse ox shows HR at 102 with o2 saturation of 98% room air. Pt instructed to wait additional 15 (total 30min) for monitoring purposes. February 18, 2021 10:38 MST (Verified) Updated HR 103 and O2 saturation 98%. Pt states she felt better but was concerned about continued elevated HR. SHE continued to deny chest pain, shortness of breath or light headedness. Provided ER precautions to Pt and recommend she contact her PCP with further questions or go to the ER if symptoms worsen.
1040426	2/18/2021	CA	66	F	2/18/2021	2/18/2021	Series of events: Patient said she felt a hot flash and her neck was itchy. She wasn't sure if she was having chest pain. She said this was the same feeling she got before when she had an allergic reaction with hives and lips swelled. Took vitals. BP was elevated 212/102. 3 minutes later repeat BP was 206/95.

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1039951	2/18/2021	NJ	66	F	2/11/2021	2/12/2021	Severe Headache; eye pain; earache on side of shot; itching both arms; severe jaw pain; severe chest pain; body ache; high fever; fatigue; profuse sweating; belabored breathing; hot; butterfly rash of face; This is a spontaneous report from a contactable physician (patient). A 66-year-old female (Not pregnant) patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration at right arm on 11Feb2021 14:30 at single dose for covid-19 immunization. Medical history included hypothyroidism, hypertension, hypercholesterolemia, breast cancer, osteoporosis, ligamentous RA, degenerative joint disease (DJD). The patient had known allergies to cilantro, cephalosporins, all morphine and morphine derivatives, Herceptin, astralogous mushrooms, gadolinium dye, fentanyl. The patient's concomitant medications reported as other medications in two weeks was yes. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced severe headache, eye pain, earache on side of shot, itching both arms, severe jaw pain, severe chest pain, body ache and high fever & fatigue - profuse sweating, belabored breathing hot butterfly rash of face on 12Feb2021 at time of 06:00 AM. AEs resulted in Doctor or other healthcare professional office/clinic visit, Life threatening illness (immediate risk of death from the event). The patient received Prednisone 80 mg and Benadryl 50 mg as treatment. Prior to vaccination, the patient was diagnosed with COVID-19. Covid was tested post vaccination. The patient underwent lab tests and procedures which included Nasal Swab and PCR test: negative on 09Feb2021. The outcome of events was recovering. Information on Lot/Batch has been requested.; Sender's Comments: Based on the compatible temporal association, there was a reasonable possibility that the vaccination with BNT162B2 played a contributory role in triggering the onset of the reported events. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and

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							Investigators, as appropriate.
1039258	2/18/2021	WI	94	F	2/12/2021	2/15/2021	weak, sick, chest pains
1039433	2/18/2021	WI	75	M	2/17/2021	2/17/2021	On 2/17/21 at 1135 patient was sitting in a chair completing his 15 minute monitoring period. Patient dropped his educational materials, reached over to pick up his papers off of the floor, and as he was bending over experienced a right leg cramp causing him to drop to the ground on his hands and knees. Patient stated "I broke the fall with my hands." Client denied any chest pain, dizziness, heart palpitations, trouble breathing, or pain at the time of the fall. Patient had full active range of motion and was able to walk without difficulty to his vehicle following his 15 minute waiting period. On 2/18/21 at 1030 PHN followed up with patient via phone. Patient denied any pain, bruising, or injury at this time. Patient continues to have full active range of motion. PHN educated patient to follow up with his PCP if he would develop any pain or injury. Patient verbalized understanding.
1039481	2/18/2021	NY	45	F	2/18/2021	2/18/2021	Patient began feeling hot, "head pounding", facial flushing, and developed red rash all over her anterior chest wall. She was then transferred to the medical evaluation area and examined. She was evaluated and given Benadryl 25mg . Her vitals were within normal limits. A few minutes after taking Benadryl, her symptoms started to diminish and she was no longer feeling flushed or having pounding in her head. The rashes on her anterior chest wall remained. Patient denies any any shortness of breath, chest pain, wheezing, or having tingling in her tongue or lips. Her vitals within normal limits. Patient felt stable upon leaving the facility and advised to follow up with her PCP and an allergist for further care. Patient refusing to be transferred and evaluated by ER facility
1039510	2/18/2021	CA	80	M	2/18/2021	2/18/2021	Pt experienced chest pain while waiting in line for vaccine. 5 out of 10 chest pain persisted post vaccination. Reported feeling nervous, anxious, cold sweats. Pt with hx of HTN, on cardizem. Denied hx of afib. Denied other past medical hx. Pt with elevated BP 160s with labile pulse, ranging from 30-80s. O2sat 99%. Pt escorted to ED.

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1039514	2/18/2021	CA	39	F	2/16/2021	2/16/2021	Day of vaccine I had a burning sensation at injection site. As day went on the burning sensation was felt through out my nervous system. It seemed every nerve and joint thru out my body was on fire. Every movement and touch burned. The pain became worse as evening hit. I also had nausea and headache. Day 2 the burning sensation had subsided but I now had muscle pain all over my body. I managed headache with exedrin but suffered through pain as I don't like to take to many meds at one time. Was still nauseas on day two. Ran a fever over night but broke by day 3. Today is day 3 and still suffering and fighting through headache and now fatigue. But that is to be expected with the amount of pain for past 2 days. Starting to get appetite back. Noticed some sneezing and some chest pain today but holding and doesn't seem to be getting worse. I treated my symptoms accordingly with over the counter meds. Try to drink plenty of water as I felt dehydrated form the ordeal. I read on the possible side effects and my experience seemed quite differrent. So i thought I would report it.
1039548	2/18/2021		60	M	2/16/2021	2/18/2021	60 y/o male presents to UC and reports itching rash on scrotum and swelling of both hands after he had the COVID vaccine two days ago. Patient denies chest pain, SOB, fever, chills, difficulties swallowing, testicular pain or other complaints or issues at this time.

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1039926	2/18/2021	IN	45	F	2/6/2021	2/7/2021	Nearly passed out; Postural Orthostatic Tachycardia Syndrome; icy like pulsation through my blood occurred; fell to the ground; This is a spontaneous report from a contactable consumer reported for herself. A 45-year-old female patient (not pregnant) received the first dose of bnt162b2 (Pfizer-Biontech Covid-19 Vaccine), Lot number: EL9261, via an unspecified route of administration on 06Feb2021 12:30 at single dose in Left arm for covid-19 immunisation. Facility type Vaccine was Hospital. Medical history included anaemia, no known allergies. Patient had COVID-19 starting on 06Jan2021 and persisting through 16Jan. Her COVID symptoms were crushing chest pain, no fever, blood oxygen level never dropped below 98%. The patient's concomitant medications were not reported. There were no other vaccine in four weeks. Patient was experiencing Postural Orthostatic Tachycardia Syndrome. Nearly passed out going to the toilet when she first awoke. An icy like pulsation through her blood occurred first thing this AM, day after the vaccine. She fell to the ground and called for her husband to help her. He gave her 500mg acetaminophen and aspirin. She slept. Same thing happened with pulse 140+, he measured, as she showered. They stopped the shower, she laid down and recovered. When she got up immediately the pulse rises to 120+. Adverse events started from 07Feb2021 08:30 AM. Therapeutic measures were taken in response to the events. The outcome of the events was not recovered. Covid was not tested post vaccination.

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1039929	2/18/2021	NY	59	M	2/6/2021	2/7/2021	Chest pain; shortness of breath; pain radiating down left arm; This is a spontaneous report from a contactable consumer (patient). A 59-year-old male patient received the second dose of bnt162b2 (Pfizer-Biontech Covid-19 Vaccine), via an unspecified route of administration on 06Feb2021 12:00 at single dose in left arm for COVID-19 immunisation. Medical history included allergies to iodinated contrast, chronic lymphocytic leukaemia (CLL), herniated discs. The patient didn't have COVID prior vaccination. Concomitant medications included tamsulosin hydrochloride (FLOMAX), sertraline hydrochloride (ZOLOFT), valacyclovir, ascorbic acid, betacarotene, biotin, calcium, chromium, colexcaliferol, copper, folic acid, iodine, iron, lycopene, magnesium, manganese, nicotinamide, pantothenic acid, phosphorus, phytomenadione, potassium, pyridoxine hydrochloride, retinol, riboflavin, selenium, vitamin b1 nos, vitamin b12 nos, vitamin e nos, xantofyl, zinc (CENTRUM SILVER). The patient previously received the first dose of bnt162b2 on 16Jan2021 02:00 PM in left arm for COVID-19 immunisation. There were no other vaccine in four weeks. The patient experienced chest pain, shortness of breath, pain radiating down left arm. Adverse events start from 07Feb2021 05:45 AM. The events resulted in doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, and hospitalization for 1 day. Treatment was received for the events. The patient underwent lab test which included Blood tests, EKG on unknown date. The outcome of the events was recovering. COVID was not tested post vaccination. Information on Lot/Batch has been requested.

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1039942	2/18/2021	VA	36	F	1/15/2021	1/21/2021	Fainting like episodes; Blurred vision; Severe vertigo; Chest pain; Fatigue; This is a spontaneous report from a contactable other health professional reported for herself. A 36-year-old female patient received first dose BNT162B2(PFIZER-BIONTECH COVID-19 VACCINE) Lot # EL8982, via an unspecified route of administration in right arm on 15Jan2021 12:00 at single dose for covid-19 immunisation. There were no relevant medical history or concomitant medications. The patient was not pregnant at the time of vaccination. The patient had no allergies to medications, food, or other products. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 21Jan2021, exactly "4 1/2 days" after vaccine the patient experienced fainting like episodes, blurred vision, severe vertigo, chest pain, fatigue. The patient has been out of work since the 20th and she still had blurred vision. The adverse event resulted in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. No treatment was received. The patient was not recovered from the events. She has been to the ER, cardiologist for an echography, ultrasonography of thyroids, Magnetic resonance imaging (MRI) of her head, went to ENT dr and neurologist in 2021. All blood work in 2021 came back normal as well. The reporter considered the event as non-serious. The patient was not diagnosed with COVID-19 prior to vaccination. She had negative Nasal Swab Covid test post vaccination on 22Jan2021.; Sender's Comments: Considering the temporal association, a causal association between administration of BNT162B2 and the onset of fainting like episodes cannot be fully excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1035655	2/17/2021	MD	49	M	2/12/2021	2/12/2021	Pt reports within 1 hr of receiving vaccine, he started with L sided lip/tongue swelling, L neck and "side swelling", chills, HA, body aches. Denies SOB, respiratory distress, difficulty swallowing, chest pain, confusion, changes in speech, numbness/tingling. Per pt this occurred 2/12/2021, angioedema, neck, side swelling resolved 2/13/2021. Persisted with HA, body aches, chills. Reported events to PCP office 2/17/2021, at time of call pt asymptomatic, symptoms fully resolved. Pt seeking advice from PCP prior to next dose which is scheduled 03/12/2021
1036095	2/17/2021	CA	33	M	2/16/2021	2/16/2021	Patient complained of chest pain/pressure after receiving the Modern Covid-19 vaccine.
1036200	2/17/2021		57	M	2/3/2021	2/6/2021	Patient developed chest pain and was admitted to ED with pulmonary embolism.
1036155	2/17/2021	CT	60	F	2/11/2021	2/12/2021	Chest pain lasted 50 minutes. Patient went to local hospital emergency department and was evaluated with history, physical exam, EKG and blood tests. All were normal. Pain resolved without treatment.

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1034997	2/17/2021	CA	93	M	1/28/2021	1/28/2021	Disorientated; in a lot of pain in his chest and rib area; in a lot of pain in his chest and rib area; hurt to breathe and move; shaken up; Short of breath/It hurt to breathe; Concomitant medication:ongoing prednisone for immunotherapy; Concomitant medication:ongoing prednisone for immunotherapy; This is a spontaneous report from a contactable nurse. A 93-year-old male patient (reporter's father) received first does of BNT162B2 (Lot#: EN5318), via intramuscular on 28Jan2021 10:00 at single dose for COVID-19 immunization. Medical history included ongoing prostate cancer metastatic diagnosed a few years ago and immunotherapy. Concomitant medication included ongoing abiraterone acetate (ZYTIGA) at 1g, once a day for prostate cancer and ongoing prednisone at 5 mg, tablet, twice a day, by mouth for immunotherapy. The caller stated she is reporting a reaction her father had to Pfizer's COVID-19 vaccine. The patient experienced disorientated, in a lot of pain in his chest and rib area, hurt to breathe and move and short of breath/it hurt to breathe on 29Jan2021. The reporter seriousness for the events was medically significant. The events didn't require a visit to emergency room or physician office. The patient did go to urgent care. The caller explained her father became disoriented. He received the first vaccine on 28Jan2021. The next day, her father began to move his car around 12 pm and he became disoriented and stated he wasn't going to drive. Caller stated they were not aware of this disorientation until Friday, 29Jan2021. Her father was not sleeping and was up the night before because he was in a lot of pain in his chest and rib area. It hurt to breathe. He was short of breath. It hurt to move. Caller clarified further her woke up feeling so bad he thought he was going downhill. He thought his cancer got worse over night. He told the caller's brother after he became so disorientated that he was no longer going to drive because he was so shaken up. He was taken to urgent care on Friday, 29Jan2021. He was prescribed Naproxen, 500 mg Friday evening and he slept all night for the first night in years. He usually gets up in the middle of the night to use the bathroom. He woke up on Saturday morning, 30Jan2021, and he was feeling 100% better. He recovered completely. He was up moving around and in no pain. Caller verified she has no NDC, Lot number and expiry date for the Naproxen her father

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1036131	2/17/2021	RI	36	F	2/16/2021	2/16/2021	was prescribed. She didn't see any of that written on the discharge papers, that may be with the pharmacy. She wanted to put a chest x-ray was done. He has Metastatic Prostate Cancer and the pain was coming from the lesions on his lung and rib. Caller explained the Chest X-Ray showed the mets (metastasis) but no new lesions, no infiltrates or anything. It showed nothing related to the COVID-19 vaccine. The patient underwent lab tests and procedures which included Chest X-ray: showed the mets (metastasis) but no new lesions, no infiltrates or anything on 29Jan2021 and EKG: essentially normal on 29Jan2021. The outcome of the events disorientated, in a lot of pain in his chest and rib area, hurt to breathe, shaken up and move and short of breath/it hurt to breathe was recovered on 30Jan2021. The reporter's assessment for all the events was related.; Sender's Comments: Based on the compatible time association, the contribution of suspect vaccine BNT162B2 to all events disorientation, chest pain, musculoskeletal chest pain, movement disorder, shaking, and shortness of breath cannot be excluded. The ongoing prostate cancer metastatic status and immunotherapy may be major cofounders. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1036765	2/17/2021	PA	23	F	1/12/2021	1/12/2021	Chest pain
1036211	2/17/2021	MN	45	M	2/4/2021	2/10/2021	complaint of chest pain, patient sent to ER and hospital admission 2/10/21 to 2/11/21. advanced cardiac imaging found old arterial occlusion with collateral perfusion,no stent ,no surgical intervention.

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1035883	2/17/2021	IA	45	F	12/18/2020	12/18/2020	Throat and mouth "feels funny" following injection of Covid vaccine approx 1717. Slight chest burning. Patient ambulated. Drinking water without difficulty. Patient states tongue "feels funny" after getting covid vaccine. Patient states within minutes after the injection her tongue began to feel funny. She denies oral/lip swelling, numbness/tingling, difficulty swallowing, drooling, headache, nausea/vomiting, chest pain, shortness of breath. She also states her chest was burning just after receiving the vaccination however that has since resolved. No palpitations or syncope. No recent illness. No history of adverse reaction to vaccines. No known food/medication allergies. Patient is sitting comfortably on the exam table drinking water without difficulty. Patient states at this time her mouth feels better but "does not feel normal." Patient states she has a history of mitochondrial myopathy and has some esophageal motility issues at baseline. 1808: patient was given diphenhydramine 25 mg PO x 1. She reports mild improvement in symptoms. No headache, dizziness, nausea, oral edema, difficulty swallowing, chest pain, shortness of breath. 1830: patient states symptoms have resolved. She is sitting comfortably in the chair. No signs of distress. She states she thinks she got too anxious. No headache, dizziness, nausea, oral edema, difficulty swallowing, chest pain, shortness of breath. Patient states she feels comfortable leaving at this time. Discussed ED precautions. Patient verbalized understanding. Advised patient to follow up with her PCP to discuss second dose of covid vaccine. 1/15/21: Pt received 2nd dose of vaccine. About 10 minutes after, pt developed a rash at injection site. Rash spread up chest and onto back. Pt was taken to convenient care for further evaluation. At convenient care, pt stated she had no difficulty breathing but that something just didn't feel right. Rash spread to right arm and started to itch. Pt endorsed experiencing throat/tongue swelling but did not think it was closing off or actually swelling. Pt received epinephrine 0.3 mg IM x 1 and diphenhydramine 25 mg IM x 1. After treatment and about 1.25 hours of monitoring, pt felt well enough to go home. Pt was prescribed epinephrine 0.3 mg IM 2-pak kit. 1/15/21: Pt received 2nd dose of COVID vaccine and developed rash. Pt received epinephrine 0.3 mg IM x 1 and diphenhydramine 25 mg IM x 1. Discharged to home

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1035873	2/17/2021	FL	90	F	2/13/2021	2/15/2021	after treatment and monitoring with prescription for epinephrine 0.3 mg IM 2-pak kit. 2 days after vaccination in left deltoid, patient developed erythema, swelling, and firmness circumferentially proximal to elbow and distal to, but sparing, the injection site. She felt mild pruritis and tingling sensation. 4 days after vaccine, she felt nausea without emesis. No throat closing, shortness of breath, chest pain, fevers change in arm's range of motion or strength. Likely represents hematoma (patient is on anticoagulation) vs local injection site reaction.
1035847	2/17/2021	MI	70	F	1/26/2021	1/26/2021	70 year old patient felt funny after shot. EMS was called vitals were taken BP 174/80 99% O2 room air HR 78. Chest Pain, Non-Cardiac but patient refused additional evaluation and care. Released against medical advice.
1035835	2/17/2021	GA	51	F	2/12/2021	2/12/2021	PT STATES SWELLING UNDER EYES BEGAN 10 MINS AFTER VACCINE ADMINISTERED. NO SIGNS OF DISTRESS NOTED. PT DENIES SOB, CHEST PAIN, DIZZINESS. ADMINISTERED BENADRYL 25MG PO X 1 DOSE. PT OBSERVED X 60 MINS AFTER MEDICATION ADMINISTERED. PT STABLE AND SWELLING REDUCED UNDER EYES.
1035683	2/17/2021	MI	48	F	1/23/2021	1/26/2021	Developed terrible neck pain, headache, nausea, fever, chills, chest pain, difficulty breathing and by Wednesday, 1/27/21, had a rash with welts all over my body; I also had eye puffiness to the point that my vision was impaired

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1035536	2/17/2021	KY	49	F	1/8/2021	1/8/2021	Hives and it progressed to an anaphylactic reaction; Hives and it progressed to an anaphylactic reaction; hives itch; slight swelling around her eyes; This is a spontaneous report from a contactable nurse (patient) via Pfizer Sales Representative. A 49-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 08Jan2021 at single dose for COVID-19 immunization. Medical history included anaphylaxis (Patient does have a history of anaphylaxis to bee stings), Hysterectomy, Gallbladder surgery, Mastectomy partial/ lumpectomy, Alcohol use: Yes (Comment: socially rare, Drug use: Never), Shellfish-derived products, Seasonal allergies (J30.21), HX: breast cancer (Z85.31), smoker stopped on 01Jan2000 (Former Smoker, Years since quitting: 21, Smokeless tobacco: Never Used), Hot flashes, Axillary Node Dissection. Allergie to Bee venom, Shellfish-derived products, Coconut, Codeine, and Other The patient's allergies have been reviewed. Family History included Cancer oral of Mother; Lung cancer of Father and Maternal Grandfather and Paternal Grandmother; Uterine cancer of Paternal Grandmother. Concomitant medication included ongoing cetirizine hydrochloride (ZYRTEC [CETIRIZINE HYDROCHLORIDE]), ongoing dexmethylphenidate hydrochloride (FOCALIN [DEXMETHYLPHENIDATE HYDROCHLORIDE]), epinephrine (EPIPEN), ongoing lisinopril dihydrate (PRINIVIL), lisinopril (ZESTRIL), ongoing metoprolol succinate (TOPROL XL), valaciclovir hydrochloride (VALTREX), zolpidem tartrate (AMBIEN) from 30Apr2020 and ongoing, promethazine (PHENERGAN [PROMETHAZINE]) from 13Sep2019. Patient previously took Codeine and had vomiting and allergy to it. Patient had an anaphylactic reaction to our vaccine. it started as hives and it progressed to an anaphylactic reaction on 08Jan2021. they gave patient Benadryl afterwards for her anaphylactic reaction because they do not want to interfere with the efficacy of the vaccine that she was able to breathe so she did not have to have any Epipen or anything. She was sent to an ER within hospital to get that. She was in the hospital getting the shot and then they sent her to the ER and she started having the reaction. Emergency department summary of care: Chief complaint: Allergic reaction. ED Diagnosis: Diagnosis Final diagnosis. Allergic reaction to vaccine: Allergic reaction to vaccine. ED Vitals:

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Date/Time: 08Jan2021 14:00. Pulse: 79. Resp.: 18. BP: 144/86. SpO2: 96%. Date/Time: 08Jan2021 12:54. Pulse: 90. Resp.: 16. BP: 147/98. SpO2: 96%. Weight: 72.06 kg (160 lb). Date/Time: 08Jan2021. Temp.: 97.6 F (36.4 C). Pulse: 121. Resp.: 16. SpO2: 97%. Result: None. Imaging result: None. ECG result: None.
Emergency Department Encounter: Patient was placed in face mask in first look and the following protective measures were taken unless additional measures were taken and documented below in the ED course. Patient was wearing facemask when nurse entered the room and throughout our encounter. nurse wore full protective equipment throughout this patient encounter including a face mask, and gloves. Hand hygiene was performed before donning protective equipment and after removal when leaving the room. Date of encounter: 08Jan2021. Last ED provide Note: patient is a 49 y.o. female who presents to the ED c/o chief complaint of allergic reaction. Patient reports that she just received her first Covid immunization approximately 30 minutes ago, immediately broke out into hives. Patient reports she had hives on bilateral arms as well as her back, hives itch. Patient complains of slight swelling around her eyes. No swelling of her tongue slipped or throat, no difficulty swallowing, no difficulty breathing, no nausea or vomiting. Patient reports that prior to the vaccination she was at baseline without complaint. Patient does have a history of anaphylaxis to bee stings, no other history of anaphylactic reactions, does have history of allergic reactions with hives. Patient received 50 mg oral Benadryl prior to arrival. Patient reports that the hives on her arm have since resolved, continues complain of itching on her back. No active ambulatory problem. No resolved ambulatory problem. All systems reviewed and negative except for those discussed in HPI. PHYSICAL EXAM nurse have reviewed the triage vital signs and nursing notes. ED Triage Vitals (08Jan2021 1229): Temp: 97.6 F (36.4 C), Heart Rate: 121, Resp.: 16, SpO2: 97%. General: No acute distress. HENT: NCAT, PERRL, Nares patent, no swelling of the lips tongue, no posterior oropharyngeal swelling, Voice is normal, no difficulty handling secretions Eyes: no scleral icterus. Neck: trachea midline, no ROM limitations, no stridor. CV: regular rhythm, regular rate. Respiratory: normal effort, CTAB, no wheezing rales or rhonchi Abdomen:

soft, nondistended, nontender to palpation, no rebound tenderness, no guarding or rigidity. GU: deferred. Musculoskeletal; no deformity. Neuro: alert, moves all extremities, follows commands. Skin: warm, dry, bilateral arms are normal in appearance, no hives, No rash. Patient has several scattered Hives on her back. Lab Results: No results found for this or any previous visit (from the past 24 hour(s)). Nurse ordered the above labs and reviewed the results. Radiology: No Radiology Exams Resulted Within Past 24 Hours. Nurse ordered the above noted radiological studies. Nurse reviewed the images and results. Nurse agree with the radiologist interpretation. Procedures: Medications - No data to display. PROGRESS DATA. A complete history and physical exam have been performed. All available laboratory and imaging results have been reviewed by nurseself prior to disposition. After the initial H&P, Nurse discussed pertinent information from history and physical exam with patient/family. Discussed differential diagnosis. Discussed plan for ED evaluation/work up treatment. All questions answered. Patient/family is agreeable with plan. ED Course: Patient complaining of allergic reaction, hives seems to be resolving, no symptoms consistent with anaphylaxis. Symptoms seem to be improving after oral Benadryl, no further medication at this time, will monitor closely. Patient reassessed, reports rash has resolved, itchiness has resolved. Patient continues to deny any swelling of lips tongue or throat, no difficulty breathing, no nausea or vomiting. Discussed at length with the patient that Nurse do not advise her to get the second dose of the vaccination as it can cause repeat allergic reaction, possibly worse allergic reaction. Discussed possibility of obtaining the mother no vaccine once it becomes available. Patient understands. Discussed need for close follow- up with primary care physician, Extensive discussion return precautions. Discharging. The patient was reexamined. They have had symptomatic improvement during their ED stay. nurse discussed today's findings with the patient, explaining the pertinent positives and negatives from today's visit, and the plan of used plan for discharge as there is care. No emergent indication for admission. Discussed limitation of the ED work-up and that this is to rule out life-threatening emergencies but that they could require further testing as determined by their primary

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care and or any referred specialist patient is agreeable and understands need for follow-up and repeat exam/testing. Patient is aware that discharge does not mean there is nothing wrong. Indicates no emergency is present, and that they must continue their care with their primary care physician and/or any referred specialist. They were given appropriate follow-up with their primary care physician and/or specialist. nurse had an extensive discussion on the expected clinical course and return precautions. Patient understands to return to the emergency department for continuation, worsening, or new symptoms. Nurse answered any of the patient's questions. Patient was discharged home in a stable condition. As of 14:11 EST Vitals: BP - 144/86, HR -79, Temp - 97.6 OF (36.4 (Tympanic) 02 SATS - 96%. DISPOSITION: DISCHARGE: Patient discharged in stable condition. Reviewed implications of results, diagnosis, meds, responsibility to follow up, warning signs and symptoms of possible worsening, potential complications and reasons to return to ER. Patient/Family voiced understanding of above instructions. Discussed plan for discharge, as there is no emergent indication for admission. Patient referred to primary care provider for BP management due to today' BP. Pt/family is agreeable and understands need for follow up and repeat testing. Pt is aware that discharge does not mean that nothing is wrong but it indicates no emergency is present that requires admission and they must continue care with follow-up as given below or physician of their choice. Schedule an appointment as soon as possible for a visit in 2 days. Medication List NO changes were made to your prescriptions during this visit. ED Treatment Team. Previous ED Visit: None. ED Arrival Information: Arrival: 08Jan2021 12:27 PM. Means of Arrival: Car. Escorted By: Self. Service: Emergency Medicine Acuity: Emergent. Admission Type: Emergency. ED deposition: Discharged: condition stable. Triage sepsis screen: Row name: Sepsis screen. Documented or Suspected Infection: 0. Documented or Suspected Infection. Indications: None. Acutely Altered Mental Status:0. Temp <96.8 OR > 100.9: 0. Heart Rate >90): 0. Respiratory Rate > 20: SBP < 90:0 MAP < 65:0 Blood Glucose >140(mg/dL)- Not diabetic: WBC <4 or>12 (10*3/mmm3: Unknown Bands >10%. Result of current screen is: Negative. Medication administration from

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08Jan2021 12:27 to 09Jan2021 02:02: None. ED Prescription: None. Discharge Orders (From admission, onward): None. Allergies (Reviewed on: 08Jan2021) Agent Bee Venom Severity: High, Shellfish-derived Products, Severity: High Comments: Anaphylaxis. Coconut Comments: Facial swelling. Codeine Comments: Vomiting. Other Severity: Phenofibrates cause Skin hives. Immunizations Administered Name: COVID-19 (PFIZER) Tetanus Up TO Date: None. ED LDA Documentation (to) Patient Lines/Drains/Airways Status Active Airway / Central Venous Catheter Line / Drain / Epidural Line / Intraosseous Line / Peripherally Inserted Central Catheter Line / Peripheral Intravenous Line / Arterial Line: None. Weight: 72.6 kg (160 1b). Height: 157.5 cm (62"). Oxygen Therapy from 07Jan2021 14:02 to 08Jan2021 14:02. Oxygen Therapy from 07Jan2021 14:02 to 08Jan2021 14:02 (continued) Date and Time 08Jan2021 14:00 (also reported 14: 11) spO2: 96 %. Date and Time 08Jan2021 12:58 Device (Oxygen Therapy: Room air. Date and Time: 08Jan2021 12:54 spO2: 96 % Device (Oxygen Therapy: Room air. Date and Time 08Jan2021 12:29 spO2: 97%. Breathing Date and Time: 08Jan2021 14:00, Date and Time: 08Jan2021, 12:54 Date and Time: 08Jan2021 12:29 were spO2:96 %, spO2:96 % and spO2:99 %. 08Jan2021 14:00 Departure Condition: Stable, Mobility at Departure: Ambulatory Patient Teaching Discharge instructions reviewed; Follow-up care reviewed; Medications discussed; Patient verbalized understanding. ED Events: Date/Time 08Jan2021 12:27 Patient arrival, Arrival info file, 08Jan2021 12:29 Triage Started, Patient roomed in ED, 08Jan2021 12:32 Assign Attending, Assign Provider, First Provider, Evaluation of Patient, 08Jan2021 12:52 Registration Completed 08Jan2021 12:56 Triage Completed, 08Jan2021 14:02 Patient discharged, ED Tracking End. Follow-up Information: Details Schedule an appointment as soon as possible for a visit in 2 days. Specialty: Family medicine Discharge Instructions: You have been given emergency department evaluation. This evaluation is intended to rule out life-threatening conditions. Is not a complete evaluation. You could require further testing as determined by your primary care physician or any referred specialist. Please follow-up with all doctors that you are referred to. Please be sure to take your prescribed medications and follow any

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specific instructions in the discharge instructions. Please follow-up with your primary care physician within 48 hours. Please have your primary care provider recheck your blood pressure. Please return to the emergency department if you experience chest pain, shortness of breath, abdominal pain, fever greater than 102, intractable vomiting. Please return to the emergency department if your symptoms continue or worsen, or if you begin to experience any other concerning symptom. Discharge References/Attachments: Hives Easy-to-Read AVS Reports: Date/Time: 08Jan2021: Report: COVID-19: Overview & Impact. Date/Time: 08Jan2021 Report: ED after Visit Summary. Chart Review Routing History No routing history on file. Case Management registry, Status: Active, First included on: 08Jan2021 2:20 PM, Emergency Encounter Documentation Registry, Status: Active, First included on: 09Jan2021 12:06 AM, Emergency Encounters Registry Status: Active, First included on: 08Jan2021 12:36 PM. Patient was recovering from the events. Information on the Lot/Batch number has been requested.; Sender's Comments: A causal association between administration of BNT162B2 and the onset of Anaphylactic reaction, hives, itching and Eye swelling cannot be excluded, considering the temporal association and the known adverse event profile of the suspect product. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1036212	2/17/2021	OH	46	F	2/12/2021	2/12/2021	Patient presented to the emergency room approximately 45 min after receiving her 2nd dose of Moderna COVID-19 vaccine (2/12/21 at 1652). About 15 min after receiving the vaccine, she began having a rash to her upper chest, she stated that she felt very shaky and had heart palpitations. Nurses in the vaccine clinic gave her a dose of 25mg of Benadryl, 975mg of Tylenol and 20mg of Pepcid. Patient was shaky, but breathing easily and able to speak in complete sentences without difficulty, denied any difficulty in swallowing and her O2 saturation was within normal limits as well as her heart rate is normal sinus rhythm. She states that her only allergy is to minocycline and she currently treats for depression, bipolar disorder and has a platelet storage pool disorder. She is currently on Symbicort, zinc, Vit C, and Vit D because she had COVID-19 several months ago. She still gets residual shortness of breath from it. She denies any chest pain, nausea or vomiting
1035813	2/17/2021	TX	90	F	1/26/2021	1/26/2021	Weakness, fell, chest pain
1037056	2/17/2021	PA	21	F	1/9/2021	1/10/2021	January 10, 2021 around 1:00 AM i woke up from a sound sleep with 10/10 midsternal chest pains. I was seen in the emergency room for the chest pains. The emergency provider ruled out the chest pains as NOT being cardiac or Gastrointestinal related after doing countless blood tests and other various tests. I then followed up with my PCP and they said to keep an eye on it to see if it got any worse and to seek medical attention if the chest pains did get worse. After 4 days the pain went away.

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1036382	2/17/2021	NC	69	F	1/23/2021	1/23/2021	69 yo female reports AE after receipt of Covid vaccine #1 (EN 5318 13 FEB 21) via drive thru event. She reports within minutes she felt unwell but had difficulty being more specific. She states she felt a warmth in her chest which traveled to her stomach. A few minutes later she felt SOB, and could not catch her breath. She states her respiratory rate increased. She talked to staff and was told if got worse to honk horn or use flashers. She did not request additional assessment. She waited her required 15 minutes and drove home another 20-25 minutes. She states she noted her face swelling. She thinks she may have had some throat swelling, but then wasn't sure. She developed some nausea, but no emesis which continued for 2-3 days. She denied watery or red eyes, runny nose, pruritis, rash, palpitations, heart racing, chest pain, cough wheezing. She states the breathing symptoms resolved in a few hours. She was unsure of the facial swelling resolution time frame. She developed a headache and felt malaise for 2-3 days, then symptoms resolved. She never took any medications other than her prescriptions. She did not seek care during symptom time frame.

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1037178	2/17/2021	NC	70	F	2/5/2021	2/5/2021	This was my 2nd vaccine dose. The first dose was on 1/15/21 at 12:30pm and my side effects that started in the evening were much milder: very sore arm, nausea, body aches, fatigue which resolved after 48 hours. The 2nd dose on 2/5/21 was at 2:30pm, but the side effects started in the evening were more concerning: same sore arm, nausea, body aches, fatigue, but I also started having chest pain at 9:00pm. This was frightening to me so I took aspirin because it was heart related. When the pain lessened, I went to bed. I awake the next morning to chest pain and now tachycardia. My normal heart rate is 68-70, but now it was up to 98-100. I took more aspirin, went back to bed, and tried to slow my heart rate with deep breathing. I called my nurse expert friend who told me to go to the ER if my heart rate went to 140. I stayed in bed most of the day, trying to slow my heart rate, hydrating, eating slow portions of food and taking aspirin. My chest pain & heart rate starting lessening by the evening into the next morning. Thank God it was mostly gone by Sunday evening. My biggest concern that I would appreciate an answer to from you is : will the next COVID vaccine that I take be even more dangerous to me? Am I allergic to this vaccine or would I be okay with a lower dose? Should I not take a COVID booster if it becomes recommended?
1037144	2/17/2021	OR	61	F	2/17/2001	2/17/2019	Patient was administered vaccine at 11:00 AM in the left deltoid muscle IM. Patient reported feeling chest tightness, heaviness as if someone was sitting on her chest, pressure on her chest, and found it a little hard to breath at 11:10 am. Patient had a history of congestive heart failure and suffers from anxiety, but wasn't sure if the chest pain was due to her past medical history or the vaccine. At 11:17 am the chest pain remained the same. At 11:30 she was still feeling chest pressure and her right arm was feeling weak. At 11:30 Heart rate was 56, Blood Pressure was 138/72, and respiratory rate was 12. EMS was called at 11:35. Patient was taken to the hospital once EMS arrived.

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1036719	2/17/2021	MD	55	M	2/17/2021	2/17/2021	vitals: 15:27 patient complained of dizziness, slight head ache, sweaty, light headed. Dr was made aware, checked BP. 162/114, HR 108, O2 99%. Advised patient lay down and 15:35 bp went down to 156/103, HR 79, O2 100%. at 15:40 while laying BP 144/87, HR 70, O2 100%. 15:45 laying BP 123/75, HR 77, O2 100%. 15:50 while sitting BP is 134/82, HR 82, O2 98%. at 16:00 BP is 129/84, HR78, O2 99%. Patient stated dizziness was gone. Dr charted: dizzy and lightheaded after 1st shot, bp elevated over baseline. Monitored and transfered to stretcher. BP improved and symptoms resolved with rest. No itching, rash, shortness of breath or chest pain. Patient was able to walk around asymptomatic prior release.
1037054	2/17/2021	CA	45	F	1/20/2021	2/16/2021	She got her first messenger Moderna RNA Covid vaccine on 1/20/2021 through work Pt started having symptoms about a week ago she has had generalized body aches headache chest pain, myalgia, fatigue, cramps, Nausea and diarrhea. Pt went to ED on 2/12/2021. Pt has known Migraine and took left over Dilaudid, caffeine. Pt continued to have diarrhea until 2/14 and other symptoms gradually improved. Pt woke up today and noted that her eyes were glassy, still had the pulsating headache and Right retro orbital pain. Pt noted drooping of the lips, tongue was tight and unable to close left eyelids completely. The family was called 911 and taken to the ED Pt had Brain CT and Stroke was ruled out. Pt was diagnosed with Bells Palsy and discharged home on Valtrex and Prednisone
1036989	2/17/2021	CA	80	F	2/16/2021	2/16/2021	This person received the 1st dose COVID-19 vaccine Pfizer @ 08:13am. Then @0930 am, c/o "feeling something on top of her chest, heaviness of chest", sweaty hands, clammy, chest pain. Rapid Response Team called at 09:35 am. Transferred to Emergency Room. In ED: Diagnosis included but not limited to STEMI, NSTEMI, unstable angina, anxiety. At 10:04am-based on EKG, code STEMI was called. Consultation with cardiologist. Then the patient was sent emergently to Cath Lab. The patient was admitted to ICU, intensive care, following Cath Lab

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1036964	2/17/2021	OH	35	F	12/22/2020	12/22/2020	<p>Within a minute, there was a different taste in my mouth. Shortly after, began to feel incredibly hot, flushed, burning, and tingling throughout body. Throat and tongue also became tingly. It was like a wave that moved through my body. After waiting it for a few minutes to see if there was improvement, there was a strong ?wave? that came with all of the above, but my heart started racing with palpitations. HR was 120. The heat feeling became worse. Would describe the feeling as a CT contrast feeling, including the feeling of voiding or heat/burning of the bladder. Tongue and throat more tingly. A few minutes later the feeling all became stronger and this is what became the strongest ?wave? of the feeling with my heart beating incredibly fast. The heat/burning/tingling (including the mouth and tongue) were severe. HR 148. Nauseated and lightheaded/dizzy. Transferred to ED. In the ER, epi was administered due to the persisting flushing/burning of the skin/and tingling of the throat and tongue with tachycardia. IV fluid bolus, Benadryl, and zofran were also administered. Tryptase was obtained approximately 35 - 45 minutes after injection. Tryptase 10.8. Improvement in all symptoms following epi/benadryl. Was monitored in the ER and within approximately 1.5 hours, the burning feeling returned, but was centralized in my core (felt internal versus skin). Abdomen/chest area with intermittent burning. At approximately 2-3 hours, the tingling began to return. Slight tingling of the tongue, lip. The burning feeling continued to worsen, now back to the skin as well as the core, and additional benadryl was administered in addition to solu-medrol. Prior to this, the attending physician was concerned that my heart rate remained elevated into the 110/120s 3 hours after the epi administration and she recommended transfer to an adult facility for further evaluation. Due to the burning in my chest, EKG was obtained. Sinus tachycardia. Slight chest tightness, duoneb provided. Had not taken inhalers throughout the day and felt similar to tight chest/difficulty getting deep breath in relation to asthma. Relief after the second dose of benadryl and duoneb. BP remains elevated from shortly after vaccine administration. Transferred to MVH at 4-5 hours post vaccine. En route to facility, HR 130s and BP lower (90s/60 and 90s/50s) - Medic did not think was accurate BP. At MVH, cardiac rule out completed with additional EKG due to</p>

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development of some chest pains and return of core burning sensation as well as ongoing tachycardia. EKG remains sinus tach, troponins normal. Requested anxiety medication to see if that would help with heart rate. Low dose ativan given. Minimal change to resting heart rate, still elevated. Also received 4 baby aspirin and tylenol for extreme headache. Oxygen saturations were 97-100%. Oxygen saturation at MVH was 90-93%. Attending physician not concerned with going home and saturation still being low 90s as long as there was no shortness of breath. Discharged home with methylprednisone 4 mg 6 day pack and pepcid prescriptions. Resting HR was low 100s at time of discharge. Instructed to continue with antihistamines every 6 hours. DX anaphylactic reaction. Husband checking on me while sleeping, oxygen saturation in sleep 89-91%. After awakening, saturation improved to 94-95%. At home, burning skin and core feelings persisted. Tingling of the throat/tongue/lips continued to be intermittent. Antihistamines helped to relieve symptoms. 26-28 hours after vaccine, symptoms were very strong, was suffering from extreme burning and tingling of the mouth/lips. Considered return to ER but oxygen saturation was okay. HR elevated. 125 at rest. MVH attending physician encouraged me to try to not use the prednisone packet unless necessary/return of symptoms. Started prednisone with the return of symptoms. Continued on routine Benadryl until myoclonic jerking became too pronounced, discontinued on 12/25/2020 and changed to hydroxyzine. Jerking remained but improved and was less bothersome. Continued taking daily dose of Claritin, daily pepcid, daily aspirin. Hives developed 12/25/2020. Return to ER on 12/29/2020 as the jerking was intense and felt to be in chest along with palpitations. EKG and troponin was good, only notable thing physician reported on labs was an elevated WBC count. Did not discuss jerking. To PCP on 1/4/2020 - discussed adverse reaction. Continued problems after vaccine include: intermittent tachycardia (low 100s at rest occasionally vs norm of 70s/ low 80s), higher heart rate when active, burning skin (feels similar to bad sunburn feeling), random pains and occasional brief numbness/tingling/tremoring in muscles/extremities, jerking (continues to improve - recommended change off of benadryl/hydroxyzine to zyrtec), increased need for inhaler, bubbling sensation in

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							left lower abdomen. It does feel as if it comes in waves. Burning sensation, internal tremors of left upper thigh, and intermittent tachycardia continue, 1 month post vax. Antihistamines do help, but discontinued due to jerking. Continue on daily claritin.
1036444	2/17/2021	MI	78	M	2/1/2021	2/1/2021	78 YEAR OLD MALE COMPLAINED OF CHEST PAINS. ONSITE EMS AND PHYSICIAN RESPONDED. BP WAS 180/68 HR 80. EMS DETERMINED IT WAS NOT RELATED TO HEART. HE REFUSED ADDITIONAL EVALUATION AND CARE.
1036845	2/17/2021		78	F	2/16/2021	2/16/2021	Very High Blood Presser---Concerned about a Heart Attach--Teeth Aching--Back Pain--Chest Pain--Feeling like a heavy object was on her chest or stomach--Pain from back moved to her sides.
1036744	2/17/2021	CT	68	F	2/16/2021	2/16/2021	High bp and chest pain 10 minutes after vaccine. Aspirin and 2 nitroglycerin administered over 10 minutes. Transferred from vaccine facility by ambulance to Hospital.
1036670	2/17/2021	AK	60	M	2/15/2021	2/15/2021	On evening of vaccine, patient developed arthralgias, right eye felt irritated, 30% vision loss with blurring . During the night, developed fevers, chills, substernal chest pain with radiation towards his back and bilateral arms. mild SOB. Next day, continued chest pain/angina, worsened with climbing a flight of stairs. Admitted to ED/ICU 2/16, general myalgias, Temp 100.7, CP 1/10 on arrival to ED. Small abrasion to right eye noted after flouroscein stain.

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1036561	2/17/2021	CT	39	F	1/6/2021	1/6/2021	<p>Pt has h/o HTN (not on medication) and occasional asthma(no hospitalizations), and allergies to Penicillin (tongue swelling), tree nuts (throat swelling), and Bees (local swelling); Pt notes she only takes benadryl for these reactions; she has never been prescribed or used epinephrine. Pt denies heart disease, strokes, diabetes, increased bleeding tendency. No early heart disease in family. LMP in the last week. Pt notes she was supposed to see allergist in past, but has not. Pt was feeling well this morning before she came to COVID vaccine clinic. Pt had received first Moderna Vaccine shortly before 0918am here. At 0938 Pt noted feeling "heaviness" in head and "lump in throat." Pt denied itching/swelling to mouth, itching/hives to body, dyspnea, chest pain, nausea. No lightheadedness/dizziness. Pt walked to stretcher. BP at right forearm was 223/151 and then 221/132 on repeat. Heartrate in 90s. Sao2 on RA 100%. RR 18. Pt notes having high BPs at times, but not often as high here. Pt speaking is slightly hoarse voice. No strider. Pt speaking in full sentences. No oropharyngeal edema. No urticaria. No tachypnea or wheeze. HRT RRR. 2+ left rad pulse. A/P: given Pt's h/o severe allergies and now new Globus sensation and change to voice I discussed with Pt that she was likely having allergic reaction. Given involvement of airway I recommended epi administration to neutralize reaction and transfer to ED for observation. I advised Pt that epi would increase heartrate and blood pressure. I determined benefit of treating anaphylaxis outweighed risk of elevating BP, even though she has hypertensive urgency BP values. Pt has some headache; she could be bordering on hypertensive emergency. I asked pharmacist to call 911 indicating early anaphylaxis and request of paramedic. ~5 minutes after Epi (given at 0942) Pt notes lump sensation and voice improved. I had RN place IV to left AC and gave verbal order for benadryl 25mg IV. Pt notes some nausea and dizziness. Lump sensation continues to improve. EMS arrived ~0950. I gave report to paramedic. I discussed with Pt that I would place referral to Allergy and Immunology; they will determine if and when Pt could receive second moderna vaccine.</p>

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1036472	2/17/2021	GA	80	F	2/16/2021	2/16/2021	pt had syncopal episode 12 hours after receiving the vaccine with no dizziness, chest pain or warning signs prior
1036951	2/17/2021	WA	35	F	2/10/2021	2/11/2021	Pleuritis, Elevated D-Dimer, chest pain, shortness of breath
1037165	2/17/2021		74	M	2/10/2021	2/11/2021	Chest pain; weakness; fever
1033105	2/16/2021	PA	56	F	2/11/2021	2/11/2021	The employee reported she immediately felt something after receiving the vaccine. Within 5 minutes her BP began to climb. She then developed chest pain, shortness of breath and tightening in the muscles of her left leg. A Rapid Response was called and during this time she was noted to have a decrease in responsiveness. 911 was called and she was transported to a local hospital emergency department. Her pulse oximetry and HR remained stable however, her BP was 200's/109.
1033160	2/16/2021	MI	70	F	2/4/2021	2/16/2021	Stated she woke up this morning and her arm itched. Shoulder had multiple bumps at site of vaccine. States the "bumps" looked like welts not blisters. Stated the bumps went under left breast near bra line and around to her back. No pain, just itching. States she is taking Benadryl which seems to be helping. No c/o chest tightness or difficulty breathing. Discussed to see her doctor if worsens or the ER if she has any difficulty breathing, chest pain or tightness, swelling of throat.
1033169	2/16/2021	NY	46	M	2/15/2021	2/15/2021	After 14 minutes in observation patient reported itching on the right arm, there was no visible rashes on the arm or the body at the time or any time later. Took patient to a stretcher for further observation and about 5 minutes later he said felt dizzy, his pulse was 84 and chest was clear but he then complained of chest pain and headache for which I called EMS at 2:31 PM. During the entire time in observation patient appeared well, not pale, no sweating, talking clearly and no visible rashes. Denies itchy throat and did not complained of pruritus again

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1033486	2/16/2021	NJ	83	F	2/5/2021	2/5/2021	Patient complained of severe chest pain radiating to back within 5 minutes of vaccination. Significant language barrier but patient grimacing and clutching chest. Pain described as burning by family member. Evaluation by EMS, vital signs stable, Oxygen given and transported to Hospital ED - disposition unknown.
1033515	2/16/2021	SC	69	F	2/11/2021	2/11/2021	Patient states she started experiencing heart palpitations and chest pain shortly after receiving the vaccine dose
1033645	2/16/2021	NC	68	F	2/15/2021	2/15/2021	Nausea Muscle aches and cramping Back and chest pain Headache Swelling and itching at injection site Low grade fever Chills Beginning 02/15 and continuing today: 02/16/2021
1033091	2/16/2021	WI	58	F	1/4/2021	1/22/2021	approximately 2.5 wks after vaccination, development of severe increasing back pain and chest pain and shortness of breath Dx acute moderately severe pericarditis with pericardial effusion, pneumonitis with bilateral small pleural effusions, hepatitis with elevated alk phos and LFT, bone marrow reaction with elevated WBC, new anemia and elevated platelets, markedly elevated d dimer and CRP with normal troponin and negative imaging for PE.
1033531	2/16/2021	MO	78	F	2/13/2021	2/14/2021	chest feels like pt has croup, chest pain, body aches, headache
1033049	2/16/2021		70	U	2/1/2021	2/1/2021	Pt experienced severe hypoglycemic event (POC=38) following his first COVID-19 vaccine dose. He was found driving the wrong way down the highway with no memory of the event once stopped by authorities. He was admitted with hypoglycemia and chest pain. His home diabetes coverage is an insulin pump and there was denial of decreased PO intake. The insulin pump was stopped once the pt was admitted. His glucose improved and insulin regular SSI was initiated. He was brought for cardiac cath 2/2 with no new issues seen. The patient stabilized, was set for follow-up with PCP and endocrinologist and discharged 2/4.
1032960	2/16/2021		60	M	2/12/2021	2/13/2021	Started having chest pain 1 day after vaccine
1032955	2/16/2021	VA	35	F	2/15/2021	2/15/2021	fever, chills, shortness of breath, nausea, headache, chest pain

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1032942	2/16/2021	FL	29	M	1/15/2021	1/15/2021	Patient come in to our office to get the first dose of COVID-19 vaccine on 01/15/21 . Allergies reviewed first , all documented properly . Patient reported that he wake up on the same vaccine date at 11:55 pm with pruritus in the trunk and back , he turn on the light and looking for a mirror to see what happen . He saw multiples hives in the trunk , back , inguinal area , internal area of the thigh , also he felt and saw swelling in the lips and trouble to swallow , denied difficulty to breath or chest pain .Patient immediately take 2 tablets of Cetirizine 10 mg orally and went to sleep, next day he felt bettercontinued
1032887	2/16/2021	FL	68	M	2/13/2021	2/14/2021	Sunday morning 2/14/21 - Mild Diarrhea from 4 AM till noon, and middle of mild to moderate chest pain when inhaling for a couple of hours and then it went away.
1032768	2/16/2021	CT	48	F	1/14/2021	1/14/2021	It started with tingling in my tongue (which I ignored), then it became numbness that spread down my throat I also became short of breath. That's when I notified one of the nurses. They checked my blood pressure. I vaguely remember hearing it was high (189/?). They called 911 and the paramedics came. Shortness of breath became worse and chest pains started. The paramedic gave me Benadryl and then epinephrine since I was increasingly getting worse. I was shaking and I felt lethargic. I could not control the shaking and I felt cold. I do not remember a lot of details when I got to the Emergency Room. Looking at my record they gave me: LORazepam (ATIVAN), methylPREDNISolone sod suc(PF)(SOLU-MEDROL) and famotidine. I went home that night with the condition that I see my primary care physician. I felt like I have the flu and soreness of arm the next couple days. I went back to work after four days.

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1032574	2/16/2021	TX		M	1/26/2021	1/29/2021	Flu-like symptoms; fever; chills; headaches; myocarditis; A spontaneous report was received from a physician concerning a middle-aged, male patient, who received Moderna's COVID-19 Vaccine, and who experienced myocarditis, flu-like symptoms, fever, chills and headache. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 26 Jan 2021, approximately three days prior to the onset of the symptoms, the patient received their second of two planned doses of mRNA-1273 for prophylaxis of COVID-19 infection. On an unknown date, the patient experienced flu-like symptoms, fever, chills and headache. On 29 Jan 2021, the patient developed substernal chest pain and came to the ED for evaluation. His troponins were elevated, but his cardiac catheterization was negative for acute coronary occlusion. Cardiac MRI findings were consistent with myocarditis and evaluation for covid 19 disease by PCR and serology were negative. Additional workup for other causes of myocarditis is still pending. Treatment information was not provided. The patient received both scheduled doses of mRNA-1273 prior to the event; therefore, action taken with the drug in response to the event is not applicable. The outcome of the events myocarditis, flu-like symptoms, fever, chills and headache was not provided.; Reporter's Comments: This case concerns a male patient, with prior cardiac risk factors, who experienced a serious event of myocarditis along with other non-serious events after receiving second dose of mRNA-1273 (Lot# unknown). Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.
1033734	2/16/2021	KY	70	M	2/6/2021	2/13/2021	1st Vaccine 2/6/21; developed chest pain with SOA on exertion 2/13/21; Seen in ED 2/16/21 for worsening symptoms and admitted to hospital.
1032740	2/16/2021		20	M	1/20/2021	1/28/2021	Patient developed fever on day 8 post-vaccine followed by tachycardia, dyspnea and chest pain. Elevated troponin in the ER. ED echo confirmed pericarditis with likely myocarditis.

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1034332	2/16/2021	WA	69	F	1/27/2021	1/29/2021	Elevated Blood pressure outside of normal range at 220/110. Have gone to the ER three times due to Chest pain and severe elevated blood pressure. New medications started include Amlodipine, ASA, Rosastatin.
1033653	2/16/2021	MD	30	F	2/16/2021	2/16/2021	Blurry peripheral vision no weakness no airway or chest pain. Pt was able to be DC home with normal Neuro exam noted including visual fields
1034364	2/16/2021		21	M	2/9/2021	2/17/2021	Sent from clinic for L pneumothorax. Pt reports chest pain starting 14Feb2021, denies trauma.
1033673	2/16/2021	MN	90	M	2/16/2021	2/16/2021	About 45 minutes after vaccine resident reported feeling light headed. Pulse was elevated at 120. Administered PRN Benadryl per protocol. Resident drank Gatorade and ate some food. Reported chest pain 15 minutes later. Administered PRN nitro which relieved his chest pain significantly.
1034252	2/16/2021	NY	51	F	1/5/2021	2/16/2021	After 1st dose 1/6/21 at 6:10am I had severe chest pain, Went to ER . Had a cardiac cath that day and a stent placed in my LAD
1034158	2/16/2021	MT	77	M	2/2/2021	2/2/2021	Chills, headache, body aches, oral mucous membrane burning, runny and stuffy nose, feet "hot", cough, chest pain, difficulty breathing, crampy abdominal pain, rash - Henoch-Schonlien purpura purpura and petechiae, edema, proteinuria, hematuria, decreased appetite, dizziness
1034154	2/16/2021	CO	63	F	2/3/2021	2/4/2021	My body was stiff and sore all over, for about 3 days ran fever 100.7 couldnt go to work 24 hours , and chest pains for 5 days and unable to lay on side while sleeping chest was enflamed, shortness of breath
1034104	2/16/2021	CO	59	M	1/7/2021	1/8/2021	Nausea, vomiting, increased heart rate (217bpm at time of paramedics arrival), crushing chest pain, massive headache, and fever. Hospital gave me fluids, took blood test, EKG, and x-rays then sent me home. Increased heart rate lasted approximately one week. Headache lasted two weeks.

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1034090	2/16/2021	CO	87	M	2/4/2021	2/15/2021	presents to the ED with Chief Complaint: CHEST PAIN. It is described as pressure and it is described as located in the central chest area. This started 0500. No nausea, vomiting or diaphoresis. Patient states he awoke in morning with feeling that he had palpitations as well as central subtle chest pressure. He has had difficulty breathing and state CP seems to be worse with deep breath. IN ED Vitals were (Temp: 98.8 F. BP: 150/98. MAP: 115. HR: 166. O2 saturation: 85% on RA) and Initial HR was concerning for A-Fib with RVR, HR 166, was given IV Dilt 20 mg IV with excellent response and F/U HR was in 80s and was transitioned to PO Dilt (30 mg Q8) and was started on new anticoagulation for a-fib.
1033911	2/16/2021	AZ	48	F	2/15/2021	2/15/2021	Tiredness began upon return home from shot location. Severe bone pain in right hip, thigh, knee, both shoulders, chest pain when taking a deep breath and headache began approximately 15 hours after injection and continue at 3pm on Tuesday the 16th of February. Just not the "happy camper, I usually am. :(
1033887	2/16/2021	MI	65	F	2/15/2021	2/15/2021	Had chest pain, difficulty breathing approximately 30 minutes after shot. Also sharp pain left forehead. Lasting approximately 15-20 minutes.
1033876	2/16/2021	MO	70	M	2/12/2021	2/12/2021	EMS reported around 3:30 pm, patient started not feeling right. He had some tingling sensation in his left arm. Per family patient had slurred speech was not acting right. He did slide out of the chair he was sitting in. He was ambulatory on scene. Symptoms lasted approximately 5 minutes and then gradually resolved. Upon arrival to the emergency department symptoms had significantly improved. Patient reports he is feeling a lot better. Patient did receive his second covid vaccination 2 hours prior to arrival. His never had a stroke in the past. Patient was otherwise feeling at baseline earlier today. No chest pain shortness breath nausea vomiting diarrhea comes patient fever chills headache.

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1033848	2/16/2021	MD	27	F	2/12/2021	2/16/2021	Within 15 minutes of receiving the vaccine, I was dizzy, nauseous, and elevated BP (140?s/90?s). After about 30 minutes, these symptoms subsided. At 1:30 AM on 2/13, I woke from sleep with severe epigastric pain, chest pain, and pain between my shoulder blades. My arm (where I received the vaccine) was throbbing and I had severe under arm pain on the same side. Symptoms lessened with 2 extra strength Tums, 500 mg Tylenol, and 30 mL of Pepto, but were still present. I was able to sleep, I woke up later in the morning with these persistent symptoms, as well as fatigue. All of these symptoms continued for 24h. On 2/14, I had lessened arm pain and fatigue but continued to have epigastric/chest/back pain. I was seen at the urgent care near me and my physical was normal, they indicated that the chest symptoms were likely from epigastric pain since I was not having shortness of breath. I?ve continued to have these seemingly random chest pains and back pains, they?re very intense throbbing sharp pains in my chest and back that do not always coincide with exercise or stress.
1033835	2/16/2021	CO	63	F	2/3/2021	2/4/2021	Chest pain and burning in the chest and lungs, body aches, diffuse joint pain, and body stiffness
1033794	2/16/2021	CA	52	M	1/21/2021	1/27/2021	From OHS: Lymph nodes, pain in shoulder, lumps in groin area, is not sure if it is related. Noticed these symptoms since the injection. Did have a fever after the vaccine. Second dose was almost 2 weeks prior. Patient received #2 1/21. Had fever, fatigue, HA x24-48 hours post vaccine that have resolved. Localized injection site pain and induration L deltoid have decreased. PMH: R rotator cuff tear with surgical repair 2/2020. Since 1/27, c/o severe pain in R shoulder radiating to right neck w/ possible muscle spasms. Patient feels pain is localized to the trapezius muscle. Denies numbness, tingling, weakness in RUE. Patient spoke w/ PCP yesterday and was prescribed Flexeril. Patient has taken Flexeril without relief of pain. PCP rec MRI if no resolution of R shoulder symptoms. Patient has appt with Ortho surgeon 2/9. Rec patient f/u with PCP for medical management and try to get sooner appt with Ortho if possible. Denies f/c, chest pain, SOB, cough, fatigue, diarrhea, ansomnia, sinus congestion, rhinorrhea, sneezing.

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1033765	2/16/2021	WA	46	M	2/5/2021	2/9/2021	Chest pain, shortness of breath, LEFT arm pain
1034052	2/16/2021	PA	51	F	1/21/2021	1/21/2021	09:00 PM - every joint in my body hurt that evening. I had to leave work; I couldn't finish my eight hours. All my joints hurt - even my toe joints. I called my doctor. I had a fever. That went away in 2-3 days. Two weeks later or so- on February 5, I started feeling pretty bad. I started having chest pains. It progressed. No coughing. By the 10th, I ended up in ER. I thought I was having a heart attack - chest pain I was hospitalized. I am still dealing with that issue. I received morphine I'm diagnosed with Pleurisy -like virus - the lining of chest wall can become inflamed and when I breathe in and out it causes severe pain. Tachycardia - fast heart rate. I'm on anti-inflammatory - Naproxen - 500 mg twice a day and I'm already improving. I saw a cardiac dr today - he says my heart seems fine. I still have a fast heart rate. Pleural Rubbing - he could hear it on my chest wall. I had a positive antibody test - COVID -on January 20th. I'm recovering but I am not recovered.
1030321	2/15/2021	IA	53	F	12/18/2020	12/18/2020	Pfizer-BioNTech COVID-19 Vaccine Employee complained of feeling hot, tongue felt swollen, and weak. Patient was taken to Clinic for evaluation at onset of symptoms, approx 12 minutes after distributing vaccine. At Clinic, patient states her symptoms have improved. She states she thinks she got a little anxious and feels comfortable driving home at this time. Patient denies oral/throat/tongue/lip edema. No headache, vision changes, difficulty swallowing, difficulty handling oral secretions, chest pain, palpitations, shortness of breath, nausea/vomiting. No pruritus. Patient is sitting comfortably in the chair and drinking water without difficulty. Discussed ED precautions. Patient verbalized understanding. Advised patient to follow up with her PCP to discuss the second dose of the covid vaccine. Patient agreed to the plan. Patient ambulated out of clinic without difficulty. 1/1/21: Pt received 2nd dose of vaccine. Experienced some dizziness and slightly high BP. Both symptoms resolved within 30 minutes and patient was discharged home.

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1031684	2/15/2021	KS	38	M	2/9/2021	2/9/2021	<p>Subjective; Patient is a 38 yo male who was seen at COVID Vaccine Clinic today for his second dose of the COVID 19 vaccination. He was given the Moderna vaccination in the right deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience lightheadedness and diaphoresis, chest tightness that is reproducible by provider with palpation. He denied difficulty breathing, wheezing, throat tightness and dizziness. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to blood pressure abnormality , rapid progression of symptoms, respiratory distress and vomiting. During monitoring, patient complains of shortness of breath and chest tightness. SpO2 100% room air, blood pressure elevated at 152/104 at 0840, 147/112 at 0900. Patient is alert and oriented. O2 per NC placed at 0900, SpO2 at 100%. Patient was able to eat and drink during monitoring. Blood glucose is 107. BP at 0910 150/93. He is not on any prescribed medications. He denies past medical history. Patient to go to ER for further evaluation of chest pain. ALLERGY REVIEW OF SYSTEMS: Patient complains of chills, chest tightness and shortness of breath Pain behind both eyes: Pt once in bed, reported worsening chest tightness/sob. stabilized symptoms during his stay.: Nausea: lightheadedness: Previous Reactions: First dose of Moderna with headache, nausea, fatigue x 2 days. Objective Vitals Vitals: 02/09/21 0830 02/09/21 0842 BP: (!) 164/85 (!) 152/104 Pulse: 73 72 Temp: 98.8 °F (37.1 °C) SpO2: 100% Blood Sugar 107 collected at 0838 Physical Exam Eyes: Extraocular Movements: Extraocular movements intact. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Comments: Hyperventilating at times. Chest: Chest wall: Tenderness present. Abdominal: Comments: Periods of belching Musculoskeletal: Right lower leg: No edema. Left lower leg: No edema. Neurological: General: No focal deficit present. Mental Status: He is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood</p>

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and Affect: Mood is anxious. Speech: Speech normal. Thought Content: Thought content normal. Cognition and Memory: Cognition normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water, snacks and Pepcid, Tylenol Follow up response to treatment: good. Patient discharge: Transported to ED by ambulance. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) Patient transported to ED. ER notified of patient's coming.

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1030018	2/15/2021	MA	20	M	12/29/2020	1/26/2021	Myocarditis; Acute onset of chest pain; Soreness of the arm; A spontaneous report was received from a physician concerning a 20-year-old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced soreness of the arm, acute onset of chest pain, and myocarditis. The patient's medical history, as provided by the reporter, included asthma, and allergy to egg, peanut and tree nuts. Concomitant medications reported included dupilumab, montelukast, budesonide / formoterol, cetirizine, albuterol and epinephrine. On 29 Dec 2020, the patient received their first of two planned doses of mRNA-1273 (Lot number: 025J20A) intramuscularly for prophylaxis of COVID-19 infection. On 26 Jan 2021, prior to the onset of events, the patient received their second of two planned doses of mRNA-1273 (Lot number: 028L20A) intramuscularly in the left deltoid for prophylaxis of COVID-19 infection. On 26 Jan 2021, after receiving the second dose of the vaccine, the patient reported soreness of the arm for 3 to 4 days. On 30 Jan 2021, the patient presented to the hospital with acute onset of left sided chest pain. The physician reported that the patient developed myocarditis. Consent for Safety to follow up was received. Treatment for the events, as reported, included patient's concomitant medications of dupilumab, montelukast, budesonide / formoterol, cetirizine and albuterol. No additional treatment information was provided. Action taken with mRNA-1273 in response to the events was not reported. The event, soreness of the arm, was resolved on unknown date. The event acute onset of chest pain and myocarditis was not resolved at the time of this report.; Reporter's Comments: This case concerns a 20 year old male with medical history of multiple allergies, who was hospitalized with serious unexpected events of chest pain and myocarditis and a non-serious unexpected event of pain in extremity. The chest pain and myocarditis occurred 33 days after first dose and 4 days after last dose of mRNA-1273. Based on the current available information and temporal association between the use of mRNA-1273 and the start date of the events, a causal relationship cannot be excluded.

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1031620	2/15/2021	KY	22	F	2/8/2021	2/8/2021	Fever (highest- 102.5 F), dizziness, muscle aches/soreness, chills, fatigue, chest pain, shortness of breath, muscle weakness, night sweats, vomiting, fainting
1031005	2/15/2021	CA	29	F	2/14/2021	2/14/2021	Patient began feeling nauseous at 11:15, mild emesis. BP 124/75, p-73, No complaint of chest pain or shortness of breath, no difficulty swallowing. Patient transferred to observation hub and Epinephrine 0.3 mg given by paramedics. Vital signs monitored by paramedics and after 30 minutes, patient released to home with caregiver
1030942	2/15/2021		39	F	2/8/2021	2/9/2021	Red face and chest pain started on 2/9/2021. Resolved by 2/10/2021.
1030819	2/15/2021	DE	68	F	2/1/2021	2/15/2021	Patient received 1st dose of Pfizer COVID-19 Vaccine around 3:30 pm on February 13th and was asked to wait 30 minutes for observation due to previous history of anaphylaxis to peanuts and latex. Around 3:43pm patient stated she felt dizzy and light headed and appeared flushed. Her blood pressure taken at the onset of symptoms was 146/72 and patient stated she had chest pain (7/10 on pain scale). She stated she felt the same way when she had previous anaphylaxis so an epipen was administered and 911 was called. About 10 minutes later there was no improvement so a 2nd epipen was administered and she left with EMT. We have been unable to reach for follow up.
1030801	2/15/2021		89	F	1/27/2021	1/27/2021	1335 - Pt arrived to observation feeling dizzy and not well. MD called, no answer. BP 210/109 1336 pt reported chest pain and 911 called. 1345 - care transferred to 911 and transferred to ED.
1030682	2/15/2021	VA	39	F	2/13/2021	2/14/2021	at 4:00 am on 2/14 (14 hours after shot)woke up to injection sight rash 3 inch wide, swollen and red fast heart rate 184 , chest pain and fast breathing was addmitted to hospital hospital didn't mention vaccine on the hospital visit i have no heart issues prior to this.

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1030551	2/15/2021	AL	85	M	1/25/2021	2/7/2021	No adverse effects for the first two weeks. The morning of 2/7/21 he claimed he was not able to sleep the night before. He was cold, but only wanted something cold to drink. He was not able to get through his normal morning routine. By 8 am we was beginning to get confused and weaker. By 9 am he vomited and was not able to stand up or walk. The confusion was increasing. We called 911. When they arrived he had chills and was agitated. He did not have a fever at that time. He was transported to the emergency room. We were not able to accompany him there, but were told he was confused, agitated and combatant. His fever was up to 101 degrees. The started him on antibiotics and began tests. He tested negative for COVID and the flu. By that evening they diagnosed him with viral meningitis and admitted him to the hospital. The next day we were told that they had ruled out viral meningitis as well as other infections. The infectious disease doctor said that all tests had come back negative, but they were continuing to give him antibiotics. A neurologist and cardiologist were called in and they were not able to find anything either. He did complain of chest pains, but it was determined that it might be heart burn. They did see a sign of Afib, but test were not conclusive. On Friday, Feb. 12th he was sent home with antibiotics and heart medicines. The confusion has improved, but he is very weak and not mobile without assistance.

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1030129	2/15/2021	AL	57	F	1/20/2021	1/1/2021	<p>Nerve Damage Symptoms; its achy all on the left side; shoulder pain; Being lower back pain; the pain in shoulder went to the arms, back across to the front of the chest; dull aching pain; she didn't sleep; groggy; The pain in shoulder went to the arms, back across to the front of the chest; This is a spontaneous report from a contactable consumer (patient). A 57-year old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE lot number EK9231) (at the age of 57-years-old), via an unspecified route of administration on 20Jan2021 as a single dose for covid-19 immunization. The facility where COVID-19 vaccine was administered was at a hospital and anatomically located on the left arm. The patient medical history included acid reflux She has been good for last 2 months. She was on Pepcid but not anymore; uterine polyp removal in 2019 (reported as 2 years ago) polyps removed from uterine wall, it was done outpatient but they still put her to sleep, but it had took her 2 weeks to get over the reaction of being put to sleep, it was the anesthesia, it wasn't pain, but she was very tired and groggy after. She does not know the name of the Anesthesia or have any Lot or Expiry; receives flu shot every year with no issue. The patient was not taking any concomitant medications. She has had No positive antibody or Covid test prior to the vaccine. She took the first shot last Wednesday 20Jan2021, she had a weird, not the usual reactions like she had read about. She even went to the Nurse Practitioner yesterday because of it. She was told she has nerve damage from the shot and a high immune response to the shot, which is a good thing, but her question is does she take the second shot. The nerve damage started at 10 o'clock that night causing shoulder pain, back pain, being lower back pain, because of it she didn't sleep, only 3 hour Thursday night. She's a teacher and even had to miss school on Friday. It is just a constant dull aching pain. She was groggy. Some symptoms were typical. She never ran a fever, the pain in shoulder went to the arms, back across to the front of the chest, she can follow with the hand here, its achy all on the left side. She went to the Nurse Practitioner and she said it sounds like nerve damage. The NP did not do any test, she really just left the office hoping that it would resolve on its own. Caller states that this is not going away. She actually read to not even</p>

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1030388	2/15/2021	OH	32	F	1/16/2021	1/16/2021	take Tylenol or Advil 2 days prior as it can lessen the effectiveness of the vaccine. That's why she didn't take Tylenol till Friday Afternoon on 22Jan2021. She toughed it out for 2 days. The doctor told her she can take Advil right now. The clinical outcome of the event: Low Back pain recovered; event Nerve damage was recovering; events achy all on the left side, Dull aching pain, shoulder pain, chest pain, Pain in arm, she didn't sleep, groggy unknown. She is scheduled for the second dose on 10Feb2021.
1030241	2/15/2021	NJ	62	F	1/27/2021	1/30/2021	1/16/21 Once i left the site i started out with a headache that was on and off all day. 9pm at night i had extreme chills and felt like heart was racing. 1/17/21 @12am I had a headache, Heart Racing 130's to 150's checked with pulse OX at home, Chest Pain, SOB, Wheezing, Weak on Left side of the body felt like a flimsy fish, 102.0 Fever, Body Aches, Chills. Felt like i was Dieing.
							1/30/21 at 1pm developed lower lip swelling, progressed down chin to L cheek, no shortness of breath or chest pain Following day extremely tired Started on prednisone x 5 days with Pepcid. Symptoms totally resolved after 2 days

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1031810	2/15/2021	KS	74	F	2/9/2021	2/9/2021	<p>Subjective Patient is a 74 y.o. female who was seen at Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience throat tightness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, hoarseness, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. Pt with hx of htn/a-fib, allergies and asthma. She has taken her allergy medications today along with her htn med. She reports she usually checks her home bp and runs around 140s systolic. She states her bp is up today as she is anxious. ALLERGY REVIEW OF SYSTEMS: Patient denies chills, fever, malaise/fatigue, facial swelling, sore throat, frequent throat clearing, cough, chest tightness, shortness of breath, wheezing, rash, hives, itching of skin, dizziness and headaches. Negative for drooling: No vision changes: Previous Reactions: denies prior reactions. Objective Vitals Vitals: 02/09/21 1153 02/09/21 1156 02/09/21 1159 02/09/21 1200 BP: (!) 154/138 (!) 219/73 (!) 203/71 BP Location: Right arm Left arm Pulse: 74 73 72 70 SpO2: 100% 99% 98% 98% Physical Exam Vitals signs and nursing note reviewed. Constitutional: General: She is not in acute distress. Appearance: Normal appearance. HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. No murmur. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing or rales. Chest: Chest wall: No tenderness. Musculoskeletal: Right lower leg: No edema. Left lower leg: No edema. Skin: General:</p>

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							<p>Skin is warm. Coloration: Skin is not pale. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: antihistamines Follow up response to treatment: fair. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Red flag symptoms (CP, SOB, NVD, Visual/Neuro concerns) HTN: pt reports she will monitor at home. She states that she gets like this prior to doctor appointments or visits. She feels well and wishes to go home. Discussed reasons to follow up with pcp, monitor bp at home. Follow up in ED if throat symptoms worsens or do not improve. Pt offered wc out to front door. Pt with husband.</p>
1030448	2/15/2021		75	F	2/14/2021	2/14/2021	<p>Patient called. She stated she had vaccine yesterday and last evening started to get the chills. She stated she has a temperature of 100.8 this morning and headache. She asked what medication she could take. RN stated she can take Acetaminophen or Ibuprofen. She asked if she could take Acetaminophen and RN stated yes. She stated she heard if her temperature does not go down in three hours she can take another dose. RN stated do not do that and to follow the directions on the bottle. Reviewed increasing hydration, monitoring temperature. RN advised to call her provider if her fever does not go down or if increases. RN reviewed to call 911 if any SOB or chest pain. She stated understanding.</p>
1032074	2/15/2021		38	M	2/9/2021	2/10/2021	<p>flu symptom for covid shot. patient reports sore throat, chills, fatigue after receiving 2nd COVID shot yesterday. denies any fever. states took 400mg motrin around noon. CC: malaise and arthralgias following COVID vaccination HPI: 38yo M presenting to ED for evaluation of malaise and arthralgias following second COVID vaccine 24h ago. He has no dyspnea, no chest pain, no subjective focal neurologic deficits.</p>
1031829	2/15/2021	NY	46	F	2/15/2021	2/15/2021	<p>Patient flushed, tachycardia, elevated BP, headache, nausea, vomiting, chest pain</p>

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1031647	2/15/2021		52	F	2/4/2021	2/4/2021	Patient feels that her throat is closing started today after receiving 2nd dose of covid vaccine She was given Benadryl 50 mg po before coming to urgent care She received first dose of Pfizer vaccine and 12/22/2020 and had same side effects Denies chest pain, shortness of breath, rash States she was given steroid injection and Ativan last time which helped
1032606	2/15/2021	CA	60	F	1/29/2021	1/30/2021	Sore arm at injection site. Itchy throat and itchy body. Extreme Fatigue. Heavy and fast heartbeat with severe pressure and chest pain. Ongoing muscle and joint pain that moves from location to location. Redness on chest and facial - cheeks.
1032335	2/15/2021	CA	72	F	2/15/2021	2/15/2021	Pt reports feeling "dizzy." Denies SOB, chest pain, palpitations, no blurred vision, denies nausea, states, "feel more lightheaded than dizzy." Skin pink warm dry, speaks in clear complete sentences, no redness or swelling to the injection site. No allergic reaction noted. Hx of vertigo, trigeminal neuroma. H- No facial drooping, no deformity noted. E- Pupils equal, denies blurred vision. E- Denies hearing problems or deficit. N-WDL. T- No deviation, no swelling, able to swallow secretions. Lungs CTA. Heart rate, WDL, denies palpitations. Vitals WNLs.
1032308	2/15/2021	MN	26	F	2/12/2021	2/13/2021	Chills- night of vaccine all the way through the next day 2/13 Muscle aches & exhaustion- 2/13/21 lasted all day for one day. Required extra sleep + acetaminophen & ibuprofen Hives- Woke up 2/14 will small itchy patches all over the body (shoulders, back, stomach, legs, hands, feet). Took benadryl for treatment. Still itching all day 2/15/21 Sharp chest pain 2/14. Pain started halfway through the day and throughout the night. OTC pain medication had no effect. Disappeared after sleeping and waking up on Monday 2/15 Swollen lymph node in the left armpit (vaccine arm)- slight pain/tenderness. Started 2/14 in the morning. Still slightly tender as of end of the day 2/15

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1032218	2/15/2021	MT	66	F	2/11/2021	2/11/2021	Vaccine (2nd dose) was give around 11:00 am on 2/11/2021. Around 9:30 that night I started to feel achy all over. Around 2:30 am I woke up with the severe chills and could not stop shaking. Fever of 100.7. I had severe headache, dizziness, n/v, severe joint and muscle pain. I had severe ear aches, my jaw and teeth even hurt. I started having left chest pain. My husband took me to ER (Billings, Montana). Chest x-Rays, EKG, and blood work were done. Everything checked out normal. I was released to go home. The symptoms were much worse than from the first covid shot and I thought the reaction from the first shot were horrible. I slept most of the day. Around 10 am on 2/13/2021 I felt better. I will never have that vaccine again!!
1032071	2/15/2021	ID	71	M	2/12/2021	2/13/2021	Chills, headache, nightmares, chest pressure, chest pain, heart pain
1032067	2/15/2021		24	M	2/9/2021	2/10/2021	diarrhea,bodyache,chills. Pt reports loose stools starting 2100 last night, every 30 minutes, denies blood/mucus/pus. Pt received COVAX dose two yesterday. CC: diarrhea, abdominal cramping HPI: 24yo AD M presenting to ED with 1 day of the above symptoms. Pt received dose #2 of COVax yesterday then began having multiple bouts of watery diarrhea. He has no focal abdominal pain, no emesis, is PO tolerant. He has no dyspnea, no chest pain, no URI/LRI symptoms, no subjective focal neurologic deficits.
1032062	2/15/2021	ME	26	M	2/10/2021	2/11/2021	After receiving the Moderna vaccine on 2/10/2021, traditionally expected symptoms developed on 2/11/2021 and 2/12/2021 including fatigue, fever, headache, and general achiness. On 2/12/2021 and into the morning of 2/13/2021 I developed a persistent aching chest pain - Saturday morning (2/13/2021) I went to convenient urgent care in for a quick once-over including vitals and an EKG. The EKG showed ST elevations, and I was taken via ambulance to the hospital emergency room. With blood lab value analysis and an echocardiogram performed, the hospitalist and cardiologist determined the diagnosis to be peri myocarditis. I was admitted to the hospital for 24 hours of observation and was released on 2/14/2021.

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1032061	2/15/2021		23	F	2/3/2021	2/3/2021	vaccine reaction. Patient received 2nd COVID vaccine x 1 week ago. Reports chest tightness and SOB x 1 week and dry cough x 1 day. Reports intermittent body aches and nausea. Denies fever and known contacts. CC: malaise, chest tightness, dyspnea with pleurisy HPI: 23yo F presenting to ED for evaluation of the above symptoms that have been constant since receiving her second COVID vaccine 7 days ago. The chest tightness has no palliating/provoking factors, no associated N/V or diaphoresis, no radiation of pain. She has no cough, no hemoptysis, no fever. There is no chest pain when supine. Pt states she has some chest discomfort with inspiration. She has no traditional risk factors for PE. She has no ACS risk factor
1032002	2/15/2021	IL	32	F	1/8/2021	1/8/2021	I had chest discomfort later that night. I have a 101.8 fever Saturday and bad chest pain. Went to ER and they found large lymph nodes and I had surgery to remove them. Currently awaiting results and will see surgeon tomorrow.
1031979	2/15/2021	NJ	77	F	2/13/2021	2/14/2021	Pt developed chest pain (EKG shows she is back in AFIB), upper abdominal pain, jaundice (labs pending), and possibly enlarged liver and spleen (feel enlarged on exam, US ordered). Symptoms began about 28 hours after administration.
1031936	2/15/2021	SD	41	F	2/6/2021	2/8/2021	Employee reported fever, body aches and arm rash post-vaccine administration, which lasted for about 48 hours. She was seen at the urgent care clinic due to spread of the rash into her forearm and development of sudden onset chest pain. X-rays and EKGs were negative, as per employee, and she was started on antibiotics.
1031931	2/15/2021	IN	36	M	2/12/2021	2/13/2021	Severe chills. Recurrent High grade fever, not responding much to ibuprofen and Acetaminophen. Mild chest pain Nasal congestion and post nasal drip
1032276	2/15/2021	MO	40	F	2/12/2021	2/12/2021	Chest pain, SOB.
1029346	2/14/2021	CT	50	F	2/12/2021	2/13/2021	Vertigo lasting several days, severe migraine type headache, Wheezing, coughing, slight chest pain.
1029000	2/14/2021	NJ	42	F	12/31/2020	12/31/2020	chest pain w/in 5 minutes of getting vaccine

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1028901	2/14/2021		39	F	2/14/2021	2/14/2021	chest pain lightheadedness. resolved after a few min
1028915	2/14/2021		38	M	2/14/2021	2/14/2021	felt chest pain and palpitations which pt described as similar to his reaction to promethazine
1028920	2/14/2021		62	F	2/14/2021	2/14/2021	chest pain , lightheaded and palpitations . felt flushed and dizzy about 1 min after vaccination. felt better after observatrion

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1029034	2/14/2021	WA	62	M	2/13/2021	2/13/2021	<p>a 62 y/o M who presents with concerns for an allergic reaction to the second dose of the Covid vaccine. According to him he got the vaccine around 8:45 AM. He has a history of anaphylactic type reactions with a swelling and urticaria in the past but has not had any symptoms in the last 5 years. He felt sudden onset pit in his stomach, tingling and warm sensations over his face and some chest tightness. He denies all the symptoms currently. He did get medications prior to arrival but states his symptoms were already getting better before he been given anything. He was given epinephrine as well as Benadryl beforehand. He denies any symptoms currently. Denies headache, change in vision, difficulty swallowing, lightheadedness or vertigo, chest pain, sore throat, wheezing, cough, nausea or vomiting, rash, falls or injuries. Denies any recent foreign travel or sick contacts. He did work a full shift yesterday and was coming off a 24-hour shift prior to getting his vaccination. He denies any significant reactions to the first vaccine.</p> <p>Medical Decision Making On initial presentation is an overall well-appearing 62-year-old male who has normal vital signs without fever or tachycardia. He is presenting with concern for allergic reaction of the field to a recent vaccination. The vaccine was given roughly 1 hour prior to arrival. He was given epinephrine intramuscularly as well as IV Benadryl. He states he is currently feeling mildly tired from the Benadryl. He denies any other recurrent symptomatology and feels better. Examination is not concerning for anaphylaxis at this time, no evidence of airway involvement or multisystem involvement. No evidence of local allergic reaction. Low clinical concern for occult infection, metabolic abnormality, ACS or arrhythmia for a cause of his symptoms. He is overall very well-appearing. Labs have been obtained as part of screening for reactions to the vaccination per CDC recommendations including a tryptase and C4 complement. They were drawn over an hour after the vaccine was administered. ECG was within normal limits. After observation patient remained asymptomatic. Did offer steroids, however he wanted to hold off on them as he just got his vaccination which seems appropriate at this time. He was sent home with a new EpiPen. We also gave him follow-up in the allergy clinic. He has any worsening symptoms we do recommend he use the EpiPen as well as call 911. He is</p>

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						understanding. At this point he stable for outpatient management. I did tell him he should expect to feel aches and potentially have inflammatory response to the vaccine, he is understanding of this. Pt was discharged home/self-care. Pt provided strict return precautions, including but not limited to, any worsening symptoms or any new concerning symptoms. Otherwise, Pt instructed to see PCP on an as needed basis.	
1029209	2/14/2021	FL	33	M	12/21/2020	12/26/2020	On 26DEC (5 days after first injection), he started experiencing pain and weakness in the Right deltoid radiating down to the fingertips . Within a week, started feeling similar symptoms in Left extremity. No shoulder/neck pain. Pain starts at the deltoid at the injection site and has caused stiffness, pain, and tightness of the upper extremities alone. Decreased grip b/l. Symptoms have persisted since (almost a month now) but did seem to resolve while on prednisone, but returned after cessation. No respiratory issues, chest pain, paresthesias, or lower extremity symptoms.
1029751	2/14/2021	WA	31	F	2/5/2021	2/8/2021	Awakened with L superolateral chest pain radiating to L inframammary region in anterior axillary line on post-vaccination day 3 (Moderna dose #2). Pt presented for care on post-vaccination day 4. Pleuritic chest pain, 4-5/10, accompanied by lightheadedness and dyspnea on exertion. Chest wall locally tender, but pt also on ocp and with positive D-dimer and mildly elevated BNP, so chest CT angio obtained to evaluate for PE. Symptoms ongoing at time of discharge but treated with OTC analgesics. ***Concern here is (as noted in CT read) raised by interpreting radiologist not just for this patient, but for women with chest wall adenopathy in addition to axillary lymphadenopathy may be difficult to distinguish from malignancy on screening mammography and may lead to increased numbers of biopsies following this screening study if done within a few weeks of COVID-19 vaccination.

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1029154	2/14/2021	PA	74	M	2/10/2021	2/10/2021	6 pm 2/10 I started experiencing severe chest pain. I went to the ER for the pain (no cardiac history). They did all the cardiac tests which were negative and administered morphine for the pain (not effective) and then fentanyl which was effective. I was admitted overnight and discharged at 2pm the following day (2/11). The attending cardiologist could find no explanation other than the vaccine. Although I felt fairly good in the morning (the pain had subsided after the fentanyl administration the previous night) I was tired and went to bed when I got home. Almost immediately severe chills started with violent shaking for several hours, followed by vomiting large amounts three or four times. About 7pm when I attempted to get out of bed to use the bathroom, I fell on the floor as I could not support myself. I was unable to get myself up due to extreme muscle weakness. My wife had to call my stepson to come over to help get me back into bed. A couple of hours later I tried to get out of bed very carefully and at that point I was able to stand with no problem. There then were no further symptoms other than headache. The following day (2/12) I felt much better but spent the day in bed. 2/13 I was up much of the day but still felt somewhat weak and tired. 2/14 (today) I am still much better but somewhat tired with slight malaise.

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1028236	2/13/2021	AZ	42	F	2/10/2021	2/11/2021	Received vaccine at 1:48pm at PODsite. Initially, no reaction. By following morning, 2/11, woke with sore arm, slightly stiff neck, and heart palpitations that persisted throughout the day. Had trouble sleeping as palpitations continued throughout the night and varied in degree from a flutter to a thump. No chest pain, no chest pressure and no breathing issues. By morning of 2/12, symptoms were still present and numbness in both arms from elbow to finger tips occurred. Called my healthcare nurse's line for advice to determine if I should see my doctor or go to ER. I was advised to visit the ER. Arrived at ER at approximately 12:56pm where I was immediately admitted and assigned to doctor. After my first 30-60 mins of observation, I was informed that my heart rate and blood pressure were high. I informed doctor that I have never had high blood pressure, so that is unusual. Was discharged around 4pm and instructed to submit an adverse reaction report and to see my general practitioner in 2 days. I was informed the following: no evidence of an acute cardiopulmonary process. Heart size and contours are normal.
1028392	2/13/2021	AR	55	F	1/4/2021	1/6/2021	Abdominal pain with no determined cause. Pain was severe and progressively got worse with nausea. Pain became severe and was also behind Left shoulder blade and chest pain.
1027720	2/13/2021	VA	34	F	2/12/2021	2/12/2021	Pfizer-BioNTech COVID-19 Vaccine EUA. Pain on injection site 2/12/2021 around 9:30pm Chills 2/12/2021 around 9:45pm still on and off 2/13/2021 it is 10:35am Mild Headache around 9:45pm Body aches 2/13/2021 still at 10:35am Tingling on feet for several minutes 2/13/2021 around 8:30am Tingling on left hand 2/13/2021 around 8:30am Fever (102) 2/13/2021 noticed when wake up at 7am feeling better now at 10:39am temperature now is 98.8. A very mild chest pain on left side it was sharp last for 10 minutes 2/13/2021 around 10am Back pain on base of left lung for around 1 hour 2/13/2021 8:30am Tiredness 2/12/2021 around 8:30pm, still happening at 10:42am on 2/13/2021
1027886	2/13/2021	KY	25	M	2/11/2021	2/12/2021	Night sweats, diffuse abdominal pain, left sided chest pain, and headache

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1027894	2/13/2021	IL	64	F	2/6/2021	2/6/2021	During the first 10 minutes of shot, while in the store, I got a mild chest pressure. Did not think anything of it at first. Thought might have been heartburn or nerve. However, it persisted along with periods of mild and sometimes a bit more moderate chest pain for about the next 8 hours but never got sever. Around 11:30 p.m., I decided to lay down and if not gone in a couple of hours, I would go to E.R. I feel asleep and when I woke around 2:00 a.m., the discomfort was gone. The next day I looked on internet because flyer given did not say anything about chest pressure and pain, just difficulty breathing, but I found a site that listed "persistent chest pain and pressure" as an adverse reaction. I am now wondering if this was considered an adverse reaction and if I need to be concerned for the next dosage. I have left a message for my physician, and plan to call pharmacy today. I want to get the next dose for protection but now I am nervous. Can you advise? I have listed my cell number, or please contact via email. I am so confused as to what to do. Thank you.
1028003	2/13/2021	FL	62	F	2/10/2021	2/10/2021	Chest Pains, sent to ER
1028048	2/13/2021	AZ	81	M	2/13/2021	2/13/2021	1030-pt reported to staff that he was feeling a tightness in his throat. Pt reports that he dose have an allergy to bee stings. Pt was taken to the triage area for monitoring. Initial vital signs are HR 58 B/P 172/70 spO2 100% without oxygen supplementation. Pt denies having chest pain or shortness of breath. 1038-updated vital signs: HR 56 blood pressure 153/76, SpO2 100% on room air. After observation period pt declined transportation to the ED. Pt was advised to call 911 for any concerning symptoms. At the time pt left the observation area with his wife. Pt states that his symptoms were improved. Total time in triage area was 15 minutes for a total observation time of 30 minutes.

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1028104	2/13/2021	NY	31	F	2/11/2021	2/11/2021	At approximately 8pm began feeling slightly nauseated. Tried going to sleep. Had some heart palpitations and what felt like acid reflux/chest pains. Slight headache before bed. Took some Tums before going to sleep. at around 10:00 began vomiting horribly. Nausea went away slightly, but returned around 12am. Started vomiting again at 12am and also 2am. Started feeling severe flu like symptoms, severe body aches (especially in legs). Tried taking Tylenol at around 12, but believe it was out of my system once I vomited at 2am. Did not sleep - every time I moved I felt nauseous. Also heart pounding, stomach pain, body aches kept me awake all night. Took Tylenol again at around 7am. Severe body aches kept me in bed all day. Diarrhea. Severe head ache also gave me sensitivity to sounds and lights throughout the day. Took Tylenol again at around 2pm. Started feeling somewhat better around 7pm on Friday 2/12. Sat 2/13 felt extremely tired and no energy. Have some lingering diarrhea.
1028167	2/13/2021		52	F	12/22/2020	12/22/2020	Patient received the Pfizer COVID immunization today, About 3 hours ago. About 15 minutes after the administration of the vaccine patient stated she developed mottling of the skin, paresthesias as well as palpitations and throat tightness. Was given 25 mg oral Benadryl after initially experiencing the symptoms. Subsequently 1 hour later was given another 25 mg of oral Benadryl because symptoms remain. Was subsequently transferred here to Urgent Care about 30 minutes ago. Patient stated that her symptoms remained of throat tightness however the palpitations and paresthesias as well as skin mottling resolved. Denies any rash at any point. Denies any swelling of the face, mouth, lips or body. Denies any shortness of breath or chest pain.

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1028210	2/13/2021	SC	44	F	2/13/2021	2/13/2021	Pt developed left sided chest pain at 2:50 immediately after being given first dose of covid vaccine . No radiation to neck or jaw. Pt denies any cardiac hx. Pt denied nausea or prb breathing, HR=90, BP180/110, pulse ox =96%, unlabored resp. Pts neck and upper chest became red but no edema or facial redness. Ambulance was called. 2:55 PM -pt improved immed after 0.3 mg epi IM and 50 Mg benadryl injected with resolution of chest pain and rash. Repeat HR=79 and BP =120/72. Ambulance arrived at 3:00 and pt transported for evaluation of chest pain. Pt gave hx of allergies to cipro and levaquin with hx of hives
1027463	2/13/2021	CA	52	F	2/4/2021	2/8/2021	Severe generalized pain, stomach pain, chest pain with burning sensation during breathing. Back pain and ear pain, Start taking tylenol and ibuprofen, feels better
1028365	2/13/2021	CA	58	M	2/1/2021	2/12/2021	pain and rash at injection site, bodyaches, chest pain, fatigue, joint pain.
1028454	2/13/2021	OH	45	F	1/25/2021	2/6/2021	10 days after second dose awoke at 11:30 at night with nausea then after a few minutes began to itch and break out into hives then proceeded to get chest pressure and unable to breath until I passed out. Husband able to revive me 3 times until 911 came then went to urgent care Nausea with vomiting and chest pain, back pain, heart burn, and urinal incontinence. Sent to MC for NSTEMI work up of echo and cardiac stress test. Cardiologist said NSTEMI from low oxygen and hypotension.
1028465	2/13/2021	TX	77	F	2/13/2021	2/13/2021	c/o dizziness Patient disoriented to name and year for about 3min when medical and EMS arrived. Mental status back to normal after 3min. Reports anxiety, denies chest pain, SOB, palpitation, dizziness, headache. BP: 117/65 (sitting), 147/71 (standing) HR: 94 SpO2: 98% No acute distress, seen and cleared by EMS
1028519	2/13/2021	NY	22	F	2/11/2021	2/12/2021	Fever, chills, muscular pain, chest pain, shaking, paralyzed, vomiting
1028548	2/13/2021	CA	68	M	1/27/2021	2/9/2021	Temperature, dizziness/disorientation, aches, chest pain starting day 14 and continuing at day 18.

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1028658	2/13/2021	MI	43	F	1/27/2021	1/27/2021	chest pain in the center of my chest, and tightness in my chest following my second shot. Lasted approximately an hour. Only lessened by laying down. I've never had this kind of pain/discomfort before, so I attribute it to the shot. I considered going to the ER. Other than the chest pain, the only other reaction I had following the second shot was sore arm.
1028686	2/13/2021	CA	38	F	2/11/2021	2/11/2021	Lethargy, diarrhea, nausea, all over body aches, intense throbbing headache, temperature ranging from 101-104 lasting 24 hours, dull chest pain.
1031031	2/13/2021		72	M	2/7/2021		chest pain Narrative: Patient received dose #1 of Pfizer COVID vaccine at vaccination site on 2/7/21 and subsequently presented same-day to Hospital with complaints of chest pain, mild shortness of breath , weakness and headache. He tested +COVID on admission that same day.
1028318	2/13/2021	TX	29	F	2/10/2021	2/10/2021	Burning sensation in stomach, Chest pain, headache, dizzy/lightheaded, needle feeling in inner arm (the day of). Body soreness, fatigue, weak, chest pain, cough (day after). (On 2/13/21) still a headache with difficulty focusing vision, chest pains, shortness of breathe.
1028254	2/13/2021	CA	68	F	2/13/2021	2/13/2021	Chest Pain 10 minutes after vaccine administered. Had previous history of anaphylaxis to penicillin . Transported to Medical Center via ambulance

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1026276	2/12/2021	IL	75	M	2/1/2021	2/2/2021	<p>COVID-19 Vaccine Adverse Reaction: 75-year-old male with a past medical history of CAD status post CABG, hypertension, diverticular rupture s/p colectomy and rotator cuff tear s/p repair and re injury of his shoulder, he is not able to raise his shoulder above his head at baseline. Patient presents to ED complaining of right shoulder pain and swelling. He received a COVID vaccine on 02/02/2021 after which he developed mild fatigue and chills the day after and pain in his right shoulder. Swelling of his right shoulder has gotten progressively worse. He was seen by an APN 3 days ago and she recommended follow-up if he gets worse. Overnight he became more swollen and warm to palpation and that when he decided to come to the ED. Denies fever, chills, night sweats, no chest pain no dizziness or lightheadedness, no numbness or tingling sensation. No current facility-administered medications for this encounter. Musculoskeletal: General: Swelling present. No tenderness or edema. Cervical back: Normal range of motion and neck supple. No rigidity or tenderness. Comments: Right shoulder, decreased range of motion but that is his baseline from past injuries to his rotator cuff muscles, fluid collection palpated in the right shoulder, fluctuating, not warm not tender to palpation. Small amount of erythema noted around his previous injection site. Adverse reaction to vaccine, sequela</p> <p>Diagnosis management comments: 75-year-old male with past medical history of CAD status post CABG, hypertension, diverticular rupture s/p colectomy and rotator cuff tear s/p repair and re injury of his shoulder, he is not able to raise his shoulder above his head at baseline. Patient presents to ED complaining of right shoulder pain and swelling after receiving a Covid vaccination. Denies fever, chills, night sweats, no chest pain no dizziness or lightheadedness, no numbness or tingling sensation. X-ray of the right shoulder was obtained, showing chronic degenerative disease changes and a previous rotator cuff repair. Patient had no physical exam findings concerning for a septic arthritis, as he had no pain to his shoulder joint. Procalcitonin was wnl. Decision was made to start patient on an empiric course of antibiotics for a possible overlying cellulitis given the erythema to his skin. Patient sent home with pain medications and ice cold packs and he was instructed to come back if he has any red flags. He will have an</p>

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1026170	2/12/2021	OH	71	M	2/8/2021	2/8/2021	appointment with his PCP to decide where is he going to receive his next dose of moderna COVID vaccine.
1026179	2/12/2021	TX	66	M	1/31/2021	2/8/2021	Shortly after first Moderna injection, while driving home, developed shortness of breath and chest pain, was diagnosed with an MI per the hospital, abnormal EKG and enzymes, currently on ventilator and awaiting surgery for coronary bypass surgery. Hospitalized at the point of this input.
1026189	2/12/2021	NV	24	F	2/10/2021	2/11/2021	Sore left arm and felt bad a couple of days, then early this week my blood pressure spiked to 145/100 and has stayed in that range. It is accompanied by chest pain when I have any physical movement. If I walk across the room I have chest pain and caused the blood pressure to go up.
1026208	2/12/2021	CA	51	F	2/12/2021	2/12/2021	PT PRESENTS IN OFFICE FOR SKIN REACTION DUE TO COVID VACCINE. RASH IS ON LEFT ARM, AND IS WARM TO THE TOUCH. SHE HAS C/O HEADACHE, AND HAS TRIED TYLENOL OTC. WE ADMINISTERED DIPHENHYDRAMINE 50MG. PER PROVIDER PT SHOULD TAKE BENADRYL EVERY 6 HOURS AS NEEDED AND USE ICE ON AND OFF. PT SHOULD STAY HOME AND MONITOR SKIN REACTION AND ANY SYMPTOMS. IF SYMPTOMS GET WORSE OR SHE EXPERIENCES SOB, CHEST PAIN, FEVER, ARM NUMBNESS SHE IS TO GO TO THE ER IMMEDIATELY.
							Patient complained of lightheadedness and headache. Patient denies pain, blurred vision, difficulty breathing or chest pain. Initial vital signs at 0921: BP 136/92 P 71 R 22 O2 98% Temp 98.4F. Vital signs at 0951: BP 128/84 P 66 R 16 O2 97% Temp 98.4 F. Patient discharged from post vaccination area.

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1026212	2/12/2021	IL	65	M	1/20/2021	1/21/2021	<p>History Chief Complaint Patient presents with ? Elevated Blood Pressure ? Dizziness multiple times a day Patient who presents to the emergency department today for evaluation of hypertension, head pain, blurry vision, and neck pain. He states about 6 months ago he had open heart surgery. Since that time he states that he has been having intermittent episodes of blurry vision usually lasts a few minutes and resolve on their own. Today however, he notes that the blurry vision lasted for greater than 5 minutes and he started to become concerned. During that time he also began to experience some pain in his neck and a headache in the back of his head. He took his blood pressure at that time and noted that his systolic blood pressure was in the 190s. This alarmed him and so they called EMS. When EMS arrived they rechecked his blood pressure again and his systolic blood pressure was over 200. Upon arrival here to the ER he states that he is feeling much better and his blood pressure appears to be better as well. At this time he states he still having some right shoulder pain and a little bit of right-sided neck pain but he does state that he had his Covid vaccine yesterday in his right arm. Currently patient states he still has a little bit of a posterior headache but it is much improved. He denies any fevers, body aches, chills, cough, chest pain, shortness of breath, palpitations, lightheadedness, nausea, vomiting, abdominal pain, diarrhea, constipation, dysuria, hematuria, or swelling of the lower extremities. He has no known drug allergies. ? ED Course: I discussed physical exam finding with patient. Apparently most of his symptoms have already resolved at this time. His blood pressure is back down to 142/98. I still advise since he was having some weird blurry vision I would like to get a CBC, CMP, troponin, EKG, and a chest x-ray. Patient agreeable to this plan of care. We will also continue to monitor his blood pressure to ensure that it does not spike back up. Patient's work-up was unremarkable. His blood pressures down to 123/60 and states he is feeling much better. This point time it sounds like what happened was a hypertensive urgency. I advised him he needs to contact his PCP and schedule close follow-up discuss if anything further needs to be done. At this time though he is safe to be discharged home with strict return precautions. ED Course Procedures Clinical Impressions as of Jan 20 2235 Hypertensive urgency</p>

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							Plan: New Prescriptions No Prescriptions at Discharge. Disposition: Discharge
1026063	2/12/2021	CA	53	F	1/30/2021	2/7/2021	Went to hospital for shortness of breath and chest pain after 2nd shot. Nurse had advised me that previous patient had come in with same symptoms as well after vaccine. Drs found no results to cause issues
1026251	2/12/2021	NY	65	F	2/11/2021	2/11/2021	About 10 minutes after vaccine patient reported shew as dizzy and felt nauseous. Her blood pressure at the time was 104/60, hr 76 and regular, SPo2 was 98% on RA. she was assisted to lay down. Her blood pressure and vitals were checked again and were 90/60, HR 78, SPo2 95% on RA. She complained of chest pain. EMS was called. they arrived at about 145pm and transported her to Hospital per the patient's request. She remained conscious, alert and responsive through the episode.
1025300	2/12/2021	WI	75	M	2/1/2021	2/1/2021	75 year old M, worsening weakness for the past several weeks. Seems to have gotten worse since Monday when he had his first Covid vaccine here at the hospital. Denies any headaches or neck pain. No fevers or chills. No cough or shortness of breath. No abdominal pain. No vomiting or diarrhea. No black or bloody stools. No dizziness. Today he almost fell and the son had to catch him. He did not suffer any trauma. He offers no symptoms of pain. Here he is fully awake and alert. Nothing to clinically suspect a stroke. His vitals are stable. Chest x-ray shows nothing acute. Creatinine is better than baseline. Electrolytes are stable. Troponin reassuring. He had no chest pain or shortness of breath to suspect angina. Spoke to the wife via telephone, he is getting so weak that he was unable to walk. Paramedics report they had lift him as he could not take a step. He was unable to ambulate here in the emergency room. At this time it does not seem like I can safely discharge him home.
1026249	2/12/2021	LA	47	U	4/25/1973	2/12/2021	Hypertensive Crisis - BP @ 11:45 184/154. @ 11:50 it was 220/150 @ 12:00 pm it was 184/118 HR between 64-74 Chest pain - level 5 (felt like somebody was sitting on her chest). Numbness and tingling circumoral and down into airway (first complaint...then moved into other).
1025626	2/12/2021	VA	34	F	2/11/2021	2/11/2021	Elevated blood pressure (156/109) and chest pain.

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1025609	2/12/2021	TX	61	M	2/12/2021	2/12/2021	5 minutes after injection, patient started complaining of sever chest pressure, shortness of breath. EKG was done and EMS was called. Patient was transported to ED since he continues to exhibit shortness of breath and still complaining of chest pain/pressure.
1025489	2/12/2021	CT	84	F	2/6/2021	2/9/2021	Patient received 1st dose of vaccine on 2/6/21. That afternoon, developed malaise and fever/chills over the next few days. On the evening on 2/9/21, began to have left-sided chest pain (severe, pleuritic, radiating to left arm) leading her to seek medical care. Was determined to have viral pericarditis and admitted to the hospital for several days
1025448	2/12/2021	GA	41	F	2/4/2021	2/4/2021	2/4/21-chills, fever, abdominal pain, body aches, sore arm; 2/8/21-asthma flare up, chest pain and tightness, rash on legs, bruised injection site.
1025371	2/12/2021	IL	54	F	2/5/2021	2/7/2021	rash on legs bilaterally, arms bilaterally and back that began on Sunday (02/07/21). Pt had first round of COVID vaccine on Friday (02/05/21). Denies fever, chest pain or shortness of breath. States she has productive cough and headache that began on Monday (02/08/21). States she took benadryl this morning and zyrtec this afternoon with improvement of rash.
1025185	2/12/2021	NY	70	F	2/12/2021	2/12/2021	Patient felt dizzy, light-headed after receiving 1st dose of Pfizer vaccine. She attributed to early hour, her blood pressure and cold temperature. No chest pain, shortness of breath. Initial VS - BP: 168/110, p74, r22, O2 97%. Patient observed 30 min and dc VS - BP: 148/84, p76, r18, O2 97% with symptoms resolved.
1025153	2/12/2021	IN	41	F	1/29/2021	2/1/2021	1/29 headache 1/30 headache body aches fatigue 1/31 headache body aches fatigue and low grade fever 2/1 10 am chest pain heart palpitations headache and fatigue continued as well so I went to ER for cardiac work up all negative 2/2-2/5 symptoms the same with new onset of back pain...went to cardiologist he felt heart is fine but ordered echo and stress test for today 2/12 my symptoms improved not resolved since taking flexeril on 2/8. Today I still have the same headache chest pain back pain and palpitations. All of my tests have been normal so far this must be vaccine related and I?d like to speak with someone regarding this matter.

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1025021	2/12/2021		37	F	1/22/2021	2/3/2021	Pt is a 37y F with previous history of pericarditis diagnosed after an initial COVID infection SEP20 with a second occurrence NOV20. Pt subsequently received her first COVID Vaccine shot on 22JAN21 and reported to medical on 3FEB21 with mild chest pain and an EKG with changes demonstrating pericarditis and a US demonstrating trace effusion. Pt was minimally symptomatic but given her previous episodes was sent to the Role 3 for further evaluation. Her work up on 10FEB21 demonstrated resolution of EKG changes and effusion with normal cardiopulmonary work up. Given her history it has been recommended that she does not receive the second dose of the vaccination.
1026902	2/12/2021	PA	86	M	2/6/2021	2/10/2021	received 2-6-2021. on 2-10-2021 patient states red itchy rash on both feet and ankles. no swelling.no chest pain .no shortness of breath, no other body rash
1026278	2/12/2021	MA	78	F	2/12/2021	2/12/2021	Dizziness/lightheaded Palpitations Mild chest pain
1025392	2/12/2021	MA	75	M	2/2/2021	2/3/2021	Flu like symptoms after covid vaccination on 2/2/2021. Patient developed chills, headache, fatigue, body aches during HD. BP remained stable < 100 systolically which is relatively good for patient. He remains afebrile. He notes right arm discomfort and is cold with chills. He notes headache is generalized with no changes in vision, no dizziness, no numbness / paresthesias noted. He denies n/v/d/c, no dyspnea or chest pain, no sore throat. No loss of taste or smell. On 2/3/2021 at about 2pm patient developed fever, hypotension and tachycardia.Receved 1 liter of NS infusion. Team decided to transfer pt to OSH for further evaluation.
1026998	2/12/2021	IN	65	M	2/5/2021	2/6/2021	never symptoms of heart condition with no medication ,age 65, the day after shot, I had severe chest pains left side of chest. went to hospital and had 99% blockage widow maker and another blockage. 6 living sblings, no heart condition in family, neither parent with heart condition prior to mother at age 90. Not sure if its connected to vaccine, I would like to know others had same, hopefully help other people

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1026288	2/12/2021	AK	23	F	2/9/2021	2/10/2021	PT reports localized reaction started within a few hours, consisting of redness, swelling, and tenderness, at injection site. Within 12 hours after 2nd dose, PT reported increased HR (reports HR baseline of ~60 and noted it would go up to 150 with ADL's; denied chest pain), excessive fatigue/tiredness (slept 18 hours), chills with occasional rigors (improved sometime on 2/11/21, but reports occasional "hot flashes" continue through today), felt feverish (did not temp; temp on 2/12/21 at time of report 99.4 to 100.0), muscle/body aches (improving), dull frontal headaches (continues), and swollen tonsillar lymph nodes (no change)all s/s lasting through time of report. Injection site redness (LA) observed 2/12/21 at 0915 and remains
1027308	2/12/2021	CA	50	F	2/10/2021	2/11/2021	Chest pain, cramping, squeezing , sharp, unrelenting around the whole chest area, rib cage, almost felt short of breath, but still able to breath, tried to burp to relieve the pain but to no avail.Ibuprofen 800 mg helped resolve. After ibuprofen effect was gone, pain returned. Happened 2 times on 2/11 Today, 2/12 have rash in groin area, bilateral thigh area on both sides with redness and mild itch
1027246	2/12/2021	CO	41	F	2/12/2021	2/12/2021	Pt received vaccine at 3:14pm. She started having a reaction at 3:27pm and flagged the nurse down. She stated she was having a tachy cardia episode and hot flashes. We gave her some water and she took off her beanie and the provider on site was asked to come over. Provider came in and started asked her reaction question. Pt denied any itching, SOB, chest pain/tightness and throat swelling/closing. Pt did indicate her heart rate jumped on her fit bit, doctor asked for a set of vitals 180/100, 130 pulse and 97%. At this point we took patient back into exam room. The patient was given Epi and Benadryl 3:34p 911 called Vitals checked: 3:37 168/88, 132, 98% Pt was monitored until ambulance showed up. Pt was transferred to MCR

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1027025	2/12/2021	IL	46	F	2/11/2021	2/11/2021	After I received the shot, I went to the waiting area. While sitting down, I started to feel chest pain. Then, I felt dizzy. The dizziness lasted a very short period of time. Nevertheless, the chest pain lasted for about 30 to 40 minutes. The pain did decrease over that period of time to the point where it just felt like heartburn. About 20 to 30 minutes and while still having a little chest pain, I began to feel a tingling sensation with pain on my right hand. The tingling sensation did not last long, but the pain lasted for about 15 minutes. I did share my symptoms closer to 30 minutes after experiencing them because I thought they were typical side effects. After I got home, I still felt heartburn and pain in my left arm where I received the shot. At around 8 p.m., I remembered that I still had the bandaid that was put on my arm. I took it off in the dark. But, I decided to turn on the light because my arm still hurt. This is when I saw a huge, red, oval-shaped rash on the area where I got the shot. Again, it hurt but did not itch. The next day (today), I called my doctor. He said I got a local reaction and it would be okay as long as it did not increase. To my knowledge, it did not increase. I did take pictures of my rash today. I did not take any additional action since this is the only side effect that has remained. And, my doctor said that I would be okay.
1026966	2/12/2021	PA	73	F	2/12/2021	2/12/2021	Chest pain radiating to arm pits, shortness of breath, fast heart rate, fainting, loss of vision
1026952	2/12/2021	KY	73	M	1/30/2021	2/7/2021	1st dose COVID vaccine 1/30/21; developed shortness of breath 2/7/21; worsening symptoms SOA, falls, chest pain; seen in ED on 2/12/21; Admitted to Hospital for severe sepsis, acute respirator failure.
1026951	2/12/2021	IN	73	M	2/10/2021	2/10/2021	Headache, back ache, chest pain, hurt all over, chills, felt like the first day I had Covid 19
1026820	2/12/2021	OH	43	F	2/12/2021	2/12/2021	Patient was dizzy, lightheaded, warm all over, and had chest pain. EMS was called. BP was 100/60, HR 136, RR 25, temp increased to 99.5 F. She was observed for 15-20 minutes by EMS. She then left on her own and was not taken by the EMS.

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1026896	2/12/2021	AZ	79	M	2/4/2021	2/9/2021	5 days after vaccine given , patients started having chills for very short time twice, some chest pain, extreme fatigue , loss of equilibrium
1026333	2/12/2021	AZ	76	M	1/24/2021	1/24/2021	Chest pain elevated Troponin 112 T EKG Cardio Cath No sign of damage Diagnosis Cardiovascular Spasms
1026742	2/12/2021	NC	69	F	1/22/2021	1/25/2021	Chest pain, nausea, chills, aches
1026738	2/12/2021	MI	86	F	2/12/2021	2/12/2021	FEMALE COMPLAINING OF CHEST PAIN AND TIGHTNESS IN CHEST 10 MINUTES AFTER VACCINATION. ONSITE EMS WAS REQUESTED. SYMPTOMS SUBSIDED AND PATIENT WAS RELEASE BP 169/75 HR 68 OX 100% ON ROOM AIR PATIENT STATES NO PRIOR ADVERSE REACTIONS TO VACCINES. SHE HAD THE INFLUENZA VACCINE ABOUT A MONTH AGO,
1026681	2/12/2021	IA	32	F	2/12/2021	2/12/2021	9 minutes after receiving 1st dose of vaccine, client states "I feel different than I did before the shot". When asked to explain, client reports headache, dizziness, chilled and face and neck were visibly flushed and warm. VS were taken. Client was 98-99% on RA with no respiratory distress. HR was elevated at 110. Denied chest pain. Blood pressure was initially 130's/80's. Client was assisted to sit to lie down and reports less dizziness at that point. HR did return to 70-80's and blood pressure to 120's/70's. Client continued to denies issues with breathing or chest pain. Due to continued weakness, headache and dizziness, client was taken to ER at Hospital for evaluation

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1026588	2/12/2021	OK	70	F	2/12/2021	2/12/2021	5 minutes following injection, left ear began to feel 'itchy/tingling' in middle ear location, moving to inside upper throat area then to right middle ear. Approximately 2 minutes later, patient felt shortness of breath, mild chest pain and difficulty breathing. She immediately took 25mg Benadryl PO. 20 minutes following injection, RN at site notified of symptoms. HR 110, feeling flush, no change in other symptoms, patient escorted outside (15F weather) and second dose of 25mg Benadryl PO given. 22 minutes following injection, remaining outside, improvement in ability to breathe. HR 90. Tingling/itchy feeling still in left middle ear, right middle ear improving. 24 minutes following injection, no further change in symptoms except HR 80. 45 minutes following injection, HR 70, dull headache beginning, throat feeling 'scratchy', but no difficulty breathing or chest pain at this time. Patient is employee at site and remained under observation for one hour. No further change in symptoms.
1026560	2/12/2021	PA	31	M	2/11/2021	2/11/2021	Vaccine was administered without complications. approx 5 mins after vaccine was given, patient reported feeling light headed, feeling like they were going to pass out. Patient was laying down, eyes open but was lethargic, still responding but slow to respond. HR was 47BPM however patient reported he was a runner and normally had a low HR. Blood pressure was 66/44 , patient was pale and diaphoretic. Pt was conscious the whole time, was put in supine position, cold compress applied. Patient denied chills, shortness of breath, difficulty breathing, nausea, chest pain. Pt was monitored, given oral fluids, and within 15 mins after event, vitals returned to baseline, HR remained bradycardic less than 60, no additional treatment was given and patient left after observation around 8:00pm.

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1026549	2/12/2021	NY	44	F	2/7/2021	2/9/2021	Patient has a history of multiple sclerosis and angioedema. She received her second Moderna vaccine on 2/7. Two days later, 2/9, she developed upper lip swelling without tongue or airway involvement. No shortness of breath, dyspnea on exertion, chest pain, wheezing or difficulty breathing. She took 100 mg Benadryl without improvement, then dexamethasone 10 mg PO. She was then directed to urgent care where she was given an additional 50 mg benadryl and 10 mg decadron.
1026338	2/12/2021	MD	23	M	2/8/2021	2/8/2021	Moderna COVID-19 VACCINE Fever, chills, cough, sweating overnight and then loss of taste and smell the next morning. Soreness at the site of the injection. Extremely fatigued. Tmax 100.5 Bodyaches, Headaches, Nasal congestion, Shortness of Breath, Chest Pain. Four days after 2nd Moderna vaccination his loss of taste and smell is still affected. His left arm soreness still persists. Bodyaches and fatigue still persists. Headaches comes and go. Nasal congestion persists Resolved Shortness of breath, Chest Pain, Fever and cough
1027399	2/12/2021	IL	21	F	2/11/2021	2/12/2021	HEADACHE, FEVER, CHEST PAIN. SEPSIS W/U, IV FLUIDS, IBUPROFEN, COVID SWAB IN ER
1027218	2/12/2021	NY	46	F	1/28/2021	1/29/2021	Received the COVID vaccination on 1/28/2021, that evening developed chest pain that went patient spoke with her father, the decision was made for further evaluation, she was transported to ER via ambulance and admitted for overnight observation, cardiac workup was negative and chest pain was attributed to a vaccine reaction.
1022692	2/11/2021		54	F	2/6/2021	2/6/2021	severe headache and pressure - lasting 5 days and counting SOB and chest pain - lasting 5 days and counting Joint pain and inflammation - inflammation for 3 days - pain 5 days and counting Dry eyes and throat - sore throat - 5 days and counting

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1022707	2/11/2021	GA	69	F	1/14/2021	1/15/2021	Beginning on January 15 and lasting for 18 days, I experienced confusion, extreme migraine-strength headaches, ripping pain in chest, ribs, upper back, shoulders, neck, head. I could not sit or lie down comfortably. I saw Dr. on February 1 who ordered a CT scan which was clear. He prescribed Prednisone and Robaxin 500 mg. I saw Dr. again on February 4 at which time most of the pain subsided but my body was very sore. It is now February 11 and I still feel a bit of cloudiness, but am much better. Hopefully, I'll feel like myself within a few days.
1022743	2/11/2021	NE	37	F	12/23/2020	12/24/2020	Received my vaccine on 12/23, woke up 12/24 and was really tired as morning went on I got really cold and could not get warm, throat started to hurt, body aches and had low grade temp of 100.5, 12/25 felt the same but throat was really sore, 12/26 tested positive for Covid, 12/27 lost sense of taste and smell, 12/28 had horrible shortness of breath and burned when I breathed. 12/29 and 12/30--was very tired, body aches and generally did not feel well. 1/1 woke up and felt well, 1/2 had shortness of breath with activity and not feeling well in general. 1/3 had severe shortness of breath and tachycardia at rest--had to report to ER. 1/4--still had shortness of breath and burning while breathing and then had nausea, vomiting and diarrhea throughout the night. 1/5 went to er because I was so nausea and could not keep anything down and was having heart racing and chest pain. received fluids in er and nausea medications. 1/6, 1/7, 1/8 and 1/9 was very weak and still did not feel well, short of breath. 1/10 woke up and had lung burning, chest pain, shortness of breath and heart racing--was seen in ER for chest pain. week of 1/10 was very tired and short of breath. finally returned to work 1/18---still am short of breath, heart races and tire easily
1022779	2/11/2021	PA	49	F	2/4/2021	2/4/2021	Started with brain fog, unable to focus, fatigue, chills and body aches. Continued to progress to temp 101.8, shaking chills, EXTREME arm pain, upper back pain, chest pain, wheezing, SEVERE headache, nausea, vomiting, diarrhea, EXTREMELY swollen axillary lymph nodes enlargement. Symptoms started approx 2 hours after injection and proceeded for 6 days then started to slowly improved then resolve.

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1022804	2/11/2021	NC	38	M	1/26/2021	1/26/2021	He states he received the vaccine and within 2-3 minutes he experienced dizziness, chest tightness affecting breathing, tunnel vision, disorientation. He asked for help and first they walked him to a chair and then laid him down. He recalls the MD taking his pulse and reporting it as 140. He states his awareness was blurred, but he remembers receiving the epi pen and then feeling better. He recalls sweating but not sure if it was before or after epinephrine. EMS arrived, started an IV and transported him to ER. He denies recalling pruritis, urticaria, oral face throat or tongue swelling, watery eyes, chest pain, cough, wheeze, nausea or emesis. ER observed him several hours. His discharge diagnosis was syncope. He denies recent use of antihistamines or H2 blockers. Per chart review, provider at the event recorded patient c/o hot dizzy, tachycardia, erythema bilat arms, chest with extension to the neck, diaphoresis, difficulty responding (single word only); treated with epinephrine with improved response.

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1023358	2/11/2021	CA		F	12/19/2020	12/19/2020	encephalitis-like symptoms; Hearing loss; memory loss; paresthesias; visual disturbances; taste disturbances; dizziness; L-sided chest pain; staggering; elevated SBP 190-200; severe L-sided chest tightness; pre-syncope; elevated BP; DDimer was elevated; fell; intermittent memory lapses; nausea episodes; cant smell that last 1-2 hrs; L neck /head pain; L neck /head pain; Left axilla lymphadenopathy; rhinitis; lightheaded/lightheadedness; had an episode of pain all over; SOB; This is a spontaneous report from a contactable physician (patient). A 46-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot/batch number and expiration date were unknown), via an unspecified route of administration from on 19Dec2020 at a single dose for COVID-19 immunization. Medical history included ovarian cancer at age 29, food allergy to clams and escargot, and allergy to sulfa. The patient's concomitant medications were not reported. The patient previously took bactrim and experienced allergies. On 19Dec2020, immediately after vaccine had rhinitis, lightheaded, given Zyrtec and water and observed for a duration of 30 min. Three hours postvaccination on 19Dec2020, at home had an episode of pain all over and SOB (shortness of breath). 3 days later (22Dec2020), patient had L (left) neck /head pain and left axilla lymphadenopathy. On 23Dec2020, she fell in the shower. On the same day (23Dec2020) the patient had intermittent memory lapses, lightheadedness, nausea episodes, can't smell that last 1-2 hours a few times a day. Symptoms worsened on 03Jan2021, with severe L-sided chest tightness, pre-syncope, was seen in the ER with elevated BP. DDimer was elevated, CT Scan of Chest/Abdomen showed L axilla lymphadenopathy, negative for PE. CBC, Electrolytes WNL (within normal limits), still on 03Jan2021. Observed in ER for 7 hrs. and then discharged home. Intermittent symptoms continued. On 08Jan2021, patient had another severe episode while at work. She was noted to be staggering, and again was complaining of left-sided chest pain. She was taken to the ER by her colleagues on 08Jan2021 and noted to have elevated SBP 190-200. On 08Jan2021, patient underwent CT head negative, MRI negative, w/u (workup) for pheochromocytoma negative and COVID negative. She was started on prednisone and Norvasc

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and discharged home. She continues to have intermittent episodes however they have decreased in intensity and last for about 1 hour. She described her symptoms as encephalitis-like symptoms. These include memory loss, paresthesia, visual disturbances, hearing loss, taste disturbances, and dizziness. These symptoms when severe have been incapacitating. She had been hospitalized for a neurological and infectious work up (including Brain MRI and multiple COVID tests) but no diagnosis has been yet identified. This symptom complex (unspecified) has persisted to now. She has not received the second dose of vaccine. She is asking how long mRNA, the lipid nanoparticles and the protein spike lasts in the body. Outcome of the events was unknown. Information on the lot/batch number has been requested.; Sender's Comments: Based on the limited information currently available, a possible contributory role of the suspect drug in the reported events cannot be completely excluded given the implied temporal association. However, underlying medical conditions may provide the alternate explanations. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1023361	2/11/2021	CA	75	F	1/26/2021	1/26/2021	tingling of lip and face; tingling of lip and face; numbness on left side of face/numbness was not in her throat but it was on her neck behind her ear; blood pressure spiked; tired; she didn't sleep well; Chest pain; This is a spontaneous report from a contactable nurse (patient herself). A 75-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), lot number: lot number: E19262, via an unspecified route of administration, left arm, on 26Jan2021 10:00 at a single dose to not get Covid and to protect others around her. Medical history included mini stroke at least 8-10 years ago and neuropathy in face from ministroke. Concomitant medication included gabapentin for neuropathy in face from ministroke. The patient had no prior vaccinations (within 4 weeks). The patient previously took pregabalin (LYRICA): but was changed to gabapentin. On 26Jan2021, the patient experienced tingling of lip and face, numbness on left side of face, blood pressure spiked and chest pain. On 27Jan2021, the patient experienced tired. The events were described as: After getting the vaccine, she experienced tingling of the lip and left side of her face. She had numbness on the left side of her face. The numbness was not in her throat but it was on her neck behind her ear. Her blood pressure spiked. She drove herself to the emergency room. Her blood pressure was 160 something over 101. She was unable to specify the exact number. Then her blood pressure decreased to 104 over 80 something and it increased to 202 systolic. She was unable to specify the reading. She was tired on 27Jan2021 because she didn't sleep well in the hospital. She signed out against medical advice. The patient had a full work up to include a CT scan, MRI and doppler: results were not provided (unknown results). The patient wanted to know if recommendations were made in regard to taking the second dose if they have had adverse events. The patient was hospitalized from 26Jan2021 to 27Jan2021 (1 day) for tingling of lip and face, numbness on left side of face and blood pressure spiked. Chest pain was considered medically significant by the reporter. The outcome of she didn't sleep well was unknown. The patient was recovering from tingling of lip and face and tired. The patient has not recovered from numbness on left side of face. The patient recovered from blood pressure spiked and chest pain on 27Jan2021.; Sender's

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1023685	2/11/2021		39	M	2/5/2021	2/5/2021	<p>Comments: A possible contributory effect of suspect BNT162B2 on reported events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.</p> <p>39 year old male no known past medical history received his second dose of the moderna vaccine on 2/5. That evening he developed headache, malaise, fatigue, fevers. The symptoms persisted on 2/6 and 2/7 with some improvement in his headache on 2/7. On the evening of 2/7 he developed high fevers to 103, rigors, "vivid dreams" woke up with night sweats. On 2/8 developed pleuritic chest pain and shortness of breath and went to the hospital.</p>
1023736	2/11/2021	VT	30	F	2/9/2021	2/10/2021	<p>Developed right sided chest pain with SOB approx 22 hrs after vaccine administration. Felt lightheaded with increased heart rate. Fatigue, nausea, chills. No fever. Pt contacted office and pt was instructed to report to ED for evaluation. Employee was evaluated at Medical Center. Pt was released and is feeling better today (2/11/21). No treatment per patient. Pt stated ED felt symptoms were side effect of Covid vaccine.</p>
1022679	2/11/2021	IN	66	F	2/11/2021	2/11/2021	<p>Pt administered injection at 0749 and was sent to waiting area for 15 minutes post injection. Pt denied chest pain, shortness of breath or adverse reactions prior to discharge to home. At 0830 patient contacted covid clinic phone line and advised she was experiencing chest tightness, and felt like her throat was swelling. Pt denied shortness of breath, was able to talk to complete sentences and was drinking water while on phone with covid clinic. Pt advised to proceed to Emergency room for further evaluation. Pt verbalized understanding of instructions.</p>

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1021842	2/11/2021		36	F	2/3/2021	2/10/2021	At the time of injection, experienced light headedness and chest pain on the right side. One week after injection, the injection site became itchy, red and warm to the touch.
1023686	2/11/2021	WI	21	F	2/10/2021	2/10/2021	chest pain, low grade fever, chills/sweats, slight body aches, vomited all night long, hallucinations, and said her kidneys hurt. Pt did not go to the ER. Pts mother contacted me this AM via email. Pt better today with APAP PRN and rest
1022622	2/11/2021	FL	80	F	1/27/2021	1/29/2021	chest pain, diaphoresis, incontinence, N/V, dizziness; symptoms are no longer occurring after be treated and released from hospital 2/3/21
1022577	2/11/2021	OH	84	M	1/28/2021	1/28/2021	Patient describes headache that is excruciating soon after the injection. On the fourth day post injection, he states he had pressure in the left side of his chest, the left side of his nose swelled up and is very painful, he had a "slight" temperature, and decreased appetite. He states he is still feeling bad and the headache and his nose is what bothers him the most. He called his cardiologist and the cardiologist advised him that the doctor did not think he needed to be seen for the chest pain. The patient states that if the pain does not improve he is going to the Emergency Department. He noted that the injection was done in his left arm and the left side of his body is what is reacting so strongly.
1022564	2/11/2021	MI	43	F	2/9/2021	2/10/2021	SEVERE ACHING IN MUSCLES AND JOINTS. FEVER UP TO 102 X 2 DAYS. POINT TENDERNESS TO ENTIRE BODY. COULD NOT WALK FOR 6 HOURS (MUSCLE WEAKNESS), CONFUSION, DIZZYNESS, HEADACHE, ABDOMINAL PAIN, CHEST PAIN, SHORTNESS OF BREATH.
1022550	2/11/2021		61	F	2/4/2021	2/4/2021	10 minutes after dose the patient started having dyspnea, lightheadedness, chest pain, weakness, and headache. Epinephrine 0.3 mg IM was administered prior to transport to the ED. Ipratropium-albuterol 0.5-2.5 mg/3 mL nebulizer solution, dexamethasone 10 mg IV and Diphenhydramine 50 mg IV were administered in ED. Patient was discharged after resolution of symptoms (2.5 hours after administration of vaccine).

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1022542	2/11/2021	NH	51	F	2/3/2021	2/3/2021	Same Day: Headache, dizziness, tinnitus, Headache 3-4/10 constant, - worse when looking at computer screen/phone, ringing in ears constant. Diffuse hyperesthesia, fever, bifrontal headache, nausea, vomiting, arthralgia, fatigue, chest pain, fatigue, local injection site pain, myofascial trigger point pains in neck and back, vertigo and aphasia. As of today - 2/11/2021 - only headache, tinnitus, and balance issues continue.. 2/4/2021 - Prescribed Zofran, patient reports taking ibuprofen and acetaminophen sparingly. (virtual appointment) 2/8/2021 - Seen in clinic - continues to have all symptoms. Given fioricet and referred to neurology for migraine variant, intermittent vertigo. 2/10/2021: virtual - no relief in symptoms, changed to ASAP neurology consult. 2/11/2021: - Ordered - ASAP Brain MRI
1022455	2/11/2021	NY	77	F	2/8/2021	2/9/2021	I developed on my arm under the injection site a lump the size of a half-dollar. I became dizzy and weak. then my back started to hurt. I got a very fast heartbeat. I slept for a long while. I also had chest pain.
1022282	2/11/2021	PA	37	F	1/18/2021	1/19/2021	Short of breath, chest pain, blurred vision

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1022005	2/11/2021	NC	37	F	1/24/2021	1/25/2021	dizziness; headache; tachycardia; chest pain; chills; fever; This is a spontaneous report from a contactable other healthcare professional (HCP). A 37-years-old non-pregnant female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot number: EL8982 and expiration date: unknown), intramuscular (right arm) on 24Jan2021 at 10:30 at a single dose for COVID-19 immunization. Medical history was not reported. Allergies to medications, food, or other products was unknown. Concomitant medications were not reported. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK9231, expiration date: unknown), on 03Jan2021 at 10:15AM, intramuscular (left arm) for COVID-19 immunization. Prior to vaccination, it was unknown if the patient was diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The patient experienced dizziness, headache, tachycardia, chest pain, chills and fever on 25Jan2021. Treatment for the events included IV fluids, Benadryl, Antivert, Benadryl, Toradol and Reglan. The events required Emergency Room Visits and Physician Office Visit. The events were resolving at the time of the report.
1023768	2/11/2021	WA	86	M	2/5/2021	2/10/2021	Patient awoke at 1:00 AM on 2/10/2021, five days after his Moderna COVID-19 booster, with chest pain radiating to the back and worse with deep inspiration. Patient arrived in our office on 2/10/2021 at 9:30 AM for an evaluation. Patient was noted to have new EKG changes with new concave-up ST elevation across the precordium. Bedside echocardiogram showed no pericardial effusion and no pericardial friction rub was appreciated. Due to ongoing chest pain, patient was transported to Emergency Department by medics for further workup and evaluation for possible pericarditis. Formal echocardiogram in ED was normal. Acute myocardial infarction ruled out. ST changes improved. Patient now being discharged in stable condition 2/11/2021.

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1021922	2/11/2021	KY		M	12/29/2020	12/31/2020	<p>Chest pain; Acute Myocarditis; Fever; A spontaneous report was received from a healthcare professional concerning a 35-year-old male patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and developed chest pain, myocarditis, and fever. The patient's medical history included COVID-19 in Oct of 2020. No relevant concomitant medications were reported. On 29 Dec 2020 the patient received their first of two planned doses of mRNA-1273 (lot number or batch number not provided) intramuscularly (in the left arm) for prophylaxis of COVID-19 infection. On an unknown date after receiving vaccine the patient developed a fever and chest pain. On 31 Dec 2020 the patient was admitted to the hospital where a heart catheterization was done-negative results. The patient was diagnosed with myocarditis. He was scheduled to receive his second dose of vaccine on 03 Feb 2021. No treatment information was provided. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events chest pain, myocarditis, and fever were not reported.; Reporter's Comments: This case concerns a 35-year-old, male patient with a medical history of COVID-19, who experienced a serious unexpected event of chest pain, myocarditis and an expected event of pyrexia. The events of chest pain and pyrexia occurred on an unspecified date and the event of myocarditis occurred 3 days after the first dose of mRNA-1273. A heart catheterization was done-negative results.Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Additional information has been requested.</p>

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1022440	2/11/2021	FL	69	M	1/23/2021	2/1/2021	The decedent experienced severe chest pain and dyspnea approximately nine days following the first series of the vaccine. He reported to family members that he was having a "severe reaction" to the vaccine and believed it was acute pericarditis due to the same symptoms he experienced prior. He reported that on 2/1/21 around 0300 hours, the symptoms were the most severe and he was going to seek medical attention, but did not. He waited till the convenient store opened and purchased OTC Tylenol for relief of symptoms. He continued to have dyspnea and chest pain up until 2/9/21, when he called 911 complaining of chest pain and was found to have a STEMI; subsequently died at Hospital in the ER.

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1021967	2/11/2021	CA	44	F	1/12/2021	1/12/2021	Severe myalgia; severe arthralgia; severe Headache; rigors; extreme fatigue; chest pain; palpitations; tachycardia; Confusion; This is a spontaneous report from a contactable nurse (patient). A 44-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot/batch number and expiration date not reported) intramuscular on the right arm on 12Jan2021 13:00 at a single dose for COVID-19 immunization. Medical history included arthritis, B12 deficiency and Allergies: Wasp venom. The patient previously received first dose of BNT162B2 on an 21Dec2020 for COVID-19 immunization (first dose, intramuscular, right arm). Concomitant medication included paracetamol (TYLENOL) and cyanocobalamin (B 12). On 12Jan2021 19:00 PM, the patient experienced severe myalgia, severe arthralgia, severe Headache, rigors, extreme fatigue, chest pain, palpitations, tachycardia. Confusion. Fatigue began approx 6 hours post injection. Other symptoms culminated at around 12 hours post injection. Severe symptoms lasted approx 24 hrs with moderate symptoms following for another 48 hours, followed by mild symptoms for another 12 hours. No treatment was received for the events. Events were reported as non-serious: did not result in death, not life-threatening, did not caused/prolonged hospitalization, was not disabling/incapacitating and did not cause congenital anomaly/birth defect. The facility where the vaccine was administered was in a hospital. Patient was not pregnant. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Since the vaccination, the patient has not been tested for COVID-19. Prior to vaccination, the patient was not diagnosed with COVID-19. Outcome of the events was recovered on an unspecified date. Information on the lot/batch number has been requested.

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1024583	2/11/2021	AZ	35	M	2/11/2021	2/11/2021	Develop headache and slight nausea approximately 5 min after vaccine dose. Progressed to chest pain radiating to L arm then abdominal pain and finally vomiting over the course of about 30min. Patient was placed in an ambulance and transported to the nearest emergency department. He received 1 dose of 0.3mL epinephrine IM in leg from an autoinjector en route to the ED. In the ED he received promethazine for nausea/vomiting and tylenol for the headache and chest pain. Vital signs were normal. Patient was monitored in the ED for three hours with improvement in symptoms and then discharged home.
1022229	2/11/2021	PA	74	M	2/1/2021	2/3/2021	Two days after administration, recipient developed scapular pain and left chest pain
1023789	2/11/2021	CA	21	F	2/11/2021	2/11/2021	Chest pain, Palpitations. BP 130/98 pulse 90 respirations 16- Placed on 2 liters of O2 and symptoms resolved after 10 minutes. Pulse went down to 82. Did complain of previous elevated heart rate day before.
1024665	2/11/2021	NY	55	M	1/30/2021	2/1/2021	Developed severe pleuritic chest pain x 5 days, went to ER on 2/5/2021, D Dimer over 4000, CT chest showed bilateral segmental and sub segmental Pulmonary Emboli. Initial Ultrasound of legs was negative for DVT, follow-up U/S on 2/9/2021 was positive for large Femoral vein DVT. All family history, medical history and other risk factors for coagulation disorder was negative. I was initiated on anticoagulation therapy. (Enoxaparin)
1024612	2/11/2021	CA	43	F	12/29/2020	12/30/2020	chest pains, body aches, high blood pressure
1024435	2/11/2021	TX	49	F	2/11/2021	2/11/2021	complaint of lethargy 10min post vaccination. Denies chest pain, SOB, palpitation, headache, lightheaded, rash. BP: 154/103 HR: 74 SpO2: 98% RA Seen and cleared by EMS
1024680	2/11/2021	CA	65	M	2/5/2021	2/6/2021	Family called informing RN that patient was rushed to the hospital on 2/6/21 at around 1:30am because the patient is having chills, fever and mild chest pain that time. At this time, patient is still currently admitted at the hospital.

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1024388	2/11/2021	TX	46	F	2/3/2021	2/3/2021	2/3/21Pt received the2nd dose Moderna and at 3pm developed body aches. 6 pm Headache, fever 101.8 administered per self Ibuprofen 400 mg. 2/4/21 12am - patient began sweating and chills, temperature 102.4, body aches and vomiting. 2/4/21 6am B/P 196/121, SOB, Chest pain called ambulance and to ER . Patient stated "received steroids and observed for 4 hours and discharged from ER.
1024301	2/11/2021		97	F	2/10/2021	2/10/2021	On way to car patient complained to daughter of dyspnea, had to sit down No chest tightness, wheezing, or cough No nausea, lightheadedness, diaphoresis Daughter notes patient had episode of left chest pain yesterday that resolved within 15-30min No h/o asthma, lung disease, MI No code blue called or epinephrine administered before contacting this MD for evaluation
1024295	2/11/2021	TX	39	F	1/4/2021	1/7/2021	I exp sore arm and rash around the injection site. Then 3 days later had chest pains and vomiting went to the hospital.I was diagnosed with partial right bundle branch block. I'm still exp chest pains intermediately.

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1024167	2/11/2021	MN	59	F	2/4/2021	2/4/2021	7:00am- 1- 24 hr zyrtec & 2 tylenol 8:07 received shot 8:10 immediate intense shooting shocks through left arm down to fingertips... 8:30- shooting shocks through left arm and starting to throb down through hand ... shooting up through next and base of head 9:00am- random shocks throughout my whole body. shoulder pain. 10:30- shocks stopped somewhat, shoulder and arm still achy, extreme fatigue/weakness, fogginess, blurry vision 11:30- extreme fatigue/weakness, fogginess, kind of blurry vision, severe shaking rt hand, had to sit down. Needed to hang on to things to walk. 12:00pm- continued severe fatigue and brain fogginess & still minor blurry vision, and a few shooting shocks in arm, shoulder , neck, 1:00pm? still great fatigue/weak, body aches-more like shocks than aches Neck is especially sore? back of neck up through head 1:10pm- severe fatigue, eyes hurt, foggy vision and cannot focus? off and on? chest pain for a period of time 1:40pm- twinges through body, still extreme fatigue? fogginess, back of neck is super sore.. Shoulder is slightly sore? 2:00pm- shoulder sore, severe fatigue but other symptoms seem to be getting less?. 2:45pm- shocks in left arm? 4:00pm- went home from work? hard to drive and focus.. severe fogginess, disorientation, 4:20- laid on the couch? slept in between nausea, buzzing in my head, severe arm pain going down into my hand, random shocks throughout my body, could not focus, brain was fuzzy, random severe itching, neck pain, eye pain, extremely irritable, extremely thirsty, bad taste in my mouth, extremely cold, no fever, super sensitive to sound & touch, no appetite, trouble peeing, felt extremely dehydrated. Needed to hang on to things to walk. Fri, Feb 5 6:00am- next day? better, but still buzzing, ringing in my head, extremely exhausted & weak, arm pain radiating to hand, hard to focus, coughing, chest heaviness like an elephant sitting on it, sore, scratchy throat, drainage out of head but not stuffed up?, eyes hurt. Severe nausea & bloating, rt hand shaking badly, no appetite 9:30am- everything is a bit better, coughing & chest discomfort gone, still bad taste in my mouth, slight nausea, bloated, eyes hurt, extremely tired, entire arm sore, buzzing in my head?random twinges or jolts in my limbs? 11:00am- still super tired, still not peeing?... weird for me who pees every 2 hrs or so? Still really bloated? still buzzing in my head, 1:30pm- feeling better, no buzzing, no zinging, super tired and

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							drinking a lot but not much peeing? 4:00pm- home and bed.. hard to sleep because of jolts though my body.. Sat, Feb 6 Normal body aches.. finally able to pee decently, arm and hand on shot side sore (this is my good hand side), shooting pain, and hand aching. Fatigue, This has continued into Monday.. arm and hand pain are off and on. Everything is getting better?
1024133	2/11/2021	VA	49	F	2/11/2021	2/11/2021	Patient became diaphoretic and lightheaded. She had complaints of chest pain.
1024084	2/11/2021	FL	24	F	2/4/2021	2/4/2021	C/O DIZZINESS AND VOMITING WITHIN FIRST 15 MINUTES WHILE ON SITE. RESOLVED IMMEDIATELY AFTER VOMITING. NO OTHER SYMPTOMS AFTERWARDS EXCEPT FOR LEFT ARM SORENESS. DENIES ANY SOB, CHEST PAIN, DIB OR SWELLING OF MOUTH/TONGUE.
1023869	2/11/2021	MN	38	F	1/28/2021	1/28/2021	Thursday started extreme fatigue, headache, muscle aches. On Sunday started rash on chest, arms and legs with itching in face and throat. Went to urgent care on Monday and received steroid cream for rash. Rash went away by Thursday, but came back on Saturday, then have had a light redness on and off since the following Sunday. Still had the fatigue, headache, muscles aches, but started the shortness of breath, chest pain with dry cough, nausea. Saw NP on Thursday and got prednisone for cough and shortness of breath. Felt better on Thursday but got worse over the weekend with increased shortness of breath, chest pain with cough and spotty vision. Saw NP on Monday and was sent to ER to rule out life threatening illnesses. Finished the prednisone on Monday.
1024629	2/11/2021	CA	43	F	1/19/2021	1/19/2021	chest pain, joint pain, body pain
1024079	2/11/2021	TX	20	M	2/6/2021	2/7/2021	Patient developed pleuritic chest pain 5 hours after the injection, which lasted less than 1 day and resolved.

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1023810	2/11/2021	PA	38	M	1/30/2021	1/30/2021	FOLLOWING SECOND DOSE, RAPID ONSET OF SEVERE PAIN IN LEFT ARM AND SHOULDER, PAIN OF NECK, UPPER BACK, RIGHT SHOULDER. THE FOLLOWING DAY, 01/31, FEVER VARYING FROM 101 TO 105 FOR FOUR DAYS. ABDOMINAL AND CHEST PAIN, RUNNY NOSE, HEADACHE AND MIGRAINE SYMPTOMS. DIAHRREA, NAUSEA AND VOMITING. LOOSE STOOLS PERSISTED FOR ELEVEN DAYS FOLLOWING INJECTION OF SECOND DOSE OF THE MODERNA 030L20A. AFTER EVERY MEAL, UNDIGESTED STOMACH CONTENTS PASSED VIA RECTUM, WITH WATERY MUCOUS. LOSS OF APPETITE, GENERAL MALAISE. ON DAY 3, NEAR SYNCOPE COUPLED WITH HYPOTENSION AND HYPOGLYCEMIA WITH DEHYDRATION. CONSUMED 1L OF PEDIALYTE/DAY, WITH 2L OF WATER/DAY. COVID-19 RAPID TEST WAS NEGATIVE.
1023831	2/11/2021	WI	26	F	2/9/2021	2/10/2021	Client reported that she chest pain, pain on her "breast bone." Also reports her right arm is swollen, experiencing lymph node tenderness or pressure in right armpit. Called and made a doctor's appointment for today.
1023794	2/11/2021	CA	33	F	2/11/2021	2/11/2021	Patient reported to recovery nurse burning in arm, warmness in BLE, and tightness in chest. VS WNL BP 120/70, HR-100, O2 - 98%, Resp. 18. Pt. Reports this is a chest pain she has experienced before, but never the ?warmness?. Writer offered to call EMS for further assessment/transportation, patient refused, patient states she will be able to transport herself to urgent care. VS obtained again prior to patient leaving, remain WNL BP 125/75, HR-95, O2-98%, Resp. 18.
1023873	2/11/2021	FL	72	F	2/8/2021	2/8/2021	Date and time of vaccination: (list both if they received both shots): 1st: 1/18/2021, 2/8/2021 at 0900 Brand and lot of vaccine: Pfizer 1st#: e11283, 2nd#: e19263 Starting feeling chills in the afternoon, become worse in the evening. Fever of 101.5. C/o muscle weakness, fatigue. Feels like "covid symptoms". Taking Acetaminophen as needed. Site injection pain as well. Denies dizziness/neuro changes, SOB, chest pain or DIB.

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1023875	2/11/2021	TX	53	M	2/8/2021	2/8/2021	Patient had second COVID19 vaccine at 12:30pm on 2/8/21. Late that night, started with fever, chills, muscles aches, and pain at injection site (left arm). Had SOB on and off. Does not have thermometer, not sure of temp when feverish. He took ibuprofen for fever. Fever and SOB resolved yesterday (2/10/21). Chills and muscle aches are improving, very mild today. Still has tenderness around injection site, but improving. He reports similar symptoms after first COVID vaccine but sx were more severe with first vaccine. Denies redness or swelling to injection site. Denies facial or throat swelling or chest pain.
1023923	2/11/2021	VA	64	F	2/11/2021	2/11/2021	HPI: reports feeling ?woozy? 30 minutes after getting Moderna COVID-19 vaccine, 2nd dose in series. Reports she became lightheaded when she stood up to leave. No syncope. No chest pain or SOB. No airway complaint. No headache. Reports she did not eat breakfast or lunch. PMH: HTN Allergies: tree nuts, some fruits, latex Meds: triamterene/hctz 37.5/25mg, Epipen as needed ROS: otherwise negative. PE: Constitutional: No acute distress. Able to sit in a chair without difficulty. Skin w/d. Respiratory: No increased WOB. Cardiac: radial pulses strong and regular. A/P: Lightheaded. Likely secondary to not eating any meals today and then receiving IM injection, mild vasovagal response. No allergic reaction evident. Given graham crackers and juice, which she ate without difficulty. Felt completely fine within 10 minutes and preferred to leave in order to attend a meeting. Encouraged to seek attention for new or worsening. Will report.
1023930	2/11/2021	FL	88	F	1/29/2021	2/1/2021	Intermittent nausea beginning on 2/1/2021 thru today. Denies fevers, SOB, chest pain, dizziness. Able to eat and drink normally; using bathroom normally.
1023964	2/11/2021	MI	48	F	2/4/2021	2/5/2021	High fever 102.9-103.4, Headache, chills, body aches, chest pain.
1024059	2/11/2021	MN	79	F	2/10/2021	2/10/2021	Vaccinated at 12:45. No reaction until 7:45 pm. Racing heart, labored breathing, pressure and slight pain in chest. Called 911 and to Hospital ER. Aspirin given in ambulance. All back to normal by 10 pm and went home.

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1024070	2/11/2021	WI	28	F	2/11/2021	2/11/2021	At 0954 EMS requested by medical standby at City Hall for the COVID vaccination clinic with report of an allergic reaction. Upon arrival found patient who received the vaccine sitting up in a chair, breathing normally and complaining of being itchy and chest tightness. Patient also complained of pain in chest when taking a deep breath. At 0955 25 mg of Benadryl was given to the patient by liquid oral route prior to arrival of EMS. Patient did say that itch had improved but still feeling tightness in the chest. Vitals were done by EMS at 1012 which were as follows: BP 164/120, HR 104, RSR, O2 sat 97%, RR 20, Effort normal. Patient was given a 2nd dose of 25 mg of Benadryl at 1030 because she; This patient did have a similar reaction after receiving the 1st COVID vaccine on 01/14/21 but symptoms. Additional information for Item 18: reported itching returned. The itchy feeling did subside after the 2nd dose of Benadryl. 2nd set of vitals at 1020 were as follows: BP 140/86, HR 101, RSR, O2 sats 96%, RR 16, normal effort. Patient did contact her father to respond to the scene to discuss options. Patient did not want to be transported to the hospital and decided to go home with her father and that he would keep an eye on her until symptoms subside. Patient stated she would seek medical attention if things change for the worse. Upon leaving, the patient was given 2, 25 mg Benadryl tabs from the health department to take home and use if needed. Patient did sign a release with EMS. Patient's vital signs prior to leaving at 1032 were as follows: BP 143/82, HR 89, RSR, O2 sats 97%, RR 16, normal effort; symptoms subsided without the use of Benadryl. Patient was observed for approximately 1.5 hours after receiving the 1st dose of COVID vaccine and was able to go home without incident.

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1020062	2/10/2021	IN	21	F	2/8/2021	2/9/2021	My first dose of the vaccine was on 1/14/2021. I had a mild headache and experienced dizziness and nausea the night of receiving the vaccine. My second dose of the vaccine was 2/8/2021. I felt tired the night of receiving the vaccine and went to bed at 8pm. I woke up at 6:10am on the 9th with a severe migraine, severe nausea and dizziness. I ate a small amount and laid back down. I got out of bed at 9am and noticed both of my eyes and face were swollen and my throat was swollen. At this point I called my doctor and spoke to a nurse on the phone, she was short saying I needed to go to ER. Personally, I did not feel it was necessary at the time so I took a Benadryl and Ibuprofen. Throughout the day I continually got worse experiencing the same symptoms as the morning including sharp chest pain, restricted breathing, a low grade fever of 100.4, severe lower back pain and leg numbness. I took more ibuprofen and placed heat on my back. I took ibuprofen PM and woke up the morning of the 10th feeling better. Still have headache, lower back pain and swelling but is better than yesterday. I will notify my doctor today of the event that occurred yesterday (2/9/2021).
1018618	2/10/2021	SC	47	M	1/18/2021	1/18/2021	Shortness of breath; palpitations/increased heart rate; palpitations/increased heart rate; Immediate left arm/chest pain; Immediate left arm/chest pain; fatigue; body aches; This is a spontaneous report from a contactable physician. A 47-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number EL3246), via intramuscular, on 18Jan2021 at single dose on the left arm for COVID-19 immunisation, administered at Hospital. The patient did not have a relevant medical history. No known allergies. No relevant concomitant medications were provided. No other vaccine was received in four weeks. The patient developed immediate left arm/chest pain, and fatigue/body aches. On 23Jan2021 (5 days later), he developed shortness of breath and palpitations/increased heart rate. Post-vaccination COVID test was not performed. The patient was not treated for the events. The patient was recovering from the events.

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1019527	2/10/2021	MI	46	F	1/26/2021	1/27/2021	severe chest pains body fatigue little cough rash on shoulders (all thing sl had when I had COVID in April) chills
1019975	2/10/2021	IN	68	M	2/1/2021	2/8/2021	Rash, severe chest pains, could not breath
1019953	2/10/2021	CA	27	F	2/8/2021	2/9/2021	headache, fever, chills, body aches, nausea, lightheadedness, chest pain
1019682	2/10/2021	NY	31	F	2/4/2021	2/4/2021	Pt reported palpitations under left arm no chest pain. O2 sat on room air is 98-99%. 2nd set of vitals; 125/95, p-86, Vital signs unchanged but patient continues to report pain to left axillary area, She was taken to the Emergency room for follow-up.
1019671	2/10/2021	OH	73	F	2/9/2021	2/9/2021	Approximately 30 minutes after receiving the COVID-19 vaccine the patient was driving home and started to experience blurry vision in her left eye, dizziness, and felt flushed. The patient returned back to the vaccine clinic and was seen by EMS on scene. The patient did not complain of any shortness of breath, chest pain, nausea, or vomiting. She was no longer dizzy but was still having blurred vision in her left eye. She stated that she was seeing black lines out of the periphery of her eye. The patients vitals were taken and are as follows: B/P 160/pal, HR 85, %O2 99, BGL 106. The patient did not want to be transported to the hospital. The patient called her daughter to arrange a ride home and scheduled an appointment with her eye doctor and her primary care physician. Outcome: The patient saw her eye doctor and was diagnosed with a partially detached retina in her left eye.
1019611	2/10/2021	WA	23	M	1/29/2021	1/30/2021	Date of Vaccines: #1 on 1/4/21, #2 on 1/29/21 Adverse event: On 1/5/21 had nasal congestion, rhinorrhea, allergy flareup. On 1/30/21 for 1 week had fatigue, chest pain, then had shingles at Left chest starting 2/4/21. Took Zyrtec for symptoms and is on Valacyclovir for shingles
1020039	2/10/2021	FL	49	F	1/8/2021	1/12/2021	on and off chest pains, shortness of breath with little exertion,headaches, lightheaded, back pain (mid area)
1019387	2/10/2021	CO	34	M	2/6/2021	2/7/2021	Severe chest tightness and chest pain ensues the next morning. I also had chills, body ache, and headache all day. This lasted until nighttime the same day.

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1019275	2/10/2021	IL	25	F	1/27/2021	2/3/2021	The patient complained of chest pain, increased heart rate (130), BA, fatigue. Advised to seek treatment/ED for chest pain
1019250	2/10/2021	IN	34	M	1/8/2021	1/21/2021	chest pain/pressure
1019181	2/10/2021	CO	79	F	1/26/2021	1/29/2021	Pt received dose #2 Moderna COVID vaccine 1/26/21 @ Vaccine Clinic. Pt presented to PVH ED 1/29/21 @ 0732 for workup. "Patient states that she got her Covid vaccine 3 days ago, had 1 day of myalgias, flulike symptoms, yesterday she felt much better however she felt that her heart was beating irregularly and she was feeling anxious. This persisted through the night. She denies any chest pain, shortness of breath. Patient is scheduled for follow-up with her cardiologist later next week." Afib, tachycardia, palpitations. Rhythm self converted. Given NS bolus and discharged home without further escalation of care. Entered by PSS for tracking.
1018762	2/10/2021	NC	36	F	1/28/2021	1/28/2021	I got my 2nd shot around 10am. My arm started to feel sore within 1-2 hours. At 7pm I started to feel pain in upper left back area with breathing. At 9pm I was in bed and started to have chest tightness and pain with breathing. Both arms and hands started to go numb and tingling. I got to ER around midnight and all testing was negative. I was hooked up to IV fluids which seemed to calm the chest pain and numbness. I got home around 3am and went to sleep. By 7am I was having sore muscles and body aches. I was fatigued and having chills. I was also running a low grade fever. I continue on like this for 24 hours. The next 24 hours I was fatigued. By day 3 I felt like I was getting back to normal.

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1018528	2/10/2021	WA	22	F	1/22/2021	1/23/2021	Chest pain; This is a spontaneous report from a contactable nurse. A 22-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number and expiration date unknown, via an unspecified route of administration on 22Jan2021 08:30 at single dose on right arm for COVID-19 immunization. The patient is not pregnant. The patient had no medical history and no known allergies. The patient had no other vaccine in four weeks. The patient had other medications in the last two weeks. Concomitant medication was unspecified. The patient experienced chest pain on 23Jan2021 13:00. The patient had no treatment and did not recover from the event. The patient was not tested for COVID prior and post vaccination. Information on the lot/batch number has been requested.
1018460	2/10/2021		31	F	1/22/2021	1/24/2021	Left chest pain; Difficulty breathing; This is a spontaneous report from a contactable other healthcare professional (patient). A 31-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: unknown), intramuscular (right arm) on 22Jan2021 (15:30)at single dose for Covid-19 immunization. There was no medical history. Concomitant medications included Flu shot (reported as other vaccine in 4 weeks) 1 dose on 08Jan2021.The patient was not diagnosed with COVID-19 prior to vaccination. The patient is not pregnant at the time of vaccination. On 24Jan2021 (12:00 PM), the patient experienced left chest pain and difficulty breathing. There was no treatment received for the adverse events. The patient has not been tested for COVID-19 since the vaccination. The outcome of events was unknown. Information about lot/batch no has been requested.
1020112	2/10/2021	CA	28	M	2/6/2021	2/8/2021	Chest pain and shortness of breath. working diagnosis: pleuritis has history of mild COVID infection: diagnosed with COVID via PCR on 12/12/2020 and recovered. Hospitalized at Medical Center from 02/8/2021 to 02/09/2021.

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1020457	2/10/2021	NJ	40	F	1/3/2021	1/3/2021	I got the 1st shot-I have fever, chills, and fatigue for 2 days. The 3rd day I had chest pains and high blood pressure and went to the ER. They sent me home. I never felt good. My doctor did an ANA test and it was positive. I have weakness, pain and tingling in my legs, arms, feet and hands. I went to a rheumatologist and they did more testing. I am elevated for Inflammation and was sent to now a neurologist. 2nd dose- hours later I had shortness of breath, numbness in the left side of my chest going down into my left arm. My mom had to call 911 and they sent me to the hospital. I have now made an appt to see a cardiologist because my resting heart rate is low. I have never had issues to this prior.
1018413	2/10/2021	VA	34	F	1/20/2021	1/23/2021	Chest pain/pressure; Flushing; General fatigue; Presyncopal event; Migraine; Left arm tingling; Chest pain/pressure; This is a spontaneous report from a contactable nurse reporting for self. A 34-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number=EL3302), intramuscular on 20Jan2021 10:00 at single dose for COVID-19 immunization. Medical history included coeliac disease, polycystic ovaries, migraine, drug hypersensitivity to Sulfa. Concomitant medication included clarithromycin (MACROBID [CLARITHROMYCIN]). The patient experienced flushing and general fatigue. Presyncopal event and migraine on day 3 without prior indication 23Jan2021. Left arm tingling and chest pain and pressure. Therapeutic measures Motrin were taken as a result of flushing and migraine. Patient had Covid test type post vaccination on 23Jan2021 with negative result. Outcome of events was recovering. All events resulted in emergency room visit.

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1019062	2/10/2021	MI	29	F	1/19/2021	1/19/2021	Chest pain radiating into the back; nausea; vomiting; diarrhea; received first dose of BNT162B2 on 04Jan2021, received second dose on 19Jan2021; This is a spontaneous report from a contactable other HCP (Parent). A 29-years-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (lot number-EL3248), intramuscular on 19Jan2021 12:00 at SINGLE DOSE in Left arm for COVID-19 immunisation. The patient was not Pregnant at Time of Vaccination. Facility type vaccine was Hospital. Medical history was none. Comcomitant medications in two weeks included birth control. No other vaccine in four weeks. The patient previously received first dose of BNT162B2 (lot number- EK9231), intramuscular on 4Jan2021 10:00 at SINGLE DOSE in Left arm for COVID-19 immunisation. The patient experienced Chest pain radiating into the back, nausea, vomiting, diarrhea on 20Jan2021 05:45 AM. AEs Chest pain radiating into the back, nausea, vomiting, diarrhea Resulted in Emergency room/department or urgent care. The outcome of Chest pain radiating into the back, nausea, vomiting, diarrhea was Recovered in Jan2021, of other event was unknown. No treatment for events Chest pain radiating into the back, nausea, vomiting, diarrhea. Unknown if covid prior vaccination. No covid tested post vaccination. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
1020832	2/10/2021	MI	63	F	2/9/2021	2/9/2021	Chest pressure developed 5-7 mins after receiving vaccination. Vitals were normal. Pt was taken to clinic for evaluation and EKG. EKG was normal. Pt reported that her chest pressure resolved prior to being discharged from clinic. Pt was walked back to her department and while doing so did complain of feeling a little dizzy. I spoke with pt on morning of 2/10/2021 over the telephone and she reported that chest pain had not returned and dizziness had resolved. She only complaint on 2/10 was that of fatigue and mild arm soreness.
1020430	2/10/2021	NC	61	F	1/30/2021	1/30/2021	Headache began immediately after vaccine administration, B/P 180/118, Denies chest pain, SOB, pruritus, rash, blurred vision, recommended transport by EMS but patient declined

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1020202	2/10/2021		25	F	1/13/2021	1/13/2021	Patient in observation, reported feeling left arm numbness, tingling. Patient state feeling left hand and forearm red and splotchy, no hives. Vital at 1430- BP 122/80, HR 122 (patient is anxious), RR 24, O2 100. Patient denies any SOB, swelling of face or tongue, no trouble swallowing, chest pain or hives. Patient calling provider, as patient is waiting for provider to reach back vital were assessed again at 1442, BP 118/74, O2 100, HR 95, RR 20. Provider called back, nurse reports provider would like for the patient to stay at site for additional site hour and monitor. Provider any severe symptoms to see ED. Provider okay to for patient to take Benadryl. Patient refused Benadryl at this time wants to take it at home do to concern of drowsiness. Patient denies any new symptoms. V/S check at 1512- 114/80, O2 99%, HR 93, RR 20, Temp 98.5. No changes. V/S check- 1548 BP 112/78, O2 99%, HR 91, RR 16, patient no worsening or new symptoms. After hour, patient reports feeling fine and safe to drive home. Called patient in the evening, patient reports feeling fine and took some Benadryl.
1021057	2/10/2021	TX	28	F	2/8/2021	2/8/2021	Dizziness, followed by chest pain, then difficulties breathing. Couldn't take deep breaths without pain or coughing.
1021027	2/10/2021	CA	84	F	1/25/2021	1/29/2021	Patient was brought in by ambulance on 01/28/2021 with complaints of fever, chills, myalgias, shakiness, and severe hypotension. Patient was treated for severe sepsis and acute kidney injury. Patient was given fluid resuscitation, but unresponsive to treatment; NE+ vasopressin, hydrocortisone IV, along with empiric antibiotic regimen were initiated. Patient later on developed pulmonary edema, Non-ST elevation MI with no chest pain and new onset of cardiomyopathy with EF 40-45% and clean coronary arteries shown on cardiac catheterization. Physician suspected cytokine release syndrome related to the COVID vaccine and congestive heart failure. Naranjo scale score of 2 indicates possible ADR. MD indicated vaccine reaction unlikely.
1020842	2/10/2021		34	F	1/6/2021	1/6/2021	I had vaccine 6th of jan, Chest pain and numb throat. Chest pain lingered until the 8th, had burning in the left side of face. On third ER severe chest pain, and burning sensation moved into my trunk.

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1021203	2/10/2021	WA	85	F	2/10/2021	2/10/2021	Pt reported dizziness, flushing, numbness in both hands to patient monitor. This RN assessed pt, who also reported chest pain, described as "angina" but said she had not had this type of chest pain before. Said she takes nitro for other chest pain but that pain is sharp and stabbing. Pain today described as "dull" and on left side of chest. Also reported nausea. VS: BP 130/82, HR 86, SpO2 98%. EMS called due to chest pain. While waiting for EMS, patient reported that pain started radiating from chest around to left back. No SOB, talking in full sentences with RN and son. EMS arrived and brought patient to ambulance. Pt was not transported to ED, returned to car to go home (son driving).
1020826	2/10/2021	NC	42	F	2/10/2021	2/10/2021	During post vaccine monitoring, at 14 minutes, patient began c/o feeling faint, tingling, heart racing and hot. When asked she described her tongue as tingling and her heart racing. Heart rate at this time was in the 130s-150s, o2 sat 97-99%, BP 180/100 in L arm. Patient appeared pale and reported that she felt like she was going to faint. Pharmacist administered 50mg of Benadryl, cool towel was placed on patients neck. Continued to monitor for 15 more minutes. HR began to decrease, patient drinking water, color appeared to return to face. After 14 more minutes, she c/o faint feeling returning, with chest pain. HR spiked again 120s-150s, BP 168/108, EMS was called, O2 sat remained 97-99%, EMS advised to administer 325mg ASA. Patient chewed ASA as instructed and drink water. EMS arrived at the 26 minute mark. Patient reported sharp chest pain 7/10 at that time, BP, EKG and glucose were normal per EMS. EMS advised ER visit for further tests and evaluation.

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1020743	2/10/2021	CO	31	F	2/2/2021	2/4/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: three days after vaccination patient reported to primary care provider experiencing nausea, vomiting, diarrhea, and poor oral intake for two days. Patient also reported palpitations, dyspnea on exertion, and chest pain and was sent to the emergency department (ED). On arrival to the ED vital signs within normal ranges except pulse 112 beats per minute. Intravenous fluids and acetaminophen administered with symptom improvement. Repeat vital signs within normal ranges and patient discharged home stable. The next day patient returned to the ED with palpitations, dizziness, and shortness of breath. Vital signs all within normal ranges. Patient administered intravenous fluids and ondansetron with symptom improvement and discharged to home stable.
1020727	2/10/2021	NH	49	M	2/3/2021	2/3/2021	02/03-02/04/2021 TEMPERATURE 100.5 *F, TREATMENT WITH TYLENOL. 02/05/2021 FELT WORSE IN THE MORNING, TREATMENT WITH ALEVE, FELT BETTER. EVENING BEGAN TO HAVE CHEST PAIN, BODYACHE, NECK/JAW PAIN - WENT TO EMERGENCY ROOM. CARDIAC LABS ELEVATED ADMITTED TO HOSPITAL. ALL OTHER TESTS CAME BACK WITHIN LIMITS BUT CATH NOT AVAILABLE ON THE WEEKENDS SO HELD. PATIENT CATH WAS CLEAR, RELEASED APPROX 1600 02/08/2021 WITH INSTRUCTIONS TO FOLLOW-UP WITH PCM. PCM APPOINTMENT SCHEDULED FOR 02/12/2021.

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1020308	2/10/2021	ME	25	F	2/9/2021	2/9/2021	<p>Patient called in to the nursing supervisor at approx 02:40. She was not on the schedule but was stating that she was having a reaction to the Covid vaccination she recieved the evening before. It was noted that while she was talking with the supervisors her speech was thick and she stated that her tongue felt swollen and larger than normal. She also stated that her significant other told her she sounded different too. She stated she had redness from her earlobe to her wrist on her R side, which is where she got the vaccination. She got it at appx 18:30 she had said, and when she got it during the observation period she was noted to have a very red and hot arm, but overall she felt fine. She also stated that she has had a covid infection recently. She stated she took 1 childrens dose of benadryl but was worried because she is breastfeeding. We advised her to call 911. ***</p> <p>1000am- #2 vaccine given on 02/9/21 @ 610pm. felt ok for the first 15 minutes during the waiting period; the site was examined by the Medical assistant & was very hot to touch & red about the size of a baseball. She was dismissed from the vaccine clinic. She went home and around 7:30 pm felt swelling in her tongue & mouth. She disregarded this symptom and went to bed, she awoke @ 2:30 am and felt her tongue was more swollen & then called the nursing supervisor. Patient took Benadryl 50 mg at 0230am. NO response from the Benadryl. Went to the ER @ 0400 called 911, B/P was 155/88 & O2 sat 89%. She opted to go to the ER by private vehicle. Went to ER. She was give IV fluids, Benadryl & monitoring. Discharged from ER this am. Hx of allergy of bee stings. Stated this reaction was the same as a bee sting reaction. Discharged from the ER to take tylenol & Benadryl & monitor. During this call she stated that her tongue is still a little swollen, speech is clear, Denied SOB. Temp 99.8 during this call. Lymph nodes in her in neck are swollen- she said there is 1 area near her right collar bone the size of a golf ball. Currently nauseated, denied chest pain. She does not qualify for testing since she had Covid on 01/8/21. A VAERS report will be submitted today & I will add that ID # to this documentation. :PLAN Clear to work; yet verifying with physician if any additional instructions.</p>

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1020866	2/10/2021	CO	73	F	2/2/2021	2/6/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: four days after vaccination patient presented to emergency department with neck and facial rash and some shortness of breath. Patient reports taking loratadine, diphenhydramine (oral), hydrocortisone (topical), and famotidine at home. Patient denies nausea, vomiting, chest pain, fevers, chills, and abdominal pain. Initial vital signs within normal ranges except blood pressure 134/83 mmHg. Physical exam shows a raised erythematous rash on face and neck and erythematous rash on left forearm and elbow consistent with irritant dermatitis. No eye or mucous membrane involvement. No stridor, wheezing, rhonchi, rales, or respiratory distress noted. Patient observed and prescribed topical and oral steroids and discharged to home. On telephone follow-up two days after emergency department visit patient reports symptom improvement.
1020212	2/10/2021	OH	58	F	1/14/2021	1/15/2021	started on the 15th at 7pm had a red itchy burning rash on my breast and then it spread to my other breast it is very painful . Went to the express care on the 16th and was told i had shingles and the rash got worse so went to the ER. Dr said I was misdiagnosed it was not shingles. But that the vaccine had flared up my auto immune disease, have me IV dexamethasone and 40 mg prednisone and it did not help. Went to the ER yesterday with the same rash but Had terrible chest pains and pain in my back and lightheaded and felt jittery. Was told i have inflammation in my chest and skin.
1020716	2/10/2021	OK	92	F	2/9/2021	2/9/2021	About 12 minutes after the vaccine she developed chest pain and left arm pain.

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1020443	2/10/2021	AZ	73	M	1/30/2021	2/3/2021	For the two days prior to presentation the patient had been complaining of chest pain, his breathing seemed to be labored Monday. He and the family thought the pain was due to shingles as he carried this diagnosis from a month ago. Patient had also received the COVID vaccine 2 days prior to presentation and assumed he was feeling unwell due to the vaccine. Family wanted to take him to the hospital yesterday and earlier today but he refused. She left him in his home earlier this afternoon prior to presentation and returned to check on him finding him unresponsive and apneic at which time EMS was activated. #cardiac arrest -- suspect primary cardiac given collateral from family at home, consider hypoxemia which was corrected with advanced airway and 100% FiO2, patient clinically euvolemic and with soft brown stool in diaper not suggestive of GI hemorrhage, attempt to address acidosis with CPR and bicarbonate, not hypoglycemia, on bedside ultrasound FAST neg and no pericardial effusion suggestive of tamponade and +lung sliding bil not spontaneous pneumothorax Assessment/Diagnosis: -cardiac arrest, cause unspecified
1020592	2/10/2021	CT	31	F	2/10/2021	2/10/2021	Pt received her first dose of the Moderna COVID-19 vaccine and within minutes c/o feeling dizzy. EMS was on site and evaluated the pt. Pt's HR was up to 137 though pt reported feeling better, just anxious. Pt denied headache, chest pain, shortness of breath. Pt signed a refusal for transport to the hospital with EMS. Pt waited an addition 15 minutes in clinic for a total of 30 minutes and by the time she left she reported feeling much better. Pt was advised by RN to call her PCP to discuss prior to her second vaccine. Pt verbalized understanding and agreed to the POC.

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1020610	2/10/2021	FL	41	F	2/3/2021	2/3/2021	Received vaccine at 1500 on Wednesday 2/3. General body aches started at 2200. At 0000 on a Thursday 2/4 upper back pain like someone hit me with a baseball bat. By 0400 chills, flushed face, temperature 101.2. By 0900 chest pain for 30 minutes. The rest of Thursday and Friday chills, bone pain in pubic area and both legs and then fever would start 101 or higher took Tylenol for every fever. Saturday headaches began with nasa congestion, nasal dryness and nose bleeds. Sunday night diarrhea. Monday morning headaches continue took 1 Tylenol with hangover feeling along with nausea all day and NO I did not drink alcohol, COVID TEST DONE as per work requirement. Tuesday runny nose, headache, nausea, took temperature 99.8. Today Wednesday woke up with headache congestion and more nausea and headache, COVID Test results negative , went to primary physician and did lab work and urine test . I have missed 2 weeks of work. As per work still symptomatic after the vaccine and can not return to work after 10 days, today Wednesday is day #7
1020635	2/10/2021	CO	36	M	12/30/2020	1/12/2021	Developed difficulty taking a deep breath along with chest pain, along with a racing heart and my hands becoming cold and turning purple like blood is not circulating. these events come and go and were never consistent in nature. I received that second does on January 28th and became very sick for 2 days with flu like symptoms . At this point I am still suffer from the symptoms I described first that come and go pretty much daily.
1020664	2/10/2021	KS	46	M	2/8/2021	2/9/2021	Per patient, woke up on the morning after the day following his vaccination (2/9/21) with chest pain, shortness of breath, and feeling light-headed. He tried to sit up, saw red dots, and "passed out" momentarily. He had severe headache upon awakening, ringing in ears, and blurry vision. Went back to bed and slept all day. Symptoms worsened every time he tried to get up. Woke up this AM, with symptoms persisting. Came in for OV, BP noted to be elevated at 150/106. Patient was sent to hospital via ambulance for further work-up and management.

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1020668	2/10/2021	NC	73	F	2/10/2021	2/10/2021	She showed up at the hospital today and received her Covid shot. She had no reaction to the first shot. About 14 minutes after the shot she felt mildly short of breath. Reportedly there was no signs of increased work of breathing. She had no throat swelling or change in voice. Patient reports these symptoms were different from her baseline asthma so the decision to call a Code 44 was made and she was brought to the ED. Since that event her symptoms have improved. She denies any chest pain or pressure. She denies any recent illness prior to the event. She denies any lightheadedness or syncope.
1016814	2/9/2021	NM	27	F	1/28/2021	1/29/2021	Pulmonary Embolism 27 year old female presented to ED with chest pain and shortness of breath that began within 24 hours of receiving second Covid vaccine injection on 1/29/21. Chest pain subsided with Tylenol and time, but shortness of breath persisted, worsening on 2/8/21 which brought patient to ED. CTA confirmed PE diagnosis and treated with out patient oral therapy - Xarelto.
1017291	2/9/2021	NY	74	M	2/4/2021	2/4/2021	Systemic: Other- Pain in chest, trouble breathing, 2 hours post shot.
1017267	2/9/2021	SD	87	M	2/8/2021	2/9/2021	Patient awoke at 0600am with chest pain. He took two nitro and tried to go back to sleep. At 0800am he awoke again with the chest pain and took 2 nitro which again helped the pain. At that time he did experience shortness of breath and diaphoresis. He was found to have decreased O2 sats when the EMTs got to him and he was placed on a non-rebreather. On x-ray the patient was found to have a right pneumothorax, cardiac markers were negative. A chest tube was placed and the patient was transferred to a hospital.

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1017213	2/9/2021	CA	92	F	2/4/2021	2/5/2021	Patient presented to ED 2/6/21 with rash on abdomen/chest with pruritus for past 1 day. Denies nausea/vomiting, chest pain, dyspnea, dizziness, cough. Received COVID vaccine and also prescribed Bactrim on 2/4/21. Also presented with acute renal failure, hyponatremia. It is likely that all these events are due to Bactrim but we are reporting to VAERS given patient received vaccine at same time. Patient has been treated with hydration with normal saline, Solu-Medrol, Pepcid, and cetirizine, Calamine lotion, sodium chloride tablets. Symptoms of rash have improved and sodium is improving.
1017190	2/9/2021	NC	66	M	2/5/2021	2/5/2021	CLIENT STATES 3 HOURS AFTER RECIEVING VACCINE HE HAD A SEIZURE, WIFE IN ATTENDANCE AND LASTED ABOUT 30 MINUTES, HAS O2 SAT FINGER PROBE AT HOME AND SAT WAS 96 % BUT HEART RATE VIA MACHINE WAS IN 30 RANGE. HAD CHEST PAIN NON RADIATING. DID NOT SEEK MEDICAL ATTENTION UNTIL MONDAY, 3 DAYS AFTER VACCINE,THIS IS WHEN HE SAW HIS CARDIOLOGIST AND HAS ECHO ORDERED FOR 1 WEEK. HE ALSO HAS A MD APPOINTMENT WITH UROLOGIST FOR KIDNEY STONES. PULSE RATE WAS BACK TO 60 RANGE WITHIN 1 HOUR.
1017144	2/9/2021	WA	61	F	1/29/2021	1/29/2021	Patient described having a "mild reaction" to first dose Pfizer BioNTech vaccine, and pre-mediated with 50 mg diphenhydramine as well as her morning cetirizine 10 mg before the second dose. Approximately 10 minutes s/p second dose the patient experienced dizziness, facial tingling, anxiety, hard and soft palate numbness, and flushing. She was helped to a stretcher and her BP was 204/94. The patient was taken to the ED for further monitoring. In the ED, she denied any throat swelling, tongue swelling, or difficulty breathing on arrival. She also denied any chest pain and palpitations. She received methylprednisolone 125 mg IV x 1 and a liter of normal saline, underwent observation, then discharged home uneventfully.

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1016991	2/9/2021	OR	55	F	2/5/2021	2/5/2021	Walking to bed and headed to restroom. I felt perfectly fine. Blacked out in the restroom. Hit chest on either door handle or toilet. bruised ne and lost bladder control. When i awoke I had chills and fever. Crawled to bed and took temp. 102. Shivering and chills all night. Fever stayed at 102 for evening. Next day it was 101.5 all day. spent day sleeping and through the next night. Chest pain from hitting chest. exhausted entire weekend ..
1016827	2/9/2021	WI	67	F	1/27/2021	1/27/2021	History of Present Illness: Patient is a(n) 67 Y female with a PMH of asthma, HTN, HLD, GERD who arrived to the ED via rescue squad with complaints of sudden onset of squeezing chest pain/tightness that radiated to the back, associated dyspnea, lightheadedness and dizziness that began around 6:30PM. Pt reports she was feeling well prior to the episode and she had her COVID 19 vaccine at 4:30PM and had tolerated the vaccine well. She does report that she had atrial fibrillation before, about 5 years ago and she underwent a cardiac work up. She denied palpitations, fever, chills, body aches, nausea, or vomiting. She does have a non productive cough. Her BP normally runs 130/80's at home and is controlled w amlodipine. She was given SL nitro and aspirin in the ambulance. EKG showed atrial fibrillation with RVR, HR 150's. Reason for admission: Atrial fibrillation with rapid ventricular response (*) Atrial fibrillation with RVR (*) She was admitted for further evaluation and monitoring. Troponin level noted to be 0.79 and EKG with ST-T wave changes, cardiology was consulted and patient underwent cardiac cath who revealed no significant CAD hyperdynamic LVEF 70 %. She developed a small hematoma post catheterization which has resolved. Cardizem was switched to metoprolol and both BP and HR are improved and controlled with losartan. Pt without any adverse effects to losartan, no s/s angioedema. Afib with an abrupt onset and abrupt return to normal sinus rhythm. She complained of calf pain, US dopplers were obtained and were negative for DVT. Her D Dimer was also normal. Pt discharge to home in stable condition.
1017329	2/9/2021	NC	29	F	2/5/2021	2/5/2021	Systemic: Other- Chest Pain (requiring medical intervention post vaccine)-Medium

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1016764	2/9/2021		46	F	2/3/2021	2/3/2021	Day of vaccination, throat became swollen, chest pain in the evening that resolved. Also severe fatigue and nausea.
1016737	2/9/2021	NY	48	F	2/1/2021	2/2/2021	Severe muscle and joint pain began 2/2/21, along with fever, headache and mild nausea. MSK symptoms progressed over the next 24 hours to include intense fatigue and pain chiefly of the larger joints and muscle groups. On 2/4/21 at approx. 1100, I developed severe ballooning chest pain, SOB and pain with breathing. I was clammy and tachycardic. The balloon like pressure subsided and was replaced by a sharp right sternal pain. I was taken to a local ER where major pathologies were ruled out. While there I developed a painful cough as well. I was diagnosed with non specific chest pain and sent home. Since then I have continued to have excruciating/ pleuritic type chest pain, intermittent headaches and pain involving the smaller joints and muscle groups, such as wrist/ forearm, scalp and neck. The larger joints and muscle groups remain achy and stiff. I am still experiencing intense fatigue.
1016704	2/9/2021	OH	29	F	2/8/2021	2/9/2021	c/o chest pain/pressure today after vaccination yesterday, along with fever, chills, SOB, body aches. She was instructed to call her cardiologist immediately to report.
1016689	2/9/2021	MD	49	F	2/9/2021	2/9/2021	Patient was walking to car after her 15 minutes of observation. Patient felt heart racing, shaky and "strange" feeling in throat. Patient came back in. Patient given bottle of water. Vitals checked. Patient rested until she stated she felt "better". Shaking stopped and her heart rate felt normal again. Patient denied any chest pain. No rash noted, no swelling. Patient encouraged to get ride home but stated she was fine to drive.
1016148	2/9/2021	IL	19	F	1/27/2021	1/30/2021	Patient is a 19yo female presenting to the ED with chest pain. Patient received her second Moderna vaccine two days. Since then she has been having symptoms of chills and myalgias. This morning she had severe chest pain in the middle of her chest. It made it difficult to breathe. Patient had no side effects from 1st dose of vaccine and denies any symptoms prior to receiving 2nd dose.

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1015931	2/9/2021	IN	22	F	2/7/2021	2/7/2021	itchy face, arm, and neck, chills, low grade fever, chest pain, joint pain
1015787	2/9/2021	KY	20	F	2/3/2021	2/3/2021	Chest pain and tachycardia (rates 100s-140s) x 72 hours
1015664	2/9/2021			M	1/23/2021	1/24/2021	chest pain; This is a spontaneous report from a non-contactable Consumer. A male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection) on 23Jan2021 at single dose for covid-19 immunization. The patient medical history was not reported. There were no concomitant medications. The patient experienced chest pain on 24Jan2021 . The patient was hospitalized for chest pain on an unknown date. No follow up attempts are possible. Information on lot/batch cannot be obtained. No further information is expected.
1017412	2/9/2021	OH	55	F	1/6/2021	1/22/2021	Patient is a 55 y.o. female presenting from home with complaint of shortness of breath. Patient tested positive for COVID-19 infection in January 15. Last 2 days started to get SOB with mild cough, no phlegm production Denies chest pain Initially had fever, but no fever last 3 days In ED, dropped sat to 89% momentarily, but was found to be tachycardic 130 range sinus CT PE was negative for PE, showed Mild infiltrative changes of the left lower lobe and lingula. Likely related to patient's known atypical infectious process. No superimposed dense airspace consolidation Pt has been treated with Remdesivir, Decadron and supportive care. Pt has been stable in room air. Pt wants to go home today. She will receive the fourth dose of Remdesivir. Then she is OK to be discharged home. She will follow up with primary care physician Pt reported dysuria. Her UA showed positive nitrite. One dose of Cipro 500 mg given (pt is allergy to Amoxicillin). She will continue take Cipro 500 mg twice a day for 7 days for UTI.
1017051	2/9/2021		77	M	2/3/2021	2/4/2021	pt received vaccine on 2/3. early on 2/4 developed chest pain, dyspnea, and was seen in ED and diagnosed with acute exacerbation of CHF and NSTEMI type 2, and anemia. on 2/5 transfusion was started and pt developed worsening dyspnea and then PEA arrest. Pt achieved ROSC and was transferred to the cardiac intensive care unit where he required vasopressor support. he subsequently declined and died on 2/7

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1018015	2/9/2021	KY	31	F	2/3/2021	2/6/2021	Received second vaccine on 2/3/21 and started having chest pain on 2/5/21. Went to ER on 2/6/21.
1017445	2/9/2021	IL	89	F	1/29/2021	2/3/2021	Patient is a 89 y.o. female with a history of a TAVR that presented to the emergency room few hours after having a 40 min episode of chest pain. The patient states she was just eating and suddenly started having sharp pain on the left side of her chest. There was a little bit of associated shortness of breath, but not much. She states it was sharp in nature and seem to stay about the same for about 40 min. She states that she does seem to get chest pain sometimes when she vacuums, but usually if she sits down it immediately goes away. She reports that she saw PAC about a week ago and was thought to be a little bit fluid overloaded. She was started on a little bit of oral Lasix and was supposed to come see provider later in the week. She states she has diuresed very aggressively the last few days and is feeling quite a bit less short of breath. In the ER, her EKG did not show anything acute. Troponin was normal. BNP was mildly elevated, but her imaging did not show any signs of acute congestive heart failure. Her D-dimer was elevated. However, she was not having any pain while she was in the emergency room. Her pulse was normal and her oxygen saturations were in the high 90s.
1018587	2/9/2021	IA	24	F	2/8/2021	2/8/2021	Migraine, nausea started 2pm 2-8-21 Hot/cold flashes started 9pm 2-8-21 Full body aches, extreme tiredness started 9am 2-9-21 Chest pain/heart palpitations, balance/depth perception started 11am 2-9-21 Vision sensitive, muscle weakness, metallic taste started 2:15pm 2-9-21 Skin irritation, blurred vision started 7pm 2-9-21
1018575	2/9/2021	NJ	66	F	1/27/2021	1/27/2021	High heart beat to 132. Hard to breathe. Chest pain. Ambulance to ER. 7 hours. Ongoing 2 weeks racing heart and chest pain wearing heart monitor.
1018022	2/9/2021	TX	66	F	2/6/2021	2/6/2021	15 min after vaccine had headache and chest pain requiring EC visit. Evaluated in EC without specific intervention and discharge with follow-up precautions with PCP

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1018004	2/9/2021	OH	25	F	1/4/2021	1/4/2021	Fever; chills; night sweats; hot flashes; increased heart rate; chest pain; nausea; swelling at the injection site; pain at the injection site; rash at the injection site; rash elsewhere on my body; fatigue; headache; decrease appetite. Had symptoms at least 7-9 days. I took advil. I tried cool compresses and cool baths. Employee health quarantined me and I got COVID tested.
1017976	2/9/2021	MN	24	M	2/9/2021	2/9/2021	Patient is here today for personal appointment. It was noted by EMS that he was complaining of chest pain / pressure and experiencing shortness of breath / difficulty breathing per patient report. At 1625, call placed to outside EMS. History of: depression, obesity, history of stress-induced cardiomyopathy Nursing Assessment: Airway: Open Breathing: Spontaneous Circulation: Pulse present Mentation: Alert Skin: Normal Patient monitored. and Oxygen saturation level obtained. Patient complained of feeling disorientated after first dose of vaccine. After second dose patient complained of feeling tightness in his chest, some shortness of breath, and an itch in his throat. Patient on EMS monitor with a HR of 90 and oxygen saturation of 100%. EMS offered patient IV Benadryl which patient refused. EMS activated outside EMS service and was taken to ER. Patient agreed to plan of care He was transported to the emergency department via ambulance at 1635.
1017947	2/9/2021		23	M	2/3/2021	2/3/2021	Chest pain, started the same day as the vaccine. Seen in ER 4 days later since symptoms had not alleviated.
1017871	2/9/2021	FL	82	F	2/9/2021	2/9/2021	Patient complained of shortness of breath, chest pain, and chest tightness after about 1 minute following vaccine. She was given Epi 0.3, Benadryl 25mg, and Solumedrol 125mg. She was transported to ER and was released after symptom resolution and normal EKG at the Hospital.

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1017784	2/9/2021	KY	60	F	2/1/2021	2/2/2021	left upper arm redness and swelling. She reports she got the second Pfizer COVID-19 vaccine on Monday 2/1. She reports the area is red right after the vaccine. She reports she has had increased swelling, redness, warmth. She reports she did have reaction to her first vaccine with redness and swelling, but that occurred 10 days after. She reports she has had some fever and body aches that she associates with having the second vaccine. Constitutional: Negative for chills and fever. HENT: Negative for sore throat. Eyes: Negative for visual disturbance. Respiratory: Negative for cough and shortness of breath. Cardiovascular: Negative for chest pain. Gastrointestinal: Negative for abdominal pain, nausea and vomiting. Genitourinary: Negative for dysuria. Musculoskeletal: Positive for joint swelling and arthralgias. Negative for back pain. Skin: Positive for color change. Negative for rash. Neurological: Negative for weakness and numbness.
1017640	2/9/2021	NJ	31	M	2/8/2021	2/9/2021	pt stated he was having chest pains, high pulse...111, high blood pressure, and felt winded
1018127	2/9/2021	TX	44	F	2/9/2021	2/9/2021	While PT was in her 15 minute observation period PT began to experience weakness with a near syncope, later complaining of chest pain. PT was found to be hypertensive BP 200/100. PT advised she has a PMH of HTN but did not take her prescribed medication in the morning. PT remained hypertensive and was found to have an irregular heart rhythm with no history of cardiac issues. IV was established, 325 mg of aspirin via PO was and 0.4 mg of nitroglycerin was administered via sublingual with PT chest pain improving from 8 of 10 chest pain to pain completely subsiding. Run #21-0766
1016965	2/9/2021	SC	71	F	2/8/2021	2/8/2021	Patient experienced chest pains post vaccination. EMS was on site and transported patient to the hospital. Patient was taken to ? Hospital, per patients request.
1017599	2/9/2021	KY	48	F	1/29/2021	2/8/2021	Had non intractable headache for several weeks before and after second vaccine on 1/29/21. Went to ER for chest pain and headache on 2/8/21. Admitted to Hospital.

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1017461	2/9/2021	CA	67	F	2/4/2021	2/4/2021	20 min after inj-itching, hives, lip and eyelid swelling, chest pain, neck pain, pain radiating down spine and to the legs, nausea, no vomiting, headache, treated Epinephrine, solumedrol, Benadryl, ambulance was called, but pt felt better and refused and stayed in clinic for observation, then d/c home
1017677	2/9/2021		31	F	2/8/2021	2/8/2021	2 hours after vaccine administration, patient reported acute chest pain and facial numbness/tingling. Patient went immediately to the Emergency Room where she had a normal EKG, CBC, and CTPA. Patient had an elevated D-Dimer but normal ESR and CRP. Patient was diagnosed with a hypersensitivity reaction to the vaccine.
1017687	2/9/2021	WA	70	F	2/6/2021	2/6/2021	70 YO F WHO JUST RECIEVED HER FIRST DOSE OF THE COVID VACCINE PRESENTED TO THE OBSERVATION AREA STATING THAT IMMEDIATELY ON RECIEVING THE SHOT SHE DEVELOPED RIGHT SIDED FACIAL NUMBNESS, AN ACHY CHEST PAIN IN CENTER OF HER CHEST THAT IS COVERED BY 3 FINGER TIPS, AND A SENSATION IN HER ABDOMEN THAT IT WAS BECOMING ENGORGED WITH FLUID. PT STATES THAT BREATHING MAKES HER CHEST DISCOMFORT WORSE BUT PALPATION MAKES IT BETTER. HAS NEVER FELT THIS WAY BEFORE. PT ALSO HAS AN EXTENSIVE LIST OF MEDICATION ALLERGIES WITH PRESENTATIONS FROM CHEST PAIN, SOB, HA, NAUSEA, ITCHING, AND FATIGUE. FOUND PT SITTING IN HER CAR A/O X4 IN NO OBV DISTRESS. HEENT - PERRL, NO JVD, NO FACIAL DROOP, = SMILE. CHEST - LS = CLEAR BILAT, EKG SR WITHOUT ECTOPY, 12 LEAD NSR WITHOUT ECTOPY, NORM ST SEGMENTS, NO BLOCKS AND APPEARS TO BE A NONISCHEMIC EKG. EXTREM - PWD, GOOD PMS X4, MOVES ALL WITH PURPOSE. EXAM, VS, O2 SAT, EKG, 12 LEAD, BASE, Pt transported to ED

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1017712	2/9/2021	CA	36	F	2/5/2021	2/5/2021	Per patient's significant other's report: Chest pain, hypothermia, incoherence of speech, and ataxia occurred 30-45 minutes after the injection. Patient was taken to a neighboring hospital where CT scan, blood draws, and physical examination took place. Patient states that the diagnosis was an anxiety attack, but the patient and the significant other disagree with this assessment. At the time of this report, the patient reports movement return, but still slowness of speech and thought. Patient is being followed by a primary care physician now.
1022301	2/9/2021	FL	87	F	2/8/2021	2/8/2021	Patient experienced right side chest pain ten minutes post vaccine. PR 20, HR 78, 97% Sat, 130/70. Blood glucose 124. 0 SOB, 0 dizziness, 0 headache. EMS evaluation: EMS and NP recommendation to go to local ER for evaluation. Pt refused transport to local hospital. Patient advised on side effects/adverse reactions after vaccine.
1017760	2/9/2021	CO	92	F	1/31/2021	2/1/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: One day after vaccination patient reported left arm and chest pain (over pacemaker), shortness of breath, and nausea resulting in poor oral intake. Initial vital signs in the emergency department within normal ranges except blood pressure 135/60 mmHg. No fever, cough, or dermatologic symptoms reported or noted. Only neurological symptom noted was lightheadedness. Patient administered aspirin, antibiotics, intravenous fluids, and acetaminophen and observed overnight. Pain improved with acetaminophen. Vitals were within normal ranges during observation period and symptoms resolved. Cardiology evaluated patient, determined pacemaker functioning appropriately, and patient discharged to home stable.
1011725	2/8/2021	WA	23	M	2/3/2021	2/3/2021	left upper chest pain that began after vaccination but worsened over 4 days, prompting a visit to our , where there were concerns for myocarditis. He was ultimately transferred to a local hospital for further care.

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1011952	2/8/2021	TX	52	F	2/2/2021	2/2/2021	At about 12 pm day of immunization patient began having the following symptoms: redness to neck and front chest, injection site (right arm) redness , itching, rash below and above injection, reports blood pressure 169/96 (checked at site) , dizziness with standing, denied shortness of breath or chest pain at that time. En route home began having mid sternal chest pain , radiated to left side of chest, checked blood pressure at home 175/100. Patient states took additional Benadryl 25mg PO . After Benadryl chest pain subsided. At this time reports headache, dizziness, vertigo, chills , and fever. Vital signs stable, patient aaox3, report to Occupational Health provider. No obvious distress noted.
1011816	2/8/2021		23	F	2/3/2021	2/4/2021	Chest pain, shortness of breath. fever.
1011883	2/8/2021	FL	34	M	1/21/2021	1/25/2021	I had a fever, headache for two days following the vaccine. Two days after I had chest pain and went to the emergency room. I was admitted with elevated troponin and diagnosed with myopericarditis.
1011941	2/8/2021	WA	48	F	1/6/2021	1/8/2021	Chest pain, burning in back and front of chest, headache
1011760	2/8/2021	AR	28	F	1/29/2021	1/30/2021	Chest pain started on 01/30/2021 around 1pm. At this time the chest pain was constant. The next couple of days the chest pain was only on exertion. The chest pain got better and I only experienced slight SOB of exertion over the next few days. Last night (02/07/2021) I experienced extreme dizziness (when walking and lying down). While laying in bed the room was spinning.
1012052	2/8/2021	CO	78	F	1/27/2021	1/27/2021	This 78-year-old female has a history of allergic reactions to ciprofloxacin and latex. She received a COVID-19 vaccine this morning at approximately 11 AM. In a matter of minutes after receiving the vaccine she developed tingling to the left side of her lower lip as well as some pressure in her tongue and behind her eyes. She reported a sensation like her face was swelling. She denies difficulty breathing, difficulty swallowing. There is been no nausea or vomiting. She was observed in the vaccine area, and then ultimately referred to the emergency department after approximately 40 minutes of symptoms. No chest pain or chest pressure. No rash.

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1012553	2/8/2021	WI		F	1/21/2021	1/21/2021	bronchospasms; This is a spontaneous report from a non-contactable pharmacist. A female patient of an unspecified age received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EL3248, expiry date: unknown), intramuscular on 21Jan2021 at a single dose for covid-19 immunization. The patient's medical history included chest pain in the past (has experienced this on and off unrelated to medication administration). Concomitant medications were not reported. The patient previously took first dose of bnt162b2 on unspecified date for covid-19 immunization. The patient is not pregnant. The patient was not diagnosed with covid-19 prior to vaccination and was not tested for covid-19 post vaccination. On 21Jan2021, the patient complained shortly after second dose of covid vaccine, having what she felt were bronchospasms. Medical Emergency Rapid Response call was made. RRT personnel arrived and administered 2 puffs of albuterol inhaler with subsequent improvement of status. No other complaints of chest pain, etc. It was reported that the event resulted in doctor or other healthcare professional office/clinic visit. Therapeutic measure was taken as a result of the event. Outcome of the event was recovered on unspecified date in Jan2021.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported event cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

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1012564	2/8/2021	MI	52	F	1/29/2021	1/29/2021	52-year-old female presents to the emergency department with complaints of left arm tingling sensation which is radiating up her neck to her jaw. She had just received the second dose of her Moderna COVID-19 vaccine. She was resting in the 15-minute waiting area and only had a few minutes to go when she suddenly developed the symptoms. She then felt lightheaded and as if she was going to pass out. They did check her vital signs there and then decided to bring her to the emergency department for evaluation. On arrival here she states that the arm seems to get more tingling sensation into her fingertips now and she has some tingling on the left side of her face including the left side of her tongue. She denies any chest pain or shortness of breath. No cough fever or chills. No swelling of the lower extremities or calf pain. Patient received Diphenhydramine 25mg IV x1, Famotidine 20mg IV x1, Ondansetron 4mg IV x1, Acetaminophen 1000mg po x1, 1000 ml Normal Saline Bolus x 2 boluses Pt discharged from ER at 1800 1/29/21 MD note on discharge =MD went to the patient's room and discussed her work-up with her. MD discussed the finding on the CT scan. They also discussed the findings of the CTA head and neck. MD reexamined the patient, and she notes that she continues to have some numbness in her right upper extremity and in her mouth, but notes that the numbness in her tongue is improving. MD offered this patient observation admission, as well as evaluation by neurology with an MRI of the head, however the patient declined this, noting that she would prefer to be discharged home. Patient lives at home with her husband and child, she is a nurse by occupation, and overall is healthy. Given that she has understanding into the nature of her pathology, will have somebody at home to help her if she needs it, and will be reliable for follow-up, I am comfortable discharging the patient at her request. MD extensively discussed return precautions with her, and she verbalized understanding and agreement with the plan

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1012654	2/8/2021		79	M	11/12/1941	2/8/2021	patient received moderna covid 19 vaccine and then had chest pain. Blood pressure was elevated 171/92 HR 69 and pt has hx of HTN and has pacemaker. 911 was called, patient refused transport to ED and stated chest pain had resolved by 0916 and patient left at 0925.
1011684	2/8/2021	TX	82	F	2/5/2021	2/5/2021	Pt arrived today for her Pfizer booster. During the 30 minute monitoring period she stated that her throat was itchy. She was provided some water and monitored. After 10 min past initial monitoring period symptom of itchy throat was not worsening or improving. VS 144/83, pulse 59, 99%.O2 sat. Pt denies difficulty breathing, chest pain/pressure, or shortness of breath. Assessed by MD. Pt was offered Benadryl (oral 25 mg), She agreed to take 12.5 mg Benadryl prior to her trip home given she drove herself. Pt was monitored for additional 20 min and reported that symptoms were not worsening. Pt advised to seek urgent medical care if symptoms worsened when she transferred home.
1011226	2/8/2021	IN	80	F	2/6/2021	2/6/2021	Shaking with chills. Could not warm up. Nausea. Pain in chest. Temperature of 99.9, lasted about 7 hours and then I felt fine, but tired. The next day felt normal, except for arm being slightly sore. The worse part was the severe shaking from chills and nausea. I did take a Tylenol before going to bed.
1012569	2/8/2021	GA	55	F	12/22/2020	12/29/2020	PATIENT ACQUIRED COVID-19 ON 12/29/2020 AND SYMPTOMS WERE EXHAUSTION, SEVERE HEADACHE, BODY ACHES, COUGH, SOB, CHILLS, SWEATS, FEVER OF 103 DEGREES, RHINORRHEA, CHEST PAIN, FATIGUE, TIREDNESS, WEAKNESS, SUDDEN LOSS OF SENSE OF TASTE,, SUDDEN LOSS OF SENSE OF SMELL.

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1011627	2/8/2021		57	F	2/6/2021	2/6/2021	The patient did not feel well after her COVID vaccine. She reported feeling numbness on the left side of her tongue and lips in addition to itching just below her left shoulder. Her vitals were taking and she stated that the odd feeling is in the same location as a previous shingles outbreak. She was placed in a chair in a reclined position. She was oriented to place and time with no wheezing, shortness of breath, or chest pain. Face was symmetrical with no visible droop or swelling. She remained in a reclined position for 15 minutes, after which she reported feeling better. She was stable upon standing with no concerning symptoms. She was advised to call our facility or 911 depending on the severity of any additional symptoms. O2 Sat = 96%, BP 132/80
1011622	2/8/2021	IN	24	F	2/6/2021	2/7/2021	Estimated start time of 10:00am?injection site soreness, muscle soreness, joint pain, and migraine, nausea, chills, and heat flashes. Estimated start time of 9:00pm?chest pain and sensation of burning lungs. Aspirin taken at 10:00pm. All symptoms except for injection site soreness were gone by 11:00pm.
1011512	2/8/2021	SC	57	F	2/5/2021	2/5/2021	SOB with chest pain, headache
1011500	2/8/2021	NY	27	F	1/14/2021	1/14/2021	Vaccine was administered around 5 PM on 1/14/2021. Chest pain started around 9 PM the same day and continued, also had some shortness of breath. Headed to emergency room around 4 AM on 1/15/2021. Several tests were done, found general systemic inflammation. Chest pain caused by inflammation in lungs and airways. Treated with ibuprofen and chest pain cleared in about 40 minutes. Discharged at 1/15/2021 around 7 AM.
1011496	2/8/2021	MA	65	F	1/28/2021	1/28/2021	I develop PVCs about 11hrs post vaccination along with other common symptoms. PVCs have continued to present. 8 days post vaccination I developed chest pain with the PVCs.
1011465	2/8/2021	IL	64	F	1/22/2021	2/5/2021	Arm was red from shoulder down to crease of elbow & warm to touch. Chest pains come and go.

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1011435	2/8/2021	NY	35	F	2/7/2021	2/7/2021	Metallic taste in mouth immediately following injection. Taste did not subside and made food taste bad. Tingling in lips started 12 hours after shot. Chest pain. Have been taking Tylenol and Benadryl and symptoms have not resolved but have not gotten worse
1011368	2/8/2021	IN	78	F	2/2/2021	2/3/2021	Extreme weakness, chills, mild fever, body & joint aches, headache, coughing, one episode of chest pain! Trying to recover by resting and staying in. I will be contacting the my doctor, just as soon as I finish this inquiry!
1011327	2/8/2021	MA	43	F	1/31/2021	2/1/2021	Fever with in 24 hours of 103.7, severe body aches arthralgia, headache, dizziness, chest pain, lymphadenopathy, injection site pain. Fever ended after 24 hours but remained with bone pain in long bones and chest pains and severe lymphadenopathy. Took Motrin and Tylenol for discomfort. After 6 days and still having chest pain went to Emergency room for eval. +D-dimer and chest cat scan done. No pulmonary embolus. Negative troponin, chest pain unresolved but not really any explanation given.
1012665	2/8/2021	TX	48	M	1/27/2021	1/27/2021	Moderna Covid Vaccine - Received 2nd dose of vaccine and acutely developed fever, chills, diffuse myalgia, and fatigue. Patient felt week to the point he could not walk. Denies headache, photophobia, neck stiffness, SOB, chest pain, cough, N/V/D, abdominal pain. Denies recent illness or sick contacts. Wife and patients denied any symptoms prior to receiving Covid vaccination. Past Medical History includes: metastatic clear-renal cell CA; receiving nivolumab/ipilimumab. SoluCortef 15mgAM/5mgPM initiated on 12/31. Last chemotherapy received on 01/22/21; S/P left nephrectomy In the ED, patient was started on vanc/zosyn/azithromycin, SoluCortef 100 mg, IVFluid and levophed (for MAP 62-64). Patient was admitted to the MICU for undifferentiated shock. Hemodynamically stable after weaned off low-dose levophed. Etiology likely infectious vs Adrenal insufficiency vs reaction to COVID vaccine. SoluCortef decreased to 50mg q6H. Acute kidney injury; likely secondary to shock.

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1011286	2/8/2021	NY	54	F	2/6/2021	2/7/2021	On the afternoon of the day of vaccination (2/6/21) I have developed a skin rash on my chest and neck, but it went away after few hours. On Sunday I felt a strong pain in my right arm. In the afternoon (2/7/21) I developed a severe headache, started to feel chest pain, a bit of nausea, flushed skin on my cheeks. By about 5:00 pm I felt really bad and I checked my blood pressure- using electronic meter. The reading was 171/105 with pulse 91. I have no history of high blood pressure. I called my physician but there was only recorded message to go to ER in case of emergency. I didn't feel that urgent need so I called my friend who is a nurse and she advise me to take aspirin. I did not have one on hand so my husband went to the store and I took it (325mg) after 6 pm. By 5:50 pm my blood pressure went up to 181/108, with pulse 98. At 6:54 pm it went down to 148/95 with pulse 91. The headache was becoming dull and I started to feel a bit better. This morning my blood pressure continues to be high- 149/95 with pulse 70.
1010737	2/8/2021	MI		M	1/23/2021		chest pain; This is a spontaneous report from a contactable consumer (niece) who reported for her grandfather A male patient of an unspecified age received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot# unknown), via an unspecified route of administration at single dose on 23Jan2021 for covid-19 immunisation. The patient medical history was not reported. The patient's concomitant medications were not reported. The patient experienced chest pain on an unspecified date. The patient was hospitalized for chest pain from 24Jan2021. The outcome was unknown Information on Lot/Batch has been requested.

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1010644	2/8/2021	GA	21	M	1/12/2021	1/13/2021	Trouble breathing; Lightheaded/dizzy; Chills; Sore all over; Weakness in legs; Chest pain; This is a spontaneous report from a contactable consumer (patient). This 21-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number EK9231), via an unknown route, on 12Jan2021 at a single dose on the left arm for COVID-19 immunisation. No relevant medical history and concomitant medications were provided. No known allergies. Pre-vaccination COVID test was not performed. On 13Jan2021, at 05:00 PM, the patient had lightheaded/dizzy, chills, sore all over, weakness in legs, chest pain and trouble breathing. On 14Jan2021, COVID test (Nasal Swab) was done and resulted negative. The events required an emergency room visit. Then, the patient was hospitalized for 3 days due to the events. Therapeutic measures taken as result of the events included ibuprofen and 2 other medications. The patient was recovering from the events.
1011319	2/8/2021		75	F	2/5/2021	2/5/2021	Pt was driving home from vaccination and she had a sharp left sided chest pain. She pulled over and resolved but has had intermittent left sides chest pain/pressure since. On Monday 2/8 she was directed to go to the ED for evaluation.
1014560	2/8/2021		31	F	2/4/2021	2/4/2021	Chest pain, chills, myalgias, fever 102.0F, fatigue, headache, general malaise, localized pain in injection muscle (left deltoid)
1012693	2/8/2021	KY	89	M	1/24/2021	2/4/2021	Administered Patient vaccine 01/21/21. Went to ED and diagnosed with the following: 1. Shortness of breath 2. Peripheral edema 3. Hypertensive urgency 4. Weight gain 5. Hypervolemia, unspecified hypervolemia type 6. Atypical chest pain Admitted to inpatient to hospitalist but then signed AMA and left hospital.

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1010639	2/8/2021	MI	75	F	1/15/2021	1/1/2021	<p>accompanied with very severe chest pain; Pericarditis; woke up with a severe headache; severe pain; continues to have muscle pain; weakness; shortness of breath when she walks; This is a spontaneous report from a contactable consumer. A 75-year-old female patient received first dose of BNT162B2 (lot number and expiry date not provided), via an unspecified route of administration on 15Jan2021 10:30 at single dose for COVID-19 immunization. There were no medical history. The patient was not pregnant at the time of vaccination. The patient's concomitant medications were not reported. On 16Jan2021 04:00, she went to bed at night and woke up at 4 AM with a severe headache. She took Aleve and went back to bed. When she woke up at 8:30 AM her headache was very severe and was accompanied with very severe chest pain. She immediately took her to the ER. They did a very thorough work up to check on her heart and Aorta. They managed her severe pain with two doses of morphine followed by two days of Dilaudid. The imaging and symptoms left her with a newly discovered diagnosis of Pericarditis. The medical professions were sure this was a result of the COVID vaccine. They continued to treat her for a few days and sent her home with anti inflammatories to help. She continues to have muscle pain, weakness and shortness of breath when she walks. She is scheduled to take her 2nd dose on February 5th but we are very concerned and hesitant as we don't want to cause any more damage to her heart. The patient was hospitalized for events 'headache', 'chest pain;', 'pericarditis' and 'pain' for 4 days. The patient did not receive any other vaccines within four weeks prior to the vaccination and did not received any other medications within 2 weeks of vaccination. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests and procedures which included imaging: pericarditis on 16Jan2021 and Nasal Swab: negative on 16Jan2021. Therapeutic measures were taken as a result of all the events which included Colchicine and prednisone, morphine and dilaudid. The outcome of the events was recovering. The events "headache", "chest pain", "pericarditis"and "severe pain" were assessed as serious due to hospitalization and disability. The events "myalgia", "asthenia" and "dyspnea" were assessed as</p>

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							serious due to disability. The events ('headache', 'chest pain;', 'pericarditis' and 'pain') resulted in emergency room visit. Information on the lot/batch number has been requested.
1014856	2/8/2021	VA	73	F	1/15/2021	1/15/2021	Ten minutes after receiving her vaccination she developed heart racing and pounding that was so severe she thought her heart would burst. It lasted for about five minutes, stopped for half a minute and then went on again for another 10-15 minutes. She was monitored by a nurse on site but does not know her vital signs. She did not have any chest pain, cough, wheezing, shortness of breath or hives, just a strong rapid heartbeat. No symptoms since then.
1014812	2/8/2021	HI	78	F	2/4/2021	2/4/2021	Symptoms: c/o chest pain, lightheadedness, vitals WNL. Intervention: rest, reassurance - symptoms resolved.
1014803	2/8/2021	CA	76	F	2/8/2021	2/8/2021	Pt developed nausea, dizziness, and chest pain during her 15 min observation period. Pt was clutching her chest and stated that she felt her heart racing. 911 called and pt transported to ED.
1014773	2/8/2021	AK	78	M	2/6/2021	2/7/2021	Pt concerned about mild headache, chills, and fatigue after first dose of covid vaccine yesterday afternoon. Denies pain at injection site L. Deltoid. Denies NVD. States he feels a little dizzy when he stands. Denies chest pain or shortness of breathe.
1014769	2/8/2021		19	M	2/3/2021	2/5/2021	fever,H/A,chills. Presents with HA, chills, fever. Received second moderna COVID vaccine on 2/3. HISTORY OF PRESENT ILLNESS: 19-year-old male presents with headache, body aches and subjective fever following second COVID vaccination. She received a vaccination 2 days ago, and yesterday developed acute onset of generalized body aches, mild, constant with gradual onset of bitemporal frontal pressure headache, similar to priors. He also reports subjective fevers but has not checked his temperature. He took Motrin yesterday with some improvement. Denies objective fever, chills, nausea, vomiting, neck pain, vision changes, chest pain, dyspnea, abdominal pain, back pain, weakness or numbness.

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1014740	2/8/2021	CA	83	F	2/4/2021	2/6/2021	Patient found down at home with agonal respirations and per EMS asystole, received 2 rounds of epi at her house with return of spontaneous pulses, lost pulse again in route to ER and another round of epi was given, CPR in progress when arrived at hospital. Prior to this patient's husband states he heard her fall in the bathroom but did not immediately check on her as he states that this has happened before. He checked on her 10 min later and that's when he found her unconscious. Daughter called 911 and she began CPR. No previous complaints of headache, chest pain, back pain, fever or chills. Husband states patient was drinking that evening which is not unusual for her. Patient died at hospital.
1014727	2/8/2021	PA	51	F	1/19/2021	1/19/2021	patient waited 30minutes post vaccination. Then left and came back approx. 10 minutes later, patient came back due to having right side of face, neck, and tongue numbness and tightness. No chest pain, No Shortness of breath. 1825 she did report to staff she had difficulty swallowing. Patient was given Benadryl at 1853, 1930, 2004. vitals were monitored during this time also.
1014573	2/8/2021	CA	79	M	2/8/2021	2/8/2021	slight pain in chest, red face, bp very high
1014498	2/8/2021	FL	49	F	2/8/2021	2/8/2021	Patient had shortness of breath, stridor, chest pain 10 minutes after 2nd COVID-19 vaccine dose. Received epi-pen, nebulized bronchodilators, steroid injection, diphenhydramine and famotidine. Patient was in ER about 7 hours for observation, improved and was discharged home with supportive care.
1014447	2/8/2021	KY	68	F	2/4/2021	2/8/2021	Starting having Chest Pain and SOB on 2/5/21. Had oxygen saturation of 85%. Went to ICC and then ER on 2/8/21 for these symptoms.
1013339	2/8/2021	CA	81	F	2/5/2021	2/5/2021	~~While in the waiting area after receiving her vaccination Pt. developed chest pain with changes in skin color. She denied any shortness of breath. BP 179/71 P 66 R16 SaO2 96% 911 was called Pt. was transported to hospital." Per RN. Paramedic documented. "Post vaccination pt started to become very light-headed and had near syncopal episode, also c/o chest discomfort over L anterior chest, denied any shortness of breath, Pt was evaluated 911 called, Pt was transported to hospital for evaluation w/VFD and AMR.~~

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1013053	2/8/2021	MI	95	F	2/4/2021	2/5/2021	Red eyes, developed cough, Right shoulder and chest pain.
1012749	2/8/2021	FL	60	F	12/22/2020	12/22/2020	12/22 Vaccination 4 hours later, chest pain. Felt heavy. Got extremely sleepy. I tried to lay down, episode of syncope. Chest discomfort. ER for observation
1012850	2/8/2021	MA	77	F	2/7/2021	2/7/2021	Pt reported that she had a Pfizer vaccine on 2/7 at 10am and went home and experienced chest pain at 1pm that lasted for only a few seconds. Pt also experienced a mild SOB while walking in the hallway. Mild SOB was only lasted for a few secs (prior to chest pain). Pt stopped and rested and Pt felt fine afterwards. Chest pain Hx: Upon assessment, Pt also reported that pt experienced chest pain x1 (6 months ago) which also lasted for a few seconds. But, pt never reported this to pt's physician. Other Sxs: Symptoms: Headache. Onset: 2/8 AM. Pt took Tylenol 1000mg this 9am. Pt states she usually takes QAM for her arthritis. Effect: "It did not help." Pt denies any change in vision, blurry vision, double vision. Denies NV. Pt denies any chest pain or SOB today. Pt was able to speak clearly in full sentences. Pt was able to do ADLs without this morning. Pt stated, " I am able to carry on all my chores without difficulties. Other than headache I feel completely fine." No distress noted that needed an emergent care. Recommendation -Pt denies any significant related symptoms such as ?worst headache of life? or changes in vision, speech, or coordination, or nausea/vomiting. -Instructed to take analgesics such as Acetaminophen after 4-6 hrs (Adult dose: DO NOT EXCEED 4,000mg per day unless directed by the doctor) according to package instructions provided there are no contraindications. -Advised to rest and increase water intake. Education: -If pt experiences any chest pain, SOB, visual changes, change in mental status, N/V or ?worst headache of life?, pt was advised to go the nearest ED. -If headache is severe, focal, progressive or persists > 1 day: Pt was advised to reach out to PCP same day.???If PCP is not available should seek care at Urgent Care. Pt verbalized understanding and agreed with the plan.

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1014579	2/8/2021	AK	20	M	2/4/2021	2/4/2021	Patient sitting in observation area following 1213pm vaccine administration. At 1215, 2 minutes after vaccine, patient complained of chest pain and shortness of breath. No hives or swelling of lips or throat noted. + periorbital edema. No cough or wheezing or stridor. No local reaction noted on L deltoid. Rapid Response called and pt transported to Emergency Department (ED). Cardiac workup, CXR negative. Pt given IV Benadryl and IV fluids. Symptoms resolved. Pt discharged from ED at 2:50pm same day.
1013000	2/8/2021	TX	25	F	2/5/2021	2/7/2021	On 2/7/21, had minor gnawing chest pain (2-3/10) which progressed to 7/10 chest pain , throbbing headache with positional changes and numbness down both arms (L>R). Went to the ER and was admitted.
1013332	2/8/2021	NY	63	M	1/31/2021	1/31/2021	1/31 - received 2nd dose of Moderna vaccine at MD (where I work as M.D.) Approximately 8 hours later, experienced severe chills, fever 102, chest pain, and shortness of breath. Fever lasted two days, however ,still not feeling well then experienced palpitations, irregular heartbeat. Went to cardiologist on 2/8. Tests revealed pericardial effusion and pleural effusion.
1013102	2/8/2021	NC	66	M	1/28/2021	2/3/2021	The vaccine was given on 1/28/2021. The patient reported to the Medical Center ED on 2/7/2021 with complaints of worsening bilateral lower extremities pain, swelling, numbness L>R leg for about a week. He reports significant purple discoloration of his legs, "purple spots on lower legs", pain in bilateral legs worse with rest and standing still and associated DOE. Denied chest pain, abd pain, palpitations, fever, chills, NVDC, sick contacts, recent trauma/falls/injury. Denies regular use of NSAIDs, antiplatelet meds or chronic anticoagulation, clotting or bleeding disorders, history of DVT or PE. Patient was seen here by the ED staff on 2/3/2021 after a syncopal event at home where he described feeling light

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1013125	2/8/2021	OH	35	F	2/8/2021	2/8/2021	2/8/21 Caregiver came back to Vaccine clinic at 1410 and talked to Nurse manager of Occupational Health. Caregiver states after her 15 min observation time she went back to her unit and developed a flush face, feeling of being hot and having a redness on her chest and one raised bump was noted. Nurse placed caregiver back in Observation. RN was the observation nurse. At 1421 caregiver states she was feeling very warm, felt flush, face was red and chest was red in color per RN. Caregiver was given 60mg Fexofenadine PO per protocol for symptoms.. At 1435 vital signs: bp=113/75, HR 100, Sao2 100% on room air and Temperature was 36.9. At 1440, Observation nurse states the caregiver c/o her heart racing. Her heart rate was 120 via radial pulse.. At 1442, vital signs: bp= 107/74, HR= 104, sao2= 100% on room air.. At 1450, RN Staff nurse came to observe caregiver. Patient is alert and oriented x3. Respirations easy and nonlabored. No redness noted on chest but cheeks are still flush. Apical Heart rate at 96, regular and respirations easy at 20.. At 1500, Caregiver states she still feels "hot" and full feeling in her face. She also c/o her heart rate increasing and decreasing. Denies any heart history. States she "did have some flushness with her first dose but not to this degree." Vital signs: bp=113/67, HR=97, RR=18, Sao2=100% on room air. AT 1523 RN states caregiver states feeling better--denies feeling dizzy, lightheaded, denies SOB or chest pain. Face still with some redness but less and caregiver c/o still feeling "full" in the head and a headache. Caregiver advised to seek medical attention if symptoms increase. Caregiver encouraged to go home and rest if she is able to. Caregiver denies need to go to Emergency room to be evaluated. At 1527 caregiver discharged from observation room with steady gait.:

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1013155	2/8/2021	KS	87	F	2/4/2021	2/4/2021	<p>Progress Notes Nurse Practitioner Cosign Needed Expand All Collapse All 2/4/2021 Patient: DOB: 11/21/1933 Date: 2/4/2021 MRN: Subjective Patient is a 87 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience funny feeling in face, lightheaded and HA. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS: Funny feeling in facial area: Previous Reactions: Levaquin Objective Vitals Vitals: 02/04/21 1505 02/04/21 1523 BP: (!) 172/81 (!) 184/75 Pulse: (!) 102 SpO2: 95% 95% Pt reports she is on Blood pressure medications and took these this am. Physical Exam Constitutional: Appearance: She is well-developed. HENT: Head: Normocephalic and atraumatic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: She is alert and oriented to person, place, and time. Assessment/Plan Treatment included: no therapy Follow</p>

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							up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Pt left at 15:40pm accompanied by husband. FU with PMP regarding blood pressure Electronically Signed 2/4/2021 3:44 PM
1013163	2/8/2021	MS	33	F	1/7/2021	1/7/2021	Began having chest pain upon deep breathing approximately 12 minutes after administration. BP 142/82 HR 66, appeared flushed, but denied dizziness or lightheadedness, states pain 3-4/10. Refused ambulance. Taken to clinic by car. Provider advised that patient be evaluated at ER, patient transported to ER via ambulance. Seen in ER and discharged later that evening.
1013169	2/8/2021	KS	67	F	2/3/2021	2/3/2021	Within 5 mins, pt notified staff she felt she was having a reaction. Pt c/o shortness of breath, chest pain, bilat leg numbness, no hives present, denied difficulty swallowing. Pt was brought to a room, placed on O2 10L by face mask. Initial BP 200/105 HR 116. Pt became non-verbal, PA-C dx'd stridor, epi 0.3mg was given deep IM to right thigh. Pt responded positively, within 2 mins, pt became alert and was able to respond to questions. EMS was contacted, arrived and took pt to hospital. She was unable to ambulate c/o of all over body numbness, racing HR. Pt was admitted for observation at Medical Center.
1013198	2/8/2021	KY	35	F	1/13/2021	2/2/2021	Chest pain and SOA for 2 weeks prior to 2/2/21. Went to ER on 2/2/21. Diagnosed with Chest pain, and Shortness of breath at rest.
1013297	2/8/2021	PR	77	M	2/2/2021	2/2/2021	Patient was vaccinated at 11:30am. By 7pm he started presenting symptoms of fatigue, chest pain. Patient urinated and defecated in himself. Was not feeling well. Patient died at 10:30pm.
1012900	2/8/2021	KY	31	F	2/2/2021	2/3/2021	Started having Chest pain, SOA, body aches, fatigue, HA, chills, fever (100.1), and diaphoresis after second COVID vaccine was seen in ER on 2/3/21. Diagnosed with chest pain, fever, and adverse effect of vaccine.

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1009651	2/7/2021	PA	26	F	2/5/2021	2/5/2021	Arm pain extending from injection site to elbow started two hours after administration of the vaccine and continued for 48+hours. Body aches, headache, night sweats, and tiredness started the morning after vaccine administration and extended for 24+hrs. Breathing painful at times due to severe muscle aches around the ribs. General life activities severely impacted.

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1020134	2/7/2021		61	M	1/28/2021	1/29/2021	<p>anxious, restless, weak, dizzy, felt "horrible". Continued to C/O symptoms,. At 01:15, patient lost consciousness , then stopped breathing and lost pulse. Narrative: Patient was first vaccinated for COVID 19 on 1/8/21. On 1/24/21: 61 year old presents to E.R. with CC of chest pain/sob, with multiple medical conditions including hypertension, atrial fibrillation on apixaban, cardiomyopathy with poor EF, dyslipidemia, COPD, CVA, lung CA s/p radiotherapy, PTSD, depression, Churg Strauss Syndrome, Sjogren's syndrome presented with chief complaint of chest pain or shortness of breath. He has been having worsening shortness of breath the past few days, also complains of cough productive of yellowish sputum, no hemoptysis. He complains of left upper chest pain with no radiation. There is no diaphoresis, palpitations or lightheadedness. He denies fever or chills. He complains of having fallen a few times recently, thus he passed out. Could not say if there were seizures activity. Admitted to 3D Tele. On 1/27, Pt advises he had episode of substernal CP this am. RN advises pt was in afib w/ RVR at a rate >140 at time of CP. Pt CP improved w/ prn NTG. Pt HR improved after daily medications. Pt sts his CP has resolved. Pt admits to continued dyspnea. Increased trop, transferred. 1/28, struggling with orthopnea and cough. He has no peripheral edema. He does have intermittent chest pain. Patient having periods of A-Fib RVR with non-sustained rates of 140's-150's 1/29 more chest pain at 04:00, relieved with NTG. HR = AF, with RVR 145. At about 08:00, Cardiology sees patient and signs off, "shortness of breath and cough not due to heart failure as evidenced by orthostatic hypotension and no improvement in symptoms with diuresis. Consider underlying lung disease vs acute pulmonary disease." No pulmonary consult noted. 1/29 Patient received 2nd dose COVID19 vaccine at about 3:30-4p. No notes from staff on this event. No notes from MD that this was discussed and still part of the plan. 1/29 nurse's note: At around 2240 Pt was able to rest briefly but is now restless and anxious again. Tachypneic, stating he feels so weak and dizzy and overall just feel horrible. Continuing to get up frequently to have small soft bowel movements with assistance. Pt also stated ever since he got "that shot" he hasn't felt well. When asked what shot pt replied "COVID shot." Pt did receive 2nd dose of COVID vaccine 1/29 at 1530. Around 2250 Spoke w MOD to relay above</p>

VAERS_ID RECVDDATE STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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1008919	2/7/2021	TX	51	F	2/4/2021	2/5/2021	information and overall concern for pt, asked for MOD to come to bedside to evaluate pt. MOD states he's handing off to oncoming MOD and they will come to bedside to see pt. Around 2300 oncoming MOD called and all above and previous information discussed Around 2310 MOD came to bedside to see pt. Will continue to monitor closely. 01/30/2021 ADDENDUM Around 0115 pt called for help to use bedside commode to urinate and have BM. Assisted x2 to BSC. While sitting on BSC pt's eyes rolled back and pt made postures consistent with a seizure, body became very rigid. Pt was unresponsive still with pulse. Lifted patient back to bed with 3 staff assist. Pt stopped breathing and lost pulse. Chest compressions started immediately and Code Blue called at 0120. 1/30 Hospitalist note: Called for CODE BLUE AGAIN AT 4:53. While on Vent after s/p Code blue for reasons not clear patient went into Asystole and code called second time. Patient had a prolonged CPR and was actually called off at 5:17 but he started having pulse and agonal resp. he was placed on Levophed and D5NS. He got a total of 9 amps of epi, 3 amps od Bicarb and 1amp of D50. Trope bumped from 0.12 to 0.43 prior to this he already was on ASA, Apixiban for afib. Cards are on board for his CHF for his pulmonary edema Lasix ordered. Hid lactic acid is elevated. Blood cultures pending. Started Zosyn and is on Levophed. Continue to monitor. Updated patients Mom and she requested to do everything at this point. Coded again at 5:40, survived, but AOD writes a death note(?) Coded for the 4th time at 08:18. Family at beside, Mother asks for code to be stopped.
1008995	2/7/2021	MI	29	F	2/3/2021	2/3/2021	Fever of 101.1, nausea, vomiting, severe body aches, cough, chest pain, chills, shaking, fatigue, swelling and redness at injection site Majority of symptoms lasted for about 50 hours, nausea is still present at 60 hours Took Tylenol every 4-6 hours
							chest pain/shortness of breath/myalgias/malaise/fatigue/headache/tachycardia IV fluid therapy, completion of medical work-up

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1009055	2/7/2021	MS	61	F	1/27/2021	1/27/2021	Patient began to have chest pains, SOB, feeling flushed and tingling down both arms. EMS began with heart monitor on patient. EKG WNL B./P 140/97, HR 57 o2 Sat 100 %Ambulance transported patient to Hospital.
1009346	2/7/2021	MA	39	F	2/5/2021	2/6/2021	Headache about 23 hours after injection, described by patient as severe but improved with water intake. Still lingering on 2/7/21 at 12:30pm. Injection site redness, swelling, warmth, and itching that started 2/6/21 around 3pm. Itching is radiating to chest and neck. No other systemic symptoms. Still present on 2/7/21 at 12:30pm. No SOB, chest pain, tightness, difficulty breathing or angioedema.
1009487	2/7/2021	MN	51	F	2/6/2021	2/6/2021	Pt. received vaccine. Developed SOB and chest pain. Specific time of reaction unknown.
1009539	2/7/2021	OK	67	M	2/6/2021	2/7/2021	Fever, body aches, weeknesss,temperature of 100.3, swollen neck, shortness of breath and chest pain.nousea Tylonal, phenergan, Benadryl Waiting to see if this helps
1009568	2/7/2021	NC	39	F	2/4/2021	2/5/2021	At or around 2300 on 2/4/2021 I began feeling tense, major body aches, and had a temp of 99.6°. I went to emergency department for nausea vomiting. Dizziness. Seeing stars when moving, and rapid heart beat that would not stop and my chest began hurting. Dr saw me in the Ed where I was administered iv bolus fluids along with the meds: toradol, dexamethasone, pepsid, Benadryl, and zofran. I went home and laid on the couch all evening until the chest pain became so intense I went to new medical center emergency department. I was then given iv fluids along with phenergan, toradol, dilaudid, and Ativan. I got a chest X-ray, ecg, ekg, and a bunch of blood work to rule out things.
1009838	2/7/2021	OR	47	F	2/5/2021	2/5/2021	Fever up to 102.5 lasting 36 hours Severe myalgias (10/10) throughout entire body, could not walk or lift arms for 48 hours Severe HA (10/10) stabbing, dental and temple pain, neck pain and stiffness for 36 hours GI S/S with nausea, decreased appetite and diarrhea for 12 hours Left side chest pain, considered going to ED concerned was having MI, 8 hours

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1009855	2/7/2021	CA	28	F	1/25/2021	1/26/2021	RASH ON LEFT ARM, FEVER, CHILLS, BODY ACHES, NAUSEA, DIFFICULTY BREATHING, PAIN IN CHEST WHEN BREATHING
1009856	2/7/2021	CA	28	F	12/29/2020	12/29/2020	FATIGUE, BODY ACHES, LOSS OF APPETITE, CHEST PAIN, AND DIFFICULTY BREATHING
1009969	2/7/2021	TN	38	M	2/4/2021	2/5/2021	Vaccine received at 1600 on 2/4. 14 hours later on 2/5 at 0600, vomiting x 4, chills, fatigue, malaise, nasal congestion. Wife stated I was acting like I did when I had the flu. Took several doses of acetaminophen and naproxen with some relief. 2/6 at 0500, vomiting x 4, cough, nasal congestion, worsening malaise and restlessness, shortness of breath, transient chest pain, mild lymphadenopathy. Acetaminophen and naproxen no longer providing relief. Reported to urgent care clinic due to multiple symptoms not listed in vaccine information, was given ondansetron and promethazine. Recovered at midnight, approx 56 hours later, waking up to sweat-soaked bedsheets.
1010055	2/7/2021	FL	56	F	2/5/2021	2/6/2021	Intense vomiting, and headache, chest pain, fever of 102, chills, body aches,
1010156	2/7/2021		57	F	2/5/2021	2/5/2021	C/O Tingling, swelling in tongue & lips states had same reaction with 1st dose. Denies Chest Pain, SOB 2 tablets Benadryl 25mg given. Monitored X 20 min ER precautions given. Understood was D/C
1009827	2/7/2021	MI	28	M	2/4/2021	2/6/2021	Chest pain- pericarditis. Elevated troponin. Heart cath. PCU hospital admit. No previous heart hx. Ekg abnormal. Echo, mri.

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1010105	2/7/2021		38	M	1/14/2021	1/25/2021	Eleven days after the vaccination the patient developed 2 days of heartburn followed by a worsening nonproductive cough, substernal chest pain, diaphoresis, palpitations, and an episode of near syncope. These worsened over about 6 days and then slowly decreased. During this time he was referred to the ED and then admitted to a civilian host nation hospital. Echocardiogram and CT scan were performed and a pericardial cyst was discovered measuring 7.4 cm. He was then referred to another facility for evaluation. The pericardial cyst was confirmed, now 6.5 cm and laboratory tests were performed on 4 FEB, but there was at that time no elevation in inflammatory markers. Cardiology and Cardiothoracic Surgery consultations were obtained, but the consultants and the attending physician (who is an infectious disease physician by training) did not think that the crescendo-decrescendo symptoms could be explained by the pericardial cyst, which was likely an incidental finding. A milder cough may have preceded these events by up to a year, and this may possibly be related to the cyst. The heartburn, chest pain, tachycardia, diaphoresis, palpitations, and near syncope may well be adverse reactions of the vaccine.

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1007694	2/6/2021	ME	85	M	1/21/2021	1/22/2021	Patient presents today with his wife and son. He was recently hospitalized having developed a fever the day after his Covid vaccine 1 with associated confusion and some ataxia. He was admitted to the hospital overnight where an MRI scan suggested no acute change showing only moderate cerebral atrophy and some small vessel occlusive changes. He tested positive for Covid by PCR in the emergency department on 1/22. His oxygen saturation was stable. He did have a fever and describes falling off the toilet because of some generalized leg weakness and uncoordination. He has had some chronic left greater than right upper extremity sensory loss following prior cervical spine stenosis requiring urgent surgery in 3/2019. He has had some chronic left foot drop as well. He reports being somewhat deconditioned having spent some time in bed to the above episode but is now ambulating with a cane at home and has occupational and physical therapy in place. He has been mildly dyspneic on exertion above baseline but attributes this to some deconditioning. He did have an episode of lower dental pain with ambulation in the office that was more than usual though denies associated chest pain or pressure and has had no jaw or shoulder pain with exertion. Review of systems is negative for headache.
1008324	2/6/2021	MA	20	F	2/6/2021	2/6/2021	15 min after vaccine, pt started complaining of chest pain and shortness of breath. EMS called and transferred to local hospital
1008311	2/6/2021	AZ	54	F	2/6/2021	2/6/2021	Pt complained of chest pain within 5 minutes of vaccine at mass vac event. Pt monitored one on one by Dr. pain 8/10 to 5/10 to 2/10 after 10-12 minutes. no SOB, no deficit, no rash, no abd cramping.
1008256	2/6/2021	IN	23	F	2/4/2021	2/5/2021	Gradually worsening chest pain throughout the day yesterday and continuing pain today. Resting heart rate up to 187.
1008174	2/6/2021	WA	58	F	2/1/2021	2/6/2021	Numbness, tingling, on the left side of the mouth and tongue. Itching on the left shoulder. No swelling or drooping. All in the same dermatome. No wheezing, coughing or chest pain. Started 15 minutes after second injection. Resolved 15 minutes later with no intervention.

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1008108	2/6/2021	MI	66	M	1/16/2021	1/26/2021	PLURITIC ANTERIOR AND POSTERIOR CHEST PAIN, TREATED WITH COLCHINE AND HIGH DOSE ASA.
1007984	2/6/2021	CA	39	F	1/27/2021	2/3/2021	the patient developed a cough with chest pain on the right side and wheezing more this was her second vaccination We did a PCR test for covid which was negative
1007452	2/6/2021		33	M	1/25/2021	1/25/2021	Reported moderate fever, chills, muscle aches, and fatigue for 2 days following dose 2 vaccination. Then, began complaining of chest pain. EKG abnormal and referred to Hospital for evaluation. Found to have elevated troponins and myocarditis. Then discharged home.
1007847	2/6/2021	SD	35	F	2/3/2021	2/4/2021	Woke up with 102.5 temp at 1230 am took two Tylenol woke up again at 145 temp was up to 103.8 felt like I was going to pass out. Couldn't call for help I was pumping (as I am a breastfeeding mom). I did pass out at that time came back to with the pump bottles laying on my lap and the pump time read 12minutes and 48 seconds. Loss of consciousness was probably about 10minutes. Did not feel well all day the next day with extreme muscle pain, dizziness and chest pain/discomfort. Still had dizzy episodes the next day and today.
1007815	2/6/2021	IL	51	M	2/5/2021	2/5/2021	1650 patient reports symptoms: lightheadedness, blurry vision, dry and thick throat, thickened tongue, left arm weakness and numbness in left hand. 1705 Center chest pain, chin and throat numbness. Twitching in corner of right mouth. Unable to puff out right cheek
1007475	2/6/2021	NY	31	F	2/5/2021	2/6/2021	At first just flu like symptoms (exhaustion, joint pain, headache) but this morning I stopped breathing in my sleep, then couldn't move. My heart started racing, chest pain, and difficulty moving my left side. I was able to get my heart rate to go down with motherwort and CBD (heart regulators) and electrolytes, and took a baby aspirin. still experiencing chest pain and some discomfort

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1008359	2/6/2021	MN	44	M	1/12/2021	2/1/2021	I developed acute right posterior pleuritic chest pain and shortness of breath. Diagnosed with multiple pulmonary emboli (see below). I was started on Eliquis initially, but then had worsening symptoms on 2/4/21 and switched to Lovenox injections. Symptoms have been slowly improving since then.
1008802	2/6/2021	CA	61	F	2/5/2021	2/5/2021	Client had completed 15 minute wait post vaccine when EMT approached her to ask how she was feeling prior to allowing her to leave. Client wanted to leave without being assessed and EMT informed lead RN. Lead RN assessed client and convinced client to allow staff to take vital signs prior to her leaving. Vitals at 1302: blood pressure 132/80, pulse 66, oxygen 98. Per client no shortness of breath, chest pain, nausea, changes in vision, or headache. Client alert and oriented. No known allergies and current medication trazodone. Per client was feeling well enough to go home, someone was driving her home. Declined to wait a few more minutes. Emergency room precautions given. Client left facility with a steady gait at 1304
1008807	2/6/2021	CA	44	F	2/5/2021	2/5/2021	Patient stated feeling lightheaded and tingling sensation on left leg after receiving second dose of Pfizer Covid vaccine. Client was sitting on waiting area post vaccine for 15 minutes. EMT responded and alerted lead RN. Vitals taken at 1310: blood pressure 116/82, pulse 72, oxygen 99. Alert and oriented, stated symptoms began after vaccine. No prior history of tingling sensation in extremities. Stated tingling on left leg, mobility intact, no radiation or pain past leg. Allergies to amoxicillin and no current medications. Client given water and instructed to drink small sips. Per client no breakfast this morning and had two cups of coffee. Client denied chest pain, shortness of breath, palpitations, vision changes, headache. RN client asked to stay under observation longer and that EMT would recheck vitals prior to her leaving. EMT reassessed at 1325. Per client feeling better, was returning to work after leaving facility. Instructed to get food and rest. Last set of vitals: blood pressure 120/80, pulse 62, oxygen 99. Client left facility with a steady gait.

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1008380	2/6/2021	SC	67	F	2/3/2021	2/3/2021	An hour and a half I became dizzy. Within two hours nausea and diarrhea. For 24 hours could not eat it drink without being sick. Then numbness and tingling in arms and legs. Day two face was numb. nurse saw twitching eyes ,hands and I had it all over. Chest pains when I got up. During the night of day 2 I woke with my entire body trembling. My face was swollen the entire day. Today is day 3. My lips twitch occasionally, my face has an occasional tingle, still have diarrhea and nauseous, I am trying fluids and and I just tried an egg. I feel like I have worms crawling inside my arms and legs. I was told by the pharmacy and school nurse that it would take 3-4 days to feel better. I am healthy and a teacher. This is very concerning.
1008588	2/6/2021	CA	90	M	2/6/2021	2/6/2021	Shortness of breath, chest pain 10 minutes after vaccine administration
1008820	2/6/2021	CA	24	F	2/5/2021	2/5/2021	Patient complained of headache after receiving Pfizer Covid vaccine. Client was sitting in waiting area post vaccine. EMT responded. Vitals taken at 1528: blood pressure 126/82, pulse 87, respirations 12, oxygen 98. Headache pain 4/10. Per client history of brain injury (encephalopathy) and weakened immune system. Client informed EMT had ate breakfast this morning and hydrated all day. Denied shortness of breath, chest pain, vision changes. Client kept in observation for 30 minutes. EMT reassessed at 1540. Headache still 4/10, same, not worsening or new complaints. Per client felt well to leave. Vitals: blood pressure 118/78, oxygen 99, pulse 80, respirations 12, alert and oriented. Client left facility with a steady gait at 1545.
1008781	2/6/2021	TX	47	F	2/6/2021	2/6/2021	Pain behind left scapula (shoulder blade) has persisted since about an hour after the vaccine being administered. No chest pain but shoulder blade pain becomes worse with deep breathes. So about 10 hours later, my wife still has bad enough pain to require a heating pad. Pain level is a 6 on a 1-10 scale even with the pain medications she takes every day for chronic pain.
1008570	2/6/2021		57	F	2/5/2021	2/6/2021	Heart began racing suddenly, to about 120-140 bpm. No shortness of breath, chest pain, sweating or any other symptoms. Lasted approximately 2-3 minutes after which heart rate returned to normal (72-76 bpm).

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1008544	2/6/2021	TX	68	M	1/25/2021	1/26/2021	Beginning about 12 hours after receiving the vaccine I started having really bad headaches, behind my eyes radiating to the back of the head. At about 15 hours post vaccine I had chills, fever. The chills and fever were bad enough that in addition to sleeping under two blankets I had to put on a thick fleece ?hoodie? and pulled the hoodie over my head. I developed about 48 hrs of nasal congestion, and some retrosternal chest pain. I had one episode of nausea with vomiting about 8:00 am the next morning. I had to take two 325 mg Tylenol every 4-6 hrs to deal with the headache and fever. The most severe symptoms of headache and fever subsided in about 24 to 36 hrs after the vaccine was administered. I had a lot of fatigue for several days, along with aches and pains. It took me about 5 days to really start feeling normal again, but the fatigue lingered for a few more days.
1008473	2/6/2021	TX	37	M	2/2/2021	2/2/2021	Tuesday afternoon began with a headache. Chills followed in the late evening. Body aches by Wednesday morning with continued headache. Neck stiffness and soreness began Thursday evening. Severe chest pains early Saturday morning (3am). Taken to urgent care - EKG showed irregularity and high level of troponin. Transported from there to the hospital. They did angiogram, and diagnosed me with pericarditis. The on call physician believes this was most likely caused by the second dose of the vaccine.
1008449	2/6/2021	NY	55	F	2/6/2021	2/6/2021	Headache, lightheaded, dizziness, bilat foot and arm numbness, chest pain, SOB
1008400	2/6/2021	PA	62	F	1/28/2021	1/29/2021	Immediate redness in arm at injection site, tender to touch, swollen and hot. Day after vaccine- severe chest pains and stomach pain lasting for 4 days. Heaviness on chest. Blood pressure was OK. Random stabbing in foot as if someone put a needle in the top of the foot. All of which is now gone. Feb 4, approx 1 week after injection, there is about a hard lump at needle site. Pt describes a similar to mosquito bite, very itchy. Red area of skin approx 2 inch diameter, visible raised lump hot to the touch
1008385	2/6/2021		51	M	2/5/2021	2/6/2021	fever 102, headache, muscle aches, chest pain

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1016081	2/6/2021	SC		F	2/3/2021	2/3/2021	Pfizer Covid Vaccine treatment under Emergency Use Authorization(EUA): Patient left the vaccine clinic and needed help in the hallway of the building. When staff arrived, the patient was AAO x 3. Patient was pale and stated she was walking to her car when she suddenly felt her heart racing. She was sat on a bench and vitals assessed (BP 190/100, HR 92, pulse ox 98% room air). She stated she had received her second dose of the covid vaccine (Lot # EL9265, Exp. 05/31/2021). She stated she had a reaction after her first dose in which she had a red rash 45 minutes after her injection. No rash was noted. She denied any shortness of breath or chest pain. After 5 minutes, vitals were reassessed (BP 180/98, HR 75, pulse ox 98% room air). Patient stated she felt better. Patient refused to have EMS called.
1005720	2/5/2021	MI	68	F	2/2/2021	2/2/2021	Patient began having chest pain initiating inferior to left breast and radiating upward through chest approximately 5 minutes after receiving Pfizer Covid-19 Vaccine. Blood pressure taken ~7 minutes from administration was 125/67 mmHg and Pulse: 65 BPM. Pain waxed and waned and was not relieved from sitting down or standing up. EMT were called for possible heart attack, BP and pulse ~17 minutes after administration was 136/76mmHg and 76 BPM. EMTs arrived and brought her to ambulance for EKG which was normal. Patient stated she felt better and refused going to the hospital for further work-up. Prior to vaccine administration patient was at the gym on the treadmill for 30 minutes. unknown how long before vaccine administration
1005436	2/5/2021	TX	89	F	2/5/2021	2/5/2021	I was called to patient's room at approximately 09:35 after she received her COVID vaccine at 09:14. Nurse noted that she was pale and diaphoretic at 09:20. She stated that she was feeling weak and had lost all her energy. She had no chest pain, SOB, nausea/vomiting, headache. When taken, her BP was elevated, but her other vitals signs and blood sugar were normal. Her heart rate/rhythm was normal and regular. She reported some epigastric pain. Overtime, her symptoms improved without intervention. Her daughter came to drive her home. She was released after a minimum of 45 minutes post-injection. Suspect vasovagal response

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1005312	2/5/2021	MD	39	F	2/5/2021	2/5/2021	Patient described some swelling and tingling in her injection arm. Patient denied any pain or redness in the injection arm. Patient denied any trouble breathing, chest pain or any other symptoms besides the tingling and swelling. Patient denied any required treatment or transport to the hospital.
1005394	2/5/2021	TX	89	F	2/5/2021	2/5/2021	I was called to patient's room at approximately 09:35 after she received her COVID vaccine at 09:14. The nurse reports she was pale and diaphoretic while in observation at 09:20. She had no chest pain, SOB, nausea/vomiting, headache. She stated that she was feeling weak and had lost all her energy. When taken, her BP was elevated, but her other vitals signs and blood sugar were normal. Her heart rate/rhythm was normal and regular. She reported some epigastric pain. Overtime, her symptoms improved without intervention. She was given water, and rested under observation. Her daughter came to drive her home. She was released after a minimum of 45 minutes post-injection.
1005399	2/5/2021			F	1/22/2021	1/23/2021	I received the second dose of the Pfizer vaccine on 1/22/2021. On Saturday 1/23/2021 I woke up with chills, headache, and some fatigue. Later that day I had started to get itchy everywhere. Later Saturday into Sunday chest pain occurred. Sunday the itching worsened throughout my entire body with some bumps which were possible hives. Other symptoms along with itching came Monday with swelling at joints, continued itching, eyes and lips swelling, along with lips tingling. Monday I went to the clinic and was prescribed a steroid prednisone for the allergic reaction and then continued to take over the counter allergy medications to help with the itching.
1005415	2/5/2021		58	F	2/5/2021	2/5/2021	Warmness and tingling moving from injection site across upper body (compared to sensation after receiving contrast dye). Denies shortness of breath, chest pain and respiratory symptoms.
1005464	2/5/2021	MA	27	M	2/3/2021	2/4/2021	Bell's Palsy, went to Emergency department in Feb 4th 2021, was monitored and given corticosteroids and I had a negative COVID test. I was also experiencing loss of taste, fever, muscle pain, joint pain, chest pain, chills, drowsiness.

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1005485	2/5/2021	TX	28	M	1/27/2021	1/28/2021	Hives from neck down to elbow on left side. Wet cough, chest pain over sternum and on left side llq on coughing. Fatigue, arm pain, localized swelling/inflammation.
1005576	2/5/2021	AR	55	F	1/28/2021	1/28/2021	Patient started having nausea and tightness in arms approximately 15 minutes after vaccine injection. Approximately 30 minutes after vaccine injection, patient started having chest pain. Epinephrine was administered and patient was transported to Emergency Room by EMS
1005072	2/5/2021	IN	47	F	2/3/2021	2/3/2021	Low grade fever (100.1) that did not respond to treatment, body aches, abdominal pain, chest pain, dizziness, weakness, tingling in toes on right foot
1005660	2/5/2021	GA	45	F	1/6/2021	1/6/2021	Initial vaccination given 06 January 2021. ?Pounding headache, chest pain, stomach pain, fatigue, fever 103.2°F, (Overall malaise, Emergency Room visit x2, out from 12 January to 25 January). Reaction to prescribed medication - visual hallucinations described.

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1004492	2/5/2021	NC	75	F	1/9/2021	1/1/2021	severe chills; Fever; Dizziness; not feeling quite right; heart pains; Nauseated; threw up; Tiredness; muscle aches; a little swelling in her face; weakness; This is a spontaneous report from a contactable consumer (patient). A 75-year-old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) (Batch/lot number: EK5730) intramuscularly on arm left on 09Jan2021 10:00 at a single dose for COVID-19 immunization. Medical history included heart problems from May1966 and ongoing (heart problems/She had open heart surgery at that time and had stents put in a couple of times since then), bone spurs and arthritis in her feet. Concomitant medications were none. Patient used to receive unspecified injections in her feet because she has bone spurs and arthritis in her feet. Patient experienced heart pains in Jan2021, dizziness on 10Jan2021, not feeling quite right on 10Jan2021, severe chills on 11Jan2021, fever on 11Jan2021, nauseated in Jan2021, threw up in Jan2021, tiredness in Jan2021, muscle aches in Jan2021, a little swelling in her face in Jan2021, weakness in Jan2021. The outcome of the events was unknown. Patient received her first Pfizer vaccine on 09Jan2021. Patient explains she has had adverse reactions to the vaccine ever since she received it. Patient confirms she took the vaccine on Saturday, 09Jan2021. On Sunday, 10Jan2021, she started having a little bit of dizziness and feeling just not quite right. Sunday night, she went to bed and woke up at around 3:30 a.m. with severe chills and a fever. Her fever was a little over a 100. She states it took about 2 hours to get her chills under control. She took 2 Tylenol at that time. That day (11Jan2021) she ran fever off and on all day. The next day (12Jan2021), she seemed to be better. She had a low-grade fever, but she was better. She was just kind of tired from the day before. But then, that night, she ended up with the same thing again- she woke up at 4am with chills. Her fever had gone up 101.7, and she ended up taking 2 Tylenol and so forth. She got up that morning around 10 am, and was nauseated. She threw up that morning. She felt really bad. She was experiencing tiredness, muscle aches. (At this point it was about Tuesday (12 Jan) or Wednesday (13 Jan). There was one day during the day, she felt better, but a day went by and she ended up having the chills and fever again. Every time her fever

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kept going up. Her fever this particular night was 102 something. About Wednesday night, when she had the chills and fever, her fever went up to 103.8. That next morning, she called her doctor's office and tried to get an appointment. She could not get an appointment with the office. Her office ended up doing a televist and sending her a Prednisone pack to take for the reaction that it seemed she was having. She started the prednisone pack which seemed to take the fever down and the chills ended up stopping. Caller clarifies further she believes she has recovered from the fever and chills. The Prednisone pack seemed to kind of make those symptoms go away. However, she still felt really bad. This went on all weekend again. Tuesday of this week, (19Jan2021), she still felt really bad. She called her doctor again and her doctor wouldn't see her because of the symptoms she is having after receiving the COVID-19 vaccine are the same symptoms of the actual COVID-19 virus. She clarifies further the adverse effects of the shot are also same ones as the COVID-19 virus. Her doctor suggested she either go to the Emergency Room or to an Urgent Care. Patient called the Urgent Care and they were able to do a COVID test on her to check and see if she did have COVID-19. She confirms this test was on Tuesday, 19Jan2021. The results came back negative. However, they did another swab test. The patient is unsure what the second swab test was for but was told it would be a couple days before they would have the results of this test. At this point, they put her on a Z-pak. Patient mentions she has heart problems. She has nitroglycerin for any problems that she has. She started having some heart pains when she was down to about 3 tablets of that Prednisone pack she was taking. When she took one of the Prednisone tablets, within 30 minutes of taking it, she started having chest pains. She clarifies it started in her throat and went down to her chest. She took 2 nitroglycerin's to get her feeling back to normal/better. Caller doesn't provide NDC, Lot number or expiration date for the Nitroglycerin she took when probed. Patient mentions her cheeks had been pink. She doesn't really know but she may have a little swelling in her face. She can't figure that out herself. She was experiencing dizziness and weakness. Today is the first day which is the 13th day after receiving the vaccine, she has felt like trying to get this stuff together and her

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thoughts together to try and figure out what is going on with her. She tried calling her primary doctor and this urgent care and she couldn't get anybody to see her. Patient got her Prednisone pack filled at (Pharmacy name), (Address details) The prescription was issued to her on Thursday, 14Jan2021, but she didn't start taking the pack until Saturday. On Saturday, that's when her fever had went up to 103 and she knew she needed to take the Prednisone pack. They are 4mg tablets and she started out taking 6 tablets the first day and then her dose decreased every day. NDC: 164793723369, Lot: 20K0041P, she believes the second digit is a zero and not a "D", Expiry date: Aug2022. Z-pak: patient states she no longer has the box, therefore she is not sure of the dose and how it was prescribed. She makes the comment she believes the first day it was 2 tablets. NDC: Unknown, Lot: 7996030, Expiry: Feb2022. She clarifies she did not take Tylenol as stated earlier. She took Kirkland's brand, Acetaminophen. They are 500mg tablets. She provides the following product information: Lot: 2GE1779B. The last digit is either a "B" or an 8/, Expiry date: May2015; patient clarifies she knows they just bought this bottle, but she thinks her husband put his extra pills in the wrong bottle. No further details were provided or obtained in regard to this statement. The patient wants to find out about this and what is going on with her. To her understanding and her reading information, she is scheduled to take her next shot 27Jan2021. She is not supposed to take it then, correct? Investigations: patient confirms she had a COVID-19 test done (she is not sure what type of test- PCR, Antibody, etc), they swabbed her nose and the results came back negative. She had a second test done, where they swabbed her nose again, but she hasn't got the results back. She isn't sure what that test is for. Vaccination Facility Type was Hospital. Additional Vaccines Administered on Same Date of the Pfizer Suspect was no. Did any AE(s) require a visit to: Emergency Room was No, she is trying to keep herself out of the hospital. Physician Office? Her doctor would not see her but offered a virtual visit. She did go to the Urgent Care. Prior Vaccinations (within 4 weeks): Caller states she went to the foot doctor on 22Dec2021 (pending clarification). She was given injections in her feet because she has bone spurs and arthritis in her feet. Patient does not know

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1005729	2/5/2021		52 F	2/5/2021	2/5/2021	<p>exactly what kind of injection it was. She confirms she has no name, ndc, lot and expiry date for the injections she received. Patient asks the call handler, what should she have done on this? She was lost. She read the information that was provided to her and she doesn't feel there was sufficient information on what to do if you had a reaction. She guesses the best thing she can be told is to call #. She didn't know it was a # emergency. She didn't know what she was supposed to do. It was hard for her to get any information out of anybody as to what to do. The outcome of the events was unknown.</p> <p>Pt reported heart racing. Denies all other symptoms: chest pain, shortness of breath and respiratory symptoms.</p>
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1005620	2/5/2021	CA	25	F	12/29/2020	12/29/2020	About one hour after injection: I had a burning sensation in chest and throat and swelling feeling; I felt a bit of throat swelling. I got very tired about two hours after and arm pain. The throat and chest burning/swelling sensation slowly dissipated within an hour or so. Around 4 pm, I got pretty bad heartburn - very rare for me. Very distinct heartburn feeling; uncomfortable and that lasted about an hour. I had body aches at night time before I went to sleep. The next day I woke up feeling fine. One week later, I had another response. I had my throat start to swell again and this time it was worse. I had itchiness on my arm on the 6th night but I didn't really notice it but that seventh day, I realized there was a rash and itchiness in my arm. I had broken out all over my face - tiny pimples had broken out. I contacted an allergist - I was getting scared about my throat. The allergist said they had seen this a few times after the vaccine - told me to take Pepcid and Benadryl. I did that and that took away the feeling in my throat and made me feel better. I continued both those OT meds for 3 or 4 days. On fourth day, I started getting throat swelling again and the rash on my chest - these were more mild symptoms than earlier but I called the allergist and he advised I take Pepcid and Zyrtec instead of Benadryl for three or four more days. That helped. After that I seemed to be good. On 13th of January - shortness of breath and chest pain. I spoke with Dr and got a COVID test. I had my inhaler at that point (I haven't had asthma in years and I had to take the inhaler a couple of different times throughout this time). 14th of January - Chest pain. 22nd of January - Chest Monday. On Monday, the 25th, I started taking - in advance of my second dose of Moderna- Zyrtec and Pepcid twice a day on the 25th; twice a day on the 26th - on morning of 26th, I took Zyrtec again an hour before the second dose of the Moderna vaccine. I got the 2nd dose on the 26th. (The days that I had chest pain - I took ibuprofen and that seemed to help.)

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1005066	2/5/2021			F	1/4/2021	1/5/2021	1/5/2021 @0718 Pt received 2nd COVID vaccine 1/4/21. Oral temp 100.6, near syncope, muscle aches and head aches. Per EMS NSR, denies SOB, and chest pain. 500 ml bolus received in route. In ED, Pt c/o nausea. Pt anxious, sweating and uncomfortable. 0855 Pt resting comfortably, reports decrease in pain/body aches 4/10. 1043 Discharge disposition: home. Accompanied By: self. Mode: walk.
1005053	2/5/2021	FL	75	F	1/21/2021	1/22/2021	BILATERALLY RASH ON LOWER EXT 4 DAYS POST VACCINATION, CONTINUED THRU TODAY. NO PAIN OR ITCHING ASSOCIATED WITH RASH, NORMAL SKIN TEMPERATURE. NO C/O DIB, SOB, OR CHEST PAIN.
1004920	2/5/2021	IA	77	M	2/4/2021	2/4/2021	Post Covid vaccination patient appeared to be starting to fall from chair. He appeared lethargic and unable to speak or hold himself upright. Vitals where taken and 2 liters Via mask administered. Increased to 4 liters after no improvement in pulse o2. wife who stated he was released from the ED yesterday and stated he needed a stent. Patient nodded that he was having substernal chest pain without radiation. four 81mg Asa given and nitro administered after verbally ordered. EMS arrived and transported patient.
1004896	2/5/2021	AR	24	F	2/4/2021	2/4/2021	BODY ACHES, CHEST PAIN
1004825	2/5/2021	AZ	19	F	2/4/2021	2/4/2021	Chills, vomiting, muscle pain, chest pain, accelerated heart rate, light headed
1003716	2/5/2021	VA	59	F	1/6/2021	1/6/2021	severe generalized burning pain, tachycardia, elevated blood pressure, dizziness, chest pain, stomach pain, headache daily starting on 01/06/2021 to 01/27/2021; moderate generalized burning pain, tachycardia, elevated blood pressure 1/27/2021 to now; daily use Cymbalta for neuropathy pain; Amlodipine for high blood pressure; undergoing cardiology evaluation, continuing neurology visits; pending endocrinology evaluation

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1007150	2/5/2021	FL	57	F	2/5/2021	2/5/2021	PT STATED DEVELOPMENT OF ITCHING ALL OVER LEGS AND BACK. AFTER RECEIVING THE VACCINE. PRESENTED TO URGENT CARE FOR TREATMENT AT 10:30 AM Office Visit 2/5/2021 Urgent Care Main Family Medicine Allergic reaction to drug, initial encounter Dx Respiratory Distress , itching all over Reason for Visit Progress Notes Expand All Collapse All Subjective Patient ID: 57 year old female. Patient had second Covid vaccination today, afterwards she developed itching all over the body, mostly on the legs and on the back skin, also feels mildly short of breath, She had first Covid vaccine and did not had any allergic reaction, Modifying factors worse after the vaccine shot, Symptoms have been persistent. Prior h/o similar complain- not sure, may be No new pets/soap/detergents/cream This is a new problem to me. Review of Systems With the exception of pertinent +/- in the HPI above, a complete review of systems was reviewed and are negative. Constitutional: Negative for fever, weight loss, malaise/fatigue and diaphoresis. HENT: Negative for nosebleeds, congestion, sore throat and ear discharge. Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge and redness. Respiratory: Negative for cough, hemoptysis Cardiovascular: Negative for chest pain and palpitations. Gastrointestinal: Negative for heartburn, nausea and vomiting. Genitourinary: Negative for dysuria, urgency, frequency and hematuria. Musculoskeletal: Negative for myalgias, joint pain and falls. Neurological: Negative The following have been updated as appropriate in this visit:- Tobacco Allergies Meds Problems Med Hx Surg Hx The following have been reviewed- Medical History History reviewed. No pertinent past medical history. has a current medication list which includes the following prescription(s): aspirin, atorvastatin, clopidogrel, diltiazem, furosemide, metformin, and triamcinolone. No family history on file. Social History Socioeconomic History ? Marital status: Not on file Spouse name: Not on file ? Number of children: Not on file ? Years of education: Not on file ? Highest education level: Not on file Occupational History ? Not on file Social Needs ? Financial resource strain: Not on file ? Food insecurity Worry: Not on file Inability: Not on file ? Transportation needs Medical: Not on file Non-medical: Not on file Tobacco Use ? Smoking status: Current Every Day

Smoker ? Smokeless tobacco: Never Used Substance and Sexual Activity ? Alcohol use: Not on file ? Drug use: Not on file ? Sexual activity: Not on file Lifestyle ? Physical activity Days per week: Not on file Minutes per session: Not on file ? Stress: Not on file Relationships ? Social connections Talks on phone: Not on file Gets together: Not on file Attends religious service: Not on file Active member of club or organization: Not on file Attends meetings of clubs or organizations: Not on file Relationship status: Not on file ? Intimate partner violence Fear of current or ex partner: Not on file Emotionally abused: Not on file Physically abused: Not on file Forced sexual activity: Not on file Other Topics Concern ? Not on file Social History Narrative ? Not on file Objective BP (!) 133/84 | Pulse 80 | Temp 97.1 °F | Resp (!) 22 | Ht 5' 4.8" (1.646 m) | Wt 169 lb (76.7 kg) | SpO2 99% | BMI 28.30 kg/m² Constitutional: oriented to person, place, and time. well-developed, well-nourished and in no distress. HENT: Head: Normocephalic. Eyes: Pupils are equal, round, and reactive to light. Neck: Normal range of motion. No tracheal deviation present. Ear- Normal Mouth- Tongue, uvula- Normal, No oral rash Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub. No murmur heard. Pulmonary/Chest: Effort normal and breath sounds normal. NO W/R/R, noticed to be breathing fast, Abdominal: Soft. There is no tenderness. S/NT/ND Musculoskeletal: No edema and no tenderness. Lymphadenopathy: has no cervical adenopathy. Neurological: Neurological: Pt displays no motor weakness, no tremor, normal facial symmetry, and normal speech. Psychiatric: Affect normal. Skin, noticed erythematous skin all over the body, with rash mostly noted on the legs, on the trunk, also on the arm Impression/Plan Patient was seen today for respiratory distress and itching all over. Diagnoses and all orders for this visit: Allergic reaction to drug, initial encounter - Sodium Chloride 0.9% infusion 1,000 mL - famotidine (PEPCID) injection 20 mg - diphenhydrAMINE (BENADRYL) injection 25 mg - albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg - ipratropium (ATROVENT) 0.02 % nebulizer solution 0.5 mg - methylPREDNISolone sod suc(PF) recon soln 125 mg Other orders - triamcinolone

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(KENALOG) 0.5 % ointment; Apply topically 2 (two) times a day. Patient evaluated and worked up for over 50-minute during urgent care visit. Time was spent was for preparing to see the patient by reviewing patient's medical history and previous test results, directly obtaining information regarding today's encounter, evaluating the patient, performing an examination, communicating test results, placing orders. Patient was seen second time and discussed the finding of lab results and assessment plan is discussed in detail. Patient was put on the monitor chair, given IV fluid with Benadryl and Pepcid, also given DuoNeb treatment, watched for over 60-minute, patient felt better but continues to have itching on the skin, also has mild redness, symptoms had improved, but still had itching all over, Therefore Solu-Medrol was given, Breathing improved, patient did not had any shortness of breath, Discharged home on Claritin, Benadryl, Pepcid, New patient complain to me Symptoms improved treatment here, Stable at d/c- no SOB/Wheezing, No throat swelling, Cool compresses to the skin will help. Claritin or Zyrtec once a day Benadryl 25-50 mg every 8 hours for 1st day & then as needed If the symptoms flare again, go to Nearest emergency STAT Reviewed prior labs, diagnostic test & prior visit notes. Reviewed current medication and management planned considering current prescription/meds. Please note this clinic note was performed utilizing voice recognition software. Due to the natural inherent tendency of voice recognition software there may be grammatical errors inadvertently enclosed that do not reflect the nature of the visit. For worsening of symptoms, Patient is instructed to return sooner either to ER or urgent care/PCP. Patient is instructed to follow up in 1-2 weeks with PCP I have educated patient on supportive care therapy. Patient agreed with plan and voiced understanding. No barriers to adherence perceived by myself. Department of Urgent Care

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1004375	2/5/2021	NM	38	F	1/14/2021	1/14/2021	feeling some increasing shortness of breath; feeling some increasing shortness of breath; scratchy throat; some swelling in her bilateral periorbital area; have a mild headache; This is a spontaneous report from a contactable Pharmacist. A 38-year-old female patient received the 2nd dose of bnt162b2 (BNT162B2, lot # EL3302) intramuscular at single dose at right arm on 14Jan2021 11:30 for Covid-19 immunisation, administered at hospital. Medical history included, chronic headaches and vertigo, depression, type 2 diabetes mellitus (DMT2), hypertension, vitamin d deficiency, sleep apnoea syndrome (OSA), chronic pain, psoriatic arthropathy, allergies: ACE inhibitors, gabapentin, lisinopril, Lyrica, milk products, nuts. Patient was not pregnant. The patient had not experienced Covid-19 prior vaccination. Concomitant medication in 2 weeks included: amlodipine (manufacturer unknown) 2.5mg, apremilast (manufacturer unknown), bupropion (manufacturer unknown) 150mg bid, calcipotriene (manufacturer unknown) topical, carvedilol (manufacturer unknown) 12.5mg bid, ergocalciferol (VIT D, manufacturer unknown) 1000 units, duloxetine (manufacturer unknown) 20mg bid, dicyclomine (manufacturer unknown) 20mg qid, losartan (manufacturer unknown) 50mg qday. The patient previously received the 1st dose of bnt162b2 (BNT162B2, lot # EL1284) intramuscular at single dose at left arm on 23Dec2020 12:30 PM for Covid-19 immunisation, administered at hospital. Patient denied any allergic reaction to the initial dose of Covid vaccine. No other vaccine has been received in 4 weeks. On 14Jan2021 12:00 PM after vaccination, she has being monitored for the mandatory 15-30 minute period, when she started feeling some increasing shortness of breath, scratchy throat, some swelling in her bilateral periorbital area. She was then taken to the ED for further evaluation. Patient denied any allergic reaction to the initial Covid vaccine 3 weeks before. She denied any abdominal pain, diarrhea, nausea, vomiting, chest pain, shortness of breath. She had a mild headache. In ED, patient received treatment with diphenhydramine 25mg IV, epinephrine 0.3mg IM, famotidine 20mg IV and dexamethasone 10mg IV, and LR 1,000mL bolus @ 1228, ketorolac 15mg @1312, ondansetron 4mg @1312. Patient monitored and discharged at 1530. Post

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						vaccination, the patient has been tested with nasal swab for COVID-19 and resulted negative on 15Jan2021. Therapeutic measures were taken as a result of events. The outcome of recovered in Jan2021.; Sender's Comments: A possible contributory role of the suspect products cannot be excluded for the reported events based on the known safety profile and temporal association
1004266	2/5/2021 TX		26 F	1/5/2021	1/1/2021	hard large lump that hurts at the injection site /Left arm has a knot in it from injection site; hard large lump that hurts at the injection site; chest pain; shortness of breath; This is a spontaneous report from contactable consumer (patient). A 26-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK9231), via an unspecified route of administration into the upper left arm on 05Jan2021 at single dose as a precaution because she works in nursing home (COVID-19 immunisation). Medical history included Covid positive back in Oct2020. Concomitant medication included biotin and one a day women's vitamin. Family members have medical issues. Dad has heart tumors, seizure, sleep apnea and osteoporosis. Mom has asthma, diabetes, has had cancer, neuropathy and macular degeneration. The patient received first dose of the covid vaccine on 05Jan2021 and had some symptoms after the vaccine. On unspecified date in Jan2021, the patient hard large lump that hurts at the injection site, chest pain and shortness of breath; similar to when she had Covid positive back in October. She still has a lump at the injection side which has gotten smaller in size but still hurts to touch. Left arm has a knot in it from injection site; does not required ER or visit to physician's office. It feels like a bump with something in her arm. She doubts that is the case. She wanted to see if that was normal and when it might go away, especially since she should be getting second dose on 26Jan2021. She is a speech therapist. There is no prescriber. They came and gave to everyone all at once. It was really big at first. It felt like someone punched her. It was a big giant lump, but it is getting better. The injection was given in the upper left arm and it felt like it went into the muscle. The outcome of the event vaccination site mass was recovering, and the outcome of the remaining events was unknown.

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1004236	2/5/2021	MA	45	F	12/18/2020	12/19/2020	headache; tiredness; get palpitations; chest pain; arm weakness when standing too long; Anxiety; This is a spontaneous report from a contactable other HCP (patient). A 45-year-old female patient (not pregnant) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number reported as 5730, pending clarification), via an unspecified route of administration on 18Dec2020 at single dose in left arm for COVID-19 immunisation. Patient age at vaccination was 45 years. The patient was vaccinated at hospital. No other vaccine was given within 4 weeks prior to the COVID vaccine. Medical history included asthma and known allergies to epinephrine, latex, sulfa. Concomitant medications included amoxicillin (AMOXICILLIN), ibuprofen (MOTRIN). On 19Dec2020 at 01:00 PM the patient had headache and tiredness ever since get palpitations, chest pain, arm weakness when standing too long or when first get up. Heart doctor thinks it's due to vaccine or anxiety but never had this before shot. The events resulted in doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. Treatment for the events included anti anxiety medication, metoprolol. The events had not resolved. Prior to vaccination, the patient was not diagnosed with COVID-19. Post vaccination the patient was tested for COVID-19 (nasal swab) on 18Jan2021 which resulted negative. Information about lot/batch number has been requested.

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1004210	2/5/2021		62	F	1/24/2021	1/24/2021	Anaphylactic reaction; A spontaneous report was received from a 62-year-old, female patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced an anaphylactic reaction. The patient's medical history, as reported, included 4 previous anaphylactic reactions since she was 9 years old, history of throat problems and swelling, bronchitis, and her brother died in 1997 due to an anaphylactic reaction to poison ivy and bee stings. Concomitant medications reported included thyroid medication (not specified), blood pressure medication (not specified), gabapentin, sleep medicine (not specified) and curcuma longa rhizome. On 24 Jan 2021, about 15 minutes prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 intramuscularly for prophylaxis of COVID-19 infection. On 24 Jan 2021, 30 minutes prior to receiving the vaccine, the patient took prednisone (dose unknown), per instructions from her doctor due to her history of anaphylactic reactions. She did notify the vaccinators of her history and there was an ambulance present. About 15 minutes after receiving the vaccine, the patient started coughing, had heavy chest pain, trouble breathing, and felt like her throat was constricting more than usual. No rash developed. She approached the ambulance and asked if she could take diphenhydramine. She took one dose, followed by 3 other doses, and felt a bit better. Consent given for Safety to follow up with patient. Action taken with mRNA-1273 in response to the events was not reported. The outcome of event, anaphylactic reaction was resolving at the time of this report.; Reporter's Comments: This case concerns a 62 year old female patient with medical history of included 4 previous anaphylactic reactions since she was 9 years old, history of throat problems and swelling, bronchitis, and her brother died in 1997 due to an anaphylactic reaction to poison ivy and bee stings. Concomitant medications reported included thyroid medication (not specified), blood pressure medication (not specified), gabapentin, sleep medicine (not specified) and curcuma longa rhizome. She experienced a serious unexpected event of Anaphylactic reaction that needed treatment diphenhydramine. The event occurred approximately 15 minutes after first dose of the study medication administration even though the patient took prednisone prior to receiving the vaccine. Based on the

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					current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.
1003749	2/5/2021		34 M	2/3/2021	2/4/2021
					Pt reports receiving 2nd COVID vaccine yesterday at 1030. Pt reports HA, fatigue, subjective fever yesterday evening. Pt reports feeling some relief with Motrin at 0930. Pt in NAD. HISTORY OF PRESENT ILLNESS: 34-year-old male presents with headache, body aches, subjective fever and nausea after second COVID vaccine yesterday. Acute onset of generalized body aches, mild, constant. Denies objective fever, chills, vomiting, vision changes, chest pain, dyspnea, cough, abdominal pain, back pain, weakness or numbness. Patient took Motrin with some improvement this morning.
1003745	2/5/2021		34 M	2/3/2021	2/4/2021
					Pt reports receiving 2nd COVID vaccine yesterday at 1030. Pt reports HA, fatigue, subjective fever yesterday evening. Pt reports feeling some relief with Motrin at 0930. Pt in NAD. HISTORY OF PRESENT ILLNESS: 34-year-old male presents with headache, body aches, subjective fever and nausea after second COVID vaccine yesterday. Acute onset of generalized body aches, mild, constant. Denies objective fever, chills, vomiting, vision changes, chest pain, dyspnea, cough, abdominal pain, back pain, weakness or numbness. Patient took Motrin with some improvement this morning.

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1005868	2/5/2021	WI	80	F	2/4/2021	2/4/2021	80-year-old female with a history of atrial fibrillation and coronary artery disease, was obtaining her first dose of the Moderna COVID-19 vaccine today, and about 10 minutes afterwards began feeling warm and diaphoretic and developing left chest pains and nausea, at approximately 11 AM. This lasted about 5 minutes and then subsequently resolved. She then got up to leave and again began feeling the left chest pain, diaphoresis, and again lasting about 5 to 6 minutes and then subsequently resolving. She does state a history of anxiety but did take Xanax this morning preventatively. However, she states she has had similar pains in her chest over the past month. She states these are not necessarily associated with any exertion and seemed to be somewhat better after antacids. She notes she has not had anything to eat or drink this morning which is not unusual for her and her blood sugar was 117 this morning.
1004568	2/5/2021	NC	38	F	1/19/2021	1/21/2021	Chest pain; numb hands; This is a spontaneous report from a contactable consumer, reporting for herself. A 38-year-old non-pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on 19Jan2021 at 10:30 (at the age of 38 years old) as a single dose in the right arm for COVID-19 vaccination. Medical history and concomitant medications were not reported. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 21Jan2021, the patient experienced chest pain and numb hands. The patient did not receive treatment for the events. The clinical outcome of chest pain and numb hands was recovering. It was also reported that since the vaccination, the patient had not been tested for COVID-19. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.
1012387	2/5/2021	PA		M	2/1/2021	2/5/2021	Severe chest pain with radiation to left chest and jaw 5 days after moderna covid vaccine. No heart attack but diagnosed with pericarditis. Will be in treatment for 3 months.

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1005875	2/5/2021	NM	83	F	1/29/2021	1/29/2021	pt first developed a swelling without redness, purple, that receded quickly with cold compress Pt within 5 minutes developed resp distress, sob, chest pain and crushing chest feeling along with lip tongue mouth tingling, difficulty swallowing, increasing anxiety and diaphoresis.
1012075	2/5/2021	PA		M	2/1/2021	2/1/2021	After the second dose of the moderna vaccine, I had deep upper chest pain and costochondritis for which Motrin 600mg/day is necessary to keep the pain tolerable. This is aside from a few days of general malaise and fever which is resolving after 4 days.
1007387	2/5/2021	TX	35	F	2/4/2021	2/4/2021	Day 1 - significant arm soreness, dizzy, chills, body aches. Day 2 - same and chest pain
1007343	2/5/2021	FL	31	F	2/3/2021	2/3/2021	Flushed feeling in face within 3 hours of the injection, followed shortly by headache. 10 hours post injection, fever and chills were present. Profuse sweating most likely due to fever and extreme arm soreness for the first 24 hours. Headache remains through day 2 post injection. Fever and chills subsided around the 24 hour mark. Day 2 arm soreness, redness, and swelling at injection site. Pain in chest, shoulder blade, and shoulder of the injected side feels like muscle soreness similar to that experienced after a hard workout Day 2: discover presence of lump near neck just above collar bone I am inclined to believe it is an inflamed lymph node, but I am no doctor).

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1007332	2/5/2021	CA	29	F	2/5/2021	2/5/2021	After the vaccine was administered, 5-10 minutes later I began to feel a rapid heart rate. One of the nurses came to check on me, I described to her my symptoms, and she let me know if they get worse to inform her. In the next 5 minutes, my head began to hurt, as well as, some chest pain. She checked on me again, and said to let her know if things got worse. Within the next 5-10 minutes after, I had difficulty swallowing and speaking. I raised my hand, and the nurse came over, then proceeded to get help. They then took my blood pressure and heart rate. My blood pressure was 185/103 and I believe my pulse was 156 bpm. I was still having a hard time swallowing and speaking. They proceeded to get an epi pen and the doctor on site, as well as suggested to send me over the ER/ call 911. The doctor checked my lungs, and they noticed my blood pressure and heart rate was not decreasing to a normal level. I was then put in a wheel chair and transferred to the ER. At the ER, my blood pressure and heart rate was still elevated, as well as difficulty swallowing. The doctor ordered Benadryl via IV, steroids, and the epi pen. After having a reaction to the Benadryl, the epi pen was put on hold. After about 15 minutes, I began to feel better. I was put on IV fluids and observation. I was able to leave the ER around 12 pm 2/05/21. At this time, 7:22 pm, I am feeling better with mild muscle aches, and fatigue.
1007178	2/5/2021		29	F	2/2/2021	2/2/2021	Chest pain that started the evening of the vaccine administration, intensity 6/10 on the evening of and all of the next day. Has persisted more mildly with waxing and waning intensity since for the last 2 days.

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1007095	2/5/2021	FL	49	F	2/5/2021	2/5/2021	<p>RECEIVED VACCINE AT 11:00 AM. ABOUT 3:00 PM, ARMS AND HANDS BECAME VERY ITCHY WITH A RASH. RETURNED TO VACCINE CLINIC TO REPORT REACTION, WAS RECOMMENDED TO SEEK FURTHER TREATMENT AT OUR IN-HOUSE URGENT CARE. URGENT CARE AT 3:25 pm Family Medicine Allergic reaction, initial encounter +1 more Dx Hives Reason for Visit Progress Notes Expand All Collapse All Subjective Patient ID: 49 year old female. Patient seen at clinic Patient came in because of itchy red skin in different parts of the body started today and asked last 2 or 3 hours, patient had Covid vaccine about 4 hours or 5 hours ago, No prior history of hives like this, she had first Covid vaccine without any side effect, Symptoms have been persistent. Prior h/o similar complain- not sure, may be No new pets/soap/detergents/cream No new meds No insect bites This is a new problem to me. Review of Systems With the exception of pertinent +/- in the HPI above, a complete review of systems was reviewed and are negative. Constitutional: Negative for fever, weight loss, malaise/fatigue and diaphoresis. HENT: Negative for nosebleeds, congestion, sore throat and ear discharge. Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge and redness. Respiratory: Negative for cough, hemoptysis, Shortness of Breath Cardiovascular: Negative for chest pain and palpitations. Gastrointestinal: Negative for heartburn, nausea and vomiting. Genitourinary: Negative for dysuria, urgency, frequency and hematuria. Musculoskeletal: Negative for myalgias, joint pain and falls. Neurological: Negative</p> <p>The following have been updated as appropriate in this visit:- Tobacco Allergies Meds Problems Med Hx Surg Hx The following have been reviewed- Medical History Past Medical History: Diagnosis Date ? Gastroesophageal reflux disease with esophagitis 5/6/2020 ? Generalized anxiety disorder 5/6/2020 has a current medication list which includes the following prescription(s): azithromycin, baclofen, escitalopram, eszopiclone, ibuprofen, methylprednisolone, savella, omeprazole, and topiramate. Family History Problem Relation Age of Onset ? Hyperthyroidism Mother ? Bladder cancer Father ? Breast cancer Aunt ? Breast cancer Cousin Social History Socioeconomic History ? Marital status: Married Spouse name: Not on file ?</p>

Number of children: Not on file ? Years of education: Not on file ? Highest education level: Not on file Occupational History Social Needs ? Financial resource strain: Not on file ? Food insecurity Worry: Not on file Inability: Not on file ? Transportation needs Medical: Not on file Non-medical: Not on file Tobacco Use ? Smoking status: Current Every Day Smoker Packs/day: 0.50 Start date: 5/6/2019 ? Smokeless tobacco: Never Used ? Tobacco comment: smoke x 5 years and stop x 20 years Substance and Sexual Activity ? Alcohol use: Not Currently Frequency: Monthly or less ? Drug use: Never ? Sexual activity: Yes Partners: Male Lifestyle ? Physical activity Days per week: Not on file Minutes per session: Not on file ? Stress: Not on file Relationships ? Social connections Talks on phone: Not on file Gets together: Not on file Attends religious service: Not on file Active member of club or organization: Not on file Attends meetings of clubs or organizations: Not on file Relationship status: Not on file ? Intimate partner violence Fear of current or ex partner: Not on file Emotionally abused: Not on file Physically abused: Not on file Forced sexual activity: Not on file Other Topics Concern ? Not on file Social History Narrative ? Not on file Objective BP (!) 133/74 | Pulse 92 | Temp 97.4 °F | Resp 18 | Ht 5' 3" (1.6 m) | Wt 136 lb (61.7 kg) | SpO2 99% | BMI 24.09 kg/m² Constitutional: oriented to person, place, and time. well-developed, well-nourished and in no distress. HENT: Head: Normocephalic. Eyes: Pupils are equal, round, and reactive to light. Neck: Normal range of motion. No tracheal deviation present. Ear- Normal Mouth- Tongue, uvula- Normal, No oral rash Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub. No murmur heard. Pulmonary/Chest: Effort normal and breath sounds normal. NO W/R/R Abdominal: Soft. There is no tenderness. S/NT/ND Musculoskeletal: No edema and no tenderness. Lymphadenopathy: has no cervical adenopathy. Neurological: Neurological: Pt displays no motor weakness, no tremor, normal facial symmetry, and normal speech. Psychiatric: Affect normal. Skin,-erythematous skin rash is noted on the chest arm skin, also on the upper back, Impression/Plan Patient was seen today for hives. Diagnoses and all orders for this visit: Allergic reaction,

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							initial encounter - famotidine (PEPCID) injection 20 mg - diphenhydrAMINE (BENADRYL) injection 25 mg - Sodium Chloride 0.9% infusion 1,000 mL Thrombocytosis (CMS/HCC) - famotidine (PEPCID) injection 20 mg - diphenhydrAMINE (BENADRYL) injection 25 mg Patient evaluated and worked up for over 50-minute during urgent care visit. Time was spent was for preparing to see the patient by reviewing patient's medical history and previous test results, directly obtaining information regarding today's encounter, evaluating the patient, performing an examination, communicating test results, placing orders. Patient was seen second time and discussed the finding of lab results and assessment plan is discussed in detail. Patient was given a liter of IV fluid with Pepcid and Benadryl, and watched for more than 45 minutes, patient's rash improved, still had some rash, advised to take Claritin once a day Pepcid once a day and Benadryl every 4-6 hours, no shortness of breath, New patient complain to me Symptoms improved treatment here, Stable at d/c-decreased rash, no SOB/Wheezing, No throat swelling, Cool compresses to the skin will help. Claritin or Zyrtec once a day Benadryl 25-50 mg every 8 hours for 1st day & then as needed If the symptoms flare again, go to Nearest emergency STAT Reviewed prior labs, diagnostic test & prior visit notes. Reviewed current medication and management planned considering current prescription/meds. Please note this clinic note was performed utilizing voice recognition software. Due to the voice recognition software there may be grammatical errors inadvertently enclosed that do not reflect the nature of the visit. For worsening of symptoms, Patient is instructed to return sooner either to ER or urgent care/PCP. Patient is instructed to follow up in 1-2 weeks with PCP I have educated patient on supportive care therapy. Patient agreed with plan and voiced understanding. No barriers to adherence perceived by myself. Department of Urgent Care
1007065	2/5/2021	MN	58	F	2/4/2021	2/5/2021	febrile, sore throat, body aches, leg cramps, chest pain (hurts to breathe)
1006960	2/5/2021	NY	51	F	2/5/2021	2/5/2021	pt with sudden onset chest pain and palpitations after event.

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1006939	2/5/2021	MD	21	M	2/4/2021	2/5/2021	I obtained my booster shot on my left deltoid at 2:30 PM 2/4/2021. I had slight soreness in my arm til 8:00 which the soreness disappeared. Around 2:00 AM, I was awakened by a pounding headache, fever of 102, and my upper left chest (unilateral between the midline of my left chest and the axillary region) started to hurt. I took Tylenol 1000 mg at 3 and took a hot bath (recommended by friend who also displayed a fever and headache). After a while, my fever began to lower but my headache and chest pain did not disappear and I could not sleep until 7 AM. I woke up today (2/5/2021) at 10 AM with a fever of 101.4, another pounding headache, and still unilateral chest pain. I took another 1000 mg of Tylenol around 10:30 AM and it only helped with the fever. I went back to sleep and slept until 4 PM. I understand that the fever and headache are normal symptoms but my chest pain does not seem like muscle soreness. It doesn't hurt when I touch it, it comes and goes every few seconds, I have 4 or 5/ 10 on the pain scale for most of the pain but it turns into 6 or 7/10 occasionally (10 being the worst pain). What does help with my pain when it is 6 or 7/10 is when I clench my chest really hard like I am flexing it. It is a sharp pain that stays for a few seconds before it disappears and it feels like a deep pain. I didn't want to take Tylenol again because I am about to max out (can only take 2 more capsules until 2:00 AM because it states not to take more than 6 capsules in 24 hours, and each capsule is 500 mg) (Also, the Tylenol does not help with the pain so I am only taking it for my fever.) I was wondering if anyone else reported this and if this is an adverse side effect. This has not cause any issues regarding my breathing but just pain.

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1006904	2/5/2021	TX	45	F	2/5/2021	2/5/2021	0953 received 1st dose Moderna to rt. deltoid. @1010 employee c/o tongue tingling and throat tingling. Denies SOB, chest pain and difficulty breathing. V.S. 139/82, HR 96, O2 sat- 100% on RA. No chronic conditions. No hx of allergic reactions to vaccines. Med allergy: Tramadol; Food allergies: pineapple, corn, grapes @1019 Benadryl 50 mg given IM to Left deltoid. Lungs clear to auscultation. No wheezing. No WOB noted. @1036 per employee, tingly throat improved but tongue still remains tingly. V.S. 131/83, HR 91. @ 1053 updated Dr. and awaiting recommendations. @ 1102 Ok per Dr. to release employee from observation. Employee instructed to call and notify her PCP.
1006870	2/5/2021	TX	32	F	1/25/2021	2/1/2021	I started having a rash all over my body 7 days after first vaccine. Got a lot worse over 5 days. Woke upon 2/5 to major chest pains, itching all over, and broken blood vessels and bruising all over my body. I had blood work done and they said it's normal but now I need to see a Hematologist. It's been 5 days and its not getting better just worse.
1006851	2/5/2021	NY	48	F	2/5/2021	2/5/2021	S/P vaccine administration patient c/o chest pain, dizziness and weakness in the legs. Nurse observed patient to be diaphoretic, cool clammy skin. Initial vitals taken BP 134/96 and HR 87. Patient was assessed by a doctor who found that patient had a vasovagal reaction, compounded by a panic attack following administration. Repeat vitals showed BP 119/81 and HR 79. Patient was stable and discharged home via Uber.
1006383	2/5/2021	TX	26	F	2/1/2021	2/1/2021	Shortness of breath, migraine, Chest pain, abdominal pain, body aches, joint aches, fatigue and fever

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1007072	2/5/2021	AZ	32	M	1/27/2021	1/27/2021	Patient received his vaccine and was waiting in the post-vaccination waiting space. Within 5-10 minutes he slumped in his chair and became unresponsive. Became responsive to voice but was slurring his words. Patient was diaphoretic. HR in 90s, O2 98%. His eyes rolled back in his head suspecting vasovagal episode, we moved patient to the floor and raised his legs. He became more responsive. Was fully oriented although did not seem incredibly alert. Cycled multiple BPs with 100s-110s/60s-70s. HR 70s-80s supine, O2 sat 96-98%. EMS was called for transport to ED given patient's lack of prompt recovery. We attempted to sit patient up and he again became lightheaded and had to lie back down. While in supine position, remained with normal and stable VS. At no time did he manifest any rash, respiratory symptoms, throat or chest tightness, abdominal discomfort, or other overt signs of anaphylaxis. Patient was transported to the ED where ROS was reported as: - CONST: +fatigue, denies fevers or chills - EYES: Denies vision changes - ENT: Denies rhinorrhea, sore throat - CV: Denies new chest pain - RESP: Denies SOB or cough - GI: Denies abd pain, n/v, diarrhea - GU: Denies dysuria - MSK: Denies new joint swelling or pain - SKIN: Denies new lesions or rash - NEURO: Denies new HA, numbness, or weakness - PSYCH: Denies suicidal ideation Vitals: BP 116/67, O2 99% on RA, Temp: 97.7F, Pulse 79. ED provider felt this was most likely vasovagal episode given occurrence following vaccine administration and associated sx's. EKG without evidence of dysrhythmia. No PE risk factors, SOB or CP. Pt with HA that was not thunderclap nor severe in nature and was consistent with prior migranes, thus do ot suspect SAH. No hx to suggest anemia and no anemia on blood work today. No report of seizure. Pt is alert without report of post-ictal period.
1006173	2/5/2021	OR	51	F	2/2/2021	2/3/2021	FEVER, SWEATS/CHILLS, FATIGUE, FLUTTERING, PALPITATIONS, HEADACHES, WEAKNESS, SHORTNESS OF BREATH, COUGH, LOWER ABDOMINAL PAIN, MUSCLE PAIN, CHEST PAIN. PAIN AND SWELLING AT INJECTION SITE.

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1006776	2/5/2021	CA	40	F	2/3/2021	2/3/2021	Intermittent sharp pain, dizziness and lightheadedness. Patient reports anxiety, left-sided chest pain (2-6/10) that comes and goes. Mild SOB. No signs of heart attack. BP 118/73, HR - 85, respiratory rate 20.

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1006366	2/5/2021		73	M	1/4/2021	1/4/2021	<p>Progress Notes Nurse Practitioner Cosign Needed Expand All Collapse All Patient: DOB: 10/1/1947 Date: 2/4/2021 Subjective Patient is a 73 y.o. male who was seen at COVID Vaccine Clinic today for his first dose of the COVID 19 vaccination. He was given the Pfizer vaccination in the right deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience SOB and throat tightness and abdominal pain. He denied rash, hives, welts, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. Pt is a diabetic ate last at 8 am. Blood sugar 234 at 15:12. ALLERGY REVIEW OF SYSTEMS: Patient complains of shortness of breath and abdominal pain Previous Reactions: None Objective Vitals There were no vitals filed for this visit. Blood Sugar 234 collected at 1512 Physical Exam Constitutional: Appearance: Normal appearance. He is well-developed. HENT: Head: Normocephalic and atraumatic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: He is alert and oriented to person, place, and time. Assessment/Plan Treatment included: no therapy Follow up response to treatment: excellent. Patient discharge:</p>

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1006098	2/5/2021	FL	70	M	2/4/2021	2/4/2021	Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) Pt left at 15:28 Per Medical, Client c/o dizziness, headache, and chest pain. vitals taken. The pt. took self prescribed Nitro and requested transport. Client transported to hospital.

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1006437	2/5/2021		57	M	2/5/2021	2/5/2021	<p>Subjective 57 y.o. male who was seen at COVID Vaccine Clinic today for his second dose of the COVID 19 vaccination. He was given the Moderna vaccination in the right deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience Right sided chest discomfort, mild shortness of breath and intermittent dizziness. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. patient denies any previous cardiac history but does have Asthma. Chest discomfort did not worsen with activity and actually improved some per his report. ALLERGY REVIEW OF SYSTEMS: Patient complains of chest tightness (Right side, no radiation) and dizziness (Intermittent) Previous Reactions: None Objective Vitals Vitals: 02/05/21 1009 02/05/21 1019 BP: 136/83 130/83 Pulse: 70 62 Resp: 14 SpO2: 98% 98% Physical Exam Vitals signs reviewed. Constitutional: General: He is not in acute distress. Appearance: He is not diaphoretic. Cardiovascular: Rate and Rhythm: Normal rate. Heart sounds: Normal heart sounds. No murmur. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing. Neurological: Mental Status: He is alert. Assessment/Plan Treatment included: albuterol, water and Acetaminophen Follow up response to treatment: Excellent Patient discharge: Stable to go home and follow up with PCP. Differential Diagnosis: Vaccine-Related Anxiety (include misc mental health) and Local reaction (arm pain, bleeding/bruising, mechanical irritation, localized rash) Symptoms developed just prior to patient leaving, started visit at 10:05 am, self administered albuterol at 10:10am. Self administered Acetaminophen 1,000 mg at 10:24 AM, Symptoms resolved and patient discharged around 10:30 AM. History of anxiety. Showed great relief of</p>

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							symptoms with use of his personal Albuterol inhaler and 1,000 mg of Acetaminophen (also his own). Symptoms completely subsided prior to discharge.
1006446	2/5/2021	AL	88	F	2/3/2021	2/3/2021	Immediately after injection vaccine patient vomited one time. No respiratory distress no chest pains, no hives rashes, no LOC BP 120/78. patient was observed for 30 minutes no further episode of vomiting. Instructed care giver to seek medical attention if any difficulty breathing, swelling of throat lips face further vomiting. Patient was called following morning and caregiver reported patient had no further episodes of vomiting.
1006605	2/5/2021	TX	32	F	2/3/2021	2/3/2021	Reports shortness of breath, chest pain, headache, and neck pain immediately after receiving vaccine. However she did not report it to the vaccinator. States she experienced the same symptoms after receiving first injection. After first injection she went to PCP lab work done and per employee hgb 7.6 As a result we directed her to local ER. ER did EKG only and per employee was normal. Next day at employee clinic labs and chest xray were obtained.
1006697	2/5/2021	VA	78	F	2/4/2021	2/5/2021	chest pain with throat irritation 1 day after receiving vaccine. no anaphylaxis. symptoms resolved.
1006705	2/5/2021	NE	92	F	2/2/2021	2/5/2021	Present to ED for chest pain, nausea, chest heaviness, mild headache and slight SOB with lower extremity swelling, Hospitalized starting today 2/5. EKG shows Afib with RVR (new onset). Still in hospital at this time
1006706	2/5/2021	AZ	81	M	2/5/2021	2/5/2021	Vomiting and chest pain. Patient was transported to ED
1006721	2/5/2021	NC	44	F	1/27/2021	1/28/2021	It began with right arm soreness and progressed to aches and low grade fever within the first 24 hours. Then it moved on to mid-sternal chest pain that radiated to my back and I had shortness of breath that increased with deep breathing after about 48 hours.

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1006745	2/5/2021	FL	46	F	12/23/2020	12/23/2020	12/23 first dose: 12 minutes after injection, racing heart 130 pulse for less than 2 minutes, feeling of impending doom. Repeat episodes occurred at 1 hr post injection and 12 hrs post injection 1/19/2023 second dose: 5 minutes after injection, racing heart 130 pulse for less than 2 minutes, feeling of impending doom. Mild flu like symptoms at around 12 hrs post injection that lasted for 24 hrs. Around 48 hrs post injection, chest pain, feeling of impending doom 5-10 minutes and presented to urgent care for evaluation.
1006301	2/5/2021		52	M	2/4/2021	2/5/2021	On set of substernal chest pain and sweating 2 hours after administration of the vaccine. Patient returned to clinic 24 hours later with continued pain . Reported mild cough. Vitals stable except for mild tachycardia at 109 and temperature of 100.3. Normal EKG except for sinus tach. Patient transferred to ER via EMS due to chest pain with risk factors including positive cardiac family hx, age and male.
1001586	2/4/2021	CA	20	F	2/3/2021	2/3/2021	pt developed sharp chest pain to the right chest 6 minutes post vaccine denied radiation, 1341- 132/79 P-101 sat 99%, pain level 4/10, 1342- 119/86 Sat 98% P-99, 1345- 118/ 76 sat 98% chest pain 0/10, 1348 - administered Benadryl, 25 mg by mouth per protocol, 1349-121/78 sat 98% P-95 chest pain 0/10, 1354- 120/82 sat 99% pain returned 3/10 called emergency medical services for transport, 1400-144/88 P-106 sat 95%, 1401- 129/84 sat 98% chest pain 0/10, 1402 emergency medical services arrived and took over care patient complained of intermittent chest pain with inspiration, pt signed medical waiver, then went to Urgent Care on her own with her clinical instructor (Nursing Student on Clinical Rotation)

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1001889	2/4/2021	NY	29	F	1/23/2021	1/26/2021	PMH: dx with Grave's disease in 2014, s/p thyroidectomy 2/2 thyroid cancer on 8/10/2020 (now on synthroid 150 mcg). 1/26 ED VISIT: P/w chest pain/SOB went to ED. Patient received the COVID vaccination 3 days prior (1/23). Was in NSH the morning of vaccine, then in the afternoon became tired. Then developed a H/A (frontal and right sided, that has resolved) and chills. p/w SS chest pain, radiating to the right shoulder and to the back. Worsened with deep inspiration and difficult to take a deep breath. Took tylenol at 8 pm yesterday (1/25) and advil at 1 pm yesterday (1/25). A/w DOE. Denies birth control use, n/v, abd pain, urinary symptoms, tobacco/etoh/drug use, recent travel, cough, le swelling, hx pe/dvt. Patient had imagining completed - no significant findings and discharged on percocet and ibuprofen. Patient represented to the ED on 2/2/2021: Over the last two days, patient has tender right shoulder pain radiating to neck and chest with ROM and strength limited by pain associated with nausea. Evaluate for rhabdo and myocarditis - negative. Patient seen by ortho (note unable to be obtained). 2/4 Telehealth visit: The patient reports still having a swollen lymph node under her left axillary area. She denies fever. Patient reports pain to her right shoulder. She presented to ortho who said it might be an infected cyst and attempted to drain it unsuccessfully. Patient mentions pain and tingling to her left breast. She notes right shoulder pain to the back of her neck that radiates down to her left arm. She notes a stabbing back pain and rib pain when she takes a deep breath. Patient given levofloxacin and gabapentin
1001985	2/4/2021	NY	49	F	1/11/2021	1/15/2021	Chest Pain, Pain in left shoulder, left back, left armpit, headache. Lasted approximately 2 days
1002017	2/4/2021	OH	73	F	2/3/2021	2/3/2021	Received vaccine at 4 pm. At 6 PM, I started having pain from shoulder to shoulder. Then pulse started to rise and by 6:30 pm, I had central chest pain and my pulse was 107. Blood pressure rose. I kept checking it and by 9 pm, it had slowed to 97. I contacted my doctor who told me to monitor it and call back. She checked with me on Feb. 4th and my blood pressure and pulse continue to go down slowly.

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1002102	2/4/2021	FL	37	F	12/18/2020	1/2/2021	The first couple days just some arm discomfort. January 2 I woke up about 3:45AM with chest pain, I thought it was heart burn. It didn't improve so I ended up going to the Hospital, they did test to rule things out. I had a little bit elevated ESR,CRP and little high white count with a left shift. They did an echo and they found pericarditis. They started me on treatment and by the next day I was pain free.
1002115	2/4/2021	CA	42	F	1/26/2021	1/27/2021	Chest pain, palpitations, severe headache, chills, fatigue X33 hours, severe headache 9 days later as well on 02/03/2021 at 2300 hours.
1002174	2/4/2021	PA	55	M	2/2/2021	2/3/2021	Urticaria and pruritus of both hands and wrists. Denies dyspnea, chest pain, rhinorrhea, nausea, and dizziness.
1002244	2/4/2021	WI	45	F	1/27/2021	2/1/2021	She is here complaining of electrifying pain and numbness in her left axilla, underneath the arm to the elbow, sometimes traveling down to the hand. She received her 2nd COVID vaccine on 1/27/21 in the left arm. She was fatigued on Saturday and Sunday was feeling better. Her arm pain started on Monday 2/1/21. She is unable to abduct her arm past 90 degrees. She is having trouble lifting and moving her arm. Her strength is equal in BUE. She has taken ibuprofen, tried warm packs and ice packs without relief. She is not having any neck pain, chest pain, SOB or pain that radiates to her jaw. There is no swelling in LUE/axilla. There is no rash present.
1002274	2/4/2021	OH	35	F	2/3/2021	2/3/2021	Patient arrived at Center, where public health clinic hosts the COVID-19 Vaccination POD on 2/3/21 at approximately 4:20pm. Patient received her 1st dose of COVID-19 vaccine-Pfizer Lot #EM9810. Patient reported having myasthenia gravis and having a history of allergies and carrying an EpiPen. Patient was advised by medic administering vaccine and RN administering questionnaire to wait for 30 mins in parking lot near medic vehicle and to honk her horn if she felt any sort of reaction. While waiting in her car, patient began to have trouble breathing and honked her horn. Medics identified her vehicle. Patient reported having trouble breathing, chest pain, tongue swelling, and a scratchy throat. Medics administered Epinephrine and Benadryl to patient and transported patient to Medical Center.

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1002325	2/4/2021	WA	51	F	12/23/2020	12/23/2020	<p>This employee sent me an email on 12/23/20. "Subject: Re: Attention Covid Vaccine Volunteers Hello, I had received my vaccine earlier today and just awoken to chest pains. I do not think it wise to be there for my shift in the next 8 hrs. I will stay and observe for additional symptoms. I was on vacay and had out-of-office notice set for my email. I discovered this email yesterday while catching up on emails. I immediately called her. She described the details of the events; stated she has not sought medical care; all symptoms resolved spontaneously but still has some intermittent, mild SOB> She sent me this email describing the reaction: Here explanation of the reaction: Thank you for the follow up. Below is a list of symptoms I experienced after I received my initial dose of the Pfizer vaccine. I am scheduled to receive my 2nd dose next week on the 13th of January. following up: I received my shot at 8:15 am, within approximately 45 min I felt a very slight heaviness to my breathing something similar to allergy season breathing, and a slight headache on my rt temple. This was nothing that stopped me or slowed me down that day. At ~ 10:30pm I awoke from a deep sleep with SHARP chest pains, at 11pm chills, 1am fever and discomfort, 2am muscle aches. I slept on my left side to keep blood circulating to my heart which seemed to ease some of my discomfort. My first night was rough. I awoke Thurs (12/24) with a swollen left foot and leg. some rt leg pain, joint pain in my left knee. I pushed myself to get up and move and go about my day. Friday, I still had a little left foot swelling and pain, knee pain, but kept pushing. The handout says if symptoms persist for longer than 24-48 to seek medical care, I have not. Friday, (12/25/20)was Christmas and much of the day was non eventful. At ~ 530pm. I felt a bulging not in the center of my chest which was tender to the touch. This concerned me. I gently massaged the area, rested a bit but continued to move up and down the stairs. That discomfort and the bulge decreased within a few hours. Saturday, (12/26) 4:am and I noticed much of the swelling in my foot and legs has decreased, however, I now have bruising. The sore arm is gone, and I am hopeful that all is well. I forgot to mention, I have had intermittent persistent cough with slight sob, something similar to the start of allergy season, but it is brief. I have been coughing at night." I advised she contact her PCP</p>

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1001548	2/4/2021	IN		F	1/26/2021	1/29/2021	to determine if follow up is indicated given persistent, intermittent cough and SOB. COVID vaccine] treatment under Emergency Use Authorization(EUA): patient experienced shortness of breath and chest pain the day following the vaccine. The patient was hospitalized and received a stent. Unable to rule out vaccine playing a role, so it is being reported.
1002372	2/4/2021	MI	66	F	2/3/2021	2/3/2021	Tachycardia and chest pain 25 minutes following vaccine administration. Symptoms spontaneously resolved after 2-3 hours.
1000670	2/4/2021	AL	87	F	1/19/2021	1/1/2021	she was hurting at her chest/ Chest pain; on her left arm hurt real bad that's what the clot on her left arm; on her left arm hurt real bad that's what the clot on her left arm; She passed away; heart attack; This is a spontaneous report from a contactable consumer. An 87-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 19Jan2021 at single dose for COVID-19 immunisation. Medical history included diabetes mellitus, for which she was taking a pill like an hour before she would take her meal. On Monday (Jan2021) the patient experienced was hurting at her chest/ chest pain, her left arm hurt real bad as she had a blockage in her left arm/clot on her left arm, and they wanted to put in a stent and after the surgery it went well and she all go home in two days. The patient was hospitalized in Jan2021 due to the events. She had a heart attack and that the chamber between the dividers had a hole in it and her heart tissue was too thin so much thin she couldn't repair it. The patient passed away on 26Jan2021. The patient was tested negative for COVID-19 on unknown date. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: She passed away
1002351	2/4/2021	MA	59	F	1/14/2021	1/14/2021	Headache, dizziness, nausea, lightheaded, fatigue, right side chest pain below the armpit, muscle ache, rash with redness, swelling and itchiness on the site of injection for two-three weeks Dizziness/lightheadedness still ongoing after three weeks despite prednisone taper 20mg

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1001072	2/4/2021	MD	89	F	2/3/2021	2/3/2021	About 10 minutes after vaccination she experienced chest pain. This lasted for several minutes and then subsided, but she was transported to the ED for evaluation.
1001026	2/4/2021	IN	31	F	2/2/2021	2/2/2021	Fever of 99.0+ for over 24 hours and went up to 101.1 . This happened with my first dose as well but the highest it went was 103.6 . Also had chills and body aches both times as well. This time I also felt aching through the right side of my body as well as on and off chest pain but only for a short period of time.
1000997	2/4/2021	TX	88	F	1/29/2021	1/29/2021	Right after leaving hospital. Pain down back of left side down to knee. After an hour or so, it went away. Then, next day, many aches and pains; Chest pain and aphasic; Called 911. EMS came and examined her. They stayed awhile. Gave her liquids. Pt slept rest of day Saturday. Next day, Sunday, she still had some minor symptoms. On Monday, she felt better.
1000995	2/4/2021	ND	40	F	12/30/2020	12/31/2020	About 24 hours after the vaccination (NYE), my last knee was achy, first I did not correlate it to the vaccine, but by the end of the day I could not walk. The next morning (01/01) my knee was better but my left hand was very stiff and painful and in the afternoon my left shoulder was very painful and I could not lift my arm. Next day (01/02) my shoulder was better but my left hand was swollen and very painful. I went to bed with a swollen hand and next morning (01/03) the hand was a little better, maybe 80% better, but my right shoulder was ridiculously sore that I could not lift my arm and I could not go to work because of that. That day I also had stiffness on both hands. I went to bed that night and when I woke up my shoulders and knees were ok but my hands were still stiff and sore. My feet were painful and bluish. Woke up the next day and my feet were fine but then my right hand was like 5 times its normal size, I could not open or close it, and that is when I ended up at the ER with lots of joint pain, my feet and knees were hurting again and I also had shortness of breath and chest pains at that moment. They prescribed me prednisone for the swelling. The day after the ER my fingers were numb, I totally lost the feeling on my fingers until 01/28/2021.

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1000983	2/4/2021		48	M	1/28/2021	1/28/2021	developed neck pain, some nausea and chest pain; issues interfered with work/ADL?s missed Sat/Sun. Still with persistent Neck pain with any movement. No other issues as of 2/1 - nausea resolved, chest pain stopped on weekend
1000959	2/4/2021	VT		F	1/29/2021	1/29/2021	After I received the vaccine I started walking to my car and I got dizzy with chest pain. I was taken to the ED and they did an EKG and took vitals. Around 1 pm I made it home and I started getting violently ill (throwing up with severe headache) Sat night I called my OB and they told me to go to the family center were i received fluids, medication for my headache and nausea meds. Sunday I called the ob again because I started having cluster headaches/migraines and my migraine moved from the right to the left of my head almost felt like fireworks. Monday I went back to the ED for fluids and a migraine medication which actually felt relief.
1000724	2/4/2021	MI	33	M	2/2/2021	2/2/2021	Patient received second COVID-19 vaccine. While waiting in observation, he developed chest heaviness. Described it as a 4 year old sitting on his chest. B/P up slightly at 148/102 (highest) and 143/84 (lowest). HR in the 90's. Denies chest pain and shortness of breath. Patient taken to the emergency department for observation and diagnostic testing Patient is a recent liver transplant recipient (2020). In ED, patient's EKG was normal. Troponin less than 4. Monitored for several hours and symptoms resolved. Discharged home.

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1000610	2/4/2021	VA	23	F	1/21/2021	1/22/2021	Injection Site Pain/Muscle Pain- ongoing soreness; Injection Site Pain/Muscle Pain- ongoing soreness; General Fatigue; Headache; Chills; Chest Pain; Fever; This is a spontaneous report from a contactable other healthcare professional (HCP) reporting for herself. A 23-year-old female patient received second dose of bnt162b2 (manufacturer: Pfizer, lot number and expiration date: unknown), via an unspecified route of administration on her left arm on 21Jan2021 09:45 at single dose for covid-19 immunization. The patient's medical history included anaemia from an unknown date and unknown if ongoing. There were no concomitant medications. The patient previously took the first dose of bnt162b2 on 02Jan2021 for covid-19 immunization. On 22Jan2021 at 00:30, the patient experienced injection site pain/muscle pain-ongoing soreness, general fatigue, headache, chills, chest pain, and fever. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The outcome of the events was recovering. Information on the lot/batch number has been requested.
1000418	2/4/2021	PR	47	M	12/15/2020	1/4/2021	Pleuritic chest pain. Admitted due to acute pericarditis. Course complicated with new onset atrial fibrillation.

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1000138	2/4/2021	VA	43	F	1/15/2021	1/15/2021	fever 99.1 Fahrenheit; shivers and chills; shivers and chills; body aches; Headache; dull chest pain; Fatigue; Injection site pain; This is a spontaneous report from a contactable consumer, the patient. A 43-years-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number: EK4176), via an unspecified route of administration, in the left arm on 15Jan2021 at 08:50 AM (at the age of 43-year-old) as a single dose for COVID-19 immunization. Medical history was none. There were no concomitant medications. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 15Jan2021, the patient experienced injection site pain. On 18Jan2021, the patient experienced fever 99.1 Fahrenheit, shivers and chills, body aches, headache, dull chest pain, fatigue,. The patient had lab tests which included: 18Jan2021: pyrexia: 99.1 Fahrenheit, 19Jan2021: pyrexia: 98.9 Fahrenheit. Treatment for the body aches included with Theraflu, and ibuprofen liquids for the headache. The clinical outcome of the event injection site pain was recovered on 16Jan2021, fever 99.1 Fahrenheit, and dull chest pain was recovered on 19Jan2021, shivers and chills was recovered on 20Jan2021. The clinical outcome of the body aches, headache, fatigue, was not recovered. It was also reported that since the vaccination, the patient had been tested for COVID-19 on 19Jan2021, the results of which was negative.

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1000019	2/4/2021	LA	77	F	1/10/2021	1/12/2021	<p>Itching/She was itching on her knee, leg, arm, neck, and ears.; She had hives on the knee; The two that had her most worried was the memory loss and chest pain; Chest pain; It was like she went blank. She was looking around and she could not remember names she was trying to figure out name street; Spasms/spasms were like in her back where her shoulders were and it was bulging; It hurt from her neck and up into her head.; It hurt from her neck and up into her head.; This is a spontaneous report from a contactable consumer (patient). A 77-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot EL3246, expiration date unspecified), via an unspecified route of administration on 10Jan2021 (around noon) at single dose (left arm) for COVID-19 immunization. Medical history included ongoing diabetes, ongoing blood pressure high/blood pressure, ongoing heart problems; heart disease, kidney disease, history of itching, fluid (imbalance), stroke so taking for clotting, history of neck issues and she was allergic to a lot of medications. Ongoing concomitant medications included ubidecarenone (COQ-10), zinc, torsemide for fluid, clopidogrel for had a stroke so taking for clotting, insulin glargine (LANTUS) for diabetes and isosorbide mononitrate, carvedilol, irbesartan and amlodipine, all for blood pressure. Patient reported that she got the injection on Sunday and then later she started to get spasms on 12Jan2021. These spasms were like in her back where her shoulders were and it was bulging and it hurt from her neck and up into her head. She mentioned she was 77 years old and sometimes she has to think about a word before she gets it out, but yesterday (14Jan2021) it was different. It was like she went blank. She was looking around and she could not remember names she was trying to figure out name street on and this lasted 15 minutes and then it went away. She confirmed she does not have it right now. It did not last a long time, but it scared her so bad. Then yesterday evening (14Jan2021), she started to have funny chest pain. She told her husband if it did not go away she would go to the ER. However, after an 1 hour it went away. It was like a sticking pain. The chest pain lasted for an hour and started around 18:00. On an unspecified date, she started itching at night. She has a history of itching, but this was out the box. She had hives on the knee. It was</p>

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crazy. She itched all over. She had to get out of bed and sit in a chair until 1:30AM. She was still itching, but it was not as bad. Patient reported that due to the kidney disease she has itching, but the itching she was having after this COVID Vaccine was different and more. It was out of the box. She confirmed this was the first injection and now she was scared to get the second injection. Patient reported that the itching started when she went to bed. She went to bed around 21:00 and around 21:30, she got out of bed because she was itching so bad. She stated there was not anything different on the bed. It was the same thing that was up there the night before. She did not change the sheets or anything. She had to get up and sit in a chair and she could not believe how bad her knee was itching. She was itching on her knee, leg, arm, neck, and ears. She stated she takes a lot of medications. She was very funny with medications and they have to work with her to get the right one for her. Due to having these other conditions was why she wanted to get the COVID Vaccine. She reported she will have her blood drawn next week. The two that had her most worried was the memory loss and chest pain. However, these passed and she did not go the ER or physician office. She was afraid if she gets the second injection this will happen again and she may not come out as well from it. Prior vaccinations within 4 weeks was none. Outcome of events spasms/spasms were like in her back where her shoulders were and it was bulging and itching/itching on her knee, leg, arm, neck, and ears was recovering; chest pain was recovered on 14Jan2021 at 19:00; and outcome of the rest of events was unknown.

1002414 2/4/2021 NE 80 F 1/26/2021 1/26/2021 DEVELOPED CHEST PAIN AND INDIGESTION.

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1002678	2/4/2021	NJ	49	F	1/28/2021	1/28/2021	Moderna COVID-19 Vaccine EUA: Vaccine recipient reported that on 1/28/2021 they developed chest tightness, chest pain, shortness of breath and mental fogginess about 10 minutes after the vaccine was administered. She was sent to the ED for evaluation. By the time she reached the ED, her symptoms resolved. Experienced unusual back/chest pain that resolved in <4 hours. She reports she did not have these symptoms after her 1st vaccine dose. She reported that the EKG was done and it was okay. Her lungs sounded okay. She was then discharged to home. On a follow up call she reported that she has chest tightness that lasted overnight.
1000814	2/4/2021	MO	20	F	1/27/2021	1/27/2021	Employee experienced chest pains 1 1/2 hours after receiving vaccination. Pains went away and employee is feeling better. Plan to see PCP.
1003486	2/4/2021	MI	27	F	12/30/2020	1/27/2021	She presented to the hospital with acute typical angina approximately 72 hours after receiving her 2nd vaccine dose. The morning following her vaccine she developed fever, chills, generalized malaise, myalgias, and fatigue lasting about 48 hours. The following morning, she was awoken from sleep by a crushing substernal chest pain with associated typical anginal symptoms. Her initial troponin-I was elevated at 7.47 ng/mL and peaked at 19.19 ng/mL. An ECG demonstrated minimal ST elevations followed by an echocardiogram demonstrated preserved systolic function and an ejection fraction of 60-65%. Due to her elevation in cardiac enzymes and persistent angina, coronary angiography was performed revealing no obstructive coronary artery disease. She was diagnosed with suspected myocarditis and treated successfully with anti-inflammatory medication. In follow-up, she had an uncomplicated treatment course with complete resolution of anginal systems and improvement in troponin and inflammatory markers.

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1017685	2/4/2021		75	M	12/23/2020	1/2/2021	Angina MI Narrative: Employee presented to ED with chest pain. Cath showed 99% blockage of LAD and diagonal. Employee transferred to another hospital for w/u for CABG. Prior to assessment for CABG, employee coded. Urgent cath. with multiple stents placed. At time of reporting of event, employee was recovering. Cardiologist instructed employee to complete COVID vaccination series which was done on 1/20/2021.
1017654	2/4/2021		63	F	1/19/2021	1/19/2021	Headache, Arthralgia, Fever, Angina, FATIGUE, CHILLS, PAIN/SWELLING INJ SITE, CHEST PAIN Narrative: She was hospitalized on 1/24/2021 in the AM D/C home 1/25/2021 PM for abnormal EKG. She is set up for a stress ECHO with plans follow up with PCP on 2/1/2021. She is fatigued and has headache, chest pain that is stabbing in nature has improved. She has SARS-CoV-2 test pending. CRNP She plans on returning to duty tomorrow at 0730. She is going to bring her work restriction note from her PCP. She has been directed to report to employee health for return duty evaluation CRNP 2/2/2021
1013023	2/4/2021		21	F	1/3/2021	1/4/2021	Pt got pfizer covid vaccine on 1/3 (approx 48 hrs PTA) where she a CNA. She got the vaccine in the afternoon. Pt felt well on the day of the vaccine, but yesterday (1/4, one day after vaccine), pt syncoped at work in the evening. She had eaten normal meals that day. After syncopal episode, her blood sugar was normal. Her blood pressure was 76 / 56. Pt felt very lightheaded prior to syncope. No chest pain, dyspnea, no palpitations. Pt was unconscious just briefly. Pt states she did have some tingling in her R arm, R foot, and entire tongue. Pt is still having a HA. No other sx's. Has not taken anything for these sx's. When pt syncoped, she landed on soft bed, did not hit head on anything hard. Pt syncoped once previously at age 9. Pt has soreness at injection site, but no swelling or erythema.

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1002640	2/4/2021	CA	78	F	2/4/2021	2/4/2021	Pt alerted circulating RN that she was feeling tightening in her throat. Pt mentioned that she wanted to walk to the room because she was not feeling dizzy. Pt was asked about any heart problems and she responded that she has a pacemaker. Pt was taken to a private room for further monitoring and observation. Patient asked about history of this problem, to which she replied that this has never happened before. Patient mentioned that her allergic reactions typically consist of a rash or hives. Vitals were taken and recorded. BP was initially high at 180/80. Pt declined admission to the emergency department. Pt awake and alert, good historian. No difficulty speaking or breathing. No shortness of breath, denied chest pain, reported "tightness" and pointing to neck area. Pt described, "feels like I have phlegm there." Denied water. No drooling & speech clear. No numbness to extremities or aching to shoulders, no nausea, no dizziness. Pt ok to sit up and accepts water at 11:38AM (20 minutes following initial incident), denies food and juice. Swallows multiple sips without difficulty. Pt denied throat tightness or pain. EMTALA Form completed. Pt education performed regarding potential side effects of COVID-19 vaccine and sources of information going forward. 11:43AM pt feels comfortable to walk and wants to go home. Pt discharged to home ambulatory, stable VS and states understanding of plan of care after COVID 19 vaccine today.
1003512	2/4/2021	IL	66	F	1/27/2021	1/27/2021	Lip swelling bottom lip & numbness, Rash on stomach Dizzy, Weak, Intermittent Chest pains, lowered Oxy Sat to 93 & 92. In addition to the more normal symptoms of vomiting, Diarrhea, headache, fatigue, cold & alternating sweats GI pain,
1002463	2/4/2021	OH	94	F	2/4/2021	2/4/2021	Chest Pain started about 5-7 minutes after getting injection. Rated 8/10. Has a cardiac history and wanted to be seen in ED. 911 called for patient.

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1003454	2/4/2021	IL	69	F	2/3/2021	2/4/2021	Pt presented to the emergency department with complaints of myalgias after receiving the vaccine. She noted that she had vomiting the night prior. She denied any chest pain, shortness of breath, abdominal pain, headaches, fever at that time. Pt was left in room by herself for approximately 5 minutes and was found unresponsive. Code Blue was called. Pt was found in asystole. ACLS was initiated. Return of circulation occurred after 7 minutes of resuscitation. Pt is currently intubated and sedated.
1003382	2/4/2021	AL	83	F	2/2/2021	2/3/2021	Began with vomiting and diarrhea. C/O chest pain. Bradycardia. Hypotension. 2 seizures in 45 minutes after not having one in years. We gave fluids. Gave Zofran. Comfort measures. Pt passed at midnight. Was completely fine one day before. Had minimal issues with COVID though did have a pneumonia that was treated w ATB early on and resolved.
1003296	2/4/2021	MD	34	F	1/14/2021	1/19/2021	5 min after shot had flushing, tachycardia and numb lips. 4 days later I developed tachycardia, chest pain, dyspnea, body aches
1003223	2/4/2021	SD	49	F	2/4/2021	2/4/2021	Around 1325 starting having chest pain and nausea. States pain is similar to heart burn and is constant.

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1003206	2/4/2021		55	F	2/3/2021	2/3/2021	<p>Patient felt she had warmth at site of injection, 89 HR 81. Patient says normal BP 120's/80's. Patient states she is not anxious. She then started feeling like her throat and chest were getting itchy. Continued monitoring and she felt she needed to be evaluated in ER. Taken to ER. ED notes as follows: 55 y.o. female who arrived by to the emergency department for Throat and chest discomfort associated with voice change and pruritic rash. Past medical history of food and environmental allergies, Addison's disease, thyroid disease, primary immune deficiency disorder. Half an hour ago, the patient received her first injection the Covid vaccine. Seconds later, the patient started having a pruriti rash where the site of the injection was. She then noticed her chest getting red and warm. About 15 minutes later, the patient noticed her voice becoming hoarse her and associated with throat and chest discomfort. Reports that she is unable to take a deep breath. Denies any noisy breathing, nausea, vomiting, abdominal pain, shortness of breath, difficulty swallowing, drooling. She has never been hospitalized for anaphylaxis. She denies any past medical history of asthma or COPD Vital signs demonstrate hypertension with systolic blood pressures into the 180-190s. No oropharyngeal swelling. Hoarse voice. Scleral injection present bilaterally. Chest wall nontender. Mild, blanching, erythematous, pruritic rash on anterior chest. Shallow breathing when asked to take a deep breath. Injection site covered with bandaid with no other obvious rashes or swelling patient arrived to the ED in no acute distress and in stable condition. She was complaining of throat discomfort with voice changes. She has never had an anaphylaxis reaction before. She was given benadryl, famotidine, and methylprednisolone initially for her reaction. With her hypertension and reported chest discomfort, epinephrine was not given initially. Her symptoms mildly improved with the initial treatment. Patient complained of chest discomfort and EKG showing T wave inverted in leads V4-5. She was given aspirin. Initial troponin negative and repeat was ordered. After four hours of observation, the patient reports her voice change has resolved but continued to have pruritis in different, migrating areas of the body such as ears, neck, and arms. 1330: patient complaining of increasing chest and abdominal pain. Described as a cramping chest pain that radiated to her abdominal.</p>

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							Denies nausea, vomiting or diaphoresis. Continues to deny shortness of breath. Given morphine for her pain and aspirin for her nonspecific EKG changes. Internal Medicine consulted for admission due to allergic reaction. Patient is agreeable to this plan. Patient was transferred under stable condition to the IM service. Initial Vital Signs [02/03/21 1159] Blood Pressure 168/101 Heart Rate 73 Respiratory Rate 15 Temp 36.8 °C (98.3 °F) Temp src Oral SpO2 96 % Following one day admission she was discharged to home with Zio patch monitoring while on new beta-blocker therapy for symptomatic PVCs with plan for PCP follow-up. Regarding adverse drug reaction, she was advised to follow-up with PCP and immunologist for further discussion on benefits:risk of subsequent vaccine in series.
1003163	2/4/2021	CA	28	F	2/3/2021	2/4/2021	chest pain, sob upon exertion starting 2/4 in the morning.
1003147	2/4/2021		46	F	2/4/2021	2/4/2021	c/o chest tightness 5min post moderna injection which lasted for about 3min. denies hx of same symptom with previous dose, denies SOB, chest pain, lightheaded, dizziness, headache, palpitation. Report history of anxiety. BP: 130/75 HR: 91 SpO2: 97% RA Seen and cleared by EMS, patient refused to go to the hospital, states she's fine now.
1003097	2/4/2021	ID	51	F	1/23/2021	1/24/2021	Severe itching and hives, shortness of breath causing chest pain
1002529	2/4/2021	SC	41	F	2/3/2021	2/4/2021	Woke up 7:15 am with Headache, chills, fever of 101.4, body aches, joint pains, fatigue and on/off chest pain. Body aches and fever/chills resolved by 1pm and chest pains/joint pains and fatigue and on/off chest pains continued longer Treatment bed rest/Ibuprofen 600 mg x 2 doses

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1002481	2/4/2021	MO	70	F	2/4/2021	2/4/2021	Patient is a 70-year-old female that presents to the ER with complaint of chest pressure and palpitations. Patient states this morning she received her second Covid 19 vaccination at 0711. She states about 5-10 minutes after receiving that she started having palpitations, became dizzy and pale. She states staff did check her blood pressure which was elevated. She states her symptoms lasted about 5 minutes and improved. She states at 0726 she started having palpitations again, dizziness and substernal chest pressure/heaviness. She states the dizziness and palpitations have improved but not resolved. pt states she had no reactions with her first dose. Patient denies nausea/vomiting, shortness of breath or recent surgery/travel, fever, cough. Patient states she did take a 81 mg aspirin this morning. 0853- pt resting in the er, nad. vital signs improved. resp equal and non-labored. pt states she feels much better, symptoms resolved. labs / imaging reviewed along with obtaining repeat trop. pt verbalized agreement. 1143- pt resting in the er, nad. vss, pt non-toxic. second trop negative. pt states no further symptoms while in er. denies chest pain, soa, dizziness or palpitations. pt states she feels good to go home. discussed strict return precautions and importance of close f/u with pcp / cardiology. pt verbalized agreement. aware to return to er if concerns or change in symptoms. pt ambulatory out of er with steady gait wo difficulty.
1003621	2/4/2021	NY	33	F	2/3/2021	2/4/2021	About 24hrs after shots given For both shots severe arm pain and swelling. Also severe diareah . And both shots made my period come early, for the second shot it feels as though I was hit my a truck! Severe chest pains and body aches all over. Could not go to work can barley move
1003066	2/4/2021	MO	31	F	2/4/2021	2/4/2021	Patient reporting feeling hot and had flushing to the face, neck, and arms. Patient denied shortness of breath and chest pain. Patient was evaluated, vitals obtained, and IM Benadryl administered. Ambulance was called for further evaluation and transported to the hospital.

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1002523	2/4/2021	CA	76	F	2/4/2021	2/4/2021	Patient had already been observed for 15 minutes and left the facility. Patient stated while on her way home her and her husband were discussing side effects when she started to feel SOB, dizziness, and slight chest pain so they returned to the clinic. Full set of vitals was taken. Doctor evaluated patient. Patient started feeling better after drinking some water. Second set of vitals taken and patient discharged to go home with husband 1215pm.
1002665	2/4/2021		65	M	1/28/2021	1/28/2021	Two hours post shot patient began experiencing chest pain, presented to ED and had a troponin of 0.7, started on heparin infusion and taken to cath lab where received complex PCI to prox LAD lesion as well as distal LAD lesion
1002734	2/4/2021	MD	26	F	2/2/2021	2/2/2021	Vaccine given at 0800 am. While waiting the 15 minute period post-vaccination, I began to experience nausea and chest became very hot. Both symptoms seemed to have faded before I left the monitoring area. Proceeded to drive home (20 minute drive) and nausea returned, as well as increasing pressure and pain in chest. I decided to turn around and go back to the urgent care clinic. Arrived back at clinic by 0900am. Pressure in chest had receded but there was still some aching/occasional sharp chest pains and nausea. Clinic referred me to the ED for further workup. Most symptoms had stopped by 1000am when I went to the ED.
1002867	2/4/2021	IN	58	F	2/3/2021	2/3/2021	Patient reported neck pain, chest tightness approximately 15 minutes after receiving second COVID-19 vaccine (Moderna) dose. VS stable BP 146/95, HR 70, O2 sats 99%. Referred to ED staff/provider (physically located in same building) for further evaluation and management due to complaints of neck and chest pain. Walked with patient over to ED location and ED nurse assumed care for patient.
1002750	2/4/2021	WI	80	F	2/4/2021	2/4/2021	20 mins after vaccine became nauseated, light headed and chest pain, tightness in central to epigastric area. VS found she was Orthostatic - BP dropped to 99/55 while standing. Diabetic. Chest pain persisted. Sent to ED

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1002998	2/4/2021	MI	82	F	2/4/2021	2/4/2021	5 MINUTES AFTER PTS FIRST COVID VACCINE, SHE STARTED EXPERIENCING CHEST PAIN AND BURNING. PULSE SEEMED NORMAL AS WELL AS BLOOD PRESSURE, BUT THE PAIN WHICH WAS 5 ON A SCALE OF 10 WAS NOT GOING AWAY. EMS WAS CALLED AND SHE WAS TAKEN TO LOCAL HOSPITAL FOR TREATMENT
1002830	2/4/2021	MN	73	F	2/4/2021	2/4/2021	Client presented for 1st dose Pfizer Covid vaccination. 45 minutes after receiving vaccination client complained of Intermittent chest pain in Left Upper Chest. Pulse regular, strong rate of 68. Resp 20, regular. BP138/90. 911 called. Pt now complaint of jaw pain on left side and throat soreness. Client was pale with no sweating. Fidgeting in seat. At 10:48 am EMS arrived. Client immediately transported to Hospital.
1002742	2/4/2021	NJ	61	F	2/3/2021	2/3/2021	61-year-old female presents the ED for evaluation of lightheadedness. Patient reports shortly after receiving first dose of Covid vaccine, began to feel lightheadedness 15 minutes later. Patient reports that she started off with a right-sided headache, and when she went to stand up took 2-3 steps forward and fell lightheaded, and and sat back in her chair. Denies loss of consciousness, chest pain, shortness of breath. Denies alleviating or exacerbating factors. Patient reports that they taken her blood pressure after symptoms, was found to be elevated, 200/100 systolic. Patient denies previous history of blood pressure medications. Denies previous reactions to vaccines
1002948	2/4/2021	WI	64	M	2/3/2021	2/3/2021	Resident had chest pains and rapid heart rate and felt like he was going to have a seizure. Laid back down for a few hours, then EMT called at 6:19 am and transported to hospital. Hospital update that he does have a fever and have him on IV fluids. Tests came back that his cumin levels were high. Patient is back home.
997856	2/3/2021		91	F	1/31/2021	2/1/2021	Chest pain; Dehydration; Elevated troponin; Encephalopathy, metabolic; Hyponatremia; Troponin I above reference range; Uremia; Weak; Weakness

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997867	2/3/2021		28	M	1/31/2021	2/3/2021	Caller received vaccine 1/31/21. Called today and stated he has a temp of 100.9 and feels achy like he has the flu. He stated he had a sore arm right after the vaccine but that it is gone now. He denies SOB, chest pain, or any other symptoms. RN reviewed taking Tylenol or Advil, which ever he takes when he has pain, drinking plenty of fluids and rest. RN reviewed red flags to call 911. RN stated will follo up with him tomorrow.
997967	2/3/2021	PA	45	F	1/29/2021	1/29/2021	Pt. presented for her second dose of Covid vaccine and denied having reaction to her first dose. Pt. was vaccinated at 7:22 am and was checked on at 7:45 am, when she indicated a tightness in her chest and throat. First response was called and at 7:48 Benadryl 25mg IM was given and at 7:50 a dose of epi 0.3 sq was provided and pt. was transfered to the ED by Wheelchair. Presented in ED essentially asymptomatic by time she arrived to ED per ED physician. She was given 10 mg Dexamethasone 10 mg IV, Benadryl 50 mg IV, Famotidine 20 Mg IV in the ED. Pt. discharged from ED at 10:42 am the same day. After discharge on 1/29/2021, the patient continued to have symptoms. On 2/2/21 12:44 pm called Covid Medical Command c/o 8/10 mid sternal CP radiating to her back. Also complaining of chest heaviness, advised by Dr. to seek care at the ED. Pt. arrived at the ED at 13:02 and was being worked up for chest pain worsening when taking deep breaths. The pain started yesterday and was worsened at work. Also c/o felling fatigue and chills. Pt. given keteolorac 30mg and Lidocaine patch. Additional pain medication of morphine was given. Worked up for PE with CT of chest. R/O ACS in the ED. CP was found to be reproducible and she was diagnosed with chest wall pain. Still has chest discomfort 2/3/21, but feels able to return to work.
998056	2/3/2021	NC	29	F	1/30/2021	1/30/2021	c/o mid sternum burning, no sob, no chest pain, states same occurred with 1st dose
997990	2/3/2021	TX	49	F	2/2/2021	2/2/2021	Reports chest pain a few hours after she received her vaccine.

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998035	2/3/2021	MI	58	M	2/3/2021	2/3/2021	Moderna COVID-19 Vaccine EUA Patient received first COVID-19 Vaccine (Moderna Lot #011M20A) at 11:17. He was waiting his half hour post vaccine to go back to cell and then got held in gym for count. Around 11:55 he presented to healthcare staff with c/o diaphoresis, chest "tightness", blurred vision, and "tasting ammonia". Vitals 193/121, HR 73, T 98.3, sPo2 98% RA. Inmate taken to HC via wheelchair accompanied by MP. 12:10 Chest pain "8" BP 196/111, 1 SL NTG given, oxygen via 2L n/c admin, spo2 96% up to 98%, EMS called 12:15 Chest pain "6" BP 182/111, 1 SL NTG given, Blood Sugar 105, EKG hook-up 12:17 EKG, Sinus Rhythm w/ inverted T waves, no acute ST changes 12:20 Chest pain "5" BP 182/105, 1 SL NTG given, inmate chewed 325 mg ASA 12:25 BP 185/111, CP remains "5", IV started with NS gtt 13:08 off-grounds for hospital evaluation
997830	2/3/2021		79	M	1/31/2021	2/1/2021	Chest pain; Chest pain; Chest pain, unspecified type; Pleural effusion on left
997222	2/3/2021	IN	47	F	2/1/2021	2/1/2021	First dose: tenderness at injection site. Swelling on the roof of mouth that lasted three hours. Second dose: immediate severe tenderness at injection site. By 5pm, I could barely raise my arm and could not touch it. At 11pm, I began to have chills with uncontrollable shaking that lasted 2 1/2 hours. Temperature of 104 that only came down to 102.9 in a 15 hour span. I did alternate Tylenol and Ibuprofen that entire time. Severe headache, sore throat, thirst, burning ears, fatigue, no energy, and chest pain.
998291	2/3/2021	AZ	24	F	1/28/2021	1/30/2021	Pericarditis. Burning and stabbing pain in chest, pain shot down into left arm. Lasted days.

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997973	2/3/2021	CA	73	F	1/29/2021	1/30/2021	Received vaccine at 1100 on 1/29/21. No symptoms noted during 30 minute post-vaccine observation period. Symptom onset at 0300 on 1/30/21 (16 hours after vaccine administration). Symptoms included chest pain, dyspnea on exertion, weakness, nausea/vomiting, decreased appetite, and diarrhea. Patient presented to Medical Center Emergency Department around 1130 on 2/1/21. Found to have NSTEMI 2/2 Takotsubo's cardiomyopathy with acute congestive heart failure. (of note, coronary angiography in 11/20 showed no coronary artery disease). Patient has never had a reaction to a vaccine or component despite receiving many vaccines due to extensive travel history.
996581	2/3/2021		21	M	2/2/2021	2/2/2021	c/o subjective fever with dizziness and sweating. Temperature, tmax 100.0F (A) at home. Pt received 2nd dose of COVID Vaccine at 0930 02Feb2021. Patient is a 21 year old male who presents to ED with subjective fever, dizziness, sweating and papitation 8 hours after receiving his second Moderna vaccine. He denies any chest pain, no shortness of breath. He doe shave some nausea, but it able to drink fluids well. No other significant PMH.
997656	2/3/2021	TN	39	F	1/19/2021	1/21/2021	Arm pain. Persistent Chest pain and pressure for over 2 weeks and counting
997347	2/3/2021	NC	26	F	1/29/2021	1/29/2021	Heart palpitations and dizziness and chest pain

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997304	2/3/2021	NJ	26	F	2/2/2021	2/2/2021	I am a pharmacist for pharmacy and received my first dose of Pfizer Covid-19 vaccine while at work by another pharmacist. Vaccine given around 2:15 PM on 2/2/21 Less than 5 minutes after vaccine - arm tingling at site of injection, arm tingling spread from injection site to fingers, tingling and pins/needles traveled through underarm area and moved across left side of chest, slight chest pain on left side, whole body started tingling, dizziness, racing heart. While experiencing all of these symptoms, I sat on the ground, took two tablets of 25mg Benadryl, drank water, and tried to breath steady to make dizziness go away. Working in this healthcare setting, I was aware I was having an adverse reaction to the vaccine and was prepared with an epi-pen in case of any severe anaphylaxis shock - I did NOT have to use the epi-pen. Less than 15 minutes after vaccine - the chest pain, arm pins/needles stopped, I felt lightheaded still, another co-worker checked my blood pressure which had risen to 178/120 and pulse of 120. About 1 hour after vaccine - still felt light headed, blood pressure still elevated at 158/107, pulse of 107. Around 5:45 PM - After consulting personal friend physicians, I was instructed to go to ER and have an EKG of my heart since my blood pressure and pulse had spiked so high and suddenly. I was able to find coverage at work so that I could leave my shift and get a ride to the emergency room. After 6 PM (admitted into ER) - upon admission blood pressure of 176/117 and pulse of 113

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997226	2/3/2021	CA	52	F	1/14/2021	1/14/2021	Bleeding/ gastro intestinal bleeding; Bleeding/ gastro intestinal bleeding; woke up with chest pain; tachycardia; body ache; headache; This is a spontaneous report from a contactable other HCP reported for self. A 52-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: EJ1686), via an unspecified route of administration at left arm on 13Jan2021 12:00 PM (that is 14Jan2021 00:00) at SINGLE DOSE for COVID-19 immunization. No Covid prior vaccination. Medical history included allergy to shellfish and Iodine, Kidney and pancreas transplant 10 years ago. Concomitant medications in two weeks includes mycophenolate sodium (MYFORTIC), Tacrolimus, Prednisone, Trazodone. The patient previously received first dose of BNT162B2 (Lot number: EJ1686), at left arm on 24Dec2020 14:30. No Other vaccine in four weeks. On 14Jan2021 09:30 AM, patient woke up the next morning with chest pain, tachycardia, body ache, headache, bleeding. Symptoms lasted from Thursday to Monday. A total of 5 days. Patient have never suffered from a headache and as of 20Jan2021, patient still had it. Every day got better and no longer have the other symptoms. The only other one is the gastro intestinal bleeding. Patient only see few spots of blood when go to the bathroom. She believed that is gastrointestinal because almost never had a period as a teen. No treatment received. Not tested covid post vaccination. Outcome of "Bleeding", "Gastrointestinal bleeding" was not recovered, of "headache" was recovering, of other events was recovered.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the events haemorrhage and gastrointestinal haemorrhage cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.

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996603	2/3/2021	OR	43	F	2/2/2021	2/2/2021	I'm still not sure what to make of my reaction. Started to feel ?out of body?, slow and had left-sided chest pain at around 8 minutes after administration. Then flagged down a nurse. They checked my blood pressure at 196/110 (first one may have been 210/110)- I was sort of disoriented. Sat there for about an hour with repeated blood pressure checks, until my pulse went from 118 down to 90. They let me go home at 170/100. I do t have hypertension. Then went and laid down in my office nearby and my left upper arm turned bright red and became painful and slightly swollen. Took five hours for my blood pressure to drop to 118/80- my normal is 114/78. Still have weird chest pain and some SOB with exertion (not normal for me).
996600	2/3/2021		32	M	2/3/2021	2/3/2021	Tolerated first vaccine one month prior without incident. Today, developed 10/10 headache with photophobia starting five minutes after receiving the injection. Developed a cough and then crushing chest pain. Initial blood pressure and heart rate were within normal limits, and continuous pulse oximetry showed consistent Oxygenation of 98%. Patient was able to speak in full sentences although unable to take a deep breath. Pain was physically limiting, and patient was transported to ER, for immediate evaluation and treatment. At the ER, pateint was normotensive and nontachycardic. He received IV epinephrine and dexamethasone. Per paramedic report while in ER, patient shortly afterward developed hypotension with left
998348	2/3/2021	MA	48	F	1/27/2021	1/30/2021	Shingles or HSV1 bilateral systemic rash on back and foot. swelling and vascular changes in eyes. Bi-lateral rib pain cough and chest pain that lasted 5 days headache fatigue for more than 5 days
997757	2/3/2021	CA	48	F	2/2/2021	2/2/2021	Patient became short of breath, had chest pain, and nausea about 20 minutes after her second COVID vaccine
997300	2/3/2021	MA	83	F	1/27/2021	1/27/2021	Systemic: Other- Chest Pain and Confusion, pt on Nitro
999200	2/3/2021	FL	27	F	2/1/2021	2/2/2021	Instant facial numbness on left , head rush, and chest pain. fever began 12 hours after injection coupled with body pains and general feelings of being unwell.

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998513	2/3/2021	CT	32	M	2/3/2021	2/3/2021	PT reported to the primary care clinic about an hour after his 2nd dose of Moderna vaccine and stated he was having chest pain and palpitations. EKG and vitals obtained pt evaluated and transported to local ER via EMS.
1001602	2/3/2021		68	M	12/30/2020	12/31/2020	Dizziness, Headache, chest pains, tremors, fatigue, chills, sweating Narrative: employee reports that after several hours of taking the Moderna COVID vaccine that she began to have symptoms of chest pains, inability to sit up without assistance, fatigue, chills, tremor and headache. Employee denied seeking outside medical attention and took Alprazolam and a muscle relaxant instead
999425	2/3/2021	WA	40	F	2/1/2021	2/2/2021	Hip and back joint pain, fever, chills, headache, heart palpitations, intermittent chest pain
999405	2/3/2021	FL	52	F	2/1/2021	2/2/2021	Fever chills severe body aches and joint aches severe headache diarrhea nausea abdominal pain severe fatigue some mild chest pain

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999387	2/3/2021	AK	45	F	1/11/2021	1/12/2021	The day after the second shot, I developed upper right sided chest pain and pressure, lateral to the sternum extending at times to mid-clavicular line. Sometimes it felt deeper than surface. I do have a scar from my port which was removed in 11/2020 and the location of the pain correlated at times with the scar but not consistently. I thought the pain was sore muscles since I had done some light weight exercises with my arms the morning of the vaccine. But the pressure aspect of it was different than sore muscles. And I could feel a localized pain when I swallowed or burped, like it was on the inside of my esophagus. The pain didn't seem to hurt with deep breaths. I thought it'd get better if it was related to muscles and the vaccine, but it just seemed to linger. I tried mylanta to test the esophagus theory and it improved. Then after a few more days of not resolving, I saw doctor. My biggest concern and fear at that visit was breast cancer recurrence. I was envisioning and enlarged node in my chest or lung. Eek! I had had a couple episodes at some point of painful swallowing prior to all this that I recalled in the visit so we opted to do an EGD. He also prescribed omeprazole which seemed to help. Had EGD done on 1-27-2020. Normal except for a loose GE junction which wasn't a surprise since I occasionally experience reflux. I'm seeing my oncologist next week for my usual 3 month visit. Thankfully the pain has almost resolved. Pressure is no longer there. Feeling way less anxious about cancer recurrence.
997585	2/3/2021	NY	49	M	1/31/2021	1/31/2021	49 year old male, history of hypertension and high cholesterol 3:15 Vaccinated 3:25 complained of feeling lightheaded and anxious, escorted to medical tent 3:35 BP 153/88, P 108, O2 96% now complaining of chest pain 6/10 O2 via nasal cannula, EMS notified One paramedic placed monitor 3:45 BP 153/88, P 108 ? O2 100% 4:05 EKG rate- 104, possible L atrial enlargement 4:12 Staff arrived and ordered transport to hospital 4:20 Transported
999067	2/3/2021	IN	31	F	2/2/2021	2/3/2021	Sever headache, severe muscle pain, vomiting, fever, chest pain, sob, increased heart rate, decreased O2 sat (95%).

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999020	2/3/2021	IL	89	F	1/28/2021	1/28/2021	Around 30 minutes after receiving her first COVID-19 vaccine, the patient developed chest pain and was found to have a blood pressure of 223/79, both of which lasted a few minutes and resolved. She was brought to the ED for monitoring. Workup in the ED was negative. Patient was discharged home.
999007	2/3/2021	MO	33	F	1/27/2021	1/27/2021	- [] Day 1: severe migraine (2-2.5 hours after the shot) - [] Day 2: muscle aches, nausea, fatigue - [] Day 3: muscle aches, migraine, serious heartburn, nausea, dizziness, cold sweats, fatigue, loss of breath, abdominal/chest pain (questioned if it was a heart attack) - [] Day 4: nausea, cold sweats, fatigue, abdominal pain, mild muscle aches, dry mouth - [] Day 5: woke up at 1100. Already very fatigued and cold sweats. Dizzy. Napped from 1415-1545. Dry mouth. - [] Day 6: fatigue, nausea, dry mouth, injection arm numb/tingly. - [] Day 7: fatigue, nausea, dry mouth, mild migraine, lower abdominal pain - [] Day 8: nausea, abdominal pain
998554	2/3/2021		22	F	1/22/2021	1/30/2021	presenting today for Sore Throat. Got vaccine on 1/22. Started with sore throat. The started with chills, chest pain, abdominal pain, swollen lymph nodes.

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998953	2/3/2021		43	F	2/1/2021	2/2/2021	<p>Patient developed tachycardia at 0600 on 2/2/21 and reported to the ED with heart rate in the 190's. ED notes as follows. Discharged in stable condition with a Holter monitor. Initial Vital Signs [02/02/21 0713] Blood Pressure 139/93 Heart Rate 126 Respiratory Rate 18 Temp 37.2 °C (98.9 °F) Temp src Oral SpO2 99 % 43 y.o. female who arrived to the emergency department for Palpitations and tachycardia. Patient states that the symptoms started approximately 545 this morning while getting ready for work. She states that palpitations started spontaneously with no inciting event. She denies chest pain or shortness of breath. She states that she felt the palpitations and looked down to her watch and showed a heart rate into the 190s to 220s. Upon arrival to the emergency department her heart rate is in the 190s. When she was brought back to the room, her heart rate was around 120-130. Still denying any chest pain or shortness of breath. She did receive her second for Covid vaccine yesterday. No reaction with the first vaccine. No changes in medication, caffeine intake. Denies smoking, drinking, drug use. No history of similar events. Father has a history of a heart block requiring pacemaker. Medical history of melanoma varicose veins but no cardiac or pulmonary history including pulmonary embolism. Patient is a nurse in the neurosurgical unit as one of the case managers. During initial evaluation, patient was sitting in bed in no acute distress. Vitals signs stable tachycardia although better than initially arriving. Physical exam unremarkable. Labs indicate elevated D-dimer. We will proceed with CT PE. CT scan of scan shows no signs of PE there is evidence of left axillary adenopathy which is consistent with her vaccination yesterday. Upon repeat evaluation, patient was updated regarding lab and imaging results. Heart rate had improved greatly down to the 90s to low 100s. She was able to ambulate around without becoming grossly tachycardic, dizzy, lightheaded or shortness of breath. Unsure of exact cause of palpitations and tachycardia. Recommend outpatient monitoring with Holter monitor. Follow-up with primary care provider or cardiologist. Return to emergency department if symptoms return or new concerning symptoms occur. Treatment plan was discussed with the patient who was agreeable and exhibited understanding. Questions were answered to patient's satisfaction. Through shared</p>

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							decision making with the patient and the emergency medicine care team, we discussed and decided the patient is stable and ready for discharge. Patient remained hemodynamically stable in the emergency department. Patient was provided with verbal and written follow-up/discharge instructions and return precautions. Recommend follow up with PCP in 2-3 days for symptom re-evaluation and further management. Patient should return to emergency department if symptoms worsen or new concerning symptoms develop.
998832	2/3/2021	OH	27	F	1/13/2021	1/14/2021	Shortness of breath and severe Chest pain. Ended up being a pulmonary embolism. Placed on Eliquis.
998756	2/3/2021	NV	56	F	2/2/2021	2/2/2021	Sharp chest pain 30 minutes following administration of Moderna COVID-19 Vaccine DOSE 2
998724	2/3/2021	IN	57	F	2/1/2021	2/2/2021	Fever up to 100 degrees, severe body aches, dizziness, nausea, chills, chest pain, acid reflux, bladder pain and frequent urination, general malaise and restricted to bed
998697	2/3/2021	MI	66	M	1/16/2021	1/26/2021	Progressive, dull anterior/posterior chest pain onset 1/26/2021. Pain worse with deep inspiration. Symptoms similar to that experienced with prior pleuro-pericarditis. Few episodes of palpitations which abated with cough or Valsalva. Initiated high dose ASA and colchicine on 1/28/2021. Symptoms abated by 2/03/2021.
998589	2/3/2021	TX	42	F	1/22/2021	2/2/2021	She was sent to emergency room Feb 2, 2021 by her PCP after calling him with headache, found elevated BP by school nurse, 163/95, vomited x3, left hand numbness but resolved upon arrival, decreased vision brief right visual disturbance. denies fever nasal congestion, sore throat, cough, chest pain. EKG NSR 95, head CT-no acute intracranial abnormality, UA and blood work completed
998562	2/3/2021	CA	36	M	2/1/2021	2/1/2021	Resting heart rate from 60-120bpm, chest pain, trouble breathing. Lasts 30-60 seconds then heart rate returns to 60?s. Happened 3x on 2/1 and 4x on 2/2.

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998957	2/3/2021	CO	95	F	1/27/2021	1/29/2021	Patient presented to ED with chest pain/pressure two days after receiving second Moderna vaccination. Chest pain atypical for cardiac s/s, hypertension. Per Pt/family report vaccine was the trigger. Pt given GI cocktail. Cardiac workup negative, discharged home without escalation of care.
999388	2/3/2021	MA	25	M	1/28/2021	1/29/2021	Intermittent chest pain and heart palpitations for 36 hours
998532	2/3/2021	MD	40	F	1/21/2021	1/22/2021	The patient was admitted to the hospital on 24 January with chest pain, elevated troponin, and EKG changes in the setting of a couple days of chills, sweats and malaise after receiving the covid vaccine. Initially there was concern for acute MI and he was taken for a coronary angiogram. The angiogram was clean and showed no obstructive disease. He had a cardiac MRI which showed findings consistent with myocarditis. He was treated with supportive care and eventually was discharged. He was worked up for other causes of myocarditis with none to be found.
994532	2/2/2021		74	F	1/30/2021	1/31/2021	Altered mental status; Chest pain; Elevated troponin; Generalized weakness
994599	2/2/2021		34	F	1/29/2021	1/30/2021	Shortness of breath and Chest pain x 2 days
994726	2/2/2021		71	M	1/30/2021	1/31/2021	Angina at rest; Chest pain; Dyspnea, unspecified type; NSTEMI (non-ST elevated myocardial infarction); SOB (shortness of breath)

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994756	2/2/2021	MI		F	1/15/2021	1/16/2021	My mom who is 75 had an adverse reaction on from the COVID vaccine she took on Jan 15, 2021. She went to bed at night and woke up at 4 AM with a severe headache. She took Aleve and went back to bed. When she woke up at 8:30 AM her headache was very severe and was accompanied with very severe chest pain. I immediately took her to the ER. They did a very thorough work up to check on her heart and Aorta. They managed her severe pain with two doses of morphine followed by two days of Dilaudid. The imaging and symptoms left her with a newly discovered diagnosis of Pericarditis. The medical professions were sure this was a result of the COVID vaccine. They continued to treat her for a few days and sent her home with anti inflammatories to help. She continues to have muscle pain, weakness and shortness of breath when she walks. She is scheduled to take her 2nd dose on February 5th but we are very concerned and hesitant as we don't want to cause any more damage to her heart. Please have somebody contact us and let us know how to proceed. Thanks.
994774	2/2/2021	MN	56	M	1/28/2021	1/29/2021	22 hours later I got chills, goosebumps, I felt terrible. I felt fatigue, a headache and muscle aches and chest pain. I Went home and laid down. My temp read 102.9. Called a nurse and she was concerned because of my heart condition. come in to the hospital if the chest pain lasts longer than 5 minutes. I didn't go in because I figured I could use a nitroglycerin pill if it got too bad. The following day I had chest pain every few hours or so. the waves of chest pain only lasted about 5 minutes a piece.
994783	2/2/2021	NY	37	F	1/30/2021	1/31/2021	Dizziness, spinal pain, Pain all over the body, the injection arm, and chest. The chest pain is extreme.
994816	2/2/2021		26	M	1/21/2021	1/21/2021	10 minutes after the second dose, patient developed headache, lightheadedness, dizziness, shortness of breath/anaphylaxis. Transferred to ED, and experienced chest pain, SOB, tightness in throat. Patient was sent to the emergency department. Received 25 mg Benadryl prior to arrival as prophylaxis. Received Combivent in the ED, and symptoms improved. Patient was observed for 4 hours in the ED. Eventually patient was discharged home.

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994903	2/2/2021	KS	26	F	1/14/2021	1/15/2021	<p>Blisters around hips, thighs, and elbows.; Intermittent chest pain and tightness; Intermittent chest pain and tightness; shortness of breath; Swollen lymph nodes under bilateral arms that have not decreased; Chills; sweating; Headache; This is a spontaneous report from a contactable nurse (patient). A 26-year-old female patient (not pregnant) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot number= ELO140), via an unspecified route of administration at left arm on 14Jan2021 12:00 at single dose for covid-19 immunization. Medical history included known allergies: cephalosporins, coconut. Other medical history was none. There were no concomitant medications. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 15Jan2021 at time of 05:00 AM, the patient experienced blisters around hips, thighs, and elbows; Intermittent chest pain and tightness with shortness of breath beginning one day after vaccine and continuing into day 4 DOST vaccine, swollen lymph nodes under bilateral arms that had not decreased, chills and sweating, headache. No treatment received for the events. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient underwent lab tests and procedures post vaccination which included COVID nasal swab test and COVID PCR test, both were negative on 14Jan2021. The outcome of events was not recovered.; Sender's Comments: The reported blisters around hips, thighs, and elbows; Intermittent chest pain and tightness with shortness of breath beginning one day after vaccine was probably related to the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) due to temporal relationship. The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and Investigators, as appropriate.</p>

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994526	2/2/2021	NE	49	F	12/29/2020	12/30/2020	Chest pain, hypotension, pre-syncope, elevated D dimer, and crp. Myalgia, headache, fever, joint pain, abdominal pain starting around 1030 am the following day. These severe symptoms lasted about 36 hours. Then continued with abdominal/pelvic pain and resulting in an interstitial cystitis symptomatology. This lasted an additional 2 weeks with increased fatigue.

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994898	2/2/2021	TX	47	F	12/28/2020	12/28/2020	<p>Fatigue; Chest pain; Short of breath; Hot; Tingly; Flush; Heart racing; Oxygen level low; Tachycardia; Anxiety issues; A spontaneous report was received from a healthcare professional concerning a 47-year-old female patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and felt warm and tingly, flushing, experienced rapid heart rate, shortness of breath, anxiety issues, difficulty breathing, fatigue, chest pain, tachycardia, and low oxygen saturation. The patient's medical history includes contact dermatitis. Concomitant product use were not provided/unknown by the reporter. On 28 Dec 2020, approximately five minutes prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 intramuscularly in the right shoulder for prophylaxis of COVID-19 infection. On 28 Dec 2020 the patient felt warm and tingly, flushing, experienced rapid heart rate, shortness of breath, panic, difficulty breathing, shortness of breath, tachycardia, and low oxygen saturation. On 29 Dec 2020 the patient experienced fatigue, chest pain, and shortness of breath. She was triaged to the emergency room where her EKG and vital signs were normal. The events were treated with oxygen and cetirizine. Action taken with mRNA-1273 in response to the events was not provided/unknown. The outcome of the events, warm and tingly, flushing, experienced rapid heart rate, panic, difficulty breathing, shortness of breath, tachycardia, and low oxygen saturation was considered resolved on Dec 28 2020. The outcome of the events, fatigue, chest pain, and shortness of breath, was considered unknown.;</p> <p>Reporter's Comments: This case concerns a 47-year-old female patient, with medical history of contact dermatitis with polyethylene glycol containing makeup and shampoo products, who experienced a serious unexpected event of dyspnea and non-serious unexpected events of feeling hot, paraesthesia, flushing, palpitations, oxygen saturation decreased, tachycardia, anxiety, and chest pain, and non-serious expected event of fatigue. The event of dyspnea, feeling hot, paraesthesia, flushing, palpitations, oxygen saturation decreased, tachycardia, and anxiety occurred 1 day (same day) after first dose of mRNA-1273, lot # unknown. The event of occurred 2 days after first dose of mRNA-1273, lot # unknown. Treatment included nasal oxygen and Zyrtec. Based on the current available</p>

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994515	2/2/2021		82	M	1/30/2021	1/31/2021	information and temporal association between the use of the product and onset of the events a causal relationship cannot be excluded. Acute on chronic respiratory failure with hypoxemia; Acute urinary retention; Arterial leg ulcer; Cardiac rhythm disorder or disturbance or change; Chest discomfort; Chest pain; SOB (shortness of breath)
994504	2/2/2021		77	F	1/30/2021	1/31/2021	Chest pain; Fever; Hypokalemia; Pyelonephritis

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994454	2/2/2021	NE	19	F	1/25/2021	1/25/2021	Anaphylactic reaction; Throat was swollen shut, couldn't talk or breathe; Throat was swollen shut, couldn't talk or breathe; Throat was swollen shut, couldn't talk or breathe; loss of consciousness; brain fog; headache; fever; severe body aches and joint aches that make movement difficult; severe body aches and joint aches that make movement difficult; severe body aches and joint aches that make movement difficult; persistent chest pain/pressure; low blood pressure; some swollen and tender bilateral lymph nodes in my neck/trapezius/left (injection site) axillary region; fatigue; decreased appetite due to nausea; decreased appetite due to nausea; This is a spontaneous report from a contactable healthcare professional. A 19-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration at the left arm on 25Jan2021 08:45 at a single dose for COVID-19 immunization at a hospital. Medical history included type 1 diabetes mellitus, Celiac disease, COVID-19, and heartburn. Concomitant medication included insulin lispro (HUMALOG), spironolactone, fluvoxamine, and alprazolam (XANAX XR). The patient previously took gluten, magnesium, and iodine and experienced allergies. On 25Jan2021 09:00, patient had an anaphylactic reaction. Throat was swollen shut, couldn't talk or breathe, loss of consciousness, brain fog, headache, fever, severe body aches and joint aches that make movement difficult, persistent chest pain/pressure, low blood pressure, and some swollen and tender bilateral lymph nodes in my neck/trapezius/left (injection site) axillary region, fatigue, and decreased appetite due to nausea. Patient had a doctor or healthcare professional visit, went to emergency room/department or urgent care, and was considered life threatening illness (immediate risk of death from the event). Events was treated with epinephrine, diphenhydramine (BENADRYL), paracetamol (TYLENOL) and had oxygen. Patient was not tested post vaccination. The patient is not pregnant. The patient has not recovered from the events.; Sender's Comments: There is a plausible time relationship between vaccine administration and onset of the events in a subject with allergic diathesis. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of

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aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

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994450	2/2/2021	MI		F			<p>Pulmonary embolism; Chest pain; Shortness of breath; Arm swelling; Soreness in her arm; Local reaction in the lymph nodes of the axilla; A spontaneous report was received from a physician concerning a female patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and developed pulmonary embolism, arm swelling and soreness, shortness of breath, chest pain and a reaction in the lymph nodes of the axilla. The patient's medical history includes pulmonary embolisms. Relevant concomitant medications were not reported. On an unknown date, approximately five days prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 intramuscularly for prophylaxis of COVID-19 infection. The patient experienced a pulmonary embolism, arm swelling, arm soreness, a local reaction in the lymph nodes of the axilla, shortness of breath, and chest pain. CT scan showed small acute embolism. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events pulmonary embolism, arm swelling and soreness, shortness of breath, chest pain and a reaction in the lymph nodes of the axilla were not reported.; Reporter's Comments: Company Comment: This spontaneous report concerning a female patient who experienced unexpected serious event of pulmonary embolism and nonserious events of arm swelling and soreness, a reaction in the lymph nodes of the axilla, shortness of breath, and chest pain. The patient developed the events on an approximately 5 days after the first dose of the mRNA-1273 vaccine (Lot #: unknown, expiration date-unknown). Pulmonary embolism was confirmed via CT. There is not enough information to adequately evaluate and assess the event of pulmonary embolism. Swelling and soreness, a reaction in the lymph nodes of the axilla are temporally associated with the vaccine administration and in the absence of any other etiology, a causal association between these events and the administration of mRNA-1273 vaccine cannot be excluded. main field defaults to 'possibly related' for all events.</p>
994388	2/2/2021	IN		78 F	1/26/2021	1/29/2021	shortness of breath, chest pain

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994286	2/2/2021	MO	82	M	1/29/2021	1/30/2021	Fever or 101.4 on Saturday 1/30/21 lasting thru Tuesday 2/2/21 99.8 Complaint of chest pain.
994269	2/2/2021	MA	29	F	12/29/2020	12/29/2020	Developed severe headache nausea facial and neck swelling, chest pain and respiration. Called PCP. prescribed Benadryl next day, increased swelling to include left side of face and eye. DX Bell's Palsy
993806	2/2/2021	FL	73	F	1/13/2021	1/14/2021	bad headache; a lot of muscle aches and pain; body aches from her toes to top of her head; arthritis that was acting up because it was cold; arthritis that was acting up because it was cold; chest hurts, left center of chest sharp pains; This is a spontaneous report from a contactable consumer (patient). A 73-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiry date: not reported), via intramuscular route of administration on 13Jan2021 at a single dose in the left arm for COVID-19 immunization. The patient's medical history included blood pressure and arthritis. Concomitant medications included unspecified blood pressure medications and some "probiotic type thing". The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 14Jan2021, Thursday night, the patient had a lot of muscle aches and pain and has body aches from her toes to top of her head which were persisting. She thought it might be her arthritis that was acting up because it was cold but states it is more than that. Her chest also hurts, not constantly, towards the left center of her chest, what were like sharp pains but it was not normal. She is still having the chest pain, states it is not anything she can clock by time, it goes and comes back, only lasts a very short time, it hurts about a minute or two and then goes away. Last night (18Jan2021), she also developed a bad headache that went away when she slept but now that she is awake it is coming back. At the time of report, the outcome of the events not recovered. Information about lot/batch has been requested.

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995017	2/2/2021	MN	45	M	1/12/2021	1/28/2021	On 1/28/2021 at 0545 hours as I was on my way into work when I started to have severe right side chest pain, so much so that I had to pull over. Shortly thereafter ambulance arrived on scene at which time it was determined that I would be transported to the hospital. Once there, a series of tests were conducted, one of which was a D-Dimer blood test to rule out blood clots. That resulted in an elevated count to which a CT scan was ordered. The result of the CT scan revealed that I had 2 Pulmonary Embolisms, one in the upper lobe of my right lung and one in the middle lobe of my right lung. Due to me being what the doctors said was a healthy 45 year old with no underlying conditions or signs of DVT (deep vein thrombosis) they deemed me low risk at that time and advised I was at low risk of dying in the next 30days. However, they advised that at any time, the clot could possibly become dislodged and cause worse problems, possibly death if time is not given to the body to dissolve the clots. Ultimately it was determined that I be discharged and prescribed blood thinning medications to help thin the blood to prevent further clotting should I have a clotting issue (undetermined at this time).
993142	2/2/2021	CA	50	M	1/19/2021	1/26/2021	On 1-26-2021, he presented to ED after waking up at 1AM with lip swelling and diffuse itchy rash. Rash involved both forearms, scalp, chest, abdomen, back, and legs. He took 50 mg of Benadryl at home, but woke up with worsened symptoms. Denied unusual foods, soaps, detergents, colognes, or medications. Patient denied shortness of breath, throat or intraoral swelling or pain, chest pain, palpitations, cough, sore throat, nasal congestion, rhinorrhea, fever, chills, loss of sense of taste or smell, abdominal pain, n/v, diarrhea or dysuria. Patient was treated with epinephrine 0.3 mg SQ, Solu-Medrol 125 mg, Benadryl 25 mg IV, and Pepcid 20 mg oral. Patient was re-evaluated an hour and a half after receiving medication and lipedema and urticarial improved. Patient was provided with an Rx for EpiPen kit, prednisone 40 mg daily for 3 days. He was told to follow up with his PCP.

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994134	2/2/2021	NY	42	F	1/26/2021	1/27/2021	<p>I am going to describe all my symptoms so far in detail. Shortly after the shot in the medical observation area I experienced mild nausea that went away for the rest of the day. About an hour after the injection, I experienced nasal drainage in the back of my throat that lasted about 30 minutes. 3 hours after my shot, the arm pain at injection site began, followed by 6 hours later moderate to extreme fatigue that did not cause me to be sleepy or drowsy--simply fatigued. I had enhanced sense of taste and smell. On Wednesday, 1/27 I woke up seeming okay and tried to work at my computer from home. I experienced light-headed and dizziness, and a headache that feels like pressure, and sinus pressure at the bridge of my nose. I had to disengage from work. After lunch around 2 PM I had extreme fatigue and had to lie down in bed the rest of the afternoon and evening. I have moderate nausea that comes in goes in waves. This morning, Wednesday, 1/28 I woke up with nausea and ate breakfast with a heightened sense of smell and taste. I logged into work and the lightheadedness and dizziness began again (also sort of in waves, though the headache is more pervasive and less wave-like than the nausea), along with waves of moderate nausea and headache. The arm pain at the sight of injection has significantly abated from a punch to mild pain. The "sinus" or sinus pressure on the bridge of my nose seems only a fraction improved. The headache or pressure has moved from the back of my head to the right side of my head. I had no body aches, but this morning has mild to moderate body aches this morning in my legs and hip bones. 1/29 I woke up with 20%-30% reduced symptoms of nausea and headache, but the dizziness and sinus pressure on the bridge of my nose remain the same. I still have enhanced taste and smell (a sensory plus it's not a distorted or odd enhancement, simply the same flavors and tastes enhanced). The ache that began yesterday in my lower body, my legs still ache, though it feels more like numbness than an ache. I tried doing some stretches which felt good, but my legs still feel the same after stretching. Pain at the site of injection is reduced 90%. There are some strawberries sitting next to me, and I can smell them acutely. Yesterday, 1/30, I woke up with mild nausea and fatigue. This nausea dissipated in the morning, but I felt too fatigued to do Pilates. The waves of dizziness and</p>

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waves of nausea returned mid-day and I had a low-grade fever of 99.4 (my temp. Tends to run slightly lower than 98.6, as I take it regularly). The pain/pressure in the bridge of my nose has reduced 30%, but still remains. The ache or numbness in my thighs remains the same. This morning, 1/31, my temp is normal at 98.6, but I have mild waves of nausea and moderate waves of dizziness. The pain/pressure on my nose remains the same as yesterday. I have some mild ear pressure. My thigh weakness remains the same. I am too fatigued to attempt Pilates. Acute sense of smell and taste remains the same. The headaches or pressure also seem improved since Saturday 1/30. Monday, 02/01 - ah back to work I woke up with moderate nausea and pretty intense body fatigue and muscle aches in my lower body. I had to work, and I just wanted to crawl back into bed. I worked anyway, also the fatigue tends to worsen mid-day. The dizziness is moderate in waves, and the headache is still mild, along with that mild sinus pressure on my nose. I was in bed after dinner but could have rested all day. 02/02 I awoke with a very mild nausea! The intense fatigue (which worsened several days past my vaccine) was mild. I was ready to attempt my regular Pilates routine, and I did it! My muscle aches are mild to moderate (also, why are my muscle aches mostly confined to my thighs and hips I do have vague pain at the injection site, but its vague, and I use my whole body in Pilates) dizziness waves are back as I sit here typing and get ready to login online to my job staring at the computer screen is jarring to the dizziness waves and reminds me of the mild headache. This is the best I've felt since 1/27 through mid-day I tend to worsen and dizziness that is moderate is disturbing. The heightened sense of taste and smell also seems to have waned a bit in the past two days, back to what I was per usual? I tend to have an acute sense of smell and taste. *I would like it noted in light of new evidence that many people that have had COVID are experiencing intense reactions to the first dose that it is quite likely that I had COVID back in March when my learning center (I work with students age 4-adult, some of which are learning disabled and have autism) emergency closed because a client called to say she was positive for COVID. I had taken her sons temperature the day before. Me, and my two co-workers on my management team were also feeling sick. I had a

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993637	2/2/2021	IN	34	F	1/18/2021	1/18/2021	<p>sore throat and chest pains for approx. a month, but at the time COVID testing was not widely available. Since then, My co-worker has tested positive twice for the antibodies, and her husband, who was also sick at the same time, has tested negative twice. I tested negative once for the antibodies, though given my job, my commute on the subway during rush hour my co-workers positivity, and my intense reaction to the first dose I most likely had COVID. My boyfriend's roommate recently also revealed that he is positive to the antibodies, and he was literally sneezing and coughing in the same room with us this past summer and spring. I think a 2nd dose of the same vaccine will cause fainting and vomiting, and the need for two weeks off of my work. This dizziness is alarming. I'm also thinking not having antibodies means nothing in terms of my body and immune system recognizing the vaccine and the virus, making me more ill than when and if I actually had COVID in March or last year.</p> <p>Chest pain; Joint pain; Headache; Low grade fever; Body aches; dose number=1: 18Jan2021 07:00 PM; dose number=2 26Dec2020 04:00 PM; dose number=1: 18Jan2021 07:00 PM; dose number=2 26Dec2020 04:00 PM; This is a spontaneous report from a contactable nurse (patient). A 34-years-old female patient (not pregnant) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration at left arm on 18Jan2021 19:00 at single dose for covid-19 immunization. Medical history included allergies to penicillin (reported as PCN), azithromycin (reported as Z-Pack), hydrocodone bitartrate, paracetamol (NORCO). The patient's concomitant medications was reported as none. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The historical vaccine included the first of BNT162B2 on 26Dec2020 04:00 PM at right arm for covid-19 immunization. The patient experienced chest pain, joint pain, headache, low grade fever, body aches on 19Jan2021 10:00 with outcome of not recovered. No treatment received for the adverse events. No COVID prior vaccination, since the vaccination the patient hadn't been tested for COVID-19. It was not reported as serious. Information on the lot/batch number has been requested.</p>

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996352	2/2/2021	CA	44	M	2/1/2021	2/1/2021	Five minutes after COVID-19 Moderna injection I started to feel chest pains, tingling/numbness on my left hand (injection site limp) my blood pressure was higher than my normal range, pulse ox was 93%. I was observed in ED for over an hour. After wards at approximately 11:AM on Feb 1st 2021 I broke in fever 104.1, chills, severe joint pain relieved only with high dose Advil 800mg around the clock. Unable to get up from bed due to weakness. I was given a doctors note to be off work for 4-days.

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995224	2/2/2021	TX	92	F	1/14/2021	1/19/2021	Cardiac arrest; Pain on her upper right chest; Lot of pain in lower abdomen; Pain underneath arm; Thought it was muscle aches; A spontaneous report was received from a nurse concerning a 92-year-old, female patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and developed upper right chest pain and underneath the arm, severe abdominal pain, muscle aches and cardiac arrest. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 14 Jan 2021, approximately five days prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 intramuscularly in the arm for prophylaxis of COVID-19 infection. On 19 Jan 2021, the patient developed upper right chest pain and pain underneath the arm. They thought it was muscle aches. Sometime later, the patient developed a lot of pain in the lower abdomen. The called emergency services and an ambulance arrived but the patient then suffered cardiac arrest. Treatment for the event included tramadol. Action taken with mRNA-1273 in response to the events was not applicable due to the patient was died. The patient died on 19 Jan 2021. The cause of death was reported as cardiac arrest. Autopsy were not provided.; Reporter's Comments: Company Comment: This case concerns a 92-year-old female patient who experienced unexpected serious events of cardiac arrest, upper right chest pain and underneath the arm, severe abdominal pain, muscle aches. The event occurred 5 days after the administration of the first dose of the vaccine mRNA-1273 vaccine (Lot #: unknown, expiration date-unknown). Although a temporal association exist between the events and the administration of the vaccine, in the absence of critical details such as the patient's medical history, any diagnostic test or autopsy result, adequate evaluation and assessment cannot be established. Main field defaults to 'possibly related' for all events.; Reported Cause(s) of Death: Cardiac arrest

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993659	2/2/2021	WA	90	F	1/11/2021		<p>Chest pain; shortness of breath and difficulty breathing; This is a spontaneous report from a contactable consumer (patient). A 90-year-old female patient received their first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiry date not reported), via an unspecified route of administration on the left arm on 11Jan2021 at single dose for COVID-19 immunization. Medical history included atrial fibrillation from an unknown date (AFib, diagnosed around 10 years ago), pulmonary issues from an unknown date and unknown if ongoing (pulmonary issues started within the last year), bad heart from an unknown date and unknown if ongoing. There were no concomitant medications. The patient experienced chest pain, shortness of breath and difficulty breathing on an unspecified date. The patient further reported that she has a lot of the symptoms that she lives with daily, she has a bad heart, has A Fib, has a pulmonary doctor and she discussed this with her doctor and they told her to go ahead and get the vaccination, so she went ahead with the vaccine, about 3-4 days later, got these chest pains, she has not had any chest pains connected to her Afib before, she also had shortness of breath and difficulty breathing 3-4 days after the vaccination, when she sat down and waited for this to pass, when it did pass, does not know if it was 5 min or 10 minutes, when that went away she felt very good. The patient also reported that she has not had any more chest pains since the first episode, she is still struggling with the difficulty breathing but unsure if this is just her body and prior conditions or due to the vaccine. Does not know what it was, thought maybe she had a heart attack, wants to know if she should go ahead and get the second vaccine. Does not want to get any of the side effects worse than what she had, states someone told her the second one hits you harder and wants to know if this is true. The patient did not recover from shortness of breath and difficulty breathing while the outcome of the rest of the events was unknown. Information on the batch number/lot number has been requested</p>

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1000858	2/2/2021		61	M	1/15/2021	1/15/2021	Angina Narrative: Pt presented to the ED with persistent chest pain and shortness of breath for 6 days after receiving 2nd dose of covid vaccine. Symptoms began morning after receiving vaccine. Negative work up, however pt is high risk of cardiac events. Given ASA and nitro for ongoing chest pain that is possibly cardiac in nature. Pt admitted.
996496	2/2/2021	MN	41	F	1/31/2021	2/2/2021	Around 10am today I started having chest tightness and pain, some shortness of breath. It was constant and every time I got up to walk around my BPM (on my Fitbit) went up to about 120. I am normally around 70 and even when sitting still it was 80-95. I went to urgent care around 1 and saw Dr. They checked my blood pressure several times and it was between 118-126/84 (normal for me is about 105/70). They did a PCR test for COVID but later called to tell me the sample was mislabeled. In the meantime I went to a rapid testing site and got an antigen test that was negative. Dr opinion was that the reaction was most likely an immune response to the vaccine. He said I should go in if symptoms last longer than 1-2 more days or if they get worse. They said I could repeat the PCR test if I needed to be seen again but felt pretty confident about the antigen test results. I am still having the same symptoms tonight, the same severity. I have no other symptoms of COVID and did not have any other vaccine side effects besides expected/mild ones. I had a little shortness of breath last night before bed but the chest pain didn't start until today. I've gotten all scheduled vaccines throughout my life plus some for travel and have never had a reaction. I have never had anything like this chest pain and have no history of heart issues.
996491	2/2/2021	OR	58	F	1/23/2021	1/24/2021	Patient had acute fever, mild chest pain and tachycardia about 12 hours after vaccine. Since then she has had mild chest pain, fatigue, lymphadenopathy

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996468	2/2/2021	NY	76	F	1/20/2021	1/20/2021	76 yo female with PMHx of CAD s/p CABG 2016, abdominal aortic aneurym, HTN, HLD, Asthma, Diverticulosis, Osteopenia. Presenting to the ED after having Pre-syncope. She reported that today morning she felt nauseated with episode of vomiting, burping and abdominal discomfort after having her lunch meal, headed out to receive her vaccine, she felt well till 10 minutes after the vaccine where a nurse noticed she is pale and less responsive, BP was measured back then and was ~70 ?, the patient reported that she was sitting when that happened, she felt lightheaded, sweating, blurry vision, nauseated. But denies any chest pain, SOB, palpitation, weakness or numbness. She was out of balance and feeling weak till she came to the ED where she felt better after IV fluids.
996390	2/2/2021	CA	55	M	1/27/2021	1/27/2021	patient complained of feeling "tingly and off". At 1610, BP 173/109, pulse 50, 100% on room air, EKG in the field WNL. Denied headache and chest pain. Rested for 30 min. BP 183/105 at 1637. Patient reported feeling normal and agreed to follow up with primary MD or go to ER if symptoms worsened.
996333	2/2/2021	CA	57	F	2/2/2021	2/2/2021	Achiness in the left arm radiating to the right arm and neck, mild headache, tingling of the roof of the mouth and zinc taste in the mouth within first 10 minutes following the administration of the vaccine. No shortness of breath or difficulty swallowing. No chest pain. Given Diphenhydramine 25mg capsule and to take one every 4-6 hours as needed for allergic reaction. to call the clinic to let us know that she got home safely and to call 911 if she became short of breath or difficulty swallowing. Instructed to take a Diphenhydramine 25mg before returning for the second vaccine on 3/2/2021
996283	2/2/2021	CA	72	F	1/27/2021	1/27/2021	Complained of feeling "woozy and flushed". BP 181/97 Pulse 72 . denied history of hypertension. Rested for 30 min. BP remained at the same level. No headache, chest pain or other complaints. Discharged home after agreeing to follow up with primary MD and /or going to ER if symptoms worsened.
996182	2/2/2021	CA	39	F	1/20/2021	1/24/2021	Started to get chest pain 4 days after injection was administered.

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996129	2/2/2021	SD	30	F	2/2/2021	2/2/2021	Received 1st dose Pfizer COVID vaccine at 8:36am. At 9:43 am patient complained of chest tightness and shortness of breath. Facial redness and tension. Complained of facial tingling and cheeks feeling "tingly". Administered 1 epi-pen to right thigh at9:00am. Continued to complain of chest pain, throat tightness, and facial tingling and numbness. Administered 2nd epi-pen at9:04am and 911 called. Patient transported to ER.
995613	2/2/2021	IN	41	F	2/2/2021	2/2/2021	Patient had a covid vaccine at 9:25am. Please note the patient has no history of anaphylaxis, panic attacks, or heart issues. She started saying her lips were feeling numb and kind of strange and her back hurting. 50mg of benadryl was given at 940am. Patient continued to decline. She complained of chills, chest pain, and n/v. She was visibly shaking. BP was 168/137 HR 99 and oxygen 96%. 911 was called at 9:45am. AMR arrived at 9:55am and took over. Patient was taken to ER.

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995246	2/2/2021	SC	49	F	1/11/2021	1/12/2021	Pain at site; shortness of breath; palpitations; elevated blood pressure; positive D-dimer; tachycardia; abnormal ekg; headache; chest pain; achy; fatigue; fever; chills; Covid/Flu like symptoms; This is a spontaneous report from a contactable Other HCP (patient). A 49-year-old female patient received the second dose bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EJ1685), via an unspecified route of administration on 11Jan2021 at 13:00 at single dose in left arm for covid-19 immunization. Medical history included hypothyroidism, known allergies: penicillin and dexamethasone. Concomitant medication included thyroid (ARMOUR THYROID), lisdexamfetamine mesilate (VYVANSE), amitriptyline, zolpidem. The patient previously received the first dose bnt162b2 (lot number: EK5730) on 21Dec2020 at 13:00 in left arm for covid-19 immunization. The patient experienced pain at site, shortness of breath, palpitations, elevated blood pressure, positive D-dimer, tachycardia, abnormal EKG, headache, chest pain, achy, fatigue, fever, chills and Covid/Flu like symptoms; all on 12Jan2021 at 18:00. The events resulted on doctor or other healthcare professional office/clinic visit, and emergency room/department or urgent care. The patient received treatment for the events with Sodium Chloride and Dulera Inhaler. The patient did not have COVID prior vaccination, the patient had been tested for COVID post vaccination, which included SARS-CoV-2 (Nasal Swab): negative on 15Jan2021, and Novel Coronavirus PCR (Blood test): negative on 15Jan2021. The outcome of all events was not resolved.
996437	2/2/2021	TX	34	F	1/6/2021	1/8/2021	Dizziness, weakness, fever, chills, headache, rapid heartbeat, body aches muscle weakness for 4 days then chest pains for 3 days after other symptoms subsided. I had head pressure for 2 weeks and brain fog for 3 weeks.
995989	2/2/2021	AK	67	F	2/2/2021	2/2/2021	Patient reported to vaccine clinic to receive first dose of Pfizer Covid Vaccine. After receiving vaccine patient was sitting in observation area. Patient asked RN who was in observation area if it was normal to feel chest pressure after the vaccination. RN took patient to ER for full workup for chest pain. All labs within normal limits. Cardiology was consulted. Awaiting consult notes

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995250	2/2/2021	GA	64	F	12/28/2020	12/28/2020	felt really sick; chest pain; bad headache; it spiked blood pressure the very first day/Her blood pressure spiked the first day; This is a spontaneous report from contactable consumers (one is patient). A 64-year-old female patient received her first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/lot number: EL0140), intramuscularly on left arm on 28Dec2020 at single dose for COVID-19 prophylaxis. The patient medical history included: Chronic hypertension and elevated cholesterol levels. Concomitant medication included ongoing acetylsalicylic acid (BABY ASPIRIN) for chronic hypertension and elevated cholesterol levels, then developed GI problems and she skipped days. On 28Dec2020 she received the 1st dose of the Pfizer vaccine. She was scheduled for her 2nd dose on 22Jan2021 (Friday). The patient developed a bad headache on 28Dec2020 that evening was better by the next morning then came back, it spiked my blood pressure the very first day, it usually responded to the medication but this time it didn't. The patient's blood pressure stayed like that for 2 to 3 days, she felt really sick on unknown date, on the 3rd day on 31Dec2020 the patient had some chest pain, but later that day she was feeling back to normal. Right now she felt fine, her blood pressure was back to my normal, baseline. Weight 153-154 lbs. Reporter said that what concerned her most was that her blood pressure spiked. She said that has never happened in the past that with her blood pressure before. Her blood pressure did not respond to her medication. The patient was trying to research the high blood pressure and hadn't been able to find any information and want to know if there was any information can provide. The patient wanted to take the vaccine, she just wanted to be sure she would be okay. The outcome of event headache was not recovered. The outcome of events blood pressure increased and chest pain was recovered on unknown date. The event of rest event was unknown.

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995544	2/2/2021	AZ	79	F	1/20/2021	1/28/2021	On 1/28/2021, starting having severe pain in chest/lungs and especially a quarter size area above rib cage located on top of right breast next to breast bone. This area was especially painful when pressure applied. No shortness of breath. Symptoms lasted for about 10 hours and subsided somewhat on 1/29/2021. Severe pain symptoms returned early morning on 1/30/2021 and resulted in my going to the ER at the local hospital around 10:00 a.m. An EKG , CT scan, and blood tests determined no heart attack or other life threatening conditions and I was released from the hospital around 4:00 p.m., still experiencing pain without a cause being determined. Pain and painful area were no longer present on 1/31/2021.
995366	2/2/2021	AZ	62	M	2/1/2021	2/1/2021	High temperature, difficulty breathing pain in abdomen and ribs. Shallow breathing to try and avoid cough as it hurts so much. Temp in the middle of the night reached 102.4F Chills and uncontrollable shaking.
995705	2/2/2021	PA	40	F	1/3/2021	1/3/2021	after the vaccine, I started to feel Body aches, chills, nausea, gum pain, I felt fine prior to the vaccine, I went to an Express Care they did a Covid 19 test, result was negative, I had a video visit with my doctor because I developed cough, chest tightness and shortness of breath, they did a 2nd Covid 19 test result was negative, The cough become persistent and the cough caused pain in my chest and back, The Doctor prescribed guaifenesin with codeine, albuterol and something for my gums. the cough and pain in chest was worsen and the Doctor gave me the zpack, I was out of work for 10 days. they said I had an acute URI
995711	2/2/2021		47	F	1/28/2021	2/1/2021	Moderate pain at site x 1 day, short intermittent sharp pain in chest, nausea; left side facial sensitivity to touch and cold, nausea, and diarrhea
995724	2/2/2021	AZ	37	M	1/19/2021	1/27/2021	A couple days later I began experiencing a slight sore arm. Several days later I had a constant headache. Around January 25 I began experiencing non-stop chest pain and on January 27 woke up with severe pain in my arm. I went to the emergency room and was diagnosed with an NSTEMI.

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995929	2/2/2021	SD	27	M	2/2/2021	2/2/2021	Patient started experiencing chest pain, headache about 2 minutes after vaccine. He reported throat tightness, dizziness and difficulty breathing. Epi pen administered at 1405. Patient had nausea after epinepherine. No swelling or rash noted. EMS arived at 1415 and he was transported to the emergency department.
995505	2/2/2021		29	F	1/30/2021	2/1/2021	Started with body pains a few hours after injection. The next day I had chest pain but more like muscle chest pain.. took Tylenol with no relief. My bank gave out 2 days after vaccine without doing anything. I was just standing and it went out. My left low back became a little swollen and could not stand straight. The chest muscle pain is still happening. I was just prescribed muscle relaxers

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996441	2/2/2021	ME	56	F	1/5/2021	1/13/2021	i HAD MY SHOT ON THE 5TH I STARTED TO HAVE ITCHY HANDS AND FEET ON THE 13TH. I HAD EATEN SHRIMP FROM RESTAURANT AND USED THEIR HAND SANTIZERS SO I THOUGHT IT WAS THAT. OVER THE NEXT THREE DAYS I STARTED TO SWELL AND ITCH ALL OVER AND HIVES FROM HEAD TO TOE. I WENT TO MY PRIMARY CARE AND THEY HAD ME GO ON PREDISONE AND BENADRYL THEN I HAS A DAY OF CALM AND THEN ON THURSDAY THE 21ST IT GOT WORSE MY FACE THROAT WHOLE BODY SWELLED WAS ITCHING FROM HEAD TO TOE DIFFICULTING BREATHING AND CHEST PAINS. I WAS TAKEN TO THE ER AT HOSPITAL AND WAS TREATED WITH A WHAT THEY CALL A POWER PACK. THEY THOUGHT THAT I MAY BE ALLERGIC TO THE SHRIMP NOW, THEY PUT ME ON PREDISONE AND BENADRYL WITH A PLAN TO WEAN OFF THE PREDISONE. MY REACTIONS CONTINUED TO GET WORSE. JANUARY 21ST I SAW AN ALLERGIST A FULL BLOWN ATTACK..THEY HAVE INFORMED ME THAT BELIEVE THIS IS DUE TO THE COVID SHOT THEY CHANGED MY MEDS TO ZYRTEC, BENDADRYL, PRESISONE AND ALLEGRA. THE NEXT DAY I WAS EVEN WORSE SO THEY INCREASED THE DOSAGE WHICH AT FIRST I WAS COMFORTABLE BUT AS I HAVE BEEN WHEENING OFF THE PREDISONE THE SYMPTOMS HAVE INCREASED AGAIN, I WAS SEEN AT THE WALK IN CLINIC ON SATURDAY THE 30TH IN WHICH THEY RECOMMENDED A NEW ANTIHISTAMIN, I WAS THERE BECAUSE I WAS HAVING THE CHEST PAIN AND SHORTNESS OF BREATH AND FULL BODY RASH I HAVE BEEN IN COMMUNCIATION WITH MY PRIMARY DOCTOR AND HE HAS PUT ME ON HYDROXYZINE HCL 25 MG AFTER TRYING THIS FOR ONE NIGHT IT DID NOT HELP I HAD TO TAKE BENDADRYL IN THE NIGHT NAD THEN ZYRTEC JUST TO CALM THE ITCHING TO WHERE I COULD TOLERATE IT, I HAVE BEEN USING OATMEAL BATHS AND COLD COMPRESSES ON MY HANDS AND FEET AS THEY CONTINUE TO SWELL ITCH AND HURT TO THE POINT WHERE IS HURTS TO WALK ON THEM. IN TALKING WITH MY DOCTOR AGAIN TODAY THEY HAVE PUT ME BACK ON 50 MG PRESDISONE

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991623	2/1/2021	VT	76	M	1/28/2021	1/28/2021	Assessment: Individual stated he was feeling lightheaded approximately four minutes after receiving his first dose of the Pfizer vaccine via IM injection in his upper arm. Individual was seated at the time and was about to move from the vaccination station to the check out desk. PT attempted to stand and said, "Oh, I don't feel so good?", after which vaccinator inquired with PT on what was wrong. After a brief assessment, notified personnel of the situation. Individual remained with the vaccinator, who obtained a set of vital signs and continued an assessment. Vitals: (as I recollect, I gave the post it to the check out staffers who monitored the individual prior to his departure) BP: 126/54, P: 78, RR: 18, pale and sweating across his brow area. Denied chest pain, difficulty breathing, nausea, tingling, headache, stated only symptom was lightheaded ness which was dissipating. Provided the individual with bottled water to sip on, which he did. Individual's last oral intake was at ~0845 PTA at the clinic, a normal breakfast of eggs, toast and coffee. Individual stated he had several cups of coffee but had not had anything else to drink that morning. Individual receives dialysis three days per week. He had an appointment Wednesday, next appointment is Friday. Individual did not have anyone driving him to the clinic, stated he would be fine and did not have anyone to come pick him up. He stated he was feeling better already. After approximately 8 additional minutes, individual stated he thought he could get up and move to the check out station. Individual was able to stand and ambulate to the check out line. Upon arrival at check out, transferred the individual to the check out personnel and Exit workers to monitor the individual's condition for the remainder of the 30 minutes.
991406	2/1/2021	CA	42	F	1/29/2021	1/29/2021	L ARM PAIN, SEVERE BODY ACHES, JOINT PAIN, HEADACHES, FEVER AND FLU LIKE SYMPTOMS. BODYACHES, ARM PAIN, FEVER, SHORTNESS OF BREATH, NAUSEA, VOMITING CHEST PAIN
991821	2/1/2021	MA	67	F	1/30/2021	1/30/2021	Site: Itching at Injection Site-Medium, Site: Redness at Injection Site-Medium, Systemic: Exhaustion-Severe, Systemic: Other- mild chest pain, dizziness, feeling like she was going to pass out or fall asleep-Medium

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991880	2/1/2021	WA	61	F	1/29/2021	1/29/2021	Pt reported chest pain as well as headache, blurry vision and dizziness. BP was found to be 208/110. EMS was called and pt was transported to ED via private car due to pt not wanting to go by ambulance. Per chart notes, pt presented to ED and also reported hives however she left the ED without being seen.
991938	2/1/2021		45	F	2/1/2021	2/1/2021	c/o feeling warm on left side going down the throat. Same feeling with first dose, this time not as severe as the first time. Denies chest pain, SOB, fatigue, lightheaded, rash, throat pain. No acute distress BP: 157/92 HR: 90 SpO2: 98% room air Seen and cleared by EMS
992026	2/1/2021	MD	21	F	1/28/2021	1/28/2021	Immediate burning in arm right after receiving shot. 15 minutes after receiving shot began to feel tired and got a headache. Later on in the evening I had discomfort in my chest and had to use my inhaler. Pain in arm worsened over night; couldn't move arm at all. Pains spread into armpit and back. Got up at 3am to my body shivering, thinking I was running a fever I checked my temperature and it was normal but upon standing I had extreme dizziness to the point of almost passing's out, I had to sit down right away. Had nausea and whole body felt very sore an achey. The morning after my shot I woke with a headache, extreme pain in my arm and armpit, soreness all over my body, stomach pains, and my heart rate was high. Throughout the day my symptoms got worse I ran a fever of 102.7 which broke but then came back later on in the evening. The following day my symptoms started to diminish, no fever and body was feeling better, arm pain and headache continued. Now I am on day 4 still experiencing pain in my arm and armpit, slight headache, but chest pains have started. It feels as if there is a brick on my chest, almost like a burning sensation with occasional pains in left breast as well as tightness in the left side of my neck.

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992040	2/1/2021	WI	35	M	1/28/2021	1/31/2021	Patient states on January 31, 2021, he noticed he had a right earache and right jaw pain. I can open my mouth just enough to eat, which I believe is also contributing to the earache. patient denies chest pain, shortness of breath or hives. patient denies any other signs or symptoms. Patient plans to wait until Thursday February 4, 2021 and if symptoms haven't improved will consult his primary care provider. Patient notified if new or worsening symptoms develop to be seen right away for evaluation.
992117	2/1/2021	MD	51	M	1/15/2021	1/24/2021	chest tightness, shortness of breath and chest pain.All this symptoms occur during physical activity.
991402	2/1/2021	NC	26	F	1/28/2021	1/28/2021	Patient's reaction(s) noted during COVID vaccine observation period: hives and redness/itching to sides of abdomen. No SOB, chest pain noted. Actions Taken: Vital signs taken, observed for 30 minutes. Advised to monitor rash at home and take antihistamines as needed. Patient verbalized understanding. Disposition: Home
990109	2/1/2021	AZ	23	F	1/29/2021	1/29/2021	Symptoms: 01/29/2021 @ 11:21 AM: Shortness of breath, chest pain, and weakness. Two hours later, chest pain began to feel like chest tightness. Continued for the rest of the day. 01/30/2021: Mild irritation when breathing. Getting out of breath when minimal effort in an activity. A sensation of an increased heartbeat when in reality, it would be 92 BMP. General weakness and dizziness. 01/31/2021: Same symptoms as mentioned. While taking a deep breath, I feel a mild pain around my heart.
992048	2/1/2021	TX	45	M	1/13/2021	1/18/2021	I received the first dose on 12/23/20 and 1/13/21. 1-2 weeks after the first injection, I started to have occasional cardiac arrhythmia but I did not pay attention to. After the second dose, I found I have more frequent cardiac arrhythmia and now it is more frequent. Sometimes I also felt chest pain. As a scientist, I started to think about the possibilities. I think my current heart problem is associated with COVID-19 vaccine. It is possible antibodies raised against the spike protein generated from muscle cells cross-react with a protein in the heart and cause the problem. I am going to visit a family doctor or cardiologist to see what is going on in my heart.

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991254	2/1/2021	TX	68	M	1/27/2021	1/29/2021	Brief episode of chest pain 5 hours post-vaccination, resolved in 20 minutes. Early morning episodes of vertigo, severe enough to awaken and nauseate me.
991120	2/1/2021	OH	27	F	1/12/2021	1/12/2021	Employee states within 5 - 10 min. developed profuse sweating, dizziness, shortness of breath, nausea, vomiting, fatigue, confusion, chest pain and felt panicked. Symptoms waxed and waned. After 45 minutes went to Emergency Department and they completed and EKG, no meds, no labs per employee. Developed rash on her chest while waiting. Symptoms eased by 7pm and she was sent home. Continues with intermittent tightness in her chest, shortness of breath and heartburn since vaccination. No history of anxiety or panic attacks in past.
991102	2/1/2021	NC	49	F	1/22/2021	1/24/2021	Chest Pain in the morning after sleep Occurred twice before going to Emergency Dept. administered EKG and other test to rule out heart problems. They were in fact ruled out. Heart is in great condition. Third episode of chest pains 3 days later and I now have Dr appt in 48 hours
991099	2/1/2021	OK	62	F	1/21/2021	1/29/2021	Patient received their first dose of Moderna vaccine on 1.21.2021. Patient reported redness, warmth, and swelling at the injection site on 1.29.21 (8 days) after the first vaccine. Patient states they took benadryl and as of 2.1.21 have seen improvement. Patient also reports that at 7pm on 1.29.21 they experienced non-cardiac chest pain (pain 8 out of 10) that was sharp and felt like muscle pain. Patient is a podiatrist, so took aspirin, monitored vitals, vitals stable. Patient says the chest pain lasted approximately 7 hours.
991064	2/1/2021	GA	46	F	1/20/2021	1/20/2021	Complaints of itching neck, scalp, no rash. Denies shortness of breath, chest pain, difficulty breathing. Vital Signs : blood pressure 136/90, pulse 86, oxygen saturation 100% on room air.
991038	2/1/2021	OH	29	F	1/13/2021	1/18/2021	1/18/21 - headache and tiredness/ 1/19/21 - numbness in right arm, swelling in right hand/ 1/20/21 - loss of smell and taste - 1/23/21 returned for follow up at urgent care 1/28/21 - chest pain (Went to Ed for follow up) Covid test On 1/19/21, 1/21/21 and 1/23/21 (both a rapid and a send out test. All Covid tests were negative

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990636	2/1/2021	CA	44	U	1/14/2021		Had a lot of cramps and pain in my chest; I really feel difficulty in breathing; I just feel like electrical shocks in my entire chest left and right; Had a lot of cramps and pain in my chest; This is a spontaneous report from a contactable physician. A 44-year-old patient of an unspecified gender received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1283) , via an unspecified route of administration on 14Jan2021 at a single dose for COVID-19 immunization. Medical history included sleep apnea. There were no concomitant medications. The patient experienced a lot of cramps and pain in chest and really felt difficulty in breathing but just felt like 'electrogram' and electrical shocks in entire chest, left and right and that last for the whole night. The outcome of the events was unknown. No treatment was used for the events.
990568	2/1/2021	NY	56	F	1/7/2021	1/8/2021	Generalized weakness; Numbness in lower lip; Prolonged malaise; Headaches; Poor equilibrium; Chest pain; Persistent increase in blood pressure; Intermittent tachycardia; This is a spontaneous report from a contactable nurse. This nurse reported for herself that the 56-year-old female patient who received second dose of bnt162b2 (BNT162B2, COVID 19 Pfizer) via Intramuscular on 07Jan2021 04:00 PM on Left Arm at a single dose for covid-19 immunization. She is not pregnant. Medical history included Known allergies: Taxotere and Breast cancer. Concomitant medications included Tamoxifen. The patient previously took first dose of bnt162b2 at a single dose for covid-19 immunization. Facility type vaccine was Hospital. No other vaccine in four weeks. The patient experienced Generalized weakness Numbness in lower lip Prolonged malaise Headaches Poor equilibrium Chest pain Persistent increase in blood pressure Intermittent tachycardia from 08Jan2021 3:00 PM. AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. The outcome of the event was unknown. No treatment received. No COVID prior vaccination. COVID tested post vaccination included Covid test post vaccination: Nasal Swab, PCR panel on 12Jan2021 with covid test result: Negative. Information Requested on Lot/ batch number.

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990528	2/1/2021	AR	30	F	1/17/2021	1/17/2021	Fever; chills; Restlessness; fatigue; constant headache; Periodic chest pain that radiates to upper abdomen and up on ears and neck and radiate to back; Periodic chest pain that radiates to upper abdomen and up on ears and neck and radiate to back; Periodic chest pain that radiates to upper abdomen and up on ears and neck and radiate to back; Periodic chest pain that radiates to upper abdomen and up on ears and neck and radiate to back; Periodic chest pain that radiates to upper abdomen and up on ears and neck and radiate to back; Periodic chest pain that radiates to upper abdomen and up on ears and neck and radiate to back; This is a spontaneous report from a contactable healthcare professional reporting for self. This 30-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number= EL 3302) on 17Jan2021 08:45 AM (vaccine location= Left arm) at single dose for Covid-19 immunisation. Medical history and concomitant medications were not reported. The patient previously received first dose of BNT162B2 (lot number= EL1284) on 27Dec2020 09:15 AM (vaccine location= Left arm) at single dose for Covid-19 immunisation. Patient did not have other vaccine in four weeks, and did not have other medications in two weeks. No known allergies. Patient was not pregnant. The patient experienced fever and chills approximately 11 hours after vaccine. Restlessness, fatigue and constant headache. Periodic chest pain that radiates to upper abdomen and up on ears and neck and radiate to back. Fever went away about 16 hours after fever onset and was coming back approximately 36 hours after vaccine dose. The events onset date was reported as 17Jan2021 08:00 PM. No treatment received. Patient did not have COVID prior vaccination, did not test COVID post vaccination. Outcome of events was recovering.

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990452	2/1/2021	NY	46	F	1/16/2021	1/16/2021	This is a spontaneous report from a contactable healthcare professional (patient). A 46-year- old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection, unknown lot number and expiration), via an unspecified route of administration in left arm on 16 Jan 2021 at 12:45 PM at a single dose for COVID-19 immunization in a hospital. Medical history included high cholesterol, GERD, Barrets esophagus, IBS-C, brain aneurysms, and known allergies to penicillin. The patient also received first dose of other vaccine in left (arm). Concomitant medications included clopidogrel bisulfate (PLAVIX), pravastatin, amitriptyline, famotidine, and ascorbic acid, ergocalciferol, nicotinamide, retinol, riboflavin, thiamine hydrochloride (VITAMINS). The patient has known allergies to Topamax. The patient experienced burning feeling from chest down to feet, tachycardia, high blood pressure, and chest pain on 16 Jan 2021 at 12:45 PM. The events resulted in emergency room/department or urgent care visit. The patient has no COVID prior to vaccination and was not tested for COVID post vaccination. The patient did not receive other vaccine in four weeks. No treatment received for the events. The patient is recovering from the events. Information on the batch/lot number has been requested.
992123	2/1/2021	MA	20	M	1/26/2021	1/30/2021	Acute myocarditis with chest pain and elevated troponin with EKG ST segment changes, muscle aches
990198	2/1/2021		33	F	1/9/2021	1/14/2021	During cardiovascular exercise experienced SOB, Dyspnea, Chest pain, during and for 1-2hrs post cardio exercise. this continued for 2-3 days. with fatigue, sob,. Pt. had EKG performed which showed 1st degree AV block w RBBB. Pt. was then referred to cardiology where she was seen and diagnosed on 27Jan with pericarditis. Pt has since started NSAID therapy with mild symptoms persisting. Pt. will have Cardiology follow-up at 4weeks time.

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992649	2/1/2021	LA	70	M	1/8/2021	1/14/2021	The patient is a 70-year-old male who presents to the emergency department with complaints of onset of right facial droop and numbness which began approximately 1 hour prior to arrival. No prior similar episodes. Patient does have a prior history of CVA. Denies any focal weakness to his extremities. Denies headache. Denies visual changes. Wife states he might have slight slurring of speech. Patient does have a history of atrial fibrillation and is on Eliquis. Took his Eliquis this morning. Denies nausea or vomiting. Denies chest pain or shortness of breath.
990445	2/1/2021		22	F	12/23/2020		Fatigue; Shortness of breath; Chest pain; Cough; This is a spontaneous report from a contactable consumer. A 22-year-old female patient (daughter) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration on 23Dec2020 at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The reporter stated that her daughter had a reaction to the COVID vaccine. The patient received the first dose of the vaccine on 23Dec2020. The adverse reaction has lasted the past three weeks to include fatigue, shortness of breath, chest pain, and cough on unspecified date. The patient is now on inhalers and she was not on inhalers before. The reporter stated that her daughter has been tested for COVID multiple times. Outcome of the events was unknown. Information on the Lot/Batch number has been requested.
992928	2/1/2021	OR	30	F	1/21/2021	1/22/2021	The morning after vaccination, patient woke up with chest pain, extreme body aches and fatigue. She reported headaches and shortness of breath, chills, no fevers.
993100	2/1/2021	MO	78	F	1/30/2021	1/30/2021	dizziness, mild chest pain for a few hours Resolved by that evening
993058	2/1/2021	CA	76	F	2/1/2021	2/1/2021	Shortness of breath, slight chest pain, shakiness, hypertension above normal BP
993025	2/1/2021	ID	30	F	2/1/2021	2/1/2021	pain in side like with asthma attack, still fine, breathing, going to continue monitoring. chest pain began to resolve. followed up with patient at about 7:15, pt still symptomatic. asthma inhaler helped.

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993017	2/1/2021	MI	22	F	1/26/2021	1/26/2021	Patient reported: fast heartbeat, bad rash all over body, dizziness / weakness, shaking, full body tremor, severe itching - within 4 hours of receiving vaccination - went to Emergency Department. This is a pleasant 22-year-old female with past medical history of anxiety and depression who presents for possible allergic reaction. Patient states that at 12:08 p.m. just prior to arrival she received the 2nd COVID-19 vaccine. She states that immediately following the administration of this she became hot, flushed and sweaty. She then began having itching and hives. She denies any difficulty breathing. She denies any swelling of the lips or tongue. No difficulty swallowing. No shortness of breath or chest pain. No recent illness. No nausea or vomiting. Patient is a nonsmoker and denies alcohol or drug use. She denies pregnancy with a history of IUD. Clinical presentation concerning for allergic reaction. This is a 22-year-old female who developed itching, rash and throat tightness following her 2nd COVID-19 vaccine. Patient is hemodynamically stable. She is anxious in appearance. No obvious edema of the lips or tongue. No respiratory distress. No stridor. She is 98% on room air. In IVs immediately established. She is given 125 mg of Solu-Medrol, 20 Pepcid and 50 of Benadryl. Following all of her medications, she no longer has any of her symptoms. Her rash and hives has completely resolved. I discussed this with Dr. who was in agreement that she is stable for discharge. She will be sent home on additional 3 day course of prednisone to be started tomorrow, clear 10 for 10 days and Pepcid for 10 days. Questions addressed and answered prior to discharge. Patient discharged home in stable condition.
992545	2/1/2021	SC	80	M	1/29/2021	1/29/2021	Pt. received Moderna vaccine at 10:45a.m. ten minutes later pt. started complaining of pain behind both ears. Pt. denied chest pain, SOB at the time. Pt. remained in the office. Approximately thirty minutes later, pt. developed chest pain on the left side. EKG was attempted but could not be performed due to pt. stated it was his chest was hurting when he laid back. Pt. was given 2 liters of Depo Medrol IM and placed call to 911. EMS arrived within fifteen minutes. Pt. was transported to ED.

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992949	2/1/2021	AZ	68	F	1/10/2021	2/1/2021	Chest pains 5 days after. Never had like that before And big red welt about three inches by 2 inches 2 weeks later. And arm is now aching
992157	2/1/2021	CA	52	F	1/19/2021	1/20/2021	Extreme tiredness Vomiting/Dry heaving 3 days Nausea and loss of appetite Diarrhea 2 days Joint and muscle pain Sore throat Headache Chills Extreme body aches Persistent cough Extreme pain in arm from shot along with mild swelling Shortness of breath Body weakness Brief Chest pain Brief Leg pain Nasal congestion Ear ache
992920	2/1/2021	IN	47	F	1/30/2021	1/31/2021	Chest pain. Upper back pain, jaw pain, pain in opposite arm
992915	2/1/2021	FL	56	F	1/10/2020	1/10/2020	Severe, unprovoked, sudden onset nausea followed by severe chest pain, diaphoresis, shortness of breath and excessive salivation., with no prior cardiac history. EMS was called, I was placed on a Life Pack Monitor. ECG was borderline. Advised to go to hospital. Enroute to hospital, 20g Angio IV in right AC was established. Administered 4 Baby Aspirin and 1 Nitroglycerine. Nitroglycerine relieved chest pain. At hospital labs were ordered. CMP, CBC and Triponin were normal. Advised by physician to remain for monitoring overnight and further Triponin testing. On 01/11/2021, I had a Stress Test and Echocardiogram. Stress Test showed areas of ischemia. On 01/12/2021 I had a Cardiac Cath through my right wrist. Results were negative. Discharged to home from hospital with follow up appt with Cardiologist scheduled. Every person that I came into contact with was informed that I had had the Moderna Vaccine 7 hours prior to onset of symptoms.
992874	2/1/2021	IN	41	F	1/29/2021	2/1/2021	Chest pain...irregular heart rate...headache and body aches prior to the ER visit
992862	2/1/2021	NV	74	M	1/27/2021	1/27/2021	Weakness and chest pain with shortness of breath. Right shoulder was very painful for 3 days. Tire easily and just want to sleep. Feel cold at times. Sore throat.

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992506	2/1/2021	TX	22	M	1/30/2021	1/30/2021	pt developed fever 102, chills and body aches evening of vaccine. Mon am (2/1/2021) awoke with chest pain. Came to ED for evaluation, diffuse ST elevation in all leads, troponin elevated 4.1, 2nd trop 33. echocardiogram with EF 50% pt currently being worked up for pericarditis, ACS with plans for heart cath in am
992993	2/1/2021	NJ	30	F	1/4/2021	1/4/2021	Palpitations and chest pain immediately after infection Lasted about 60 seconds. Palpitations came and went until the next day.
992836	2/1/2021	WA	26	M	1/27/2021	1/30/2021	Presented about 60 hours after 2nd moderna vaccine with crushing chest pain and was found to have acute pericarditis and a troponin of 10.
992463	2/1/2021	TX	21	F	1/27/2021	1/31/2021	On 1/31, 4 days after vaccine she developed left-sided chest pain described as pressure radiating to left arm. In ED, troponin was elevated and she had emergent left heart catheterization. LHC found normal coronaries and she was discharged home.
992217	2/1/2021		27	M	1/19/2021	1/19/2021	please see VARS E-report number: 277022 for additional information. Due to reaction to 1 dose, I requested he come back after 1 hour and 2 hours respectively to check vitals. He came back after 1 hour stating he feels "different and funny." Complained of a froggy throat and that he could feel a heart beat in his ears. At 3:53 PM, pulse was 98 and BP 150/103. Regular respirations=16. skin was warm and dry. no rash or redness noted. no shortness of breath or difficulty swallowing noted. At 4:10 PM, continues to deny pain. BP 165/108 with pulse of 102. 4:17 PM, 147/98, pulse in the 90s. Continued feeling of heart rate in ears. 4:20 PM, 147/94 P 94. remains alert and oriented. continued frogginess in throat and sensation of heart rate in ears. Denies shortness of breath or chest pain. O2 sats are 99%. Refuses need for ambulance. Agreed to have family member transport to ER for further evaluation. 4:24 PM, 148/103 P 96 Respirations 18. Skin remains warm and dry. Denies pain or shortness of breath. sensation in ears continues. 4:30 PM. 139/99 pulse 84 resp 18. no shortness of breath or chest pain. skin warm and dry. oriented and alert. continued sensation of beating in the ears. 4:32 PM, picked up and taken to ER.

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992606	2/1/2021	WI	85	F	1/28/2021	1/30/2021	Pfizer-BioNTech COVID-19 Vaccine EUA? Presents to the emergency department with syncope. Patient received her 1st dose of the COVID-19 1/28/21. She states she felt in her normal state of health yesterday. However, she was unable to sleep at all overnight. She took a nap between 5 a.m. and 9 a.m., Upon waking this morning, patient states she felt generally fatigued, had nausea with associated diffuse abdominal pain. Patient had 1 episode of emesis. No hematemeses. Immediately following emesis, she describes 1 to 2 episodes of syncope that occurred while she was seated in a chair. Patient did not fall or strike her head. She denies preceding chest pain, shortness of breath, back pain, numbness, tingling, weakness. Per EMS, patient was awake, somnolent but oriented, with stable vital signs including heart rate of 68, respiratory rate of 18, pulse ox of 90% on room air and blood pressure of 126 systolic. On arrival to the ED, patient appears somnolent, hemodynamically stable with normal blood pressure, afebrile. Patient feels symptomatically improved after 1 L normal saline bolus and Zofran. She was discharged home in stable condition.
992700	2/1/2021	PA	29	F	1/31/2021	1/31/2021	Tachycardia HR 160, numbness and tingling in left side of face and down left arm and chest pain and tightness. I was sent to ER for evaluation of aflutter on telemetry monitor. Abnormal EKG in ER and persistent tachycardia despite NSS bolus. Recommendations to F/u with cardiology, outpatient 2D echo and zio patch x 2 weeks

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992719	2/1/2021	CA	86	F	1/29/2021	1/29/2021	Pt received Moderna covid vaccine. Vaccine Placed into Left deltoid. During vaccine administration, pulse ox was placed to Pt's right index finger, HR showed 122-156, 98% RA. Pt stated she was nervous and anxious and was noted to be diaphoretic. Pt stated she got the vaccine because her spouse wanted her to. At approximately 1646 Pt's HR 138. Pt denies chest pain and sob and stated she was feeling anxious because of all the attention she was getting. O2 at 2 lpm placed via nasal cannula. At 1649 HR 141, O2 at 99% @ 2/LPM. 1653- Pt's HR 120, O2 sat 99% @ 2 lpm. At 1655- HR 126, O2 sat 99% @ 2 lpm. 1700-HR 147, 98% O2 @ 2/LPM. BP 138/89, HR 142 at 1704. BP 137/90 HR 142 at 1710. Pt advised that Paramedics will be called. Pt upset and stated she was fine and declined to have paramedics called. Pt signed AMA at left clinic at 1714 with husband. Advised Pt and spouse to call paramedics if Pt becomes SOB, difficulty breathing and/or having CP. Pt and Spouse verbalized understanding.
992722	2/1/2021	CA	28	F	1/29/2021	1/29/2021	Chills, joint pain, chest pain, shortness of breath, low grade fever, nausea, vomiting, headache. Recovered from COVID in 8/2020.
992778	2/1/2021	NC	67	F	1/30/2021	1/30/2021	fatigue, sweating, cough, chest pain, shortness of breath, rash on non shot arm, stomach pain, diarrhea, ball under injection site, muscle and joint pain, strong chemical smell
992808	2/1/2021	OH	44	F	1/12/2021	1/12/2021	Chest Pain-ongoing tongue tingling- lasted 1 week Lightheaded- ongoing dizziness - ongoing arm weakness and soreness- ongoing
992331	2/1/2021	AZ	67	F	1/31/2021	1/31/2021	Severe chest pain, pain in jaw, brow bones and headache (may have been due to GERD- acid reflux disease), symptoms started at 11:30PM while in bed and lasted 1-2 hours; sudden onset and dissipation

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989619	1/31/2021	TX	35	F	1/26/2021	1/26/2021	3:26 - OXYGEN SATURATION 99, PULSE 80. PATIENT STATED THROAT FELT ITCHY AND NOSE WAS RUNNING LIKE WHEN SHE GETS AROUND CATS. 3:30 - GAVE PATIENT WATER, TOLERATING WELL. NO COMPLAINTS OF CHEST PAIN, SHORTNESS OF BREATH, OR DIZZINESS. 3:40 - PATIENT TOOK ZYRTEC, EXPLAINED TO ME THAT SHE HAS CALMED DOWN AND IS FEELING A LITTLE BETTER. I WILL CONTINUE TO MONITOR 3:50 - NO COMPLAINT OF BREATHING, JUST SINUS DRAINAGE IN THROAT. PULSE 88, OXYGEN SATURATION 98. WILL CONTINUE TO MONITOR 3:55 - NO ANAPHYLACTIC REACTION NOTED AT THIS TIME, NO SWELLING, NO REDNESS 3:57 - PATIENT GIVEN TEACHING ABOUT MEDICAL FOLLOW UP AT THIS TIME. IF SYMPTOMS GET WORSE TO GO TO THE EMERGENCY ROOM. IF NOT, TO FOLLOWUP WITH PRIMARY DOCTOR. 4:05 - PATIENT STATED STILL A LOT OF DRAINAGE (SINUS). PATIENT HAS CALMED DOWN. OXYGEN SATURATION 99, PULSE 54. PATIENT DRANK MORE WATER, AND IS TOLERATING WELL. 4:15 - SPOUSE CONFIRMS THAT THIS IS NORMAL SEASONAL ALLERGIES AND PATIENT DEPARTED WITH NO ACUTE DISTRESS.
989600	1/31/2021	MI	69	F	1/25/2021	1/30/2021	Chest pains: relieved after 45 minutes following dose of 2 aspirin and another dose of 2 aspirin after 30 minutes.
989562	1/31/2021	MD	22	F	1/26/2021	1/29/2021	4 days after the shot, I experienced chest pain, heart beating really fast, body feeling heavy, feeling very hot and almost passing out for about 5 minutes. This occurred while I was bowling. I had to sit down but after a few minutes, and drinking a little water, I was able to get up and keep bowling and I felt fine. I didn't seek treatment.
988926	1/31/2021	CA	56	F	1/27/2021	1/27/2021	Uncontrollable shivering for 3 hours, headache, numbness and tingling in hands and feet, swelling and redness at injection site, swollen armpit, chest pain, extreme tiredness and slept for 22 hours, weakness.

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989415	1/31/2021	PA	66	F	1/30/2021	1/30/2021	67 year old female with PMH. Presented to site for Moderna vaccine 2nd dose, w/ no acute discern at the time. Patient reported shortness of breath, chest pain/discomfort, High BP SP vaccine administered. GMS initiated ALS treatment. *Clinical Lead NOR Site Manager was notified until after the fact.* Initial examination on stretcher in back of ambulance - BP 210/106 --- blood sugar 120 ---- HR 146 At bedside in ER - BP 212/102 --- HR 126
989213	1/31/2021	IN	24	F	1/29/2021	1/29/2021	Arm soreness at injection site worsened throughout the day - continuing for about 15 hours; about 17 hours (12:30am) after the injection took place, dizziness, unexplainable arm and chest pains (in the non-injected arm), headache, and fatigue occurred until I went to sleep; I woke up with a fever and fatigue about 7 hours later (8am), went back to sleep, and woke up feeling normal about 4 hours later (12pm)
989178	1/31/2021		36	F	1/26/2021	1/27/2021	Chest pain / Fever / Cough / muscle aches / joint pain / fatigue
989100	1/31/2021	CT	56	M	1/12/2021	1/28/2021	Severe chest pain, difficulty breathing Hospitalized for 24 hours EKG, troponin, ddimer, stress test, CT scan
989021	1/31/2021	KY	35	F	1/27/2021	1/28/2021	is a 35 y.o. female who presents ambulatory to the emergency department. She states last evening she began having chills, body aches, headache, difficulty taking a deep breath, nausea. Patient denies any tongue swelling or throat swelling but states when she was eating she felt nauseous. She did get her second maternal COVID-19 vaccine yesterday. States she took ibuprofen last evening but has not taken anything today. Patient does have a history of asthma. She does take two maintenance inhalers on a daily basis. She does take albuterol as needed. Has not had to use her albuterol inhaler. Patient denies any fever. She denies any vision changes, hearing changes, neck pain or stiffness. She denies any chest pain, abdominal pain, nausea, vomiting, diarrhea.
989465	1/31/2021	NC	26	F	1/29/2021	1/29/2021	Arm pain, left leg pain, back pain, neck pain, shooting pain on side, chest pain when breathing, fever, headache

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988936	1/31/2021	MA	30	M	1/25/2021	1/26/2021	Severe Injection site pain/mild swelling lasting 3-4 days with PRN Advil taken as needed Mild headache lasting 3 days with PRN Advil taken as needed Chills at night x 2 nights General fatigue and muscle aches lasting 3-4 days with PRN Advil taken as needed Esophageal spasms, causing chest pain, pain when swallowing anything. Weird sensation can be felt at rest too. Symptoms lasting 4-5 days
990052	1/31/2021	CA	53	F	1/21/2021	1/21/2021	? Jan 21st, 2 hours after vaccine headache. 12 pm right side of back hurting last 2 hours, 3 pm neck hurting lasts 2 hours. 6pm feet are burning hot to the touch. ? Jan 22, 12 am Arrhythmias, racing heart rate, uncontrollable shaking, throat is feeling sore and difficulty swallowing. I go to the ER . While waiting to see a doctor my symptoms subside. Dr. prescribes an epi-pen. Explains that they do not know about the vaccine. ? Jan 23, 3am uncontrollable shaking, neck hurting feet burning. 4am nausea, headache still continues. ? Jan 24, massive headache continues, nausea, diarrhea, I go to Urgent Care Center. They do a blood test must wait a few days for results. ? Jan 25, Massive headache continues, uncontrollable shaking ? Jan 26, 2am, headache continues, uncontrollable shaking, burning feet, blood pressure 164/103. Back to Urgent care. Add blood pressure meds. ? Jan 29, 12 am Shaking, blood pressure 168/85 ? Jan 31st Sunday 7pm, Muscles tightening up in lower body, chest pain Symptoms ongoing, Doctors do not know enough about the vaccine to treat the problem.

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989652	1/31/2021	TX	71	F	1/26/2021	1/26/2021	10:12 - BLOOD PRESSURE 120/84, PULSE 62, OXYGEN SATURATION 98, RESPIRATIONS 18. PATIENT IS COMPLAINING OF FEELIN WARMER AND FLUSHED IN FACE AND FUNNY FEELING IN CHEST. PATIENT SAYS SHE HAS NEVER FELT THIS FEELING BEFORE. PATIENT DENIES SHORTNESS OF BREATH OR CHEST PAIN, SKIN WARM AND PINK. 10:23 - PATIENT STATES FEELING REMAINS UNCHANGED. PATIENT REQUEST SOME WATER, WHICH WAS PROVIDED, AND PATIENT TOLERATED WELL 10:29 - OXYGEN SATURATION 98, PULSE 67. PATIENT STATES FEELINGS DECREASING 10:38 - PATIENT STATES NO FAST HEART RATE, SHE DRANK WATER AND TOLERATED WELL. COLOR GOOD, DENIES CHESTPAIN. PATIENT STATES SHE FEELS NORMAL 10:45 - OXYGEN SATURATION 97, PULSE 65. PATIENT DROVE SELF HOME
990043	1/31/2021		24	M	1/27/2021	1/27/2021	24y/o male with remote history of Kawasaki disease fevers, chills, night sweats, anorexia, nausea, vomiting, dehydration, chest pain, dyspnea, constipation. Symptoms began around 1600 on 27JAN21 (day of immunization). Worsened on 28JAN21. On 29JAN21 presented to primary care with tachycardia prompting IV fluid resuscitation.
989998	1/31/2021	KY	23	F	1/30/2021	1/31/2021	Injection site soreness and headache within 1 hour after shot. Fever, chills, headache, body aches, nausea, chest pain, joint pain, stomach cramps and diarrhea. These symptoms started once I woke up at noon and became progressively worse throughout the day.

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989968	1/31/2021	IA	71	F	1/23/2021	1/23/2021	Metal taste in mouth during 15 minute after shot, 35 minutes later tingling on mouth area and then tingling and shooting pain on entire face area. Went back to clinic and they gave me 2 Benadryl 50 mg and monitored my blood pressure. Was high when I got in and after Benadryl dropped significantly. I was told to take 2 Benadryl at 6pm which I did. Tingling stopped with Benadryl. Not feeling right for next 5 days with shortness of breath, chest pains and blood pressure fluctuations from high to low. Went back on 1/28/2021 PA did EKG and suggested that I see my cardiologist. On evening of 1/29/2021 I experienced heart racing, chest pain, shortness of breath, cough and then extreme throat pain. Took 1 benadry
989890	1/31/2021	WA	27	F	1/30/2021	1/30/2021	Body aches, chills, fever (up to 100.5), hives on chest, itching, chest pain.
989861	1/31/2021	FL	51	F	1/19/2021	1/20/2021	Fever 101.3, chest pain with breathing, severe joint pain, urinary pain
989840	1/31/2021	MO	70	M	1/27/2021	1/28/2021	had afib ablation 3 yrs ago with no indications of recurring until the day after receiving this vaccine. heartrate has been around 60 since ablation and pacemaker installed, now since shot, between 85-105. I have had dizziness, no energy, pain in chest and left shoulder, nausea, vomiting, fall, chills, no appetite, no energy, and unsteady. I am writing this 5 days after shot and still have effects.
989822	1/31/2021	TX	52	M	1/26/2021	1/29/2021	The patient had a very severe side effect profile from the second dose of vaccine: "worst I've ever felt" with myalgia, headache, fever and fatigue. This subsided and then on day 3 he developed severe substernal chest pain and came to ER where his hs-cTnI was > 2000 ng/L and peaked at 6700 ng/L. His ECG, echo and cardiac cath were normal but MRI showed evidence of myocarditis with mild left ventricular dysfunction. He is doing well clinically and we are managing expectantly. This appears to be immune mediated myocarditis from the Moderna vaccine

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989812	1/31/2021	MI	36	F	1/22/2021	1/29/2021	Trochanteric bursitis bilateral severe day 7,8,9. Right sided chest pain day 7,8,9,10 Headache and nausea daily for 1 week Not responsive to Tylenol or ibuprofen. Spontaneous resolution
989807	1/31/2021	SC	70	F	1/27/2021	1/27/2021	Asthma, trouble breathing, chest pain, arm pain (both arms), headache, flu-like symptoms, congestion for a few days following dose
989867	1/31/2021	CA	84	M	1/22/2021	1/22/2021	Non- cardiac chest pain intermittent 3 days. Soreness at vaccine site about 5 days. Lack of energy 4 days.

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989275	1/31/2021	KY	36	F	1/14/2021	1/14/2021	Pfizer COVID-19 Vaccine EUA Event Description: Patient at hospital to receive her first dose of Pfizer Covid vaccine in left deltoid at ~1105. ~15 minutes after administration c/o left arm feeling hot and appearing red. Patient was observed for 45 minutes and given Benadryl 25 mg IM, Solumedrol 125 mg IM, and Pepcid 20 mg po. The redness on her arm increased and her BP and pulse continued to be elevated. She was transferred to ED for further evaluation a 1148. patient walked to ED to be evaluated for allergic reaction. Pt. reports having an 1100 vaccine appointment. Pt. received vaccine, then c/o left arm redness/swelling. HISTORY OF PRESENT ILLNESS: patient is a 36y female who presents to the ED with an allergic reaction. Pt reports she received the Pfizer COVID-19 vaccine this morning at 1100, first dose, and noted a rash along the left arm where the injection site was. Pt notes she received the first dose of the Pfizer vaccine. Pt documents a rash along the left arm which she described as "itchy and tingling." Patient initially had an area of redness following the injection site and then it extended down her entire arm to the wrist. She states that she was wearing a tighter shirt and they had her change into a loose scribed top. Patient denies any tongue swelling, throat swelling, itching, sneezing, syncope, presyncope, chest pain, shortness of breath double cough, nausea, or vomiting. No prior history of allergic/anaphylactic reactions. Patient was monitored for 1 hr and had significant improvement of symptoms. She was discharged in good condition and to return with any new, concerning, worsening symptoms. Advised to follow up with PCP in 2-3 days. Dx: acute allergic reaction to COVID-19 Vaccine Provided Rx for Benadryl and Pepcid Seen by PCP 1/22/2021 and internal reported filed, prompting VAERS report
987723	1/30/2021	NY	91	F	1/28/2021	1/28/2021	Patient with severe dementia developed nausea, dizziness and diaphoresis; acute distress. No chest pain or dyspnea noted. 3:49 P 56, 144/78, PO2 99% 3:54 P 34 164/58, O2 99% Exam CVS- irregular rhythm, systolic ejection murmur Care taken over by EMS and transported to Hospital

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988312	1/30/2021	NY	39	F	1/28/2021	1/29/2021	12:20 given vaccine on 1/27/21 12:29 began to leave, felt dizzy 12:30 parked in vehicle at vaccination location I had sharp pain in center of chest, heart was racing, I saw hives on my chest, neck, throat and up to my mouth. My lips were getting numb. I was confused and unable to participate in a work phone call I answered. 12:45 I began driving as I felt a little better. Drove 2 miles and pulled over to park and wait it out. Heart still racing, hives still present, chest pains still there and could not inhale deeply. 12:50 I drove the rest of the way home. I took a double dose of liquid Benadryl and laid down waiting for symptoms to pass. They slowly resolved over the next 6 hours. It is now 1/30/21 and I still feel like crap, but not allergy wise. More like the flu.
988296	1/30/2021	PA	50	F	1/26/2021	1/26/2021	This is a female with a history of breast cancer on tamoxifen, hypertension, asthma who apparently received her second dose of Covid Pfizer vaccine 10 to 15 minutes prior to presentation who presented in ED with complaints of shortness of breath and tingling sensation over her face and neck. Apparently had rash over the first dose and now presented with shortness of breath. She denies any fever chills. No chest pain. EPINEPHrine (EPIPEN) injection syringe 0.3 mg (0.3 mg intramuscular Given 1/26/21 1547) sodium chloride 0.9 % bolus 1,000 mL (1,000 mL intravenous New Bag 1/26/21 1555) dexAMETHasone (DECADRON) vial 6 mg (6 mg intravenous Given 1/26/21 1548) diphenhydrAMINE (BENADRYL) injection 25 mg (25 mg intravenous Given 1/26/21 1548) famotidine (PEPCID) injection 20 mg (20 mg intravenous Given 1/26/21 1548)
988151	1/30/2021	OK	59	F	1/30/2021	1/30/2021	Hives began 5 minutes following injection, located on upper arm at site of injection. This spread to opposite arm within 5 minutes. BP at this time was 148/98, HR 90, no difficulty breathing, chest pain, SHOB, headache. Over following 45 minutes this spread to patient's back, abdominal area, then to upper legs, then lower legs. 25mg Benadryl chewable given to patient at 15 minutes following start of hives. No change in level of itching associated with hives, or progression of hives to other parts of her body. Additional 25mg Benadryl chewable given to patient 15 minutes after initial dose. 30 minutes after second dose of Benadryl, patient experienced reduction in itching in upper body.

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988128	1/30/2021	PA	49	F	1/29/2021	1/29/2021	Patient was asked to be observed for 30 minutes due to a previous serious reaction to IVP dye. About 20 minutes after she received her vaccine, she felt chest pain and claustrophobia. She refused an epi pen. She took 50mg of diphenhydramine. She quickly said that she felt better, but we monitored her blood pressure, pulse, and pulse ox. We also called a paramedic, they arrived shortly and evaluated her. She refused to get treatment. Her vitals were all normal, she was drowsy from the diphenhydramine. The chest pain and feeling of claustrophobia were gone. She worked at a school and the school nurse checked on her throughout the rest of the day, and she was feeling fine. She was very nervous about the vaccine, and her reaction could have been anxiety related (although she felt fine after her vaccine).
988048	1/30/2021	KS	23	F	1/29/2021	1/30/2021	Both my first and second vaccines I have and am now experiencing heart problems and troubles breathing. I'm having chest pain and my arm feels like the achy pain of putting ice on a broken bone. The first vaccine I felt the pain start in my collar bone in the vein and move down. 2nd vaccine I feel like I've been running a marathon and feel pain in my chest. Fatigue both times.
987912	1/30/2021	NY	27	F	1/27/2021	1/28/2021	One day after vaccination, developed chest tightness and chest pain that is non-exertional. Self resolves, appears to be worsening. Advised ED referral for chest pain workup
987730	1/30/2021	IL	40	F	1/28/2021	1/28/2021	Moderate chest pain lasting 12 hours and hot/cold flashes, generalized achyness starting at 4 pm day of vaccine. Following lasted started day after vaccine and lasted 24 hours: fever, fatigue, achyness, hot/cold flashes, headache, sore arm, burning nose. Took Tylenol, left work early, went home slept on 1/29/21 additional 5 hours from 3 pm until 8 pm. Back to bed 12 am to 8 am following day
988338	1/30/2021		65	F	1/29/2021	1/29/2021	developed numbness/tingling of tongue, headache and also pain across chest, as well as high BP and HR. Given water, benadryl 50 mg IM with improvement of everything except chest pain. Sent to CSMC ER for further evaluation.
988099	1/30/2021	FL	60	F	1/30/2021	1/30/2021	Chest Pain approximately 3-4 hours post vaccine #2

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987792	1/30/2021	IN	33	F	1/28/2021	1/29/2021	Fever, excessive fatigue, nausea, excessive body pains, chest pains such as a heart attack
988744	1/30/2021	MA	41	F	1/27/2021	1/27/2021	Shot 1 given Dec 29 in the morning. I had no symptoms. I got very sick at about 4:30pm Symptoms: muscle aches, chills, fever, headache, SOB, chest pain, sore throat, cough. I ended in the ED because I couldn't manage my asthma and my HR was high on Wed. I was diagnosed with Covid as I found out my husband gave it to me. Then a couple days later my asthma got worse and I ended up in the ED overnight. They were able to get better management in my Asthma. I was sick for 3 weeks. Went back to work week four 1/25 Monday and 1/27 they cleared me to get the second dosage of the vaccine. I got the vaccine 3:20 pm and at 5:00 I walked my son in Kung Fu and then waited in my car. I ended up passing out in my car at approx 5:15 pm and my 8 year old son knew something was wrong and had to wake me up. I could barely drive home I felt very drunk. When I got home my temp spikes to 101.3. I had extreme muscle pain, fatigue, chills, sore throat, chest pain, cough, SOB. My left arm swelled up where I was injected and I couldn't move my arm. I was told I couldn't take anything tylenol or Ibuprofen for 8 hours. I suffered. Even when I could take something my body was very painful. This lasted wed, thurs, and Friday morning.
987968	1/30/2021	TX	61	F	1/25/2021	1/25/2021	PATIENT COMPLAIN OF FEELING ANXIOUS WITH CHEST DISCOMFORT. PATEINT DENIES SHORTNESS OF BREATH . RESPIRATIONS 22 HEART RATE 91 O2 SATURATION 98% DENIES CHEST PAIN
988352	1/30/2021	KY	26	F	1/16/2021	1/16/2021	Pfizer COVID- 19 Vaccine Pt received Pfizer COVID vaccine lot #EL3249. Pt sat for about 10 minutes, arm became itchy, gave diphenhydramine x 1 dose. Pt continued to sit for assessment for another 15 min. Pt stated she felt hot, but is typical for her to feel warm. No chest pain, SOB, blurred vision. Pt cleared to leave facility.

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988760	1/30/2021	CA	81	F	1/30/2021	1/30/2021	Patient indicated to RN that she was feeling "warm." Patient denied any shortness of breath, difficulty breathing, chest pain, or itching. Patient denied feeling like they're ears were warm. RN took patient to secluded area and asked health history. Patient indicated they're blood pressure is supposed 130s/60s, however they were" running low" on all medication including lisinopril . Vital signs at 1525 were as follows: 156/85 mm Hg, 74 BPM, 16 BPM, and pulse ox. 96%. RN did relaxation techniques with patient, and had patient take off jacket. At 1537 vital signs were as follows: 146/75 mm Hg, 74 BPM, 16BPM, pulse ox. 97-98%, and 97.6F. Patient reported feeling not as warm, and stated they believed it was due to the jacket and face mask. Patient denied shortness of breath, difficulty breathing, chest pain, or itching. patient stated she would have medication refilled tomorrow AM. RN instructed to contact healthcare professional if symptoms worsened, and provided general care instructions.
988719	1/30/2021	VA	48	F	1/30/2021	1/30/2021	Cough Throat tongue swell Dizzy Cold/ hot sweats Nausea Given 4 Benadryl immediately Numbness and tingling in vaccine arm Went to ER for monitoring Ten minutes after started the worst headache of my life and I get migraines Have had pulse racing and slight chest pains all afternoon Went home after 4 hours observing Got a steroid through IV Fever has started after 12 hours
988716	1/30/2021	TN	62	F	1/1/2021	1/27/2021	For my 2do vaccine: 01/27/2021 at night started arm pain, a little headache, and chest pain at the same level of my arm . Looks as the pain came from my arm and get on my chest. the pain was not too bad except it was on my chest all the time. The next day, I went to the airport at 6 am and came back home 07:30 am, my arm was not to bad , but the pain on my chest was situated in one place and the same, on the right side beside of sternum, under of the 5st ribs.
988569	1/30/2021	OK	70	F	1/5/2021	1/5/2021	Stomach pains like a knife being stuck in. chest pain couldn't breath, weak, 2 days later vomited, Confusion. Felt better after a week.

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988529	1/30/2021		31	M	1/26/2021	1/26/2021	chills, body ache, chest pain, abdominal pain, after two days post vaccine patient decided to go to the ed due to concern for the chest pain. Worked up in ED but nothing of significance found. Will follow with PMD
988475	1/30/2021	CT	32	F	1/20/2021	1/22/2021	Arm soreness for 2 days. Then chest pain began on day 2 along with headache, fatigue, sinus pressure, and a runny nose. It is now 10 days later and I still have chest pain (left side only in the heart area). Most other symptoms have lessened or subsided.
988445	1/30/2021		76	F	1/29/2021	1/29/2021	Patient reported scratchy, irritated throat with some tightness. She was able to swallow and reported that drinking water made her throat feel better. No chest pain or shortness of breath. She reported some anxiety. VS: BP 133/81, HR 83, O2 sat 96-97% on RA Patient felt stable and went home after over 30 minutes of observation.

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988372	1/30/2021	KY	64	F	1/16/2021	1/16/2021	COVID- 19 Vaccine. She was experiencing chest tightness, SOB, and dizziness. 50mg of Benadryl and 20mg of famotidine was administered around 1410. Patient was still experiencing chest tightness and was having difficulty breathing. 0.3mg of epinephrine was administered at 1420. EMS was called. Breathing improved. Pulse ox 100%, HR 68, BP 130/89. EMS arrived and assumed patient care. Pt seen in Emergency Room 1/16/2021 1513 CHIEF COMPLAINT: reaction to COVID vaccine HISTORY OF PRESENT ILLNESS: Patient is a 64y F with PMHx significant for Myopericarditis, Anxiety and HTN who presents to ER after developing tongue swelling, wheezing, tunneled vision and shortness of breath. Patient states that she was getting first shot of COVID19 Pfizer vaccine at 2:00 pm. After getting vaccine she waited 15 minutes like she was told and recalls room getting very hot at approximately 6 minutes after getting vaccine. She also states that her tongue felt swollen. She then noticed her vision started to turn dark and then she felt dizzy. She told pharmacist about symptoms and then she was given one pill of Benadryl. This did not help and actually made her symptoms worse. She recalls wheezing. She was given another pill of what she believes was Benadryl. She also recalls pharmacist measured her BP and her husband, who was present, reported that her blood pressure was in the 140s This did not improve so she was given 0.3mg IM epinephrine shot. This significantly improved her symptoms. However, she was sent to ER. She denies any hx of recent UTI or GI infection. She denies fevers, chills, nausea, diarrhea, chest pain, generalized itching, vomiting, abdominal pain, generalized swelling, headache or syncopal episode. She denies any past reactions to vaccines. She denies current SOB and feels like her symptoms resolved. Denies hx of COPD or asthma. Physical exam did not show any recurrent signs of wheezing or tongue edema. Her SaO2 was 100% on RA and BP was within baseline 140-160s. Given episode, we decided to obtain tryptase levels. We also observe patient to ensure she did not have any recurrence of symptoms. She remained hemodynamically stable and SaO2 remained in mid 90s to 100. She was given a rx for epinephrine pen should symptoms recur though this is highly unlikely as she remained stable throughout ER stay. She was also given

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							instructions to pick up OTC Benadryl and Pepcid. She does have antihistamines listed as an allergy but patient states that she gets tachycardic upon taking tabs, so this could just be a side effect. We will follow up with tryptase levels but even if tryptase levels return as normal, it does not mean she did not have an anaphylactic reaction to vaccine. Her clinical picture puts this diagnosis high in the differential. Teaching and instructions were given to patient and her husband. She was advised to return to ER if symptoms recur. IMPRESSION: Anaphylaxis Anxiety attack
988382	1/30/2021	TX	47	F	1/26/2021	1/29/2021	Chest pain and discomfort with inhaling, nausea and leg fatigue. Happened 3 days post vaccine. No injection site pain
995144	1/30/2021		77	M	1/27/2021	1/29/2021	possible M/I chest pain Narrative: On 1/29/20 patient taken to local hospital via ems then was transferred to second hospital to rule M/I
986189	1/29/2021		61	F	1/7/2021	1/7/2021	vaccine administered left deltoid @ 1409 1414 c/o rash to left hand at the thumb. Slight itchy on arm, not at the injection site. Left posterior thumb with small blotchy red spot. No additional rash observed. No SOB or difficulty breathing. No discomfort in throat or difficulty swallowing. No chest pain or pressure. No HA, dizziness, or lightheadedness. - HR 107, SAT 98% RA - A&Ox3, HRR, S1S2, LS clear, resp. even and non-labored - Some increase in rash with blotchy, light red areas noted to left arm area, no additional rash to trunk or back. No hives. 1415 Benadryl 25 mg PO administered 1425 HR 104, BP 122/96, SAT 99% RA - itching maybe slightly better, no new symptoms 1445 HR 101, BP 100/78, SAT 98%, rash appears nearly completely resolved, no new symptoms, feels essentially normal. Reviewed S/S to cont. to monitor at home. Stated good understanding and denied questions. Ambulated out of clinic without difficulty.

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985738	1/29/2021	CA	57	M	1/29/2021	1/29/2021	vaccination given at 0756am symptom onset 0759 episodic chest pain, light headedness, nausea, flushing, inclusive of chest pressure rated at 2/10 lasting minutes in duration- intermittent, intermittent light headedness 0812 136/69 hr 61 o2 sat 98 on room air. 0820 rapid response called 0822 132/79 hr 54 o2sat 98 on room air. 0827 127/76 hr 54 o2sat 98 on room air. 0832 pt wheeled to ED with RRT.
985760	1/29/2021	NC	75	F	1/9/2021	1/9/2021	Started with injection site Hurting, Developed tiredness, light headache, hurting all over, had chills for 3 nights fever range from 100 degrees up to 103.8, had nauseau and vomited one day, my face- looked a little swollen and cheeks were pink, was in bed mostly for 13 days. Called My Doctor after about 4 days , he prescribed MethylPredisolone 4 mg tablets, seems to bring fever down and stop chills, still feeling really bad, went to Urgent Care and they did Covid Test which was Negative, had virtual call with their doctor , and they prescribed a "Z Pak" Did not stated feeling better until 13 day. When taking Predisone, I started having chest pains, when I only had 4 more pills to take. Had to take 2 Nitro and discontinued Predisone. Still weak and tired.

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985999	1/29/2021	NC	37	F	1/7/2021	1/7/2021	Persistent shortness of breath; Chest pain; Runny nose; Dry cough; Dizzy; This is a spontaneous report from a contactable other healthcare professional (patient). A 37-year-old female patient received the second dose of bnt162b2 (COVID-19 vaccine, brand: Pfizer) via an unspecified route of administration in right arm, on 07Jan2021 09:15 at a single dose for COVID-19 immunization in a hospital. Medical history included narcolepsy from an unknown date and unknown if ongoing and ongoing persistent shortness of breath from an unknown date. No known allergy. Concomitant medication included armodafinil, sertraline hydrochloride (ZOLOFT), and dextroamphetamine (DEXAMFETAMINE). The patient previously received the first dose of bnt162b2 on 21Dec2020 12:00 in right arm for COVID-19 immunization at age 37 years old. The patient had no COVID prior to vaccination. On 07Jan2021, the patient experienced shortness of breath, chest pain, runny nose, dry cough, dizzy. The patient had 2 ER visits and admission, and ongoing work up. The events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization for 1 day. The patient received albuterol and alprazolam (XANAX) as treatment. The patient underwent covid test post vaccination: Nasal swab on 11Jan2021 and on 12Jan2021 with both with result negative. The patient had not recovered from the events. Information on the lot/batch number has been requested.; Sender's Comments: Based on temporal association, a possible contributory role of suspect BNT162B2 cannot be excluded for reported events shortness of breath, chest pain, runny nose, dry cough and dizzy. The patient's underlying ongoing shortness of breath and psychiatric disorder treated by sertraline may also be contributory. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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986008	1/29/2021	IN	42	F	1/27/2021	1/28/2021	Hot to cold, headache, fatigue, cough, chest pain, bouts of breathlessness this was day 2, day 3 headache, body ache, chest pain probably from coughing. Cough was deep and hard in the morning after waking through out the morning I would cough a couple more time by noon I'm not coughing but my chest is heavy.

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986107	1/29/2021	TN	63	F	1/14/2021	1/14/2021	8/10 chest pain radiating into left arm; 8/10 chest pain radiating into left arm; tightness in chest; tightness bilateral flank area; HA; body aches; diaphoresis; hot feeling; numbness tingling of head; numbness tingling of head/tingling in jaw and over the top of my head; pressure in the back of my neck; blurred vision; This is a spontaneous report from a contactable nurse. A 63-year-old female patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1283), via an unspecified route of administration in right arm on 14Jan2021 10:00 at a single dose for covid-19 immunization. Vaccination was done in a hospital. Medical history included HTN, GERD, constipation, ocular migraine, osteoarthritis in sacroiliac joints, small fiber neuropathy, glucose intolerance, steatotic liver, CTS (Carpal tunnel syndrome). Concomitant medication included losartan (LOSARTAN), furosemide sodium (LASIX [FUROSEMIDE SODIUM]), and spironolactone (SPIRONOL). The patient previously received the first dose of bnt162b2 on 24Dec2020 10:00 AM for COVID-19 immunization. On 14Jan2021 11:00, the patient experienced tightness in chest tin which the patient took benadryl 25 mg with improvement, tightness bilateral flank area, HA, body aches, diaphoresis, hot feeling, numbness tingling of head, pressure in the back of my neck, and blurred vision. On 15Jan2021, the patient had an 8/10 chest pain radiating into left arm subsided after 10 mins, tingling in jaw and over the top of head, chest tightness and tightness in both flanks most of day 2. The outcome of the events was not recovered.; Sender's Comments: Based on the compatible time association, the possible contribution of suspect BNT162B2 administration to the event chest pain cannot be excluded. The status of medical history including HTN, GERD, constipation, migraine and osteoarthritis in sacroiliac joints would be helpful for further assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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986268	1/29/2021	UT	71	M	1/14/2021	1/15/2021	Chest Pain - All across the upper chest - pain scale 5/10; This is a spontaneous report from a contactable consumer (patient). A 71-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date not reported), via an unspecified route of administration on 14Jan2021 11:00 at a single dose for COVID-19 immunization. Medical history included COVID-19 in Feb to Mar2020 (patient could have had COVID-19, No COVID tests were available). The patient's concomitant medications were not reported. The patient experienced chest pain - all across the upper chest - pain scale 5/10 - no other symptoms on 15Jan2021 11:15. The event resulted in emergency room/department or urgent care. The patient was given aspirin 325 mg as treatment. The patient also underwent lab test which includes EKG, XR Chest, two blood samples on an unspecified date. The outcome of the event was recovered on an unspecified date. Information on the lot/batch number has been requested.

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986199	1/29/2021		45	F	1/11/2021	1/11/2021	<p>HPI: Pt presents 5-10 minutes s/p initial Moderna COVID-19 vaccination with complaint of numb tongue evolving to perceived wheezing and chest tightness. No dizziness, shortness of breath, tongue swelling, lightheadedness, chest pain. Innoculation happened at the left deltoid. PE: VS at presentation: HR 118, SpO2 99%, BP 148/100, no tachypnea, speaks in complete sentences. AAO. Seems anxious. Conjunctiva clear. Mucous membranes moist. Tongue midline and normal. No angioedema or lip swelling. Breathing unlabored, but she is developing an increased frequency of cough during the observation period. No wheezing initially, developed slight expiratory wheezing during the observation period. HR tachycardic, regular. +2 bilateral radial pulses. Skin flushed on anterior chest, dermatographia on the face, left arm. Site of inoculation is not swollen, red, or tender. Able to ambulate. COURSE: Pt assisted to the acute treatment area and vitals taken. Pt developed cough, she took puffs of her personal albuterol MDI (w/o spacer). Did not note relief. Provided 25 mg PO diphenhydramine. Observed. Able to speak in complete sentences. Says she feels anxious. Lungs generally clear. Pt perceived need for additional doses of MDI. I recommended 2 additional. Developed mild wheezing. Still speaks in complete sentences. Observed. Stable. Said she had to use the restroom. RN escorted pt to restroom. This also served as a test of exercise capacity and progression of symptoms. Pt returns feeling more short of breath. Has expiratory wheezing, increase anxiousness. Administered 0.3 mg IM epinephrine lateral right thigh using aseptic technique. Provided 25 mg additional PO benadryl. I recommended transfer of pt to the CMC ED for continued workup and observation. Pt agreed. Bangs Ambulance arrived to pick up the patient. I provided verbal handoff report to EMT-P. VS at time of transfer: HR 102, SpO2 99% on RA, BP 140/90. At time of transfer no wheezing, pt speaking in complete sentences.</p>

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985594	1/29/2021	MO	39	F	1/28/2021	1/28/2021	Pt waited her 15 minute timeframe, then returned to work with no adverse reactions. Upon returning to work in the pharmacy, she sat down at her desk and noted her HR to be 159 via her Apple watch. She felt slightly lightheaded, so returned to Auditorium for monitoring. On arrival, she complained only of high HR, no other symptoms. We checked her VS: BP 140/78, HR 132, RR 20, SaO2 94. She denied chest pain or SOB. We monitored her for about 15 minutes, and her HR decreased to 103-110. We monitored her for another 15 minutes or so, at which time her HR spiked again to 132, and she felt heavy in her chest and tight in her throat. At that point, we moved her to a gurney and called a Rapid Response. We administered 50mg of Benadryl IM per protocol, foregoing the Epinephrine, due to her tachycardic state. The Rapid Response team arrived and she was transported to the ED for evaluation. She maintained consciousness and was A&Ox3 the entire time.
985164	1/29/2021	IL	49	F	1/27/2021	1/27/2021	Presented to ED @ 0815 (approx 45 mins after 2nd Moderna vaccine) c.o. dizziness, N/V, chest pain. Patient reports throat swelling although no obvious facial/throat swelling on exam, no wheezing. Treated as anaphylaxis. Temp 36.2, BP 186/103, HR 70, RR 24, O2 sat 99. Benadryl 50mg IV, Epinephrine 0.5mg IM, Pepcid 20mg IV, Zofran 4mg IV, Solu-Medrol 125mg IV, Tylenol 1000mg po, 1L NS IV bolus. H/o covid infection ~ 3 months ago, now recovered from COVID PNA as well.

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986210	1/29/2021		24	M	1/8/2021	1/8/2021	Post vaccination after approx. 15 min. of observation pt. noted blotchy cheeks. 1616 HR 82, BP 157/110, O2 SAT 99% RA - No complaint of SOB or difficulty breathing. No pruritis. No chest pain or pressure. - back with blotchy redness, no hives, no difficulty swallowing - no history of HTN, multiple environmental allergies - A&Ox3, HRR, S1S2, LS clear throughout 1619 BP 174/112 - feels flushed - Benadryl 25 mg PO administered 1622 BP 164/107 1629 BP 144/101 1635 BP 161/112, HR 74, O2 SAT 99% RA - feels better, less flushed, not itchy, no new symptoms - rash on back fainter 1640 BP 151/106, HR 80 - "I feel fine." - Discussed risks associated with elevated BP, denies additional questions and concerns. Works at Bangs as EMS and feels comfortable monitoring at home. - Reviewed repeating benadryl 25 mg PO once home and monitoring rash, reviewed S/S progressive reaction. Stated good understanding and repeated feeling well. Ambulated out of clinic without difficulty.

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986105	1/29/2021	CA	38	F	12/29/2020	1/2/2021	gastritis; heart burn; Chest pain; The EKG said she had a heart attack; This is spontaneous report from a contactable nurse (patient). A 38-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 29Dec2020 13:00 at single dose at right arm for covid-19 immunization. Medical history included heart attack from Apr2019 to an unknown date, covid-19 from Jul2020 to an unknown date (really sick with it). The patient's concomitant medications were not reported. Patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient got the first COVID19 vaccine and a few days after started having chest pain on 02Jan2021 at 1:00AM, event was serious per medically significant. She went to the doctor and they did an EKG on 08Jan2021. The EKG said she had a heart attack. The heart attack was about the time she had chest pain after the first injection. Patient called her doctor on Monday, 04Jan2021. She had a televideo appointment on 06Jan2021. She went to the doctor's office and had EKG on 08Jan2021 and was sent to the hospital. She didn't get admitted because there were no beds. Outcome of the event chest pain, she would say she had recovered on 02Jan2021 with lasting effects because she was in the hospital again for the same thing. She went to the hospital the second time for chest pain that woke her up on 11Jan2021. It started at like 3AM. She thought it was heart burn. She tried to go back to sleep. It continued while she was at work. She told her supervisor who sent her to the hospital. They did not admit her. They did do an EKG on 11Jan2021 and it was abnormal, but not indicative of heart attack. Thought it was gastritis. Her doctor thought the heart attack was on the 02Jan2021. The same thing happened with her heart and she had a heart attack in Apr2019. History of all previous immunization with the Pfizer vaccine considered as suspect was none. No additional vaccines administered on same date of the Pfizer suspect. Patient stated she didn't go to the ER, but called doctor's office on the following Monday. There was no adverse event following prior vaccinations. Outcome of event chest pain was recovered with sequel, and outcome of other events was unknown. Information on lot/batch number has been requested.; Sender's Comments: Based on the available information, a possible contributory role of the

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985580	1/29/2021	OH	30	F	1/26/2021	1/26/2021	suspect BNT162B2 in the development of the events chest pain and heart attack cannot be excluded. The events are confounded by the patient's underlying cardiovascular conditions. The impacts of this report on the benefit/risk profile of the product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
985548	1/29/2021	NC	37	F	1/27/2021	1/28/2021	1/26/21 @ 3:40PM - CHEST PRESSURE AT A 2 ON 0-10 SCALE. DENIES SOB, DIZZINESS, CHEST PAIN OR RADIATION. A/O X3, SKIN PINK, W/D, RESP WITHOUT DISTRESS, LUNGS CLEAR TO AUSCULTATION. 1/26/21 @ 4PM - ALL SYMPTOMS RESOLVED. 1/27/21 @ 9:20AM DENOES SOB, FEELS "A LITTLE TIRED AND ACHEY TODAY".
985545	1/29/2021	CO	32	F	1/27/2021	1/29/2021	On 1/28 at ~1330 employee woke up from nap with chest pains. No previous history of chest pain or any other significant health issues. No medication was taken at time of vaccination or prior to appointment. Was advised to seek care. Went to urgent care and diagnosed with costochondritis. Given Toradol shot and chest pain began relieve within 30 min. 1/29 reports no chest pain, but still has weakness and persistent headache.
985472	1/29/2021	MA	50	F	1/1/2021	1/29/2021	Had 2nd vaccine on Wednesday, today she has shortness of breath and chest pain
985384	1/29/2021	OH	76	F	1/28/2021	1/28/2021	This writer did not administer vaccine. Pt received vaccine at clinic and reported feeling shaky and nausea . Denies sob chest pain headache feeling dizzy or lightheaded. No respiratory distress
							1/28/21 vaccine received; couple mins after receiving numbing, tingling in arms, flush feeling, stabbing pain in chest area/back for about an hour, arm sore, lightheaded. PT has had to take Tylenol as needed

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985278	1/29/2021	VA	64	M	1/22/2021	1/23/2021	Complaint of headache upon waking next day after receiving vaccine. Headache accompanied by loss of appetite, chills, generalized discomfort, chest pain, difficulty breathing, and difficulty sleeping. All symptoms resolved with the exception of headache and difficulty sleeping until day 2 after receiving vaccination. Day 2 without symptoms
985024	1/29/2021	TX	31	M	1/23/2021	1/25/2021	13 hours after injection: Typical chills, body aches, cold sweats lasting 24 hours. Relief with Acetaminophen and Ibuprofen. On 1/25/21 around 4:00 PM: Following intercourse, shortness of breath and mild chest pain. Unable to go for walk with son and wife due to fatigue and mild chest pain. Discomfort ameliorated with rest. On 1/26/21 around 6:00 AM: Shortness of breath and chest pain in shower with minimal effort. Pulse around 140 BPM. Drove to ER for workup. Transferred to hospital for admission.
984979	1/29/2021	IL	51	F	1/20/2021	1/20/2021	Presented to ED on 1/21/21 with chest tightness and shortness of breath. Patient reports chest pain with deep inspiration. Shortness of breath started shortly after receiving vaccine on 1/20/21 and persisted into 1/21/21. Patient reports no cough, positive lightheadedness with no syncope, positive nausea with no vomiting. Per exam no fever, no rash, no tongue/mouth swelling. Emergency Department MD states does not meet threshold for anaphylaxis thus no epinephrine administered. Patient received Benadryl 50mg IV, Pepcid 20mg IVPB, Solu-Medrol 125mg IV, and 0.9% NaCl 1L IV bolus.
984725	1/29/2021		20	F	1/27/2021	1/29/2021	Sore throat and fatigue since she got 2nd dose of Moderna vaccine. Denies cough, chest pain, difficult breathing or fever.
984710	1/29/2021		49	M	1/28/2021	1/29/2021	Chilld and bodyache since pt got second dose of COVAX yesterday. Denies chest pain, difficulty breathing or cough.
986290	1/29/2021	KY	30	F	1/26/2021	1/26/2021	15-20 minutes after vaccine, pain in chest with deep breath, no trouble breathing, O2 sat 99%, felt need to cough, hoarseness. Felt better but then about 45 minutes began to feel worse Followed up with family MD prescribed albuterol inhaler. 1/29/21 seen in ER for nausea, fatigue, body aches and weakness

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986539	1/29/2021	MS	73	M	1/29/2021	1/29/2021	PT was in waiting area for his 15 min wait. about 10 minutes after receiving vaccine, pt complained of chest pain. Pt had a pacemaker and had a cardiology appointment previously where provider instructed pt to receive covid vaccine. EMS assist was initiated and ER staff responded within 3 minutes of notification. Pt has been admitted to inpatient unit for observation
985288	1/29/2021	IN	49	F	1/27/2021	1/27/2021	100.4degrees F fever, chills, body aches, chest pain, jaw pain, nausea, vertigo, headache No treatment Onset 9 hrs after injection Duration 22hrs
987139	1/29/2021	LA	31	F	1/28/2021	1/28/2021	Six minutes after receiving COVID 19 Vaccine patient reported to the vaccine administration area and reported dizziness and chest pain that was localized in the center of her chest described as a pinching sensation with inhaling and exhaling. Member reported to the vaccine administration area and stated that immediately after receiving her vaccines she began to feel slightly dizziness but approximately 6 minutes after her vaccine she began to have a localized chest discomfort located in the center of her chest described as a pinching sensation with inhaling and exhaling. At members arrival to the vaccine administration area she was instructed to lay down and an in initial set of vitals were obtained. As member continued to lay down. After 5 minutes vitals were reassessed, member then stated that she chest pain subsided and was non reproducible. Doctor of the dental clinic spoke with the patient cleared her to leave at 0950. Member was instructed that if this pain returns or she develops any additional side effects to report to the nearest ER
986448	1/29/2021		35	F	1/25/2021	1/25/2021	resting heart rate 128-130 with chest pain
986418	1/29/2021	TX		F	12/27/2020	12/27/2020	I experienced low back pain, body aches, chest tightness and chills. I also experienced a low grade fever, extreme fatigue, severe body pains which lasted two days. I saw my PCP who put me on a muscle relaxer with Benadryl. Today I continue having chest pain with congestion and I am not able to move around due to the body aches and pain.
987433	1/29/2021	NC	58	F	1/29/2021	1/29/2021	Chest pain, and gradual severe allergic reaction

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987335	1/29/2021	CA	30	F	1/9/2021	1/9/2021	pt c/o L chest pain/pressure after receiving moderna vaccine pt received vaccine after 1743. Pulse was 102 rapid on R arm. Pt was observed for 30 minutes, pt declined further medical intervention. 1824 pt was driven home by husband. no further interventions required.
987313	1/29/2021	NY	29	F	1/27/2021	1/28/2021	Severe chest pain, inability to breathe , oxygen level 88-90 , low blood pressure, high fever 103
987284	1/29/2021		79	M	1/29/2021	1/29/2021	Reports redness on the left cheek few minutes after the vaccine. Denies chest pain, SOB, itching, blurred vision. BP: 121/75 HR: 81 SpO2: 100% T: 97.3 seen and cleared by EMS
987190	1/29/2021	CA	29	F	1/13/2021	1/15/2021	Friday started to experience chest pain and shortness of breath. It progressively got worse. Went to urgent care the next day. Was told at urgent care it was costochondritis. Never went away. Seen in ED in for worsening chest pain and hard to breathe. D-dimer was around 600. Chest x-ray was normal. Lymph nodes in chest were swollen according to the MD. ED MD advised her this was a result of the vaccine. Seen in follow up by CT ordered and result pending. labs redone. D-dimer now around 500.
987555	1/29/2021	WA	30	M	1/28/2021	1/29/2021	Dull chest pain in sternal area that came and went for 3 hours. Pain escalated to excruciating pain twice during this time period. Would then return to a lesser dull pain after 2-3 minutes.

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987090	1/29/2021	WA	58	F	1/15/2021	1/20/2021	Side effects started the same day I received the vaccine, which were reported on the V-safe app. Started with very sore arm, within 24 hours progressed to extreme fatigue, joint and body aches, loss of taste and headache. I also experienced some mild nausea. By Wednesday evening, I began to experience heart palpitations which I listened to as a nurse which sounded like PVC's. I have never had this happen to me before. I assessed my vital signs and noted that as the arrhythmia progressed, my O2 sat level began to decrease and my pulse began to increase. I could hear a definite pause in my heart rhythm. Within an hour, I had chest pain in the area of my left chest over my heart which progressed into a feeling of pressure as if someone was standing with a foot on my chest. As time went on, this sensation radiated into my back at an angle from left to right. It was at this point that I had my father take me to the emergency room. When I got there, my pulse was in the low 100's and my blood pressure was 230/130. I have never had this happen to me before. I ended up on a nitroglycerin drip. My magnesium level was low and my sodium level was low normal. I was kept in the emergency room until Thursday evening then transferred to Progressive Care Unit where I remained until early evening on Friday. I was sent home on 2 different cardiac medications, Coreg and Lisinopril. I am to follow up with my PCP and a cardiologist. Both are brand new to me. I am now feeling better, but I am very reluctant to have the second covid vaccine. Also, the Hospital does not know what happened to me. (Facility where I received my Covid vaccine.)
987045	1/29/2021	CO	37	F	1/19/2021	1/19/2021	Initial call, patient reported she had severe chest pain. She became frightened by the intensity and was seen at the ER. She reported they did CXR, EKG and labs but everything was normal. Length of symptom unknown. Made multiple attempts by phone and email to obtain additional details of ER/provider but she has not responded.
986954	1/29/2021	CA	71	F	1/21/2021	1/21/2021	Chest pain in patient with angina; took SL NTG and pain resolved

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986935	1/29/2021	IL	50	F	1/25/2021	1/25/2021	severe headache ,back and neck pain ,body aches ,fever 102.7 . had reaction after first vaccine with chest pain and shortness of breath and decreased oxygen saturation that she didn't have this time. 1/27/21 symptoms less with fatigue and mild baby aches continued
986427	1/29/2021	CA	65	M	1/29/2021	1/29/2021	c/o of dizziness and s/p vaccine IM of Pfizer, lasting only a few minutes. Denies any associated sxs. Denies any chest pain, nausea, vomiting. Denies history of any similar reactions. c/o coldness to Right arm lasting a few minutes. B/P 124/62, rr 18 Pulse 77, spO2 98%. Pt instructed to call 911 or go to ER for worsen sx. Pt Verbalized understanding and Patient signed form.
987217	1/29/2021	GA	35	F	1/5/2021	1/6/2021	Chills, fever, lethargic,fatigue,chest pain. Started 5 hours after first dose. Headaches for the next ten days. Prednisone, albuterol, ibuprofen 600 prescribed 2nd dose- nausea, light headed. Continued headache, vomiting
986423	1/29/2021	GA	58	M	1/29/2021	1/29/2021	Pt reported to Covid-19 vaccination clinic for Pfizer lot #EL3302 first dose.Reported allergy to sulfa drugs and was in observation for 30 minutes. At approximately 25 minutes post vaccination at 10:15am, Pt signaled that he wanted to leave & was instructed to stay 5 more minutes. Pt anxious and began to shake, saying he could not breathe. Vitals were 147/88, HR 86, O2 98% on RA. Pt was reclined on floor and reported being cold and was striking his head on the blanket; head stabilized. Patient was alert and oriented x3, but complained of chest pain. EMS called, arrived at 10:25, Vitals: 144/92, HR83 O2 99% on 2L. Pt stable & transported to hospital by EMS at 10:35am
986930	1/29/2021	NY	30	F	1/29/2021	1/29/2021	As soon as the injection was given IM, patient's arm felt numb. Now it is still tingling. Itchy and swollen eyes, ears getting hot, itchiness on scalp and spreading, palpitations/increased heart rate, chest pain, slight straining when breathing.

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986434	1/29/2021	IL	43	F	1/11/2021	1/12/2021	Next day fever 100.8 and chills. 2 days later very bad headaches that lasted until 1/23. ER visit on 1/21 for chest pressure, lightheadedness, dizzy. Cardiac work up- negative. Discharged. Still lightheaded and dizzy 1/22 - 1/24. On 1/25 sharp chest pains went to see my PCP. She prescribed a steroid pack. 1/26 at 3:30 pm felt weak, felt like I was going to black out. Went back to the ER- full cardiac work up, head CT, admitted to the hospital for observation. Stress test on 1/27. Everything normal. Follow up with PCP on 1/29 still very lightheaded. Ordered a 48 hour heart monitor and Neurology consult.
986514	1/29/2021	CA	77	M	1/29/2021	1/29/2021	Pt receive his 1st dose of COVID-19 vaccine today at approximately 0915. At 0930, pt reported feeling "a rapid heart rate, like I have my A-fib again." Pt was non-ill appearing upon complaint, spoke clearly and was a good historian. Denied shortness of breath. Denied N/V Denied dizziness Denied Blurry vision Denied Chest discomfort or chest pain --"I just have the palpitation feeling, but not any pain." Pt reports a history of A-fib and needing Cardioversion in his past ("about 6 years ago I think." Pt offered to be seen in ED and states, "yes, I think that would be a good idea. This is what I felt like in the past when I had A-fib. I feel it right above my heart." Pt was moved via wheelchair safely to observation; vitals taken (see flow sheet). Charge RN called to give report; Charge RN arrived quickly to transport patient to ED.
986605	1/29/2021	TX	39	F	1/27/2021	1/27/2021	During observation after receiving dose 2 of the COVID vaccine, she developed dizziness, visual sensation (spots) and complained of some chest pain. She remained stable and seen by EMS. She declined transport to ER. She left with her husband.
986622	1/29/2021	TX	46	F	1/24/2021	1/25/2021	Chest pain, tingling hands. Started approximately 24 hours after second vaccine.

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986777	1/29/2021	WI	47	F	1/14/2021	1/14/2021	Patient is a 47 y.o. female that presents from employee health after receiving the COVID-19 vaccination in her left arm. Within the 15-minute observation. She started developing a dry cough. She subsequently felt shaky, short of breath and felt a tingling in her throat. She states it feels funny when she swallows. She has noted tingling in her fingertips with associated discoloration. She has not noted any redness or swelling at the injection site. She has not developed a rash on her skin. She does have a history of COPD and uses inhalers and nebulizers. She has not tried an inhaler for the cough. She has had multiple medication allergies in the past including reactions to the Pneumovax and MMR. She denies chest pain. She has no abdominal pain. No nausea or vomiting. No leg pain. The patient presents to the emergency department after developing a cough, throat discomfort, shortness of breath and paresthesias following COVID-19 vaccination at 4 PM. She has no evidence of swelling of the lips, tongue or oropharynx on exam. She has no stridor or wheezing on exam. Her pulse oximetry readings are in the high 90s on room air. She received Benadryl, prednisone and a nebulizers treatment. She was observed in the emergency department for 2 hours and had improvement in symptoms. She was discharged in stable condition.
986867	1/29/2021	MN	43	F	1/25/2021	1/25/2021	1/25/21 received vaccine; mins after paramedics called pt was experiencing blackout, blood pressure high, high heart rate, heart flip flops, weak, tingling hands/feet, difficulty breathing, cough to be able to breath, chest pains, splotchy skin areas, brain fog, hot/cold, happens every morning since besides 1/28/21 takes two hours to shake, symptoms returned 1/29/21 morning.
986920	1/29/2021		64	F	1/29/2021	1/29/2021	c/o post nasal drip about 20min after injection. Reports history of post nasal drip, takes Zyrtec daily. States drip feels thicker than usual this time. Denies, SOB, chest pain, headache, rash, itching, palpitation, blurred vision. No other complaints. BP: 149/79 SpO2: 98% Room air HR: 80 Seen and cleared by EMS
982445	1/28/2021	RI	24	F	1/28/2021	1/28/2021	Near syncope. sweating. Blurred and blacked out vision. Drop in BP. Nausea. Slight chest pain when resolving.

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981908	1/28/2021	TX	56	F	1/14/2021	1/14/2021	Patient returned to observation area after going to car. She is having an anxiety attack thinking what to do if she has a reaction (per patient). Patient denies chest pains, shortness of breath, trouble breathing. Panic button activated and staff including Doctor responded. No hives, rash noted. After being observed and breathing checked with stethoscope, it was determined patient didn't have a reaction. After waiting 30 minutes, patient left without any symptoms of reaction to vaccine. Patient instructed to go to ER if any problems.
981912	1/28/2021	CA	67	F	1/23/2021	1/23/2021	Patient presented to the Emergency Department complaining of chest pain, pale, cool diaphoretic, and hypotensive. The patient was discovered to have a large saddle pulmonary embolism, went into cardiac arrest and expired. Of note, the patient received her second Moderna COVID vaccine on 1/23, which would place her first one approximately 12/25 if she received them at the appropriate interval. This information is from the patient's daughter and the ED record, the information is not available in CAIR. Per the daughter, the patient started feeling ill on 1/21, improved on 1/25, and then acutely worsened on 1/27, resulting in the ED visit.
981934	1/28/2021	NE	47	F	12/28/2020	12/28/2020	Roughly 10-13 minutes after injection patient reports numbness and tingling in arm of administration. Also complains of sharp chest pain. VS-152/92, 92, 24, 99% on RA. Advised to go to ER for further evaluation. Spouse came and picked patient up and took to the ER she did not want to go via ambulance.
982260	1/28/2021	TX	67	M	1/26/2021	1/27/2021	slight fever, muscle pain akin to those suffered with statin medication, pressure in the head, light headed, some chest pain
982329	1/28/2021	MN	44	F	1/15/2021	1/27/2021	Chest pain and nausea enough thru out the day that she sought medical care in the ER

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982363	1/28/2021	PA	50	M	1/26/2021	1/27/2021	Date these symptoms started was 1/27/2021: About 12 hours after injection, developed fatigue and slight nausea as expected. Oral temperature 98.0. Commuted to work without issue. ~ 1400: As day progressed, nausea subsided, but fatigue grew more profound and developed pain in the right subscapular area with exertional shortness of breath walking any length of time. (Injection of initial and second doses were both in right deltoid). 1540 - 1800: Fatigue increased, developed a burning/tearing pain with every yawn and deep breath from the top of my trachea into both left and right mainstem bronchi and radiated to right arm. It literally felt like someone was trying to tear out my bronchial tree with each breath. 1800: Arrived home and medicated self-medicated with Motrin 400mg. 1800 -2030: rested at home with still some breathing pain, no shortness of breath, but incredibly tired. 2045: Went to bed and slept for the next 12.5 hours without any issues during the night. 0800: Woke up nearly all symptoms were gone, only some minor residual fatigue. No breathing pain, no nausea, no subscapular pain. I did not seek medical attention for symptoms, nor did I contact my provider. I experienced fatigue and a headache with the first dose, but no other symptoms. I never experienced fever or chills
982500	1/28/2021	MN	61	M	1/5/2021	1/25/2021	Chest pain, elevated blood sugar
982429	1/28/2021	GA	101	F	1/26/2021	1/26/2021	Approximately 15-20 minutes after receiving injection patient complained of "weakness", numbness of right side of face; patient denied shortness of breath; denied chest pain; vital signs were stable BP 126/69; Pulse 75, Respirations 20 ; Pulse Ox 99%. Patient denied itching; denied difficulty swallowing; neuro exam within normal limits. Patient was evaluated by Doctor; patient given Benadryl 12.5mg; symptoms resolved. Patient left office at approximately 2:00 pm. Phoned patient the following day (1/27/2021) and spoke with caregiver; caregiver (daughter) reported no symptoms

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981794	1/28/2021	FL	29	F	1/26/2021	1/26/2021	Time of vaccine maybe 10 to 15 minuets later i started feeling very hot, dizzy nauseous, tingling in my left arm from from finger tips all the way , vitals were 130/70 kept under observation the blood pressure went down and my temp was 98.3. After about half an hr i had tingling in my legs and nausea and tingling in my lips. I had taken two Zyrtec before the vaccine. Did feel itchiness inside my mouth. By 1:30 i ate lunch i felt worse and disoriented. found i was repeating myself a lot. went to the ED and vitals remained stable. nausea persisted and dizziness. was off work for 3 days. Still felt the same for the next day. on the 2nd day i started having a dry cough and chest pain with nausea and dizziness, headache that doesn't go away.
982771	1/28/2021	VA	48	F	1/25/2021	1/26/2021	Rash at injection site. Severe Muscle aches. dizziness. shortness of breath Chest pain. Weakness. Rapid heart rate. Swollen lymph nodes under left arm.

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982549	1/28/2021	AR	48	M	1/20/2021	1/21/2021	1/20/21 vaccinated. 1/21 afternoon-itchy feeling on top of buttocks, tingling sensation consistent with herpes II/Zoster, nerve down right leg tingling, testing for all venereal diseases June 18, 2015, July 2015-Present married to wife no sexual activity outside of marriage, hyper sensitive to venereal disease. Wife is negative, PT is negative for IGA and IGE, PT received vacc and is now showing symptoms positive for herpes 2, PT is waiting for results as to if he is POSTIVE, blister on right side of penis-clear fluid filled, right sores/blisters crusty on buttocks, right inner thigh leg blister on scrotum with red dots in the middle, nothing on glands penis/urethra or anus. Thursday night, pt had intimacy and it was dryer than normal, uncomfortable on the right side with penetration-skin is compromised. Saturday, PT was not feeling great, shaft not showing, in a rush to urinate, scrapped scrotum and now has lesions. Sunday, fatigue, outbreak/whelp on legs, PT wore gauze/bandages to prevent chafing. Monday, shaft not showing, patient went to urgent care. PT was told it presented as Zoster. Nothing on penis at this point in time. Penis issues did not show until 1/26/2021. EX wife had herpes II. PT again was tested after in 2015 and was negative for IGE and IGA. Tuesday, patient started meds from urgent care. Wednesday morning, chest pain/pleurisy like-pain across chest. Arm vaccination site sore, bruised to this day. Herpes Zoster not typically going to end up on shaft, its unusual, PT is probable he has cross contaminated by itching his buttocks and then going to the restroom and touching right side of penis.
982415	1/28/2021	AR	39	F	1/26/2021	1/26/2021	chills fluctuating in temp, body aches and joints, 101.2 fever, loss of appetite, chest pains
981787	1/28/2021	WI	61	M	1/19/2021	1/28/2021	pulmonary embolism that presented with chest pain and inability to take a deep breath, admitted and started on Heparin drip. Patient transitioned to Apixiban.

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981663	1/28/2021	CA	48	F	1/15/2021	1/15/2021	Left sided parietal, left temple down to auditory area, and left lower occipital region with pulsating and intense throbbing . The symptoms aggravates by bending and sudden movement . This had been worsening. The Pfizer first dose HA was brief at the same site. After the second dose of pfizer covid vaccine the above symptoms continues and intolerable. left sided piercing chest pain(CP) front through the back. This is different from CP I had. I was going to the hospital -i took my Imdur, ASA and benadryl - these relieved the symptoms
981607	1/28/2021	NJ	41	F	1/23/2021	1/24/2021	All the following symptoms lasted for 45 hours Fever 102, resting HR 125-130, severe headache, severe back pain, muscle aches, chest pain on inspiration, weakness, mild nausea with loss of appetite.
981554	1/28/2021	NJ	41	F	1/23/2021	1/24/2021	All symptoms were for 45 hours Fever 102 Resting heart rate 125-130 Severe Headache Back Pain Chest pain on inspiration Mild shortness of breath Weakness Loss of appetite
981527	1/28/2021	OH	30	F	1/26/2021	1/27/2021	patient called after hours RN triage line with complaint of chest pain. Was referred to ER- work up unremarkable and patient send home without intervention or medication
981389	1/28/2021	IN	22	F	1/26/2021	1/26/2021	Chest pains that come and go, my feet and hands itching, migraine, chills, nausea, rash

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981388	1/28/2021	AK	50	F	1/26/2021	1/26/2021	Customer received FIRST COVID-19 vaccine at 1015 in medical center and transferred to post vaccine observation. At 1035 customer called out to provider. Customer reports feeling acute nausea and she states she feels as if she is going to throw up. She appears slightly pale and significantly anxious. Customer is moved to ante room, closer to emergency supplies. Customer denies feeling SOB, difficulty breathing or tongue/throat swelling. Reports feeling sweaty, with waves of nausea and intermittent ULQ pain that she describes as sharp and bandlike across the diaphragm. She episodically calls out in pain and clutches her left chest below her ribs stating that it feels better when she puts pressure at the site. Customer admits to having significant anxiety and a history of panic attacks. HR 102, O2 99%. Lungs CTA. Customer accepts Benadryl 50mg PO @ 1043. Customer monitored at site. Over the course of the next 15 minutes, she reports feeling better and more relaxed. Customer reports full resolution of symptoms @ 1100. BP 108/82, P 101, O2 100% RA, RR 16. Customer is agreeable to extended monitoring after receiving Benadryl. She has been driven to the vaccination site by a family member and states she will not be alone at home. She is instructed to watch for progressive s/sx of reaction including increase in throat symptoms, swelling, itching/rash, SOB, chest pain or any other symptoms that are outside her baseline. Instructed to contact EMS for transport to ED. Customer instructed to contact PCP Team prior to next vaccine appointment to discuss post vaccine course and discuss risks/benefits and/or pre-treatments prior to next vaccine. Customer agrees with plan and denies further questions/concerns. Customer released from site at 1115, ambulating independently with steady gait, no obvious s/sx of distress.
981346	1/28/2021	IN	42	F	1/26/2021	1/27/2021	Chills, fever, Severe muscle pain in arms, legs, back and eventually I had chest pain for about an hour

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981229	1/28/2021	WA	26	M	1/26/2021	1/26/2021	So later that evening around 9:30pm I started with Chills, and a low grade fever lots of body ache and head ache, to the point I did not get much sleep the night of. It lasted the whole next day. But later in the evening of the next day I think to me the most concerning side effect was I started getting some chest pain as if I pulled a muscle around my chest or what not. And it has continued into the next day as well which is now 2 days after second dose of vaccine.
981210	1/28/2021	NC	45	F	1/6/2021	1/6/2021	Patient with a PMH significant for allergic rhinitis and cyclic neutropenia, as well a pre-syncope with previous blood donations received COVID-19 vaccine at 0645 and approximately 1 hour later developed a generalized feeling of warmth, followed by lightheadedness/dizziness. She denies frank LOC. She also reports palpitations and a rapid heart rate. She denied any rash, pruritis, dyspnea or chest pain, or N/V/D. Patient works in hospital and was transported to ED and upon arrival vitals were stable with HR of 79, BP 151/84, SaO2 of 100% on RA. Additional information for Item 18: Patient treated with IVF and released. Patient discharged to home and by 1:00pm that day was no longer symptomatic. She does endorse pre-syncope with previous blood draws.

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980629	1/28/2021	OR	35	F	1/12/2021	1/12/2021	Fever; chills; muscle aches; pain at injection site; headache; chest pain; This is a spontaneous report from a contactable nurse (patient). A 35-year-old female patient received 2nd dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot# EK9231), via an unspecified route of administration in right arm on 12Jan2021 at single dose for covid-19 immunisation. Medical history included sulfa allergy, canteloupe allergy. The patient's concomitant medications were not reported. No any other medications the patient received within 2 weeks of vaccination. The patient previously received 1st dose of BNT162B2 (lot# EJ1685) via intramuscular in right arm on 22Dec2020 13:00 for covid-19 immunisation. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced fever, chills, muscle aches, pain at injection site, headache, chest pain on 12Jan2021 17:00. The patient was not pregnant. No treatment received for the events. The outcome of events was recovered on an unspecified date of Jan2021. This case was reported as non-serious. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19.
982721	1/28/2021	TX	24	F	1/27/2021	1/28/2021	Fever over 100.4, cold feet hands, excessive tachycardia over 125 beats (normal is 60 for me), chest pain, abdominal pain/ abdominal cramping , global headache 8/10
982851	1/28/2021	IL	61	F	1/22/2021	1/25/2021	Patient has temperature the day after the vaccine (1/23/2021), then felt better. On Monday developed chest pain and palpitations. Admitted to hospital.
981192	1/28/2021		38	U	1/21/2021	1/22/2021	hives everywhere, temp 103.8, chills, chest pain, felt like ants on her body, took motrin and felt terrible til 1/24.
983662	1/28/2021	CT	25	F	1/27/2021	1/28/2021	Fatigue, body aches, headache, fever, chills, sweats, severe chest pain and chest tightness

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982897	1/28/2021	TX	32	F	1/27/2021	1/27/2021	Around 9:15am She began complaining of epigastric/midsternal chest pain, non-radiating. She was not short of breath or diaphoretic. She denied nausea but did heave and spit up clear fluid. She had elevated HR 131-86 during a 45minute time period and elevated blood pressure 165-135/90-103 during the same time period. She had what appeared to be a brief fainting spell and experienced some confusion. She was transported to ER/EMS at 10:47am. She was sent home from the ER later in the day.
982513	1/28/2021	NC	55	F	1/26/2021	1/26/2021	Chest pain bp elevated 212/95 on Tues night continued to have elevated bland chest pain went to ER to be evaluated bp on arrival was 218/98. ER Dr. Prescribed 4 baby aspirin, blood work, 2 Tylenol follow up with primary Dr. If not feeling better. Thursday still not feeling well feel weak as though I'm carrying another body on my back. Pressure in my chest is still there. Bp is 140/68 .
984031	1/28/2021	TX	38	F	1/28/2021	1/28/2021	Post vaccine, patient described chest pain, metallic taste in mouth, dry tongue and L foot tingling.
984019	1/28/2021	MD	63	F	1/20/2021	1/20/2021	13 minutes after the injection, experienced an intense whole body hot flushing, increased perspiration which lasted 2-3 mins then resolved. Headache. Then felt "odd", BP was 92/47. drank 8 ounces fluid, BP slightly increased then dropped again. Felt very faint chest pain, about 8-9 deep & sharp, but resolved quickly. Returned to work. Next day at 32 hours exactly, arm injection site felt slightly achy , return of off feeling. Headaches off and on. On day 3 fatigue began, and intense injection site sharp pains which woke me at night although not apparent in day. Over next several days, intense site pain continued to wake me in middle of night, very painful. On day 7, began to feel better, but then woke that night with extremely intense pain at site. Today is day 8, I found 2 red swollen, thickened and hard, pear shaped areas 4cm x 10cm; smaller one at site and a second larger area below that, area red and warm to touch indicating a cellulitis was developing. Call to primary doctor and CDC, instructed to complete this. Now concerned about whether to obtain vaccine #2.

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984018	1/28/2021	CA	44	F	1/28/2021	1/28/2021	female presents to ED with complaint of Allergic reaction (Hives, swollen throat, SOB s/p 1st dose moderna COVID-19 vaccine. Given 0.6 IM epi @ site, 50mg IV benadryl + 500mL IVF. Janitor@ clinic) Patient is an employee at the clinic works as a janitor. Received her first dose of covid vaccine, then the moderna vaccine. Received this at 11 AM. At 2 PM started having shortness of breath and hives. At 2:30 she was treated at the clinic with epinephrine and Benadryl. Patient was transported to ER an hour and a half later. Patient get did get some IV fluids in route. Patient states that the hives are better no longer short of breath. Initially stated that her throat felt swollen and swallow now. No cough. No chest pain no abdominal pain. Patient has no prior history of allergic reactions. Patient discharged with prescriptions for Benadryl 25mg and EpiPen JR 2-PAK.
983933	1/28/2021	NY	97	F	1/12/2021	1/16/2021	Already reported immediate severe weakness, lethargy, withdrawal, delirium. Now adding 4 days later ... hypotension, nausea, vomiting, diarrhea, cramps, chest pain. ER visit and 2 day hospitalization. Abdominal CT indicated intestinal inflammation in the area of the Cecum. One week of antibiotics.
983805	1/28/2021	IN	27	F	1/25/2021	1/26/2021	24 hours or so after I received my second dose of the Pfizer Covid-19, I experienced severe chest pain and tightness. The chest pain made it unbearable to move and lasted about 2 minutes. As my husband and I were ready to go to the hospital, the pain subsided. It did not come back for the remainder of the night or the next two days, but I still have minor chest soreness lingering.
983703	1/28/2021		26	F	1/26/2021	1/27/2021	Pfizer-BioNTech COVID-19 Vaccine 17 hours post-vaccine: a brief moment of dizziness before waking and weakness upon waking but subsiding immediately. Upon waking: left sided neck pain, and left sided chest pain aggravated only by extending left arm forward. 24 hours post-vaccine: fatigue and brain foggyness 30 hours post-vaccine: aforementioned joint pain relieves 48 hours post-vaccine: relief of most symptoms

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983621	1/28/2021	MI	62	F	1/28/2021	1/28/2021	approx. 15-20 min after vaccine admin, pt c/o "na, fatigue", evaluation by EMT, vs 158/86 100, spo2 97, p=101, pt reports that this bp is "normal for her", she remained alert and oriented, progressed to feeling "flushed from head to waist", at 5:05 pm, pt feels that these s/s r/t "very busy all day, this is the first time I have sat down all day", bp 168/95, 103, spo2 96, cool pack applied to back of neck, pt reports increase in feeling, "flushed", 1720- pt c/o "my neck feels swollen, my jaw hurts", denies shortness of breath, or chest pain, no hives observed on head, or abd, pt agrees to more advanced eval at ER, husband notified, 1730, pt experiences dry heaves, no emesis, bp 179/109, Ambulance called to transport to ER, IV initiated by EMT, 1740, pt to stretcher, with ambulance crew, report given, pt continues to deny shortness of breath, and chest pain, she remains alert and oriented.

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983612	1/28/2021	TX	54	F	1/28/2021	1/28/2021	Following vaccination, at the 15 min mark, patient started experiencing tightening around throat and tingling around lips. Benadryl 25mg PO given w/ water. Pt monitored and taken to observation area where she needed further treatment. (refer to PE) PE: 1400- pt started 30 min motoring post vaccination. 1415- pt expressed tightening around throat and tingling. respirations unlabored, no stridor heard. no rash observed. Benadryl 25mg PO given. 1420- Pt became tearful and expressed feeling SOB in addition to symptoms. no angioedema or other symptoms observed. patient moved to monitor room where vitals were taken. 98%, 94HR, 192/115. CTAB 1423- pt distressed, 94%. unable to verbalize and making chocking sign. EPI PEN immediately administered 0.3mg IM in left vastus lateralis. Lung sounds diminished bilaterally. vitals taken. >>>(*EPI PEN Given in prefilled syringe IM ONCE. LOT 0GM071, Expiration OCT 21) 1424- 203/125, 105HR, 97%. pt sitting upright, tearful but now able to verbalize. 1425- pt sighed in relief, able to take a deep breath, stating "ok. It passed." Lungs CTAB. 98%, 91HR, 16RR. 1430-pt sitting calmly in chair. Breathing unlabored. Denies SOB. No distress at this time. 108/101, 14RR, 98% 1432-98%, 95HR. Patient able to tolerate clear PO fluids. NO n/v or abd pain. 1436-99%, 77HR, 159/85, RR 15-16. CTAB. 1440-unlabored respirations. CTAB. patient sitting comfortable in chair. no distress. 1443- 97%, 70 HR. 1450- Regular heart rate on auscultation. 1454-12RR, 98%, 102 HR, 164/83 1512-164/82, 97.4F, 91HR, 97%, 20RR. No distress. 1527-20RR, 175/83, 98%, 91HR, 96.4F. No distress. 1542-22RR, 155/81, 98%, 82, 96.9F. No distress. 1600- pt ambulates to restroom independently without any SOB, weakness or dizziness. 1615- Pt sitting comfortably in chair. 99%, 88HR, 148/85, 96.9F, 18RR. No distress. 1650-Pt denies blurred vision, HA, dizziness, weakness, chest pain, palpitations, SOB, tightening to throat, swelling, n/v or pruritis. no rash present. pt in no distress. 157/87, 96.7F, 99%, 88HR, 15RR. 1700-Pt no distress. pt d/c to family member.

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983585	1/28/2021	CA	77	M	1/25/2021	1/25/2021	He was sent to the ER later that day when he complained of headache and palpitations and his blood pressures and heart rate were unusually high. He had at no time any chest pain. At the ER, he had two serial troponins at 0.06, representing a mild enzyme leak. He had no EKG changes concerning for ischemia or arrhythmia but his BP was noted to be in 170/100's which is higher than his baseline in the 140's. It came down on its own eventually. It was determined that if anything, he may have had some demand ischemia from his hypertension, and that in the future he should at least get a TTE, or if he can tolerate, a cardiac stress test. He returned without any medication changes.
983553	1/28/2021	MN	31	F	1/28/2021	1/28/2021	After vaccination, patient complaining of chest pain / pressure, and sense of impending doom. Medication administered per EMS EPI given x2 at 0956 and 1015 ASA 325 chewable given at 1004 for c/o crushing chest pain. Emergency response provider arrived present. Pt started with c/o epigastric and then crushing CP. Pt appeared to be unresponsive at 1020 but the several minutes later she is arousable and anxious, breathing labored and she is stating she is "going to die". Transported to ED where delirium was noted and due to elevated ammonia level current presumptive diagnosis is hepatic encephalopathy.
983537	1/28/2021	AL	69	F	1/28/2021	1/28/2021	0448 CHEST PAIN AND SHORTNESS OF BREATH; 0450 O2SAT 100% WITH NO WORSENING IN CONDITION OBSERVED AN ADDITIONAL 15 MIN. 0512 PT BETTER WANTS TO BE RELEASED. INSTRUCTED IF CHEST PAIN RETURNS TO GO TO er. 170/79; 63 HR; 100% O2SAT

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983050	1/28/2021	OK	52	F	12/18/2020	12/18/2020	By that evening my right arm went numb and I had a lot dizziness and brain fog. I was slow to stop at stop sign, and my daughter in law told me she wanted to drive me because I was scaring her and I was being mean to her, very snappy. The next morning I had a fever 100, muscle ache, heart racing, headache and I stayed in bed all day. I took 2000mg Ibuprofen, 800mg Tylenol, Benadryl 10mg. On the 20th I was still lethargic had body aches and heart was racing, I took 800mg Tylenol that day. The 21st I had dizziness, brain fog, heart racing, lethargic. The 22nd I contacted the work Nurse and let her know what was going on, my heart rate was 140. They told me I was probably having a reaction and would go away in a couple days. On the 24th,25th,26th,27th I started having chest pain, lethargy. I had a clinic visit with my PCP on the 28th and she said my BP was 160/90, I never had BP issues. She ran test. The 29th I still had brain fog, lethargy, chest pain. I could feel my heart beat in my ear especially at night, I have never has BP issues in my life. On the 30th my heart ponding sound was in my ear. January 16th I went to the ER my heart was 130 and BP 187/108, they did a full work up on me. She started me on Metprolol-50mg(extended release). I seen the cardiologist on 1/20 and told me I had left atrial enlargement , mitro-valve regurgitation . I had an echo-cardiogram on 1/25. The medicine has definitely helped me .
983015	1/28/2021	CA	39	U	1/11/2021	1/11/2021	1/11/2021- 0900AM-0830PM: Sore Arm 1/11/2021_ 8:30PM through 1/13/2021 8:30PM: sore arm,103-104 fever, chills that manifested in full body shakes (uncontrollable) and while extremities followed by increase fever and sweats (3x's). Brest/ Chest pain (left side) Went to Medical Center and with out taking vitals patient was told there was nothing they could do and patient was sent home.
983769	1/28/2021		57	F	1/28/2021	1/28/2021	Throat felt funny, unable to explain. Denies itching, cough, chest pain, SOB BP: 189/98 Pulse ox: 100% HR: 80 Seen and cleared by EMS
984669	1/28/2021	IL	37	F	1/25/2021	1/28/2021	Shortness of breath, chest pain within 24 hours, gotten worse by day 3. Itchy skin as well as other basic side effects such as headache and joint pain.

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983513	1/28/2021	OR	37	M	1/26/2021	1/27/2021	Fever (peak 103, duration 18 hours), chills, sweats, joint soreness, muscle soreness, headache, fatigue, soreness at injection site, chest pain near left armpit (swollen lymph node?).
983097	1/28/2021	PA	26	F	1/20/2021	1/20/2021	about ten minutes after the second dose, i got dizzy, felt like my heart was pounding out of my chest, hives around the injection site, and my tongue went numb. after the nurses checked my vitals, my blood pressure was elevated, i was tachycardic, so they administered oral Benadryl. after an hour of being closely monitored i was cleared to go. the next day, i was still really dizzy, nauseous, had body aches and bad headaches. that saturday, i went to the er at hospital for the same symptoms just worsening and now at this point my lymphnodes under my left armpit were very large. they proceeded to do blood work, gave me 2 liters of fluids, iv zofran and iv pepsid. the blood work had no signs of infection and was completely normal. the doctor then sent me home with zofran to help with the nausea and pepsid 2 times dailey to try to get the lymph node to come down. 1/27/21 i returned back to the er for chest pains and still dizzy, body aches, and headaches. all chest x-rays, blood work, and ekg were normal and they sent me home. still today 1/28/21 i am still very dixxy, have body aches, bad headaches, nauseous, have no appetite, short of breathe when walking short distances, and have swollen lymph nodes.
983099	1/28/2021	WV	67	M	1/28/2021	1/28/2021	Patient received the vaccine, and was watched for 15 minutes. Patient was approximately 30 minutes away from clinic when he started feeling nauseous. Patient stated that he threw up three to four times while driving. Upon reaching his destination, the staff at his facility noticed that he looked pale. He began to complain of chest pain on the right side and EMS was called. Patient was transported to Hospital.
983111	1/28/2021	MN	36	F	1/25/2021	1/28/2021	Pericarditis :severe, pleuritic chest pain, with subtle T-wave inversions, mildly elevated troponin, elevated CRP and ESR-- developed symptoms approx 50-54 hours after immunization) Also had 36 total hours of severe arthralgias, myalgias, fatigue, fevers and chills.

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983133	1/28/2021	NY	41	F	1/27/2021	1/28/2021	On Jan 28th at approximately 4 am I woke up with severe body aches, a fever of 101.2, severe fatigue, chest pains, headache, nausea, chills. I have slept the entire day, unable to get up. And of course the arm where the injection was administered feels like lead.
983196	1/28/2021	CA	41	F	1/27/2021	1/27/2021	Chest pain (left side) when breathing, flushing, dizziness, and difficulty breathing. BP within normal limits. Patient stabilized and left for home.
983362	1/28/2021	CA	25	F	1/8/2021	1/13/2021	7 Days after receiving the vaccine, patient developed generalized myalgia, fever, shortness of breath, and chest pain. Patient admitted to our hospital on 21JAN and diagnosed with myocarditis. Difficult to elucidate whether the myocarditis was secondary to Moderna vaccination or other viral etiologies.
983371	1/28/2021	MI	70	M	1/28/2021	1/28/2021	Pt had numbness and tingling in arms after vaccination. No treatments given besides monitor for 1 hour and tingling went away. No difficulty breathing, swallowing or chest pains. Vitals normal with slightly elevated (168/78) blood pressure which he stated was normal because he felt anxious. Sats 98% on room air, RR 16, HR 68. He was comfortable and wanted to go home after an hour of observation and tingling resolved .
983475	1/28/2021	TX	49	F	1/25/2021	1/25/2021	Everyday-fatigue 25th Jan 2021-HA @1500, pain at injection site 26th Jan-0930-shaking uncontrollable-she states, COLD, body aches, HA, nauseated, sweating, muscular & joint pain 27th Jan-decreased symptoms some, intermittent SOB, chest pain, rt & left sides 28th Jan-SOB-continues, -she has a history of seasonal allergies, Told to go to the ER if her SOB & chest pain gets worse. Took Tylenol & Motrin for the body aches, HA, joint pain and discomforts Can't walk-gets fatigued-even short distances
983508	1/28/2021	IA	49	F	1/28/2021	1/28/2021	Employee became dyspneic and complained of chest pain about 10 minutes after vaccination. Stated she needed aerosol treatment and was having difficulty with taking deep breath. Wheezing noted in ED.

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977955	1/27/2021	KY	54	M	1/6/2021	1/19/2021	Pt seen in ED on 1/20 with increasing chest pain - pain in the mid chest, worse with breathing and limited ability to bend over and lay flat.. Troponin negative x2, ProBNP 42.4. Slightly elevated WBC at 11.96 and PTT at 36.7. PT/INR ok at 11 and 1. CT of the chest demonstrates no PE or pericardial effusion. ECG with no significant changes. Pt given ASA 324 mg and Norco 7.25/325 x1 in ED. D/C with Ibuprofen 800 mg TID for pericarditis. Covid test on 1/21 was negative. Pain improved as of 1/26. Per cardiologist review on 1/22 patient with elevated CRP (1.522) suggestive of pericarditis as cause.
977595	1/27/2021	NM	35	M	1/20/2021	1/20/2021	Chest Pain SOB Feeling hot 30 min- numbness to mouth Tingling to hands/fingers Rest and recovered.
977744	1/27/2021		35	F	12/30/2020	12/30/2020	Fever, chills, headache, pain in injection site, chest pain, body aches.
977769	1/27/2021	NC	54	F	1/26/2021	1/26/2021	Patient complained of feeling light headed and dizzy 3-5 minutes after receiving Pfizer COVID-19 vaccine. (per son accompany by patient for vaccine). Pt then became SOB and complained of chest pain. Patient appeared disoriented. EMS already station on the scene was notified by staff. Patient evaluated by EMS.(Patient's son reported patient had mild reaction after 1st vaccine but recovered quickly). Patient was taking to ER by EMS for further evaluation.
977821	1/27/2021	FL	83	M	1/15/2021	1/21/2021	LEFT SHOULDER PAIN STARTED MORNING OF 1/22/21, INCREASED PAIN WITHIN THE NEXT 24 HOURS AND INCREASE IN TEMPERATURE. TOOK TO ER ON 1/22/21 AFTER TEMPERATURE 100.4. DIAGNOSED WITH PNEUMONIA, LOWER LEFT LUNG. LEVAQUIN PRESCRIBED. COVID-19 TEST ON 1/23/21 BOTH RAPID AND PCR NEGATIVE. INCREASE CHEST PAIN OVER NEXT FEW DAYS, NOT TEMPERATURE AGAIN UNTIL EVENING OF 1/26/21. AWOKE FROM SLEEP AT 10:30PM ON 1/26/21 DRENCHED. 1/27/21 FEELING BETTER IN THE AM, BUT STILL EXPERIENCING CHEST DISCOMFORT.

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977864	1/27/2021	VA	64	F	1/22/2021	1/22/2021	Developed Left sternal chest pain with radiation to L upper arm with numbness and tingling of 3 fingers on left hand (Vaccine was administered in Right arm). Presented to ER, EKG showed inferior lead changes suggestive of ischemia. Was admitted overnight onto telemetry floor, no adverse s/s noted. Labs normal. CXR normal. Discharged next day, 1/23/21, with recommendation for cardiology follow up. Stress test, echo, and potentially cardiac MRI recommended, awaiting scheduling. Cardiology follow up scheduled Mon, 2/1/21.
977886	1/27/2021	TX	61	F	1/27/2021	1/27/2021	c/o dizziness, throat feels funny. Denies SOB, Chest pain, headache. Patient performed her fingerstick 143 BP: 164/86, 134/90 (RECHECK); SpO2: 100 RA; HR 86 Seen and cleared by EMS
977927	1/27/2021	OR	29	F	1/26/2021	1/27/2021	Headache early morning, and chest pain.
977996	1/27/2021	PA	29	F	1/26/2021	1/27/2021	patient reports fever, myalgias, chest pain, arm pain and dizziness.
977953	1/27/2021	MT	54	M	1/21/2021	1/21/2021	As previously recorded, employee reported chest pains, intermittent and recurrent throughout the night of 1/21.
977556	1/27/2021	MI	35	F	1/20/2021	1/20/2021	Patient reported numbness and tingling following 2nd dose of vaccine. (also reported with 1st) Patient presented to the Emergency Department: 4 days following vaccination (1.24.21) with CHEST PAIN (Pt receive the 2nd dose of Covid Vaccine on Wednesday and since then she has had numbness/tingling and chest pressure. Hasn't been able to sleep and just feels funny. PT has HX of MS). Chest pressure started last night and is 5/10 in severity not reproducible on exam and not pleuritic. Vital signs stable at time of presentation. She is in moderate distress related to chest pressure. On exam she has diminished sensation on her entire right side of her body as well as numbness and tingling in her left hand. Discharge with instructions to follow-up with neurologist regarding numbness and tingling and to obtain MRA as planned

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978069	1/27/2021	PA	63	F	12/19/2020	12/21/2020	<p>About 5:30 or so and I was going to go to lunch at work - I felt like a heartburn and I was looking for a tums. I didn't have any. I asked a coworker because my chest felt like I had heartburn. It was really bad. Protonic - a coworker gave it to me to see if that would help. And I took it. Diaphoretic - sweating - coworker noticed that I was sweating. I had pain in my jaw. I thought I was showing signs of a heart attack. A doctor came over and we told her what was happening with me. He recommended that I should be seen right away. Next thing I know, nurse is wheeling me down to ER in wheelchair as my chest pains weren't going away but ER told me I had to go through triage and wait. Finally got seen and I had an EKG - which was good. CDU unit - was admitted to and checked Troponin levels and did blood work. Everything came back fine. My EKG was being monitored all night. At one point I was feeling something and they gave me a dose of Nitro. It gave me a headache. There all night and then I did a stress test in the morning. And I was released that day. That was my day off so I was off all work. I went back to the work the day after. My granddaughter came to stay with me over Christmas and she started having symptoms of COVID. She wasn't feeling well. /She tested positive.Symptoms for COVID began for me on December 26th and was tested for COVID on December 27th - cough; sore throat; headache, fever, not got chills or lose my taste or smell (until after those symptoms were finished); belching - lots; diarrhea; upset; nausea. Extremely tired and muscles aches, joint pain - settled in my lower back and my hip. I still struggle with those joint pain and tiredness today. They put me off work until January 12 2021. I was scheduled to get the dose 2 at 9th but didn't get it that day because of COVID illness.</p>

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976774	1/27/2021	FL	40	F	1/11/2021	1/11/2021	body aches; chills; severe headache/Extreme headache; chest discomfort/chest pain/heaviness/Feels like something is heavy on my chest; chest discomfort/chest pain/heaviness/Feels like something is heavy on my chest; extremely tired; not able to carry out daily activities; This is a spontaneous report from a contactable other health care professional. A 40-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration on 11Jan2021 07:45 at SINGLE DOSE at left arm for COVID-19 immunization. Medical history reported as none. The patient has no known allergies. The patient received first dose of COVID19 vaccine BNT162B2 on 24Dec2020 11:45PM at left arm. There were no concomitant medications. The patient stated, On 11Jan2021 16:00, "I'm having body aches, chills, severe headache/extreme headache and chest discomfort/chest pain. I understand that the body is trying to build an immune response and I understand that body aches and chills are part of that but I don't get headaches, ever, and I have never had chest discomfort or heaviness like this so how is that an immune response. I want you to tell me why I feel this way." It was also reported that the patient was extremely tired, and not able to carry out daily activities. The patient did not receive treatment for the events. The outcome of the events was not recovered. AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. Information about batch/lot number has been requested.
977928	1/27/2021	OK	52	F	1/11/2021	1/20/2021	1/20: spot on back burning, right side only. 1/21: chest pain from burning 1/22: Lyrica and Valcyclovir started, spread to other dermatones. 1/23: burning face/arms. was seen by PCP 1/25: burning on other arm, right. Seen by provider in ED at place of work.

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977061	1/27/2021	LA	70	M	1/20/2021	1/22/2021	Pt admitted 22 Jan 21 with (HFpEF) heart failure with preserved ejection fraction; AKI (acute kidney injury); Acute kidney injury superimposed on chronic kidney disease; Acute on chronic diastolic congestive heart failure; Acute on chronic heart failure with preserved ejection fraction; Acute respiratory failure with hypoxia; Anemia due to stage 3 chronic kidney disease, unspecified whether stage 3a or 3b CKD; Anemia, unspecified type; COVID-19; Chest pain; Chronic pain syndrome; Gastroesophageal reflux disease without esophagitis; History of COVID-19; Hypertension, essential; Hypertensive heart and kidney disease with HF and with CKD stage II; Hypoxia; Peripheral vascular disease due to secondary diabetes mellitus; Prostate cancer; Shortness of breath; Type 2 diabetes mellitus with stage 3 chronic kidney disease, with long-term current use of insulin, unspecified whether stage 3a or 3b CKD as of today still hospitalized

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976771	1/27/2021	FL	59	F	1/11/2021	1/11/2021	Throat tightness/numbness; Throat tightness/numbness; Shortness of breath w/min exertion; Dull chest pain; Right calf pain/cramping; Right calf pain/cramping; Fever; Chill; Body aches; Severe headache; Left arm swelling; left arm swelling, redness, knot; left arm swelling, redness, knot; Pain at injection site; Fatigue; This is a spontaneous report received from a contactable nurse (who is also the patient). A 59-year-old female patient received the second dose of BNT162B2 (BNT162B2 PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1284, expiry date: unknown), intramuscular in the left arm, on 11Jan2021 07:30, at single dose, for COVID-19 immunization, in the hospital. Medical history included COVID-19 (COVID prior vaccination: Yes) and known allergies to penicillin and erythromycin. There were no concomitant medications. Historical vaccine included the first dose of BNT162B2 (BNT162B2 PFIZER-BIONTECH COVID-19 VACCINE, lot number: EH9899, expiry date: unknown), intramuscular in the left arm, on 23Dec2020 07:15, for COVID-19 immunization. The patient experienced shortness of breath w/min exertion, right calf pain/cramping, fever, chill, body aches, severe headache, left arm swelling, redness, knot and pain at injection site, dull chest pain, fatigue, throat tightness/numbness on 11Jan2021. The events resulted to emergency room/department or urgent care visit. The patient did not receive treatment for the events. The patient was not tested for COVID-19 post vaccination. The outcome of the events was not recovered.; Sender's Comments: The 59-year-old patient received the second dose of BNT162B2 (BNT162B2 PFIZER-BIONTECH COVID-19 VACCINE) on 11Jan2021, and experienced shortness of breath w/min exertion, dull chest pain, throat tightness/numbness and other symptoms on the same day. Considering plausible temporal relationship, the events were probably related to the second dose of BNT162B2. The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and

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978101	1/27/2021		31	M	1/24/2021	1/24/2021	Investigators, as appropriate. Patient was given COVID vaccine, 1st dose. About 5 min later patient said he felt weird and was nauseous, was walking around agitated and said he threw up once. Also complained of chest pain. Denied SOB, trouble breathing. Pt went to ER to be evaluated. Tested for COVID and found to be positive.

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976882	1/27/2021	WI	37	F	1/11/2021	1/11/2021	dyspnea; myalgias; chest pain/Chest pain is moderately severe and worse with deep inspiration; back aches; feeling clammy; This is a spontaneous report from a contactable pharmacist. A 37-year-old female patient received 2nd dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot EL3248, expiration date unspecified), via an unspecified route of administration on 11Jan2021 12:00 at single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient previously took first dose of bnt162b2 on 21Dec2020 and experienced fever, chills, myalgias, and some sensory changes to the left arm; and vancomycin and experienced allergies. On 11Jan2021, the patient experienced dyspnea and myalgias following her second vaccination today. It was reported that she received the second dose of the vaccine around noon and then began having dyspnea and chest pain around an hour later. Chest pain was moderately severe and worse with deep inspiration. Patient was also having back aches and was feeling clammy. Patient represented to the vaccine site and was brought to the emergency room department/urgent care for evaluation. Patient denied any history of vaccine associated reactions. The patient received therapy for the events which included acetaminophen, ketorolac and intravenous (IV) fluids. The patient had no other vaccine in four weeks. Outcome of events was unknown.; Sender's Comments: Based on the time association, the events are possibly related to suspect BNT162B2 administration. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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976939	1/27/2021	NJ	50	F	1/12/2021	1/12/2021	<p>involuntary muscle contractions in her diaphragm; chills; cold; severe body aches; Involuntary muscle cramping; chest pain; Feels bad; severe joint aches; tremor; nausea; severe body pain in her back and knees; severe body pain in her back and knees; Weakness; Headache; This is a spontaneous report from a contactable Other HCP reported for self. This 50-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 12Jan2021 07:00 on Deltoid Left at single dose (Lot # EK9231) for covid-19 immunisation. Concomitant medications were none. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 22Dec2020 via Intramuscular at age of 50 years old on Deltoid, Left at single dose (Lot # EH9899) for covid-19 immunisation, experienced Tingling lips, Swollen lips, and the Benadryl took away the lip tingling and swelling, Tachypnea, Myalgia, Joint pain, severe headache, Weakness generalized, Nausea, she said she was really pale, so much so, that her husband was scared for her. She said the symptoms lasted for about 3 days, but the weakness lasted longer. Reported she took some Zofran disintegrating tablets for her nausea. Clarified she did have a PCR COVID-19 Virus test after she developed symptoms from receiving the first COVID-19 Vaccine dose. She said she had the PCR COVID-19 Virus test about 3 weeks ago and the test was negative. She said she thought she had the COVID-19 Virus after receiving the first COVID19 Vaccine dose because no one else she knew who had the COVID-19 Vaccine had any issues. Reported she received the second COVID-19 Vaccine dose on 12Jan2021 at 7:00AM in the left Deltoid. She said the adverse reaction she experienced after the second vaccine dose was slightly different from what she experienced with the first dose. She said about 10 hours after the COVID-19 Vaccine was administered, clarifying at around 17:00PM 12Jan2021, she started having severe body aches(disability), and involuntary muscle cramping (disability), like tetanus. She said even her diaphragm was cramping. She said she had chest pain on 12Jan2021(disability), tremors on 12Jan2021 (medically significant), and body aches, but doesn't think she had fever. She said the symptoms are still going on like with the first COVID-19 Vaccine dose, but she has more severe joint aching on 12Jan2021 (disability),</p>

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weakness on 12Jan2021 (disability), and nausea on 12Jan2021 (medically significant). She said her knees feel like she was beaten severely. She said she aches so bad, it hurts having pants on. She said she does not have a headache or tremors now, but did have a headache on 12Jan2021 (medically significant) and tremors in the beginning. She said she feels the most pain in her back and knees. She said she feels really bad on 12Jan2021(disability). After the second dose on 12Jan2021, she reports severe body pain in her back and knees (disability). She reports almost feeling like she has tetanus- involuntary muscle contractions in her diaphragm on unknown date(disability), tremor, cold, chills, nausea, muscle cramps/chest pain. 'Felt like a heart attack. It was out of this world'. She still has nausea, severe pain all over my body, she can't be touched, and even wearing pants hurts. She said she is a healthy person with no chronic disease. She said she had nothing wrong with her prior to getting the COVID-19 Vaccine. Reported she hurts so bad, she can't even lift her arm. She completed a covid 19 PCR test after the first dose in Dec2020, which was negative. Treatment were received for the events severe body pain in her back and knees, involuntary muscle contractions in her diaphragm, tremor, nausea, muscle cramping, chest pain, Feels bad, more severe joint aching, severe body aches, Weakness, headache, chills, cold. Reported she has taken 1500mg of Motrin. Outcome of the severe body aches, Involuntary muscle cramping, Chest pain, severe joint aches, weakness, Nausea, Back pain, Knee pain, Feels bad was not recovered. Outcome of the event Tremor was recovered in Jan2021, Headache was recovered.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the reported events cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees,

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976964	1/27/2021	AR	56	F	12/22/2020		and Investigators, as appropriate. Headache with the first COVID-19 Vaccine; A little bit of chest pain; Heart Troubles; This is a spontaneous report from a contactable consumer. This 56-year-old female consumer reported that she the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EJ1685) at single dose for vaccination on 22Dec2020. Relevant medical history included Rheumatoid, Asthma, Artery disease, Gastroparesis. Relevant concomitant drugs were unknown. The patient had a headache with the first COVID-19 Vaccine and a little bit of chest pain. Stated she has heart troubles. Outcome of events was unknown.

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976916	1/27/2021			F	12/25/2020	12/1/2020	left chest pain; left chest pain/It was sharp and seemed to get worse with movement so assumed it was musculoskeletal; woke up in the early morning with severe pain; pain even sitting up and especially with taking in a little larger breaths than usual; body aches; This is a spontaneous report from a non-contactable consumer reported for self. This 49-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number EC1284) via unspecified route of administration on 25Dec2020 at single dose for COVID-19 immunization. The patient medical history and concomitant medication was not reported. About 18 hours after injection (Dec2020), the patient started having left chest pain when she went to sleep. It was sharp and seemed to get worse with movement so assumed it was musculoskeletal. The patient fell asleep and woke up in the early morning with severe pain. It again was worse with certain positions but was extremely painful. The patient couldn't find a comfortable position. There was pain even sitting up and especially with taking in a little larger breaths than usual. Could not pinpoint the area of pain, but it seemed anterior in the lower left chest. No other symptoms otherwise, no shortness of breath. The pain improved with paracetamol (TYLENOL), and she was able to fall back asleep. The pain continued throughout the day and then the patient developed body aches that afternoon. By the next day, symptoms improved and were nearly resolved by the following day. The patient was not diagnosed with COVID-19 prior to and since the vaccination. The patient recovered from the events. No follow-up attempts are possible. No further information is expected.

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977060	1/27/2021	ND	83	F	1/7/2021	1/23/2021	Per the ED Physician documentation and report from family, patient had been experiencing some chest pain for the last week to week and a half with SVT before presenting to the emergency department. patient had a holter monitor study earlier in the week that results were pending. 1/23/21- patient arrives to the ED via ambulance with complaints of sharp chest pain, palpitations and heart rate in 150's. Patients troponin level then elevated and it was determined patient was having a NSTEMI. 1/24/21- patient had recurrent episodes of SVT and family decided patient would benefit from further cardiac workup so she was transferred to a higher level of care. Unknown if patient has discharge from the facility we transferred her to. This patient is felt to be of significance since she is 1/3 patients currently in our facility who developed cardiac/blood issues post vaccination from the same pharmacy with the same lot number vaccine. VAERS reports were put in for all three to determine if further investigation is needed.
977482	1/27/2021	NC	32	M	1/19/2021	1/21/2021	Patient received first dose of Moderna on January 19, 2021. 48 hours later upon waking from sleep patient had myalgias, arthralgia in all distributions, and a frontal headache. Patient was instructed to rest and increase fluid intake and Ibuprofen as this was likely a known adverse reaction to COVID vaccination. At 72hrs from vaccination patient began to have fevers Tmax 101.9 orally. Continued rest, hydration and ibuprofen, started Tylenol. At 96hrs from vaccination patient began to have a dry cough, diarrhea, severe fatigue and inspiratory chest pain. Patients myalgias and arthralgias continued, and Tmax increased to 104.5 orally. At this time bedside ECHO, iSTAT chemistry, COVID antigen, COVID antibody and COVID PCR, Rapid Flu, and Viral Respiratory Panel were obtained. Administered 1.5 liters of lactated ringers, Toradol 15mg and Tylenol 975mg and patient was isolated. EKG, troponin and Chest Xray were obtained 12 hours later (108 hours from vaccination) at which time the patient reported improvement by 95%. Patient was afebrile and chest pain free. Only symptom at that time was fatigue. After another 12 hours of rest/sleep (hour 120 post vaccination) patient reports no symptoms and 100% well. See below for lab/rad/test details.

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977065	1/27/2021	LA	87	F	1/20/2021	1/22/2021	Pt. admitted to the hospital on 22 Jan 21 with Acute on chronic combined systolic and diastolic congestive heart failure; CHF (congestive heart failure); Chest pain, unspecified type; Coronary artery disease involving native coronary artery of native heart without angina pectoris; Debility; Ischemic cardiomyopathy; Shortness of breath; Systolic and diastolic CHF, acute on chronic Still admitted as of today
977073	1/27/2021	LA	75	M	1/21/2021	1/23/2021	Pt. admitted to hospital on 23 Jan 21 with Abdominal distention; Abdominal pain; Benign prostatic hyperplasia without lower urinary tract symptoms; Bilateral lower extremity edema; Chest pain; Essential hypertension; Generalized abdominal pain; Lower extremity edema; Mesenteric mass; Pain of upper abdomen; Shortness of breath; Weakness Discharged 25 Jan 21
977075	1/27/2021	LA	72	M	1/22/2021	1/23/2021	Pt. admitted on 23 jan 21 with AMS, Chest pain; Shortness of breath. He was discharged on 21 Jan 21
977163	1/27/2021	NC	54	F	1/25/2021	1/25/2021	Systemic: Nausea-Medium, Systemic: Fainting-Severe, Systemic: Other- After 2nd dose of covid-19, Patient reported tingling, blood pressure was 198/102, high pulse, tingling in the arm and hand, chest pain, dizziness
977249	1/27/2021	TN	45	F	1/23/2021	1/25/2021	Chest pains so bad I had to go to emergency room. Pain started 2 days after and another day to subside in chest. Arm that was injected took an additional 2 days to feel better.
977261	1/27/2021		55	M	1/26/2021	1/26/2021	This individual received Pfizer COVID vaccine dose #1 on 1-26-21. About an later he complained of chest pain and EMS called.

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976965	1/27/2021	AZ	45	M	1/13/2021	1/14/2021	coronary spasm; STEMI COVID vaccine induced; slight 1-2/10 substernal chest pain on/off; fever of 101 to 101.7; diffuse severe muscle aches; tachycardia of 110 to 130; painful lymphadenopathy of the ipsilateral axilla and clavicular lymph node (LN); This is a spontaneous report from a contactable physician (patient). A 45-year-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EL0142), via an unspecified route of administration in the left arm on 13Jan2021 at a single dose for COVID-19 immunization. The patient's medical history included benign prostatic hyperplasia (BPH). Concomitant medication included alfuzosin. The patient previously took the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EH9899) in the left arm on 23Dec2020 16:00 at the age of 44 years old for COVID-19 immunization. On 14Jan2021, the patient started having fever of 101 to 101.7, diffuse severe muscle aches, and tachycardia of 110 to 130. Thursday evening (14Jan2021) through Sunday (17Jan2021), the patient also had painful lymphadenopathy of the ipsilateral axilla and clavicular lymph node (LN). Thursday evening (14Jan2021), the patient had slight 1-2/10 substernal chest pain on/off. Friday evening around 23:30 (15Jan2021), the patient had chest pain substernal 7-8/10 that lasted for one hour. The burning sensation was worse with cold air. It resolved with paracetamol (TYLENOL) and ibuprofen. Monday early morning at 04:00 (18Jan2021), the patient experienced STEMI COVID vaccine induced wherein the patient woke up with 10/10 chest pain and shoulder pain which lasted for 30 to 40 minutes and resolved with paracetamol and ibuprofen. The patient also decided to check blood work Monday morning (18Jan2021) while in the hospital. Trop came back 16.28 ng/ml. This is the old trop not high sensitivity. Normal high is 0.30 ng/ml. The patient went to the hospital. ECG showed ST elevation inferior lead. Left heart catheterization was done. The patient have clean coronaries. No evidence of any atherosclerosis. Echocardiogram showed normal EF. No wall motion abnormality. It was concluded that the patient also had coronary spasm. The patient underwent other lab test and procedure which included nasal swab COVID test showed negative on 18Jan2021. Outcome of the lymphadenopathy was recovered on 17Jan2021, of

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980053	1/27/2021	MO	48	F	1/22/2021	1/22/2021	<p>the chest pain was recovered on Jan2021, of the coronary spasm and STEMI was recovering, while of the remaining events was unknown. The events coronary spasm and STEMI resulted in hospitalization and life threatening illness.; Sender's Comments: The reported coronary spasm with chest pain and suspected STEMI were likely related to the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) due to plausible temporal relationship, and no evidence of any atherosclerosis during left heart catheterization. The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p> <p>I received the vaccine at 11.26am and after 15 minutes, I developed abrupt chest pain, dizziness, teeth chattering, hotness in legs, shivering, left leg numbness, choking ,increased BP, increased heart rate, headache, tiredness and confusion. The staff attended to me immediately, did blood pressure, blood sugar and gave me water to drink and have me lay down in a cool room. They continued to monitor and reassure and called an ambulance and I was taken to ER . I was monitored for hours, and discharged around 9pm. BP was persistent and I diarrhea at night. I did on 01/26/2021.</p>

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979725	1/27/2021	OH	60	F	1/22/2021	1/23/2021	1/22/21 at 1:30p I received my 2 shot. 2 hrs later I began to experience chest pain while sitting w/o accompanying SX. During the night I continued to have increased frequency and intensity of chest that waxed and waned. At 10:30 a I was awoken with intense CP and subsequently went downstairs to eat yogurt. While standing at the counter I felt myself passing out and called for assistance. I woke up 20 feet away with my husband trying to arouse me. He stated I was unconscious for 2 mins. I was to weakened to get up. He called squad and taken to ED. CXR, labs, EKG done. 2 liters NS infusion done. Discharged to home 6p with continued CP and lightheadness. F/u with PCP today as near syncopal episodes continue day 5 post-injection with CP and moderate H/A.
979794	1/27/2021	MN	48	F	1/25/2021	1/27/2021	Postvaccination day 2: woke up in the morning with macular rash on upper chest and neck, mildly pruritic. No problems with breathing or chest pain. Rash lasted entire day.
979890	1/27/2021	FL	60	F	1/27/2021	1/27/2021	Onset of sharp chest pain that worsened very quickly. Patient also experienced SOB and dizziness. HR 96, regular on initial check, 5 minutes later, 80, regular. Skin cool to touch. Placed patient in wheelchair and transported to the ER in the facility. Placed on monitor immediately, EKG completed, Chest x-ray, nitro, and baby aspirin administered. Zofran for nausea.
979933	1/27/2021	TX	30	M	1/27/2021	1/27/2021	C/O bilateral hands tingling Denies chest pain, SOB, dizziness, headache, blurred vision, palpitations. Seen and cleared by EMS
979987	1/27/2021	FL	71	F	1/15/2021	1/23/2021	01/23/2021 severe mid back and chest pain, 100.3 fever at ER. Negative covid test but double pneumonia diagnosed as probable covid. Prescribed azithromycin, ondansetron, albuterol sulfate, zicam, extra vitamin D & C
979707	1/27/2021	IL	28	F	1/26/2021	1/26/2021	Severe chills, fever -103, nausea, chest pain (felt like I had a bubble in the center of my chest), abdominal pain, body pain all over, weakness, loss of appetite, migraine Symptoms started yesterday and still ongoing. Taking ibuprofen

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980020	1/27/2021	MO	62	M	1/8/2021	1/25/2021	1/25/2021- Presented to ED with chest pain which radiated up his right shoulder, right armpit and across his chest. The EKG showed a STEMI [acute inferior]. He was transferred to other Hospital.
979995	1/27/2021	GA	64	F	1/26/2021	1/26/2021	At 9:53am patient reported "pressure" in her chest. Patient described pressure as if what she may experience with asthma. Patient denied chest pain. Vitals taken every 5 minutes. Patient declined supplemental oxygen. Patient declined IM Benadryl. Patient administered 50mg of oral diphenhydramine at 9:55am . Patient refused to go to ER. Patient was alert and oriented x4.
980098	1/27/2021	TX	50	F	1/27/2021	1/27/2021	Chest pain after 15 min discharge approximately 20 min after vaccine.
980110	1/27/2021	PR	45	M	1/27/2021	1/27/2021	Chills , chest pain , pain on joints , urinary frequency , pain on testicles
980169	1/27/2021	SC	46	F	1/25/2021	1/25/2021	Chest tightness/ heaviness (like an elephant sitting on my chest), severe headache , and ringing in ears began about 1 hour after vaccine given. Fever greater than 102 / chills began about 2 hours after vaccine given. Severe body aches, nausea, and extreme fatigue, extreme weakness, dizziness, and chest pain when taking a deep breath began within 4 hours after vaccine.
980243	1/27/2021		39	F	12/30/2020	1/13/2021	Acute pericarditis, left pleural effusion.severe typical pericarditis and pleuritic Chest pain started 1/13 , got worse , went to Er on 1/15/2021 , was admitted to cardiology service and discharged 1/17/2021 and now on colchicine since admission.

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978858	1/27/2021	PA	38	F	1/6/2021	1/7/2021	intense chest pain; nasal congestion; Fever; body ache; This is a spontaneous report from a contactable physician. A 38-year-old not pregnant female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL3249), intramuscular at left arm on 06Jan2021 14:00 at single dose for COVID-19 immunization. Patient had Covid prior vaccination. There were no concomitant medications. No other medications in two weeks. No other vaccine in four weeks. On 07Jan2021, The patient experienced fever and body ache for the first 2 days. On the 3rd day (19Jan2021) experienced intense chest pain and nasal congestion. she needed to go to Emergency Room where she stayed for 4 hours, and performed Thorax CT. No treatment received. The outcome of events was recovering.; Sender's Comments: Based on a compatible temporal relationship, causality between reported events and BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
978050	1/27/2021	TN	37	F	1/22/2021	1/23/2021	Intense fatigue, rapid heart beat, chest pain, mental fog
1293998	1/27/2021	TN	42	F	1/19/2021	1/20/2021	3 hours after injection severe arm pain, very stiff on movement; progressively got worse throughout night. 13 hours later SEVERE body aches worse at hips and low back, severe headache, chills with temp at 101.7. no energy and steadily declining throughout day. no appetite. Also felt very nauseous. Some mild confusion 20 hours later chest pains 01-21-2020 body aches and headache improved. Very weak and shortness of breath.

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979106	1/27/2021	MI	49	F	1/27/2021	1/27/2021	Was performing a COVID vaccine clinic at a skilled nursing facility. The patient states that at approximately 5 minutes after admin of her second shot, she started feeling short of breath. The nurse ran over to monitor her and take her BP. I arrived as well to monitor. Her breathing appeared fast and labored but patient was alert and oriented. She had no localized reaction to the vaccine. The patient's lungs were auscultated and were clear. Her glucose was checked, it was "low" for the patient at 80. She stated the center of her chest was radiating pain and her hands went numb. Her BP was 161/93 and HR 65 and OSAT was 94 but this was close to her normal range. Epinephrine was not administered - but instead diphenhydramine 25 mg. The patient reported feeling better at 12 minutes post immunization and her breathing improved. Her chest pain went away and numbness went away. The patient also ate a donut and drank a glass of water at this time and stated she felt much better. Her BP again at 15 minutes post immunization was 158/96 and HR was 61 and OSAT was 100. Monitored patient for 20 more minutes and no other issues were experienced. The patient is being paired with a nurse from the facility to monitor the rest of the day. After discussing with the pharmacist who reviewed the consent forms, it was noted that the patient marked yes on the portion that asks the patient if they've received a blood transfusion in the last year.
980021	1/27/2021	CA	56	F	1/25/2021	1/25/2021	2 min after vaccine, felt dizzy, nausea. some vertigo when turn your head. no respiratory symptoms, chest pain. felt heart racing. we gave her apple juice and had BP that was 142/96 HR 64-70 Sat on RA was 98%. Felt a little better after juice, and felt like could stand and then was able to turn head without vertigo. Then went to car, drank fluids, ate something, and sat in car for 30 min. Then felt no vertigo and safe to drive. That night had very bad headache, lasted about 24 hours. Dizziness lasted for 36 hours. HA was for 24 hours.
978962	1/27/2021	CA	69	M	1/24/2021	1/25/2021	01/25 Afternoon Body aches, evening severe chills, fever 101. 01/26 same as 01/25 and chest pain and unable to blow nose. Deep breaths ok. Took tylenol which help minimize the chills. 01/27 same as 01/26 but not as severe. Have been confined to bed all this time.

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979680	1/27/2021	LA	34	F	1/27/2021	1/27/2021	Within a few minutes of receiving vaccine, she reported feeling warm, lightheaded. Exhibited tremulousness. Vitals were checked, bp was 170/101 and HR was 130, O2 sat was 98. She was noted to be taking shallow rapid breaths, however lungs were clear. No rash. Reported chest pain. Due to acharectistic symptoms for anaphylaxis, hypertension and tachycardia, and history of arrhythmia, we elected not to administer epinephrine. 911 was called and she was transported via EMS to nearby hospital.
979112	1/27/2021	CA	48	F	1/21/2021		Left arm pain Hand pain left hand Numbness from shoulder to hand left side Neck pain left side Chest pain left side Jaw pain left side Kidney pain left side Headache Was given Nitro pill and 3 1/2 baby aspirin by paramedics at testing site. Another Nitro pill in ambulance on the way to hospital. Treated for heart attack dueto Vaccine
979142	1/27/2021	NJ	35	F	1/23/2021	1/23/2021	fatigue, muscle aches, joint pain, chills, fevers to 102 F, chest pain, nausea, stomach pain
979143	1/27/2021		56	M	1/7/2021	1/18/2021	Patient was hospitalized on 1/24/2021 with COVID-19. He reports symptoms started on 1/18/21, 7 days prior to admission, and 11 days after receiving his first dose of the Pfizer/BioNTech COVID19 Vaccine. During this time he experienced shortness of breath and non-radiating, pressure-like chest pain, the latter prompting him to go to the Emergency Department. Upon admission his oxygen saturation was 90% and was put on 2 L nasal cannula with oxygen saturation, increasing oxygen saturation to 95%. On 1/26/2021 oxygen was increased to 4 L nasal cannula with oxygen saturation at 94%. On 1/27/21 oxygen requirements improved and pt is now on 2 L nasal cannula with oxygen saturation at 99%.

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979183	1/27/2021	KS	30	F	1/15/2021	1/15/2021	<p>Progress Notes Hastings,(Nurse Practitioner) ? ? Nurse Practitioner MD at 1/17/2021 7:01 AM Expand All Collapse All 1/15/2021</p> <p>Subjective 30 y.o. female who was seen at Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience Right arm pain, numbness/tingling and soreness, note that injection was given in left arm. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS: Patient complains of muscle aches (Right arm) Previous Reactions: No previous reactions to vaccines. Objective Vitals Vitals: 01/15/21 1239 01/15/21 1248 BP: 137/89 134/89 Pulse: 99 100 SpO2: 100% 100% Blood Sugar 66 collected at 1236 * Patient given snack (granola bar) just before blood glucose checked. Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is not ill-appearing. Cardiovascular: Rate and Rhythm: Normal rate. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Musculoskeletal: Right shoulder: She exhibits pain. She exhibits normal range of motion and no tenderness. Right elbow: She exhibits normal range of motion and no swelling. No tenderness found. Right wrist: She exhibits normal range of motion and no tenderness. Skin: General: Skin is warm and dry. Neurological: Mental Status: She is alert and oriented to person, place, and time. Assessment/Plan Treatment included: Ibuprofen/analgesics. Follow up response to treatment: no change. Patient discharge:</p>

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						Stable to go home and follow up with PCP. Reports that she had work up for Guillain Barre 2.5 years ago but this was ruled out. States that she has had intermittent pain of all extremities since that time and has a handicap parking placard due to this. She denies any pain in right arm prior to the vaccine but states it started just a few minutes after administration. She has full ROM without difficulty and full sensation but reports some numbness and tingling as well as soreness but not necessarily tender to touch. Ibuprofen was administered but shortly after patient requesting to leave and feels this pain is the same as what she's had over the past 2.5 years but wanted to keep us aware. She will be discharging home and states she does not live alone. Electronically Signed 1/15/2021 1:03 PM
979189	1/27/2021 TX		38 F	1/25/2021	1/26/2021	patient states on day of just felt "normal tired". The next day 1/26/21, patient was at lunch at about 1300 and has " high heartrate around 120-130 beats /minute" . Patient is a healthcare professional. States took some deep breaths and seemed to help. patient denied chest pain, no irregular heartrate,, no shortness of breath, no rash or redness to injection site or body. , no fever, Today at work took pulse at about 0930am and heartrate was 74 beats /minute. No other symptoms reported at this time. Patient is currently at work and states will clock out soon due to symptoms. Patient educated to report to ER if worsening symptoms, importance of follow up with pcp , and educated on reported system. Verbalized understanding.
979243	1/27/2021 AZ		60 F	1/14/2021	1/21/2021	1 week after first Moderna covid 19 dose she had sudden onset of shortness of breath and subsequently some chest pain, She was seen in ER, had elevated D dimer. She had negative CTA for pulmonary embolism and negative cardiac workup that included ekg and cardiac enzymes. She was dishcharged home and returned in 2 days with similar symptoms and no cause found . She has had recurrent chest heaviness lasting about 1 hour episodically since that time, about 3 times, and has cardiology follow up scheduled.

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979244	1/27/2021	CA	34	F	1/27/2021	1/27/2021	within 15 minutes started feeling nauseous, bad headache minutes after. Got dizzy, brain fog. At home later progressed to fever, chills, sore throat. The next day the SOB returned, chest pain/pressure Now almost 2wks later still feeling very short of breath
979337	1/27/2021	VA	36	F	1/15/2021	1/22/2021	6 Days after the vaccine I experience dizziness with passing out feelings, vertigo which lasted over seven days, chest pain?s, heart palpitations
979371	1/27/2021	IN	60	F	12/29/2020	12/30/2020	Fatigue but only in evening. Able to work. Irregular heart beat (not normal intermittent PVC) that caused chest discomfort. Nothing concerning, just more curious. With second vaccine, developed chills within one hour and went to bed. Upon awakening, had headache, nausea, chills, kidney area pain, chest discomfort from irregular heart beat. This resolved for about 18 hours, then started again and lasted for 1 week. Chest pain became sharp at times spreading to arm with mild shortness of breath. Having had a full heart workup last year, did not pursue tests. wanted to see if would pass on it's own. After one week, only have occasional chest discomfort. Arrhythmia has returned to baseline occasional PVC. No further chills, headache, nausea or other pains.
979421	1/27/2021	NC	30	F	12/23/2020	12/25/2020	Chest pain since 12/25/2020 (no treatment, written off as anxiety), flare of bursitis since 12/25/2020 (solumedrol injections from rheumatologist in right knee and both shoulders), tingling in fingers, toes, & lips since 12/25/2020 (no treatment), psoriasis flare of face since 12/25/2020 (never experienced before reaching out to dermatologist) Low grade fever off and on 12/31/2020 until 1/11/2021

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979441	1/27/2021	CO	52	F	1/23/2021	1/23/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: Shortly after receiving the vaccine patient stated they had chest pain, shortness of breath, nausea, back pain, and sweating. On evaluation a mild systolic murmur and irregular heartbeat were noted. Patient was transferred to the emergency department where initial vitals were within normal ranges except for blood pressure 145/104 mmHg. No wheezing, vomiting, respiratory distress, or anaphylaxis noted. Patient administered aspirin, morphine, acetaminophen, diphenhydramine, ibuprofen, and ondansetron and symptoms resolved. Repeat vitals were within normal ranges and patient discharged to home stable.
979479	1/27/2021	NM	24	M	1/25/2021	1/25/2021	Patient complained of pain in left shoulder radiating to left chest 4/10 and nausea immediately following injection. Response Team called. Chest pain at the side 5/10. Taken to the ED via wheelchair at 1700. No rash, no swelling of lips/tongue or throat.
974833	1/26/2021	ND	85	M	1/19/2021	1/24/2021	1/24/21 0445- patient presents to the ED with complaints of neck pain, chest pain, and back pain for about a week. States also feels SOB, intermittent fever with temperature 100.3 on arrival. Patient was worked up for his cardiac type symptoms, found to have elevated WBC and CRP with no explanation. D-Dimer was elevated with CT showing no sign of PE. Patient was sent home from the ED with instructions to follow up with primary care and/or return if s/s worsen. 1/24/21 1705- patient is returned to the ED via ambulance after becoming unresponsive and some seizure like activity. Patient was intubated. Head CT showed large brain bleed that was irreparable and not compatible with life. Patient was also found with positive blood cultures x2 with gram positive cocci in clusters growing after 9 hours.
974163	1/26/2021	MD	35	F	1/26/2021	1/26/2021	At 10:15AM patient complained of "strange feeling in throat" Patient denied chest pain or shortness of breath. No swelling or rash noted. Patient given water at 10:20 and apple juice at 10:25. Patient rested on stretcher until 10:32. Patient stated she felt better and her throat sensation resolved. Patient discharged and patient's father drove her home.

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974217	1/26/2021		44	F	1/18/2021	1/19/2021	ED provider notes as follows: Initial Vital Signs [01/20/21 0010] Blood Pressure 136/74 Heart Rate 82 Respiratory Rate 20 Temp 36.7 °C (98.1 °F) Temp src Oral SpO2 98 % 44 y.o. female who arrived to the emergency department for Episode of right mid anterior chest pain intermittently ongoing starting around 10 PM this evening. She has had similar episodes in the past thought to be related to her gallbladder. Tonight she took some Pepcid and Tylenol. She denies any shortness of breath, or persistent chest pain, states pain has resolved since arriving in the emergency room. She denies any recent fever however she was recently given the second vaccine dose for COVID, and is having myalgias and symptoms she believes are related to the vaccination. She is requesting a COVID test. Patient denies sore throat, cough or abdominal pain. At this time only symptoms or myalgias. She continues to have no symptoms, her workup is reassuring, low suspicion for severe significant pathology, however would have a low threshold to return to the ER if chest pain would return or any other symptoms were to arise. COVID test came back negative.
974296	1/26/2021	FL	80	F	1/21/2021	1/21/2021	Pfizer-BioTech COVID-19 Vaccine EUA Within 5 minutes, burning chest pain. Within less than 20 minutes BP measured at 203/185 and 15 minutes later 191/187. (normal for me is 128/65). Heart rate 130 (normal is 92) Lightheadedness. EMTs on site did EKG and subsequent BP checks. Recommended Emergency Room care, which I did. Aspirin given, blood work done (at 3 different times). 2 Additional EKGs done with no abnormalities noted.. BP and heart rate went down in approximately 2 hours, to 138/85 and 105, but not to normal status. Have been normalized since.

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974374	1/26/2021		60	F	1/22/2021	1/22/2021	25 minutes status post the vaccine patient experienced head itchiness. Patient was brought to the triage room and had fine rash on chest. BP noted to be 190/90, HR 60, RR 16, sat 100%, and no SOB/difficulty breathing. Allergy on call was paged and patient was given zyrtec. After given zyrtec patient was monitored for two hours. There was a redness on patient's neck which was continually lessened, HR, RR, and sat remained stable throughout. Sat remained between 150-170 for the next hour. After 2 hours the redness on neck has completely resolved and BP 153/79. Allergist on call notified. Plan was to have patient go to ER if she experienced SOB, chest pain, or headache.
974398	1/26/2021	NE	38	F	1/20/2021	1/20/2021	AT 2130 ON 1/20/21 DEVELOPED SHAKES, THAT PROGRESSED TO CONVULSING. DEVELOPED FEVER OF 104.3. SEVERE ARM, NECK, AND CHEST PAIN. SHORTNESS OF BREATH THAT IMPROVED OVER TIME. ON 1/23/21 COMPLAINED OF SEVERE ITCHING OVER ENTIRE BODY
974429	1/26/2021	MA	34	F	1/6/2021	1/6/2021	Chest pain, High blood pressure, Heart rate was fast and i also had tingley hands . It happened about 45 Minutes after i had the vaccine. I was then sent out to the hospital.
974464	1/26/2021	MI	35	F	1/19/2021	1/22/2021	PRESENTING PROBLEM: Bilateral pulmonary embolism (HCC) HOSPITAL COURSE: 35-year-old female came in with shortness of breath and pleuritic chest pain who was found to have bilateral pulmonary embolism with moderately extensive clot burden. Her BNP and troponins were normal and no signs of right ventricular dysfunction on CT scan. Patient was placed on heparin drip and her symptoms improved. Ultrasound Doppler of bilateral lower extremities were negative. This was an unprovoked PE. Patient was switched to and discharged with Xarelto. She will benefit from a hypercoagulable workup once she is off of anticoagulation. After vaccine: patient reported difficulty breathing and fast heartrate

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974547	1/26/2021	MI	32	F	1/20/2021	1/21/2021	HISTORY OF PRESENT ILLNESS: SHORTNESS OF BREATH (CHEST PAIN, SOB , BACK PAIN STARTING TODAY AT 0900, STATES ADVIL AT 1000, SSENCOND COVID VACCINE YESTERDAY AT 1500) 32-year-old female with past medical history of anxiety, asthma, Hashimoto's thyroiditis, psoriasis who presents the emergency department with chief complaint of body aches and shortness of breath. Patient is a nurse. She received her 2nd dose of the Moderna vaccine for COVID-19 the day prior to arriving in the emergency department. This morning she did feel some mild body aches but otherwise was feeling fine. Starting later today after her shift at work she developed severe body aches bilateral upper shoulders and down her spine, she also reports some shortness of breath, dizziness. She felt unsafe to drive home feeling like this. She had taken some Advil earlier in the day around 10:00. She denies any fever, nausea or vomiting. No history of severe vaccine reaction or anaphylaxis. She has had anaphylactic reaction to Enbrel prior. She denies any throat swelling, muffled voice, difficulty swallowing, abdominal pain. patient is mildly tachycardic and hypertensive. Likely due to pain. Patient is experiencing adverse reaction to the 2nd dose of the Moderna COVID-19 vaccine. I discussed with her she is having an immune response to the vaccine. She does have a history of rheumatoid arthritis which could contribute to the elevated immune response as well. The patient is given 30 mg of IM Toradol for body aches here in the emergency department. She is instructed to call PCP for close follow-up, rest, drink plenty of fluids. She has no signs or symptoms consistent with anaphylaxis at this point.
974856	1/26/2021	FL	43	F	1/16/2021	1/16/2021	As soon as patient received vaccination, her left arm became heavy, then she became dizzy with chest pain on deep inspiration. Initially became short of breath, which resolved prior to EMS arrival. EMS transported patient to the emergency room with non-urgent acuity.

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974813	1/26/2021	NJ	60	F	1/23/2021	1/23/2021	received covid 19 vaccine 12 min prior to arrival felt palpitations, dizzy ate prior to arrival no known history of allergic or adverse vaccine reactions no chest pain, SOB, tongue/lip/throat swelling, vomiting, diarrhea, abd pain remaining ROS neg Symptoms resolved after approximately 5 minutes
974086	1/26/2021	WI	35	F	1/14/2021	1/14/2021	Starting approximately one hour after injection pt developed a rash on neck and arms that was quickly spreading. Reported tingling in feet. Pale and diaphoretic. Some SOB and chest pain. Was taken to ER via ambulance.
974835	1/26/2021	WI	62	F	1/21/2021	1/21/2021	Client approached a Public Health Nurse after 30 minutes of waiting and stated her hands felt itchy, prickly, and were reddened. Denied SOB and denied chest pain. Benadryl was offered and taken, client felt better after that and was released, offered a ride home, but left with a friend.
974798	1/26/2021	GA	54	F	1/25/2021	1/25/2021	Non-dose-related adverse reaction to medication, initial encounter Diagnosis management comments: Patient is a 54-year-old female with a history of hyperlipidemia presenting to the ED with complaints of dizziness and headache after receiving the second dose of the COVID-19 vaccine. Upon presentation to the ED and exam, patient reports that she is feeling a lot better at this time. She denies any chest pain, shortness of breath, hives or any feelings of her throat closing. On exam the patient's heart rate is regular lung sounds are clear. No evidence of rash noted. No angioedema noted on exam. She was given p.o. Tylenol here in the emergency department. She was monitored here in the emergency department with no further adverse reactions noted.
973761	1/26/2021	NC	40	F	1/21/2021	1/22/2021	Fever 100.9 at its highest, severe chills, sever headache, sever body aches, resting heart rate 124-130 chest pain and hard to breath. I was unable to work or take care of my children this started 12 hours after having the vaccine. reactions lasted about 12 hours

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974943	1/26/2021	FL	73	M	1/22/2021	1/24/2021	sever chest and shoulder pain / difficulties in breathing crating more chest pain fever100.5on Monday on Tue temp102.7 Pain has diminished / breathing returned to more normal P.S. Sat and Sunday i moved at least six tons of freight each nday

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973111	1/26/2021	MD	76	M	12/30/2020	12/31/2020	Mild Chest Pain Worse With Deep Breath/chest pain got worse; Felt warm and his temperature was 100 F; Now I have A-Fib; A spontaneous report was received from a consumer concerning a male 76-year-old patient, who was also the patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced chest pain, fever, and atrial fibrillation. The patient's medical history, as provided by the reporter, included coronary artery disease. Concomitant medications included carvedilol. On 30 Dec 2020, the patient received their first of two planned doses of mRNA-1273 in the right deltoid for prophylaxis of COVID-19 infection. On 31 Dec 2020, the patient experienced chest pain that got worse when he took a deep breath. He also felt warm, and his temperature was 100 degrees Fahrenheit. The patient visited the emergency room where an electrocardiogram (EKG) was normal and his COVID-19 test were negative. Because of his history of coronary artery disease, he stayed in the hospital overnight. On 01 Jan 2021, the hospital cardiologist called it a reaction the vaccine, and he was discharged. On 05 Jan 2021, on a follow-up visit with another cardiologist, another EKG was performed, and the patient was diagnosed with atrial fibrillation. The cardiologist increased his carvedilol dose to 6.25 milligram from 3.125 milligram and added apixaban, 5 milligram, twice daily. At the time of the report, he felt fine. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the events, chest pain and fever, was considered recovered/resolved on 01 Jan 2021. The outcome of the event, atrial fibrillation, was considered recovering/resolving.; Reporter's Comments: This case concerns a 76-year-old male patient with medical history of coronary artery disease, who received their first of two planned doses of mRNA-1273 (Lot unknown), and who experienced the serious unlisted events of chest pain and atrial fibrillation and the non-serious listed event of fever. Based on the current available information and temporal association between the use of the product and the onset of events, a causal relationship cannot be excluded and the events are considered possibly related to the vaccine. However, the events of chest pain and atrial fibrillation may be explained by the patient's history of coronary artery disease.

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973114	1/26/2021	NY		F	1/9/2021	1/10/2021	Hurts when she breathes; Unable to lift arm; On and off chest pain; Spasms; Fast heartbeat; Did not feel good; Headache; Vomiting; A spontaneous report was received from a consumer regarding a female patient who received Moderna's COVID-19 Vaccine (mRNA-1273), and experienced the events, did not feel good, headache, vomiting, chest pain, spasms, a fast heartbeat, unable to lift arm, and hurts when she breathes. The patient's medical history was not provided. Concomitant medications were not provided by the reporter. On 09 Jan 2021, approximately 24 hours prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 intramuscularly for prophylaxis of COVID-19 infection. On 10 Jan 2021, the patient did not feel well and experienced a headache and vomiting. On 11 Jan 2021, the patient experienced on and off chest pain, spasms, and a fast heart beat. She was unable to lift her arm and it hurt when she would breathe. An emergency medical technician (EMT) was called to assist the patient. No further details were provided. Treatment for the events was not provided. Action taken with mRNA-1273 in response to the events was unknown. The outcome of the events, did not feel good, headache, vomiting, chest pain, spasms, a fast heartbeat, unable to lift arm, and hurts when she breathes, was not reported.; Reporter's Comments: This case concerns a female patient, who experienced serious unexpected events of painful breathing, and non-serious unexpected event of vaccination site movement impairment, chest pain, muscle spasm, malaise, and heart rate increased; and non-serious expected events of headache and vomiting. The event of malaise, headache and vomiting occurred 2 days after mRNA-1273 (lot # unknown) administration. The event of painful breathing, vaccination site movement impairment, chest pain, muscle spasms, heart rate increased, occurred day 3 after mRNA-1273 (lot # unknown) administration. Treatment details were not provided. Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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973144	1/26/2021	AZ	36	F	1/12/2021	1/13/2021	Right sided jaw to chest pain. Right sided chest pain was intermittent and became severe enough to go into ER.
973247	1/26/2021	CA	60	F	1/4/2021	1/4/2021	Bumpy red rashes in arms and legs; Shortness of breath; Mild chest pain; Severe dizziness; Congestion; This is a spontaneous report from a contactable healthcare professional (patient). A 60-year-old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot/batch number and expiry date unknown, vaccine location: right arm), intramuscular on 04Jan2021 13:00 at a single dose for COVID-19 immunization. Medical history included hypertension/high blood pressure controlled, GERD/acid reflux, fast heart rate, and prediabetic. Concomitant medications included losartan, metoprolol, gemfibrozil (LOPID), aspirin [acetylsalicylic acid], atorvastatin, vitamin D3, zinc, magnesium, ascorbic acid (VIT C), vitamin B complex (VIT B COMPLEX), alpha-d-galactosidase (BEANO), angelica keiskei leaf, sambucus nigra extract (SAMBUCOL), and unspecified stress supplement. The patient is not pregnant. The patient received a flu shot administered on the right arm on 28Oct2020 and pneumo vacc administered on the left arm on 28Oct2020. The patient received no other vaccine in four weeks. The patient had no COVID-19 prior to vaccination. The patient was tested for COVID-19 post vaccination (test type: nasal swab, test name: COVID PCR) on 22Dec2020 with result negative. On 04Jan2021 13:15, the patient experienced bumpy red rashes in arms and legs, shortness of breath, mild chest pain, severe dizziness, and congestion. The adverse events resulted in doctor or other healthcare professional office/clinic visit. Outcome of the events was recovering. Information about lot/batch number has been requested.

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973789	1/26/2021	FL	74	F	1/20/2021	1/20/2021	I advised her not to get her second dose of vaccine. Side effects from COVID vaccination. WED 20 JAN 8:50 am Shot received 9:15 am Nausea began 10:30 am Fever 99.9 Noon Suddenly overwhelmingly fatigued 1:00 pm Joint and muscle pains severe; difficult to move at all 2:00 pm Chills; bone chilling cold and chest pain Between 2- 7 pm All symptoms continue 7:00 pm Tongue swells and burns [like on fire] fire sensation goes down esophagus to stomach; pain in stomach Fitful night: all symptoms continue thruout night except the chills Let up around 1 am THURS 21 JAN 7 am Tongue swelling down, but it's numb yet still burning all way down esophagus and the stomach burns still. Fatigue a little better; Joint pain and headache debilitating. Muscles cramping and extremely painful. Noon Sent message to Dr via online access 1 pm Vomiting occurred; rest of symptoms remain same with addition of new round of the chills 3:30 pm Vomiting ceased but nausea remains. Chills stopped, rest of symptoms remain. FRI 22 JAN 4am Vomiting returned, gatorade helps burning, but won't stay down. 7am Tongue no long swollen, burning is less. Tongue remains numb and no taste. Fever 99.6. Joint pain lessened by half. Headache intensity increased causing blurred vision. 10am Nausea only slight, can keep liquids down. Headache still intense. Fever 99.4 10:30am - 5pm Slept. 5pm Headache remains intense. Fever 99.6. Muscle and joint pains less severe. Nausea remains. Tongue numb but burning gone. 6pm Read Dr's message. 7pm All symptoms remain. 8pm Vomiting returns. Increase muscle and joint pains. Headache blinding. Fever 99.4 Slept on and off with no alleviation of symptoms SAT 23 JAN 4 am Woke with vomiting. Fever 99.2, headache worse. Tongue and esophagus and stomach burning back. 7am Nausea and muscle joint pains remain. But less. No fever. Headache less intense but vision still blurry Rest of day was able to move more freely and felt increasingly better as day unfolded. Had some solid food. SUN 24 JAN Appear to be back to normal except for the headache and vision blurriness. Tongue still numb and without taste. MON 25 JAN 7am Feeling just a little tired with slight headache and tongue numb. 9am Made app't with Dr for 3:30 today

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973331	1/26/2021	AL	32	F	12/30/2020	1/1/2021	This is a spontaneous report from a contactable other health professional (patient herself). A 32-year-old female patient (non-pregnant) received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot# E11284), via an unspecified route of administration on 30Dec2020 11:45 in right arm at single dose for COVID-19 immunization. Medical history included COVID from 15May2020 to an unknown end date. Known allergies was no. Other medications in two weeks included pantoprazole, cholecalciferol (VIT D3), ascorbic acid (VIT C), zinc, fish oil, curcuma longa (TURMERIC). The patient experienced mild cold like symptoms (runny nose and sore chest) 3 days after vaccine on 02Jan2021, blood spots on right abdomen, chest 3-4 days after vaccine in Jan2021. Constant headache for a week starting 5 days after vaccine on 04Jan2021 and elevated blood pressure, racing heart, and chest pain 5 days after vaccine on 04Jan2021. All events resulted in doctor or other healthcare professional office/clinic visit. The patient underwent lab tests and procedures which included COVID positive on 15May2020. The patient had COVID test of nasal swab post vaccination and result with negative. Outcome of events were unknown. No treatment was received for events.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported bleeding cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
974069	1/26/2021	FL	43	F	1/16/2021	1/16/2021	Immediately following vaccination, the patient reported her left arm "becoming heavy", then she became dizzy with chest pain on deep inspiration. EMS transported patient to hospital under non-urgent acuity. Primary impression was generalized anxiety consistent with PMHx of anxiety episodes.
973807	1/26/2021	VA	29	F	1/26/2021	1/26/2021	HA, dizziness, minor chest pain, body chills, fever starting 1/24/21 Notably, pt had an IV iron infusion on 1/22/21

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973825	1/26/2021	MO	21	F	1/22/2021	1/22/2021	Systemic: Other- Patient had new onset migraine and chest pain-Medium
973883	1/26/2021	VA	36	F	1/19/2021	1/19/2021	approx. 4 hours after injection, I had severe chest pain and pressure. I went to the emergency department for evaluation and testing. All tests were normal. One week post injection I still have chest pain, pressure and tightness.
973903	1/26/2021	MA	21	F	12/31/2020	1/1/2021	After first dose of Moderna on 12/31, went to the ER for chest pain and L arm numbness on 1/7/21. She was told it was a migraine equivalent. She already submitted a VAERS form but she did not inform office about the event.

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973964	1/26/2021	OK	46	F	1/9/2021	1/10/2021	<p>Saturday, 01/09/21 1300-received 2nd vaccine Sunday, 01/10/21 0500 -severe left arm pain, began at injection site, radiated: up and across L shoulder blade area, up neck and into head, down to L fingertips 0600 -all above continued, R knee joint pain (sharp/stabbing) 1400 -all above continued except R knee joint pain; spinal pain and intercostal pain began 1900 -all above continued; TMJ, jaw, and 'tooth' pain began Monday, 1/11/21 TMJ, jaw, and 'tooth' pain, nausea, fatigue, night sweat Tuesday, 1/12/21 TMJ, jaw, and 'tooth' pain, nausea, fatigue, night sweat Went to dentist (scheduled appointment on Monday) for cleaning and thorough exam...exam was normal Wednesday, 1/13/21 continuation of symptoms from 1/12/21, but pain worse, ear pain Thursday, 1/14/21 0630 had eaten a full can of chicken noodle soup. Was sitting and working on CEs for work, had taken medications for the day, but added in hydrocodone, half of a 7.5/325mg tablet and ibuprofen 200mg. Felt a severe wave of nausea. Laid my head down on my arms on the table. Do not remember getting up, but remember walking through the kitchen in front of the refrigerator, reaching up to feel my pulse, felt two beats which were too far apart and thought to myself, "I'm going to faint". Apparently I was able to walk about 6 feet further, but I don't remember it. I don't know what time I fainted, but I think I must have fallen. I woke up sometime after 7, disoriented and my head hurt, lying on the kitchen floor. My husband came to my side after I called out to him about 5 times. I was drenched in sweat and very weak. When firefighters arrived they said my heart rate was 'all over the place', from 46 to I don't know what (did not hear). Ambulance arrived around 0730. Glucose was normal. Was taken for evaluation. Was given IV NS (I think 1000mls). Labwork was drawn. CXR, CT, and EKG. ER Dr recommended I follow up with my cardiologist, as she noted mitral valve regurgitation and thought a Holter monitor would be advisable. CXR and CT normal. EKG normal sinus rhythm, but showed anteroseptal infarct of unknown age, confirmed by cardiologist who read the EKG. Also seen by my PCP at 1430, he checked my ears, as they had been hurting as well, said they were clear. Advised alternating tylenol and ibuprofen Q4-6H. Friday and Sunday 1/15 and 1/16 night sweat, TMJ pain, nauseated, headache, neckache, fatigue, shoulders sore, eyes sore, inner ear pain Sunday, 1/17 0500 woke up,</p>

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							lying in bed, dizzy, clammy palms, chest pain (mid-clavicular, just below left breast, stabbing), night sweat, TMJ pain, nauseated, headache, neckache, fatigue, L & R flank pain, BP 115/70, HR 54 Monday 1/18, Tuesday, 1/19, Wednesday 1/20, Thursday 1/21, Friday 1/22, and Saturday 1/23 varying degrees of: fatigue, nausea, dizziness, TMJ, jaw, and 'tooth' pain, palpitations, and ear pain. TMJ and jaw pain worsens with activity.
973979	1/26/2021	FL	43	F	1/16/2021	1/16/2021	As soon as patient received vaccination her left arm became heavy, she became dizzy with chest pain on deep inspiration. Patient has a PMHx of anxiety which they believe instigated the side effects. Patient was transported via EMS to Palms of Pasadena hospital with non-urgent acuity.
973330	1/26/2021	TX	40	F	1/1/2021	1/12/2021	Rashes to upper body anterior and posterior; Generalized body pain; chest pain; This is a spontaneous report from a contactable Nurse (patient). A 40-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot# EK5730), intramuscularly in left arm on 01Jan2021 06:15 at single dose for COVID-19 immunization. Medical history was none. Known allergies: No. Other medical history: No. The patient was not pregnant. Concomitant medication in two weeks included colecalciferol (VITAMIN D). If other vaccine in four weeks: No. The patient experienced rashes to upper body anterior and posterior, generalized body pain, chest pain, all on 12Jan2021 17:00 with outcome of not recovered. No treatment received for the events. If covid prior vaccination: No. If covid tested post vaccination: No. AE was not resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care.
976097	1/26/2021	VA	50	F	1/22/2021	1/22/2021	Initially had itchiness and tongue swelling. This resolved on its own. Then developed itching 24 hours later that turning into diffuse burning sensation throughout her whole body prompting her to visit the Emergency Department. She had chest pain also, but states it is her normal chest pain. Her evaluation in the ED showed no cardiovascular nor pulmonary compromise.

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975671	1/26/2021	TX	38	F	12/28/2020	12/28/2020	I had a headache, nausea, body aches, fever of 100.8 and chills. I also had some chest pain and SOB with activity. Joint aches and constant diarrhea.
975833	1/26/2021	CA	52	F	1/26/2021	1/26/2021	patient c/o feeling "something" in throat while waiting after her imm. patient denies shortness of breath, wheezing, dyspnea, chest pain, nausea vomiting, rash, headaches or abdominal pain. Patient VS done x 2.frist set:BP: 127/81 HR: 65 sats:100% at RA done at 1:30 pm second set of Vs: BP: 130/74 HR: 65 Sats; 100% on RA done at 1:45 pm Chest ; CTA bil no abnormal lung sounds appreciated Heart: RRR no murmurs Patient assessed by doctor Patient remained stable no changes in VS monitored for 35 mins ER precautions given to pt to go to ER or call 911 if any sx worsen or sx do not improve or new sx start patient left in stable condition at 1:45pm
975834	1/26/2021	CO	40	F	1/4/2021	1/5/2021	I received the 2nd dose of the vaccine on Monday 1/4/2021 at 1600. Over the afternoon and evening I developed arm pain at the injection site. Since there were no other side effects in the morning, I returned to work for my regularly scheduled shift on 01/05/2021 at 0545. At approximately 0615 I began to get body aches and restlessness. At approximately 0725 in addition to the body aches and restlessness, I began to get severe nausea, weakness, light-headedness, headache, profuse sweating, and severe chest pain and shortness of breath. Because of the severity of my symptoms my manager immediately told me to go to the ED and a fellow co-worked brought me down via wheelchair. In the emergency department I was assessed and worked up and after several tests and xrays I was given a diagnosis of adverse reaction to drug/vaccine. I was discharged to home at approximately 1130 on 01/05/2021. Upon arriving home I continued to have body aches, and then developed chills, shaking and fever of 101.00. All of this combined became unbearable and I had to take 500mg of Tylenol at 2230 on 01/05/2021. On 01/06/2021 I still felt horrible with body aches, fever, nausea and fatigue. My weakness, fatigue are still present today 01/07/2021 at 0945.

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975893	1/26/2021	UT	71	M	1/25/2021	1/26/2021	Patient reported he woke up at about 5 am. He was having some dizziness and nausea symptoms. He remembers sitting on his bed and then waking up at the Infirmary. Medical staff reported he was drowsy and slow to respond. Denied any recent illness, chest pain, heart palpitations, or shortness of breath. Pt was placed on O2 upon arrival at the Infirmary. Hospital Neurology completed a workup, ECG was also completed. Recommended to follow through with a cardiac workup. Pt was cleared and returned to this afternoon.
975913	1/26/2021		57	F	1/19/2021	1/19/2021	Tachypnea, Palpitations, HYPERTension & Angina Narrative: 12 HOURS AFTER VACCINE PT DEVELOPS TACHYCARDIA, CHEST PAIN, AND SHORTNESS OF BREATH. TREATMENT AT ER/ HOSPITALIZATION FOR TWO DAYS.
975665	1/26/2021	MO	42	F	1/21/2021	1/22/2021	Extreme fatigue, weakness, slept 36 hrs, stomach cramping, nausea, diarrhea, chills, muscle aches, headaches, chest pain, tachycardia up to 201, bp up to 210/101 with no cardiac history
977031	1/26/2021	LA	84	M	1/18/2021	1/21/2021	admitted 21 Jan 21for Chest pain; Elevated troponin; Hypokalemia; SOB (shortness of breath); Shortness of breath; Volume depletion Discharged on 23 Jan 21
976133	1/26/2021	CA	81	F	1/26/2021	1/26/2021	Patient was in 15 minutes observation after COVID vaccination when she started experiencing SOB at 4:18 pm. Started with O2 treatment at 3 ml flow rate, notified site lead immediately. Under site lead supervision, attempted to take VS : HR 90 irregular, RR 40 irregular, unable to take BP due to equipment malfunction. No T due to no thermometer in observation room. Patient is diaphoretic states SOB, dizziness. Denies Chest pain. No N/V. At around 4:20 pm, one dose (0.3 ml) of epi-pen adult was administered left lateral thigh and called Emergency service ambulance per protocol. At 4:30 pm, EMS ambulance and police were arrived. Detailed patient care information was provided and handed over the care to the team. At 4:40 pm, patient left with emergency ambulance team.

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973593	1/26/2021	AR	56	F	1/12/2021	1/12/2021	Runny nose; Left arm is hurting; Severe headache; Nausea; Pain all over, can hardly move; Pain all over, can hardly move; This is a spontaneous report from a contactable consumer reported for self. This 56-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot EL0142) via unspecified route of administration on 12Jan2021 between 13:30 and 14:00 at single dose in left arm for COVID-19 immunization. Patient worked in EVS. The patient medical history included rheumatoid, asthma, artery disease, gastroparesis. There is no family medical history. The patient concomitant medications not provided. The patient previously received first dose of bnt162b2 (Lot: EJ1685) on 22Dec2020 at single dose in left arm for COVID-19 immunization. The patient had a headache with the first dose of bnt162b2 and a little bit of chest pain (stated she had heart troubles) (AER 2021050910). The patient experienced severe headache, nausea, and pain all over, can hardly move from 12Jan2021. Pain all over, can hardly move started at the night of 12Jan2021. It hurts so bad. The patient also experienced runny nose and left arm is hurting from unspecified date. There is no relevant tests. The outcome of events severe headache, nausea, and pain all over, can hardly move was not resolved. Nausea and pain all over, can hardly move was reported as worsened. The outcome of others event was not reported. Information about lot/batch number has been requested.
976098	1/26/2021	CA	41	M	1/26/2021	1/26/2021	Patient c/o slight headache and lightheaded at 0415 pm no other sx, denied abdominal pain, nausea vomiting, shortness of breath, chest pain, wheezing, rash. no documented allergies in past but thinks he might have had allergies to one of the antibiotics in past not sure of the name. VS done at 0415: BP: 145/82 HR: 73 sats:98% VS done at 0430: BP:134/83 HR: 78 sats : 98% on RA. Pt remained stable and was monitored until 0446 and patient left in stable condition this case of consulted with physician present at the time of event Patient was given ER precautions to go to ER if any new sx start or current sx get worse.

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976123	1/26/2021	NJ	58	F	1/21/2021	1/21/2021	Having Ehlers Danlos and Mast Cell Degranulation as well as Dysautonomia... Anaphylaxis is often referred to as slow roll and without the typical face swelling and rash. It is more subtle and can be harder to detect. And that was my experience: as follows: I became faint and briefly passed out within 2 minutes of injection. I stabilized quickly within a 30 minute hold although developed increasing nausea, I and med tech was satisfied that it might just be my dysautonomia. I spent the evening with severe headache vomiting as passed out again. I experienced throat tightening but not full closure. The next day I had flue like symptoms that I assume were normal and vaccine related. When this passed in the evening I again suffered nausea and dizziness, vomiting and throat tightening when I tried to eat. These symptoms were not similar to the flush feelings earlier in the day. The symptoms ebbed and waned for 2 days with increased frequency as I took chromalyn , Benadryl with some effect at first and ate with great care as not to introduce more allergens. I had increased chest pain, sweating, fainting, throat tightening became severe Benadryl was not effective. I was having trouble swallowing. I was forced to use an epi pen and call 911. This is a typical anaphylactic response for EDS< Mast Cell patients. It became clear that I could not get past this on my own and the symptoms were increasing. I started to shake with chills and feared shock as my chest pains increased. The epi pen injection and hospital visit via ambulance occurred Monday 1/25-1/26. I became very faint during the Ems intake with the techs having to hold me up to check vitals etc.. My HR dropped despite the Epi. At the ER I was given IV steroids, IV Benedryl and Potassium, tablets and fluids throughout the night, admitted for evaluation.
976135	1/26/2021	LA	74	F	1/10/2021	1/10/2021	Sharp pain in chest for a minutes the night of the injection and then went away. The next morning, sharp pain in the stomach for a few minutes and then went away.

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976270	1/26/2021	NM	24	M	1/25/2021	1/25/2021	severe weakness to point of not being able to walk, nausea, chest pain, dizziness immediately after vaccine given; rapid response team was called and then taken to ED; had shortness of breath and chest tightness, severe weakness, severe body aches. Fever up to 100.7 about 19 hours post vaccine; at 28 hours post vaccine continues to have severe weakness, chest tightness with SOB at times, slight cough with wheezing, diarrhea X3
974981	1/26/2021	MS	49	F	1/11/2021	1/14/2021	Mild Chest pain on and off on day 3 and day 5 checked vital signs all normal. Took Advil. Full body Itching days 5 and 6. Took Zyrtec. Day 10 slight nausea on off 2 days. Day 12 blistered rash developed right back hip area very pain abdominal nerve pain. Visited family medicine clinic diagnosed shingles. Currently taking valacyclovir. Symptoms improving.
975974	1/26/2021	KY	48	F	12/31/2020	12/31/2020	Within a hour and a half my throat was on fire, and I called a virtual care through my insurance and saw a provider via telehealth. She gave me Augmentin and prednisone. My sinuses were irritated. I had flu like symptoms but no fever. I was treated for strep throat. I have had mild throat burning since and have not fully recovered. I have had a severe headache ever since and have had to rotate Tylenol and ibuprofen everyday. I went into the ER 01/22/2021 with severe chest pain and they said I had GERD.
975101	1/26/2021	TX	58	F	1/13/2021	1/14/2021	Severe chest pain, high BP
976172	1/26/2021	CA	41	F	1/26/2021	1/26/2021	Patient received her Vaccination today. She reported dizziness and foggy head feeling and felt like her BP was high at 0520 pm. She has h/o HTN which is controlled as per pt with medication as noted in her records. Pt has taken her BP today as well. Pt denied headache, nausea, vomiting, abdominal pain, rash, shortness of breath, chest pain, dysphagia, wheezing. Pt was monitored for over 30 mins given her recorded allergies in past VS checked at 0520 pm:BP: 129/76 HR: 76 sats : 100% VS checked at 0535 pm: BP: 121/72 Hr: 73 sats : 100% Pt remained stable and reported that her sx have improved and left in stable condition at 0535 pm.ER precautions given to pt - if her sx worsen or new sx start which were discussed with her she will need to go to nearest ER or call 911.

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975584	1/26/2021	TX	42	F	1/25/2021	1/25/2021	ON 1/25/21 AT ABOUT 1145 PM PATIENT HAD REDNESS TO SITE OF INJECTION , SORENESS TO SITE , CHILLS, MUSCLE ACHES,, TROUBLE WITH RANGE OF MOTION OF NECK , FATIGUE, HEADACHE, NO SHORTNESS OF BREATH, REDNESS DID NOT SPREAD, NO RASH , NO CHEST PAIN, NO FEVER, PATIENT STATES WILL FOLLOW UP WITH HER PROVIDER. PATIENT EDUCATED ON ER FOLLOW UP OR PCP IF SYMPTOMS GOT WORSE , VERBALIZED UNDERSTANDING
975045	1/26/2021	TX	44	F	1/26/2021	1/26/2021	Sudden onset of substernal chest pain radiating to back. Headache radiating to left shoulder and redness of hands
975061	1/26/2021	NY	54	F	1/15/2021	1/22/2021	Patient developed an infection 7 days post-injection. Patient experienced arm redness/swelling/pain and fever of 100f. Patient also had chest pain.
975219	1/26/2021	KS	25	F	1/26/2021	1/26/2021	Dizzy, light headed, nauseous, and some chest pain
975272	1/26/2021	NC	54	F	1/25/2021	1/25/2021	Systemic: Nausea-Medium, Systemic: Fainting-Severe, Systemic: Other- After 2nd dose of covid-19, Patient reported tingling, blood pressure was 198/102, high pulse, tingling in the arm and hand, chest pain, dizziness
975296	1/26/2021	NY	68	F	1/26/2021	1/26/2021	PATIENT BECAME FLUSHED AND HAD ITCHING TO CHIN: AIRWAY PATENT: NO SIGNS OR SYMPTOMS OF RESPIRATORY DISTRESS, SHORTNESS OF BREATH OR CHEST PAIN: HEART RATE 62: 02 99% ON ROOM AIR: RESPIRATIONS 18: LUNGS CLEAR AND NO STRIDOR NOTED: PATIENT PROVIDED WITH WATER: PATIENT STATES SHE "SHE FEELS PRICKLEY ON THE FACE AND HEAD.~~
975359	1/26/2021	CA	70	F	1/25/2021	1/25/2021	The patient was being observed for 15 minutes post vaccine administration and she started having a tingling feeling in her left arm, feeling like her blood pressure was going up and feeling anxious. No shortness of breath, chest pain, swelling of the tongue, mouth or throat, speech appeared normal
975394	1/26/2021	CA	70	F	1/25/2021	1/25/2021	Tingling in the left arm, feeling warm, anxious. No shortness of breath, chest pain, headache, swelling of the tongue or throat. During the 15 minute observation period following the administration of the vaccine

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975419	1/26/2021	MO	37	F	1/20/2021	1/21/2021	Received vaccine on Wednesday 1/20/21 at 11:00am and had no issues until the next am. Woke up on 1/21/21 with no fever but had dry mouth, chest pain, muscle fatigue, and severe headache. Clocked in at work at 0530 and could only work til 7am as symptoms were getting worse. Went home took temperature with tongue thermometer and was running 101.5 fever... proceeded to take X2 IBU Profin then in another 4 hrs took Tylenol. Rotated them every 4 hrs. By 01/21/21 evening still had fever and headache but chest pain was gone. By 1/22/21 morning all symptoms had subsided except for the red circle around the injection site which is still warm to the touch. Employee reports fever, nausea, vomiting, severe headache, muscle pain, joint paint. Employee reports missing a day of work due to side effects, is feeling better today 1/22/2021, still has nausea from stomach and injection site looks like a red flower all the way around it.
975553	1/26/2021	TX	53	F	1/26/2021	1/26/2021	After second dose of MODERNA Covid-19 vaccine administration, patient reported persistent chest pain including palpitations and nausea. 911 activated at 11:36am and arrived at facility at 11:48am. EKG completed by paramedics. Patient was then transported to emergency room via ambulance.
975555	1/26/2021	MI	66	F	1/26/2021	1/26/2021	Patient approached Observation RN (3rd Floor stadium location) that her "heart was racing". Patient informed RN at 12:55pm, the injection was administered at 12:08pm in the left deltoid. Paramedic notified and vitals were taken: BP 117/75, HR 88, SpO2 98% on RA, RR 16. Patient denied lip or tongue swelling, difficulty swallowing, SOB, or chest pain. Patient stated she has history of anxiety, CAD, and LBB. Patient signed ambulance waiver declining transport to the emergency room. Patient left observation area at 13:18 on her own without the need for assistance.

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975341	1/26/2021	FL	56	F	1/25/2021	1/25/2021	Approximately 20 minutes after receiving the vaccine she stood up to leave the vaccine clinic. She said she felt like she was having palpitations. She denied chest pain and shortness of breath. She was placed cardiac monitor showing a rapid Atrial Fibrillation. VS were - 5:25 pm 137/97, HR 133 - 140, R 18, O2sat 98% 5:30pm 145/107, HR 141, R 15, O2sat 98% 5:40pm 117/101, HR 128, R 15, O2sat 98% 5:46pm 152/109, HR 146, R 16, O2sat 98% - Sent to Emergency Department with ED staff after Code Green was called. She remained awake, alert, and oriented x3 throughout.
975562	1/26/2021	FL	60	F	1/25/2021	1/25/2021	Fever 103.5, shaking chills, headache, pain in chest on inspiration
975583	1/26/2021		24	M	1/21/2021	1/23/2021	Worsening chest pain and difficulty breathing occurred two days after receiving second dose of Pfizer vaccine. Went to ER around 11pm (pain began 6pm) when no longer tolerable. Was given IV toradol, and had blood work done. Blood showed increased troponin levels after two tests but declined upon a third. Discharged hospital around 3-4am Sunday morning with prescription for po voltaren tablets.
971656	1/25/2021	GA	47	F	12/30/2020	1/1/2021	Pain in left arm. Several days later, chest pain, pain on left side of back. Left wrist pain. All would come and go. January 7, bottom lip began tingling and left side of face went numb. Taken to medical center and admitted.
970932	1/25/2021	MO	47	F	1/19/2021	1/20/2021	Per employee visit to Employee Health: Fever up to 103 degrees F. Tachycardia 130 bpm. Chest pain, SOB. Body aches. Developed blisters on gum and on tongue. Was concerned had COVID-19 so went to get tested. Resulted negative.
970999	1/25/2021	NY	36	F	1/20/2021	1/20/2021	Moderna COVID-19 vaccine EUA: weakness, bodyaches, headache, 102.4 fever, chills, sob, upper chest pain and extreme Thirsty. Symptoms lasted 3 days

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971000	1/25/2021	MI	30	F	12/30/2020	12/31/2020	I was having chest pains that woke me up with dull achy chest pains on my left side. I tried to wait it out for a couple of hours and nothing improved so I went to the ER 12/31/20 and they did EKG and other tests. They medicated me with Ibuprofen and sent me home. The next day I had to go again because the pains were worse. At the ER at 01/01/2021 they redid the same tests and all came back normal. I still feel the chest pains not as strong they come and go. I had them yesterday but not today. My PCP does not know what to do and prescribed me XANAX to keep me from getting stressed and making it to come back. My employer suggested doing a COVID test but I had not had a chance to go and have it done yet.
971074	1/25/2021	CA	58	F	1/20/2021	1/20/2021	Fatigue, nausea, diarrhea, chest pain
971121	1/25/2021	MO	19	M	1/19/2021	1/19/2021	Patient Complained of heart racing, chest pain and felt like his blood pressure was up. Patient was taken to the ER and returned to work in approx 2 hours and then sent home for feeling faint. fine the next day
971190	1/25/2021	VA	51	M	1/24/2020	1/22/2021	On Friday, I had the second vaccine covid 19, at 9:00 am at the left shoulder and after 12hours at 10:00 I started to feel the symptoms was light fever ,chills, headaches, body aches. Symptoms that was high concern: shortness of breath, vision discomfort due to the light, high blood pressure, extremities(hand and feet) swelling accelerated pulse ,chest pressure. This lasted on an off proximally 3 to 4 hours. Saturday afternoon at 3pm once again heart rate went up and pulse lasted 1 hour .The entire Saturday was feel the primary symptoms with chest pain . Today Monday I woke up with pain at the left clavicle bone and found a lump that hurts and radiates to the chest and increasing in size .

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971685	1/25/2021	PA	43	M	1/12/2021	1/18/2021	On 1/18/2021 in the evening, he noticed some inflammation of the left lower lip, then he noticed some hives on his left wrist, then across the beltline. He reports taking Benadryl without improvement. He denies any other skin manifestation, shortness of breath, chest pain, or any other symptoms associated with an allergic reaction. He was following closely with his PCP and had an appointment to see an allergy specialist on 1/19/2021. The allergy specialist diagnosed him with and adverse effect of a vaccine and in the note documented delayed urticaria and angioedema secondary to COVID vaccine #2. .
971570	1/25/2021	FL	56	F	1/25/2021	1/25/2021	Patient informed medic while sitting in the observation area that she was experiencing chest pain, difficulty breathing and throat tightness. Patient was taken to medic area vs=179/89, pulse 121, o@ sat 99%
970845	1/25/2021	ME	50	F	1/21/2021	1/21/2021	Approximately 10 minutes following vaccination patient stated she is "itchy." Hives were observed on her neck and chest. Patient denied shortness of breath, chest pain, or other allergic reactions. Patient was observed for an additional 15 minutes and advised through medical control that self-monitoring was appropriate. Next day: hives progressed to face and eyes, "puffed out pretty bad." Visited personal doctor and was prescribed prednisone and hydroxyx.

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970064	1/25/2021	MA	46	F	1/6/2021	1/1/2021	fever/had a 100.1 degree fever/temperature over 100.1; Sore ARM/Injection site; Headaches/massive headache; eye pressure/Pressure in eyes; Body aches; Muscle spasms/Cramping; tired/tiredness/fatigue/feeling rundown; hot and cold chills; tremors; coughing; chest pain; swelling; unable to work; This is a spontaneous report from a contactable consumer (patient). This 46-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (lot number EK9231), via intramuscular on 06Jan2021 09:45 at single dose on left arm for COVID-19 immunization. The patient's medical history included asthma, arthritis and COVID-19. No known allergies. The patient's concomitant medications were not reported. The patient previously took the first dose of BNT162B2 (lot number EH9899) on 16Dec2020 09:45 at single dose for COVID-19 immunization. Facility type vaccine was workplace clinic. Patient was not pregnant. No other vaccine received in four weeks. Prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient hasn't been tested for COVID-19. Patient was a PCT Patient Care Technician. Patient had not been feeling well/sick on 06Jan2021 since receiving her second vaccine dose. Patient said she was unable to work, and was still feeling sick. Patient experienced massive headaches, pressure in eyes, body aches, sore arm/injection site, muscle spasms/cramping, tired/tiredness/fatigue/feeling rundown, hot and cold/chills on 06Jan2021 11:00. These adverse events resulted in Doctor or other healthcare professional office/clinic visit. Patient stated she had reactions coughing, chest pain, swelling, tremors in Jan2021. Patient said she couldn't bend without having a muscle spam. Patient clarified if she tries to wipe herself after she goes to the bathroom, she has muscle cramping. Patient clarified if she tries to turnover in bed, she has charley horses everywhere. Patient reported walking hurts from having so many charley horses. Patient said the headache seemed like it was progressing. Patient was feeling rundown and tired. Patient reported she had hot and cold chills over the weekend. Something didn't feel right on 11Jan2021, so she took her temperature and she had a 100.1 degree fever. Patient clarified she did not check her temperature prior to 11Jan2021. Patient reported she has been taking ibuprofen 800mg to maintain herself as treatment. She

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					<p>said she took some of the ibuprofen 800mg over the weekend, and then decided to take her temperature on 11Jan2021, and that was when she discovered she had a fever. Reported the ibuprofen 800mg was a prescription from her doctor and was dispensed in an amber pharmacy bottle. Patient stated she had lab work for, because of COVID her lungs has been messed up but before she had the shot she was doing pretty good. So, she would be getting tested periodically for her lungs and all that because she had COVID at one time. Patient stated the doctors gave her prednisone and antibiotics as treatment. For antibiotics name, Patient stated amoxicillin she believed it was and the doctors gave her another pill start with a M for swelling. Patient stated her doctor did said it had nothing to do with concomitant medication and other medication conditions. The doctor said it had to do with having the shot. Treatment for adverse events (headaches, pressure in eyes, body aches, sore arm/injection site, muscle spasms, cramping, tired, fatigue, temperature over 100.1, hot and cold/chills) included penicillin, amoxicillin, prednisone. Outcome of massive headaches, pressure in eyes, body aches, sore arm/injection site, muscle spasms/cramping, tired/fatigue, temperature over 100.1, hot and cold/chills were not recovered, outcome of other events was unknown.</p>		
971795	1/25/2021	MS	59	F	1/5/2021	1/8/2021	<p>4 chest pain events that mimic heart attack symptoms for a female, chest pain and tightness that radiates up in the jaw. After 20 min or longer the symptoms begin to dissipate. 1st event 1/8/21 in the evening. The following week another episode while driving home from work. During work 1/21/21 another episode took place and EKG done with negative result. That same evening during sleep another episode woke me up, although it was not as bad as the other ones and 20 minutes later i was able to go back to sleep. As of today 1/25/20 no other episodes. I do take Famotidine daily and have been for several years due to acid reflux and heartburn, but never have I experienced chest pain.</p>

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971534	1/25/2021	CA	60	F	1/11/2021	1/1/2021	Temperature 101.7; Back pain/pain in her back; Right upper jaw pain that felt like sinus; Heart rate 130's; Oxygen Saturation dropping; Headache/head felt like it would explode; Ringing in the ears; Thighs are burning; calf pain/Calves were sore in back; Calves were sore in back and felt like DVT; Chest pressure; she sound like a hypochondriac; flu like symptoms; can barely walk; Nausea; Shivering; weak; felt miserable; dry hives; This is a spontaneous report from a contactable Nurse reporting for herself. A 60-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) Batch/lot number: EL1283, Expiry Date: 30Nov2021, intramuscularly into right deltoid on 11Jan2021 07:15 at single dose at the hospital for Precaution as frontline healthcare worker. Medical history included Wolff-Parkinson-White (WPW) syndrome from 2000, heart surgery in the past on unknown date, had surgery that was in 2000. Years of chest pain and PVC after that; allergic to Sulfa with hives: One time she mixed it up with a medication of her sons and took it by mistake and did not realize it and she did not have any reaction, she has not had in years. It was an injection and she doesn't have the name, lot or expiration. Family medical history included Mother was diabetic and sister was prediabetic and was 61. There were no concomitant medications. The patient previously received the first dose of BNT162B2 (Lot E49899) on 18Dec2020 at 10:30 am injected in Right Deltoid for COVID-19 immunisation and experienced shivering; same body aches, she took TYLENOL; had major headache all night long, all over her head; It was a pressure headache; Someone gave her MOTRIN and within 3 hours she was totally fine. The patient stated she received the Pfizer COVID vaccine second dose on 11Jan2021 and has had problems since then. She has been miserable, took paracetamol (TYLENOL), headache, have ringing the ears, head was exploding, back aches, calf pain, temperature at 8 am 101.7 and 101.7 at 10:40 on 12Jan2021, feeling very weak, nausea, dry hives, Right upper jaw pain that felt like sinus, all in Jan2021. Her heart rate was in the 130's at 3:30-4:00 on 12Jan2021 and now down to 115-108. Her Oxygen saturation has been 91-95 %. She just had a miserable night (Jan2021). She had this pressure in her chest. Her heart rate was 130 and O2 was 93%. Her O2 saturation

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last night (on 11Jan2021) was 91-94%, mostly about 93%. Chest Pressure began around 3am on 12Jan2021. She called healthcare provider and was waiting to get advice from them if she needs an EKG. She was still having a little bit of mild pressure. She noticed that her oxygenation was 93% when this was happening. It went up to 95% for a second last night. Her heart rate was now between 112-115. When she walked, it went to 125-130. It started around 3:30-4:00 this morning (on 12Jan2021) and was mildly improved. she was feeling the chest pressure back pain had lesson, but had pain in the upper jaw, flu like symptoms on 12Jan2021. she said she could not get out of the bed right. She did have a heart surgery in the past, her legs were burring, and week. she said after the first dose she did had a reaction but took MOTRIN and went to work the next day. The patient wanted to know about the heart rate being high and ringing in the ears. She wanted to know if it was supposed to drop your saturation and increase your heart rate. Is she just behaving like the norm or should her O2 be much higher. Her first shot was not as bad as this reaction. There was no prescriber. The temperature just began now as she just took it. Oxygen Saturation dropping began when she woke up in middle of night around 3:30- 4:00. She used her pulse oximeter and noticed it then. It was associated with her ears ringing and her head felt like it would explode at 3:30 on 12Jan2021. She felt better with headache but still had it. She was so weak on 12Jan2021, she did not want to go anywhere. Her oxygenation had worsened to 93% on average. She had a headache last time but did not have ringing in her ears. She woke up about 3:30 with it. The headache now was all over head from front to back and comes and goes. Last time she went to work after receiving the first one and today (on 12Jan2021), there was no way she could go to work. She took TYLENOL when she got home because she was shivering and took more at 3:30 because she felt miserable because of her chest. She took 1 gram. Her headache did not go away. She got to sleep after she took the TYLENOL. Her back and jaw was bothering her. It felt like the flu. She had upper jaw pain and pain in her back. She didn't have a good back and just aches. After the first one, it took 10 hours for the shivering to start. This time it was very similar. The shivering started about 10 hours later, at

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9pm on 11Jan2021. Back pain starting at 05:00 on 12Jan2021 was stated as being sharp on right side scapula and feel like the flu. It is to the right of spinal vertebrae. She thought she would go to bed and lie down. She has had back pain before. The jaw pain started around 05:00 on 12Jan2021. She felt it in her cheek. It was a little bit better. Nausea started at 11:00 pm on 11Jan2021 and got worse at 03:30 when she got up to go to the bathroom around midnight. She felt like she could vomit and felt better, but she couldn't. Her thighs were burning at 03:30 on 12Jan2020. It was persistent weak and burning. She can barely walk. The areas that have hurt like when you get the flu, she was having now in the same places, so she thought it was from the shot. Calves were sore in back and felt like a DVT (Deep vein thrombosis), started at 03:30 of 12Jan2021 and was still sore. She said she sound like a hypochondriac. It was in back of calf towards knee. She did not think it was a blood clot. It was feeling better. It was still sore but nothing like it was at 03:30. It is just an odd pain. She did not want to leave the house and surprised that her oxygen saturation was low. She just wanted to go back to sleep for a bit. Oxygen Saturation dropping was reported as worsened. The outcome of events Chest pressure, Heart rate 130's, Headache/head felt like it would explode, Right upper jaw pain that felt like sinus, calf pain/Calves were sore in back and Calves were sore in back and felt like DVT was recovering. The outcome of events Oxygen Saturation dropping, Ringing in the ears, Shivering, Back pain/pain in her back, Nausea, and Thighs are burning was not recovered. The outcome of events Temperature 101.7, she sound like a hypochondriac, dry hives, flu like symptoms, weak, felt miserable and can barely walk was unknown. The reporter considered events Heart rate 130's, Temperature 101.7, Oxygen Saturation dropping, Right upper jaw pain that felt like sinus and Thighs are burning were related to BNT162B2. The reporter considered events Chest pressure, Heart rate 130's, Temperature 101.7, Oxygen Saturation dropping, Headache, Ringing in ears, Shivering, Back pain, Nausea, Thighs are burning, Right upper jaw pain that felt like sinus and Calves were sore in back and felt like DVT as serious due to Medically significant.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on

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							reported events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
970739	1/25/2021	PA	73	M	1/22/2021	1/23/2021	Everything started Saturday morning 1/23/2021. headache, hand so cold, nausea, upset stomach, chest pain, weak, called the ambulance. was told blood pressure was really high and put warm blankets on me , couldn't eat anything. was able to eat something yesterday. (sunday)
970682	1/25/2021		68	M	1/7/2021	1/19/2021	01/19/2021 developed chest pain, shortness of breath and fever 100.8. Went to ER and was diagnosed with acute pericarditis
970477	1/25/2021	NY	55	F	1/14/2021	1/14/2021	Arm pain and sleepiness day of vaccine, then next day chest pain and SOB. Went to ED--chest CT clear and labs WNL Chest pain and SOB still lingering for multiple days. Denies hx of covid infection. Says ED did not swab for active Covid 19 infection.
970473	1/25/2021	CT	46	F	1/24/2021	1/24/2021	Approximately 5-10 minutes after 1st dose of vaccine, patient complained of feeling sweaty, nauseous, and not feeling right. She was tachycardic and bradycardic soon after. She was transported to the ED for evaluation. She endorsed lightheadedness, chest pain, and trouble swallowing upon ED triage. She was given diphenhydramine 25mg PO x 1 dose and observed for ~2.5 hours prior to discharge.
970371	1/25/2021	PA	33	F	1/21/2021	1/21/2021	Developed severe body aches, chest pain and shortness of breath. High fever, reaching 103.3. Fever and symptoms lasted 72 hours with little relief with Tylenol or Ibuprofen. I called into PCP and he stated that because I recently had COVID, my immune response to the vaccine was exaggerated.

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970324	1/25/2021	PA	68	F	1/14/2021	1/16/2021	<p>Patient is a 68yo female with a PMH s/f of osteoarthritis, CHF, TIA with right limb weakness and aphasia and HTN presenting with a 1 week history of bilateral upper and lower extremity pain, stiffness and weakness. Patient states that she received the Pfizer COVID vaccine on 1/14 last week at pharmacy. At the time of inoculation, she did not experience any symptoms and went home after the 15 minute waiting period. The next day, she developed a generalized headache that started in her neck and continued over her head. She states that this continued to get worse throughout the day and on Saturday, she woke up and described a constant, 10/10, dull-aching pain that started at her neck/back of head and extended down to her shoulders to the tips of her fingers. She also stated that she had the same pain starting around her groin extending down to her knees and ankles. Patient initially tried taking Tylenol and ibuprofen to treat the pain, and said that those treatments normally work for her osteoarthritis, but that her pain did not improve afterwards. In addition to the pain, she also states that she developed worsening weakness to the point where she could not walk around her home. She stated that she thought moving around and being active had helped her fight through the pain and tolerate it, but that laying down and resting actually seemed to make it worse. With her symptoms worsening and her inability to walk, she decided to come to the hospital to get further treatment. She denied ever having an adverse reaction to other vaccines she has received previously. She receives the flu vaccine every year, and received measles, polio and other childhood vaccinations that she could not recall. She was diagnosed with polymyalgia rheumatica and started on 20mg prednisone daily. She had a remarkable response to the steroids and her symptoms resolved within 24 hours. She was discharged on her 3rd day of admission. On ROS, she denies fevers, chills, night sweats, SOB, changes to vision, eye pain, cough, chest pain, sputum production, nausea, vomiting, diarrhea, dysuria or hematuria. She affirmed weight loss, headache, neck stiffness, dizziness, lightheadedness, muscle stiffness/pain, reduced ROM, and urinary urgency and incontinence.</p>

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970113	1/25/2021	NM	25	F	1/11/2021	1/11/2021	Headache; Muscle soreness/ muscle soreness and knots; Muscle soreness/ muscle soreness and knots; Severe joint pain; Muscle tightness; Chest pain; Moderate chills; Exhaustion; This is a spontaneous report from a contactable other healthcare professional (HCP) (patient). A 25-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (lot number: EL3248) via an unspecified route of administration on right arm on 11Jan2021 06:30 at single dose for COVID-19 immunisation. Medical history included nail patella syndrome. Concomitant medication included ethinylestradiol, levonorgestrel (LESSINA), escitalopram. There was no other vaccine in four weeks. The patient had not COVID prior vaccination. The patient had not COVID tested post vaccination. The patient previously took amoxicillin and experienced allergies. The patient received the first dose of BNT162B2 (Brand: Pfizer, Lot number: EH9899) on right arm on 21Dec2020 16:00 PM for COVID-19 immunisation. First dose came with moderate muscle fatigue and joint pain, chills, headache and fatigue. Events occurred 7 days post vaccination. Second dose had almost immediate side effects beginning post vaccination beginning with headache, then muscle soreness. Followed by severe joint pain and muscle tightness, including chest pain. Moderate chills. Exhaustion. Both instances were elevated with ibuprofen, water, and a night's rest. Upon waking after second dose side effects, muscle soreness and knots probably from muscle tightness night before. A muscle relaxant might have helped. All events started from 11Jan2021 17:00. No treatment received for muscle tightness and muscle disorder, treatment was received for the other remain events. The outcome of the event was recovering.

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969814	1/25/2021	HI	28	F	1/20/2021	1/20/2021	Covid Vaxx #2 1/20 0815 - shot 12:15 - sore arm 1600 - mild aches and fatigue 1800 - 2cm nodule and redness at injection site 2015 - moderate aches and fatigue, feel like fever is coming 98.2 2130 - severe aches and fatigue, feels like flu 99.2 fever and chills 2300 - can't sleep, extremely uncomfortable 100.5 1/21 0030 - hot, more uncomfortable and exhausted, need sleep 101.0 took 600mg Advil 0500 - slept ~4 hours, woke up uncomfortable again, temp 99.5 with chills 0730 - woke up hot and uncomfortable, temp 100.0 0930 - woke up hot and uncomfortable, headache and chest tightness, severe back pain, temp 100.5, took Tylenol and ate sandwich 1130 - woke up, hungry, still uncomfortable but okay, temp 98.5 1355 - sudden severe chest pain 1455 - showered and laid down, chest pain subsided, took nap temp 98.5 1610 - woke up hot achy and uncomfortable, temp 101.0 1630 - took Tylenol 2145 - sudden severe chest pain, went to bed, no fever 2330 - chest pain subsided, haven't slept yet 1/22 0200 - slept for an hour or two, woke up slightly warm, temp 99.7 0500 - woke up sweating, feeling slightly better, temp 98.7 0900 - No more fevers after this point, injection site swollen and raised ~5 cm circle, red and hot to touch, itchy Benadryl helps 1/23 99% better, only symptoms left are injection site soreness and itchiness, and intermittent right sided neck pain relieved with ibuprofen

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969632	1/25/2021	WI	23	F	1/9/2021	1/9/2021	Chest hurting; Breathing becomes painful; Tingling sensation on her tongue and says that it feels bigger than normal; Tingling sensation on her tongue and says that it feels bigger than normal; Feeling cold; A spontaneous report was received from a healthcare professional concerning a 23-year-old female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced chest hurting, breathing became painful, tingling tongue, tongue discomfort, feeling cold. The patient's medical history was not provided. No concomitant medications were provided. On 09 Jan 2021, the patient received their first of two planned doses of mRNA-1273 (Lot Number: 012L20A) for prophylaxis of COVID-19 infection. On 09 Jan 2021, the patient experienced a tingling sensation on her tongue and felt that it was bigger than normal. She was given Diphenhydramine as an intervention. The patient started to feel cold. After 20 minutes, breathing became painful and her chest was hurting. The patient was given epinephrine and was transported to the hospital for continued monitoring. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the events, chest hurting, breathing became painful, tingling tongue, tongue discomfort, feeling cold, was considered were not recovered/resolved.; Reporter's Comments: This case concerns a 23-year-old female patient who received their first of two planned doses of mRNA-1273 (Lot 012L20A), and who experienced the serious unlisted events of Chest pain and Painful respiration and the non-serious unlisted events of tingling tongue, tongue discomfort, and feeling cold. Patient was treated with Benadryl and EpiPen prior to being transferred to hospital. Based on the current available information and temporal association between vaccination and the onset of events on the day of vaccination, a causal relationship cannot be excluded and the events are considered possibly related to the vaccine.

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969618	1/25/2021	IL		F	12/30/2020	1/4/2021	Pericarditis; Severe chest pain; A spontaneous report was received from a 56 year-old, female consumer, who was also the patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced pericarditis and severe chest pain. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 30 Dec 2020, approximately five days prior to the onset of symptoms, the patient received their first of two planned doses of mRNA-1273 (Lot number: 0011JZ0A) intramuscularly for prophylaxis of COVID-19 infection. On 04 Jan 2021, the patient went to the emergency room due to severe chest pain. On 05 Jan 2021, the patient went to see the cardiologist and was diagnosed with pericarditis. Treatment information was not provided. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events, pericarditis and severe chest pain, was unknown.; Reporter's Comments: This case concerns a 56 year old, female patient. The patient's medical history was not provided. The patient experienced a serious, unexpected event of pericarditis and severe chest pain. The event of severe chest pain occurred 5 days and the event of pericarditis occurred after 6 days after first dose of mRNA-1273 (Lot number: 0011JZ0A). Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the mRNA-1273 and the start date of the event, a causal relationship cannot be excluded.

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971806	1/25/2021	OR	31	F	1/16/2021	1/16/2021	About 15 minutes after receiving vaccine symptoms started. Nauseous, dizziness, chest pain, shortness of breath, body aches (extreme), joint pain especially in hips and knees, extreme fatigue, headaches, ears constantly rang. Rash on my arm where I received it went down to my elbow and up to my shoulder and on to my upper back, about 3 hours for it show up. It red, raised and bumpy and it felt hot. This lasted for 4 days. I was very pale and my eyes were sunken in. I literally felt like I was ran over by a vehicle. I was sleeping for about 15 hours a day. I kept getting chills then I profusely sweats then it switch to freezing cold and back and forth between the two. I took Tylenol and Benadryl to control symptoms but still felt miserable. The symptoms all stayed with me to the end. I still do not feel 100%, I am still having ringing of the ears, moderate body aches and headaches. Someone else said they still see the rash but I cannot really tell. I was also having trouble focusing for a few days after receiving the vaccine, I felt highly medicated not the fun high the bad high.
970728	1/25/2021	NY	31	F	1/18/2021	1/19/2021	101 fever (w/tylenol), chills, body aches, fatigue, chest tightness and chest pain(only for 1 hour)--all resolved in 48 hours
970198	1/25/2021	GA	21	M	1/12/2021	1/13/2021	First day I was lightheaded, dizzy, sore all over, weak and had the chills. The second day i had severe chest pain and trouble breathing, I went to the ER and was admitted into the hospital because of this. After an EKG it was found that I had Myocarditis. To treat it they gave me an IV for the pain, then I was prescribed ibuprofen and 2 other meds for the inflammation around my heart.
970592	1/25/2021	TX	39	F	1/20/2021	1/21/2021	nausea, headache, body aches, joint and bone pain, chest pain, back pain, chills, fever, non-stop shaking, flushing, night sweats

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971840	1/25/2021	OR	31	F	1/16/2021	1/16/2021	About 15 minutes after receiving vaccine symptoms started. Nauseous, dizziness, chest pain, shortness of breath, body aches (extreme), joint pain especially in hips and knees, extreme fatigue, headaches, ears constantly rang. Rash on my arm where I received it went down to my elbow and up to my shoulder and on to my upper back, about 3 hours for it show up. It red, raised and bumpy and it felt hot. This lasted for 4 days. I was very pale and my eyes were sunken in. I literally felt like I was ran over by a vehicle. I was sleeping for about 15 hours a day. I kept getting chills then I profusely sweats then it switch to freezing cold and back and forth between the two. I took Tylenol and Benadryl to control symptoms but still felt miserable. The symptoms all stayed with me to the end. I still do not feel 100%, I am still having ringing of the ears, moderate body aches and headaches. Someone else said they still see the rash but I cannot really tell. I was also having trouble focusing for a few days after receiving the vaccine, I felt highly medicated not the fun high the bad high
972984	1/25/2021	VA	42	F	1/20/2021	1/20/2021	About 8 minutes into shot, I got rapid heartbeats, sudden fatigue, chest pain, shortness of breath, and itching. I was taken to the hospital where I received Benadryl and compazine in an IV for nausea and headache and to fight reaction. Released at 5pm. Next three days felt like I was having panic attacks, very jittery, tired, body aches, nauseated, and a headache. Felt extremely bad. Today first day about to focus and fill out paperwork. I had COVID 10/27/2020. Fought it for 32 days and was given colchicine for paracarditist.
972878	1/25/2021	CA	43	F	1/25/2021	1/25/2021	Per HCW, approximately 30 -45 minutes after receiving vaccine, she developed severe chest pain radiating to left arm, left breast. HCW reported she sought treatment at Emergency Room. Per HCW, she was evaluated for a myocardial infarction and troponins were negative. HCW reports Chest pain have subsided; however, left arm heaviness, left chest/breast area is tender to touch.
972808	1/25/2021	CA	75	F	1/25/2021	1/25/2021	2:25 pm- Patient reports chest pain 8/10; shortness of breath; throat tightness

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972795	1/25/2021		26	F	1/25/2021	1/25/2021	As patient was waiting in waiting area approximately 5 minutes after receiving her 1st COVID vaccine, pt's friend called pharmacist over as patient felt she was about to faint. She had her eyes closed and said she felt faint. Notified incident command to call for provider. We moved her to an exam room so she could lie down. She said she felt warm and dizzy. Pt breathing heavily. Denied chest pain. Had stomach pain and some nausea. Pt was given water. ER provider arrived about 4:30 and listened to lungs, carotids, talked to patient regarding vasovagal reaction. Pt slowly began to feel better and was talking and laughing. Waited with patient until 4:50, able to stand on own, not dizzy anymore, felt okay to leave.
972765	1/25/2021	CA	75	F	1/25/2021	1/25/2021	Pt was initially cleared for no reaction after 15 minutes of monitoring, however, once she left our office and drove down the street, she has numbness, tingling and swelling in the left side of her face. she drove right back. declined chest pain, sob, throat swelling. pt vitals were stable, and after another 15 minutes of monitoring her symptoms started resolving
972754	1/25/2021	AK	70	F	1/16/2021	1/25/2021	Today woke up with raised area at injection site, about 1/2 dollar size, increased redness, increased warmth, itchy. Tender to touch. She also reported fatigue, chest pain since yesterday with activity intolerance. Noted irregular heart rate on my initial exam, converted to sinus by the time EKG was done.
972752	1/25/2021	NJ	30	F	1/25/2021	1/25/2021	PT RECEIVED THE COVID -19 VACCINE,WHILE SHE WAITING FOR HER 15 MINUTES AS MENDATED ,SHE BEGAN HAVING ARM PAIN/TINGELING. A FEW MINUTES LATER SHE STARTED GETTING CHEST PAIN.WE CALLED 911. AND THEY ARRIVED IN 10 MINUTES. SHE HAD HER CAREGIVER NEXT TO HER.SHE WAS THEN TAKEN TO THE HOSPITAL,WE CALLED TO CHECK ON HER LATER AND CAREGIVER STATED SHE WAS DISCHARGED FROM HOSPITAL AND THAT THIS IS BEHAVIORAL ISSUE, NO CARDIAC ISSUE AS PER CAREGIVER.
972697	1/25/2021	TX	47	F	1/24/2021	1/24/2021	Dizziness and Chest pain-- > ER

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973021	1/25/2021		57	M	12/30/2020	1/25/2021	presents with sudden onset of subjective fever, chills, headache, n/d/ since yesterday. received a COVID vaccine at the end of Dec 2020. denies chest pain, SOB, abd pain. supposes to have 2nd vaccine on 28 Jan 2021.
972631	1/25/2021	CA	92	M	1/25/2021	1/25/2021	Felt like his throat was closing. He was given 25mg benadryl and then developed dizziness, heart racing, chest pain, shortness of breath, jaw pain. Was in SVT on arrival to ED
973029	1/25/2021	CO	48	F	1/23/2021	1/23/2021	Approximately seven hours after the vaccine was given, I started to get a headache. The HA was followed by extreme fatigue (around 2000). I went to bed with vaccine site pain (8/10), some chest pain (3/10) and back pain (7/10). I awoke about midnight (2400) with nausea and felt like a syncopal episode was imminent. My BP at the time was 115/75, HR of 75 (baseline is 125/75). I drank some water and elevated my feet. About 0230 on 1/24/21 another episode hit, with a corresponding BP of 105/72, HR 80. Again I elevated my feet and drank a glass of water. A third episode hit around 0600 with a BP of 96/65, HR of 87. I elevated my feet, drank a glass of water, ate something and considered going to the hospital. I began to feel a little better. That was the last episode. The nextday on 1/24/21 I felt fatigued and weak with unusual pains occurring throughout my body (5/10). By 1/25/2021 I was feeling pretty normal and went back to most activities (I did a short, flat walk instead of my usual 45-minute treadmill incline).
971976	1/25/2021	GA	96	F	1/25/2021	1/25/2021	Patient complaint of dull chest pain after leaving clinic room and walking to main lobby. Unable to pinpoint exact location of chest pain and unable to report exact duration of chest pain. When I arrived to the patient, she stated her chest pain had gone away. Vitals taken at 2:16 pm: BP-132/71, HR 71, 94% O2. Patient is on 2 Liters continuous oxygen via nasal cannula. Patient states she is taking "15 heart medications" and follows up routinely with cardiologist. Patient not experiencing difficulty breathing, and having no difficulty speaking with me. Vitals taken again at 2:22 pm: BP-140/74, HR 70, 93% O2. Patient was monitored 10 minutes after last set of vitals where she continued to deny chest pain or difficulty breathing. Care was then turned over to assistant living staff to ensure patient got home safely.

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971856	1/25/2021	MI	38	F	1/25/2021	1/25/2021	1307 2nd dose Pfizer COVID-19 vaccine administered. 1327 responded to patient who had been sitting in her car post vaccine. Patient reported that she had noticed anterior chest pain (4/10) as well as a weighted pressure. I assessed the patient while she remained in her car. She has a history of high blood pressure, taking medication and has been under control. She also reported diagnosis of asthma. Lisinopril 5mg daily, she had taken this morning. Albuterol metered dose inhaler (not used today). She denies heartburn nor taking any medication for it. She had eaten a hamburger 30 minutes prior to vaccination. 1335 patient reported that her chest pain turned more into a warmth that spread across the chest and a tingling sensation down only the right arm. 1344 she rates the discomfort in chest as a 2/10 the tingling in right arm is gone. She denies the following symptoms: difficulty breathing, changes to vision/hearing, dizziness/lightheadedness, facial and throat swelling, & nausea. Patient remained very calm during this observation time and spoke in complete sentences. She was comfortable with her mask on. Patient denied these symptoms occurred with her first dose of COVID-19 vaccine nor any other vaccination. Obtained automatic blood pressure device measured 142/91 (63 beats/min) at 1351. Patient was able to teach back when she will seek Emergency care: difficulty breathing, face/throat swelling, persistent and or worsening chest pain/pressure. Patient and I both agreed she was safe to leave the vaccine clinic.
972741	1/25/2021	PA	72	F	1/16/2021	1/19/2021	1st covid shot on 1/16/21. Then on 1/19/21 I had ortho inject a steroid in my thumb. Right after the steroid shot, I started reactions---Severe headache, chills, nausea, cough, upper chest pain, severe weakness, blood pressure up and down. Went to family doctor 1/22 and covid shot in office showed negative. Worse on 1/24/21 and went to ED. They did a chest x-ray, CTA chest, lots of bloodwork and covid test that took 2 hours to receive results. All was negative except the D-dimer test. Thye thought it might be a result of the 2 injections within days of each other.

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971920	1/25/2021	UT	24	F	1/15/2021	1/22/2021	A few hours after the first dose (1/15), a welt grew around the injection site about the size of a silver dollar. This went away after three days. Arm was sore for the first two days. One week later (1/22), injection site became itchy, red and was very warm to the touch. A welt formed as well. It started out the size of a silver dollar, and over the course of 48 hours the welt, itchiness, and redness grew to the size of a large russet potato (Friday 1/22-Saturday1/23). It was the most red around the injection site, with the most red being about the size of a silver dollar. After 48 hours, it remained itchy, red, and had a welt for the next 24 hours (Sunday 1/24). The next morning (Monday 1/25) redness and swelling were gone but site was still a little itchy. Site was only slightly tender throughout these three days but not painful. No other side effects were noticed i.e. fever, chills, chest pain. Slight dizziness was felt if I hadn't eaten anything.
972622	1/25/2021	CA	39	F	1/20/2021	1/21/2021	Hypertension, joint pain, chest pain , tachycardia
971986	1/25/2021	TX	42	F	12/26/2020	12/27/2020	The next morning after I had trouble getting up. I was achy and had a 99.7 fever. Took tylenol and rested. A few hours later the symptoms got worse and worse an my body ached so bad I could barely walk. The fever elevated as high as 103 during that time. And I had what felt like pressure on my neck which made my voice sounded really rough. I had chest pains, rapid HR and SOB and the symptoms got so bad I went to the ER where I remained for about 8hrs. While there I started getting a really bad headache which lasted from that Sun after to the end of the week on Friday. Benedryl, pepcid, tylenol was given. About 9:30pm I was released with a prescription for the headache and advised to take benedryl. Once home I noticed my arm was swollen and white in the center. I got a rash on that arm that carried to my face and was itchy and burning. I had lymph nodes that devoloped under both arm pits but the side where the injection was given hurt worse than the other. Had to wear the holter monitor for a week d/t the elevated HR which in turn made the healthcare specialist prescribe metropol to help lower the HR but to date I am still having issues with the rapid HR.

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972207	1/25/2021	WV	88	F	1/22/2021	1/22/2021	Was having mild chest pains after she received her first Coid-19 vaccination.
972379	1/25/2021		72	F	1/21/2021	1/21/2021	Chest pain began within 2-3 minutes after receiving the vaccine.
972390	1/25/2021		31	F	1/22/2021	1/22/2021	ED notes as follows: 31 y.o. female who arrived to the emergency department for Vaccine reaction. The patient presented to the ED after getting her second COVID vaccination. She reports feeling confused, nauseous, and having a racing heart. She has never had a reaction like this before. She reports having a tickling sensation in the back of her throat and both hands feel like they are tingling. The patient denies any other known allergies. The patient has a past medical history of anxiety, depression, PTSD, prior conversion disorder. Patient denies any shortness of breath or chest pain but does report a headache. The patient denies any drug use, alcohol use, tobacco use. Patient has no other complaints at this time. The patient was given Benadryl, Epi, solumedrol, for anaphylactic-like presentation. Patient also began on fluids and Zofran for possible vaccine reaction. Patient symptoms began to improve over the course few hours. At the 3-1/2-hour mark after initial arrival to emergency department the patient began to have similar symptoms to her initial presentation with tachycardia, dry heaving, and finger tingling. The patient was also hyperventilating. The patient was given 1 mg Ativan which relieved her tachycardia had resolved her hyperventilation signifying possible anxiety component to symptoms. Patient was allowed to relax for 20 to 30 minutes at which time she was comfortable and felt like she was okay to discharge home. Patient was instructed to follow-up with her primary care doctor that she could next week. Patient was informed to return to emergency department if new symptoms arise or current symptoms worsen. Dispo: Discharge home with PCP follow up on Monday Initial Vital Signs [01/22/21 1424] Blood Pressure 161/99 Heart Rate 112 Respiratory Rate 24 Temp 36.4 °C (97.6 °F) Temp src Oral SpO2 99 %

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972415	1/25/2021	MS	39	F	1/22/2021	1/23/2021	Woke up 7am Sat 1/23/21 with muscle aches, headache, pain behind my eyes, fatigue, nausea and chest pain. Drank 1 liter of water and took 600mg of Advil. symptoms resolved at 8am until around 12pm. At 12pm symptoms returned and I took another 600mg of Advil. Symptoms did not resolve until around 2pm. At 3pm, symptoms had returned. I took another 600mg of Advil around 5pm. Symptoms did not resolve until around 7pm. I went to sleep at 8pm
972424	1/25/2021	TX	78	M	1/22/2021	1/22/2021	Pfizer-BioNTech COVID- 19 Vaccine EUA:Patient with significant PMHx of alcoholism, AFIB, CHF, COPD, DM, GERD, MI, HTN, pacemaker placement stroke, and hyperlipidemia who presents to the ED with CC of dizziness. Pt states that two days prior he slipped and fell and hit his head, and was unable to ambulate after the fall. Pt denies any LOC, but states he is currently on Xarelto. Pt currently c/o back pain. Pt went for his first COVID-19 immunization 1/22/2021 when he became suddenly dizzy. Patient denies chest pain, shortness of breath, nausea, vomiting, diarrhea, abdominal pain, fever, chills, or any other acute complaints. Progress Note: "Dizziness, near-syncope: Onset following injection of COVID-19 vaccination.
972487	1/25/2021	AZ	24	F	1/13/2021	1/14/2021	In addition to arm pain for two days, I also had chest pains/tightness. I felt the chest tightness the morning after getting the vaccine. The chest tightness continued until 1/23. It was not a constant pain, but sometimes when I would move a certain way, my chest would hurt. The spot that hurt is right in the middle of my chest. It got worse when I would exercise and breathe heavily. The chest pain continued to stop and come back for several weeks. The night after I received the vaccine, I felt dizzy and felt as if I would pass out, but did not. This only happened one time and was better when I woke up the next morning. The weekend after I got the vaccine, I was worried I might have covid, so I got tested for covid, but the results came back negative.
972556	1/25/2021	TX	29	F	12/29/2020	12/31/2020	Having a head arch, chest pains and shortness of breath pulmonary embolism and was tested for COVID-19 and tested positive.

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971900	1/25/2021	IL	65	F	1/22/2021	1/22/2021	PT RECEIVED COVID VACCINE AT 15:38 PT C/O AFTER 1 MIN OF CHEST PAIN AND SHORTNESS OF BREATH. PT REPORTS H/O ANAPHYLAXIS REACTION TO FISH AND NO OTHER ALLERGIES WERE REPORTED,PT STATES FEELINMG SAME SYMPTOMS AT THIS TIME. VITALS WERE TAKEN 169/89 p. 104 PULSE OX% 95. PT WAS SPEAKING IN FULL SENTANCES AND DID NOT APPEAR IN RESPIRATORY DISTRESS ,PT REPORTED CONTINUED TO FEEL CHEST PRESSURE AND TIGHTNESS IN THROAT, AT THIS POINT EPINEPHRINE 0.3 ML WAS ADMINISTERED BY RN ON LEFT THIGH AND 911 WAS CALLED. ON ARRIVAL OD PARAMEDICS AND EVALUATION OF PT REPORTED FEELING BETTER AFTER EPINEPHRINE AND DECLINED TO GO TO ER. PT LEFT THE CLINICON HER OWN IN STABLE CONDITION.

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968979	1/24/2021	KS	23	F	1/13/2021	1/13/2021	The day of the vaccine about 4 hours later, I started experiencing chest pain. It was not tightness or a heartburn feeling type of chest pain. I have asthma, and it is the type of chest pain I start feeling right before I get bronchitis, almost like breathing in mist and the irritation that comes from having a cough, but I had not had a cough that would have caused this sensation. The next day, I was extremely fatigued, had a headache, chills, started getting a cough, and was sent home early from work. The day after, Friday, I had a fever of 102 and was essentially bedridden. I started using my nebulizer and my dr called me in some prednisone. These symptoms continued through the weekend and began lifting that Sunday. However, on Monday, my lymph node under my ear started swelling on my left side (the same side as the shot), my ear became clogged, my sinuses on my left side had shooting pain every time I inhaled, and although I could breathe through my nostrils, they felt full and had immense pressure. Additionally my headache became worse and I began experiencing intense muscle pain right at the base of my skull on the left side near my occipital lymph node that was radiating into my head and making the headache and sinus pain worse. Now, 11 days after my first dose of the vaccine, I still have the ear pain, swollen lymph node under my ear/behind my jaw, sinus pain, muscle pain at the base of my skull, a headache, and extreme pressure in my head/sinus area that has not lifted. I started on an antibiotic Friday night (the 22nd) in hopes that this is a sinus and ear infection. Ibuprofen helps the headache slightly but makes the pressure in my head feel worse and makes the joints in my hands and forearms hurt and my fingers swell for some reason which has never happened before for me when taking ibuprofen.
968586	1/24/2021	PA	58	F	1/19/2021	1/22/2021	On Jan 22 I had fever, body aches and headache. Woke up on Jan23 and felt fine, no symptoms. At around 2:30 on Jan 23 I had an argument with someone and felt my heart race for a minute and then chest pain radiating to my back. Went to the hospital at 7pm and was being ruled out for an MI.

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968687	1/24/2021		23	M	1/20/2021	1/21/2021	Acute myopericarditis Chest pain developed 24 hours after vaccine administration. Presented to emergency department 48 hours after vaccine administration. Symptoms resolved after an additional 24 hours (72 hrs after vaccine) with administration of ibuprofen three times daily.
968701	1/24/2021	SC	58	M	1/18/2021	1/18/2021	CHEST PAIN
968773	1/24/2021	NC	24	F	1/23/2021	1/23/2021	Nausea, vomiting, fainting, chest pains, arm/hand turned blue. Transported via ambulance to er for being unconscious
968825	1/24/2021	OR	61	M	1/1/2021	1/19/2021	Dizzy, lightheaded, severe headache, shaking, freezing cold, profuse sweating, muscle aches, joint pain, tachycardia, minor chest pain, nausea, dehydration with constant thirst, metallic taste in mouth. Took 2 tylenol pm pills, drank water and 7-up. Symptoms were gone 20 hours later except for very sore right arm, neck and back muscles which were completely gone and normal by day 3.
968831	1/24/2021	FL	59	F	1/1/2021	1/23/2021	Fever, body aches, intense injection site pain- couldn't lift arm, chest pain, fatigue (same symptoms as when I had covid)

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968950	1/24/2021	FL	69	F	1/21/2021	1/21/2021	I became weak and thought I was going to faint. I called the medical professional over and they brought me into a staged area for triage. My blood pressure was 171/ 104 or 114. I had chest pain. The EMT did an EKG, listened to my heart, and started an IV. The ambulance was called and I was transported by ambulance to the hospital. At the hospital another EKG was taken, blood pressure and blood work. Repeated blood work was taken. I was admitted to the hospital due to elevation of tyoponin level and chest pain. The following day 1/22/21 I saw my PCP and he thought it was related to the vaccine and recommended a cardiologist for the increased levels of tyoponin and chest pain. The cardiologist performed another EKG< more blood work and performed a cardiac catheterization and a ECO. Both were normal. Prior to that I was given a nitro pill as my chest pain was between a 7 and a 8; a few minutes later the nurse asked about my pain level and it was a 3-4. I was given another nitro pill and shortly after I felt extremely faint and my blood pressure was 56/32. I was immediately given a bolus of saline IV . The chest pain continued through the day. The following day, I had no further chest pain, my tyoponin levels returned to normal and I was released from the hospital.
969118	1/24/2021	PA	40	M	1/22/2021	1/22/2021	Provider HPI: "Presented to the emergency department by ambulance for an evaluation of allergic reaction. The patient had the COVID-19 vaccination at approximately 9:30 AM. Over the last few hours the patient started to notice allergic reaction including redness and itchiness across his chest. The patient denies having any chest pain or difficulty breathing. He has no swelling in his oropharynx. He complains of nausea. He denies having any chest pain. He denies having any lower extremity swelling." Provider physical examination: "The area of the injection noted over the right deltoid is clear. There is no erythema or swelling. There is erythema over the anterior neck. This has the appearance of a coalescing hives.~~
969172	1/24/2021	VA	82	F	1/14/2021	1/15/2021	mild fever (101-102), chills, intermittent chest pain (she said it was likely related to muscle contractions due to chills), pulse ox 91-92, pulse 110, finger bone ache. the following morning, vomited water, diarrhea symptoms resolved over the next 2-3 days.

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969192	1/24/2021	MD	22	F	1/23/2021	1/23/2021	Chest pain, Pain on breathing deeply, numbness and tingling in left arm, hand, leg, foot
969278	1/24/2021	VA	33	F	12/30/2020	1/17/2021	For 5 days after vaccination, mild pericarditis-like chest pain. Day 18 and ongoing: Intermittent fevers up to 102, muscle aches, chills, consistent headache with varying intensity.
969330	1/24/2021	WA	24	F	1/22/2021	1/22/2021	Chills, body aches, fever, headache, chest pain, pain when breathing, abdominal pain, muscle pain
969461	1/24/2021	NY	40	M	1/20/2021	1/20/2021	Shortly after the shot: - Dizziness - Weakness Later: - Sore left arm - Chest pain, left side - Fatigue - Anxiety, perhaps triggered by all of that.
969036	1/24/2021	CA	71	M	1/23/2021	1/23/2021	Patient with known recent diagnosis of terminal hepatocellular carcinoma and necrotizing myositis on prednisone, within 2 hours after vaccine experienced vomiting and chest pain, on CT abdomen/pelvis in ED found to have bleeding from known hepatocellular carcinoma leading to hemoperitoneum treated with embolization of left hepatic artery and left gastric artery - given known underlying HCC, this is unlikely to be related to COVID vaccine.
969380	1/24/2021	CA	42	F	1/19/2021	1/19/2021	Blurred vision, headache, disorientation, fatigue, chest pain, chest pressure, shortness of breath, severe muscle and joint pain, hypertension, tachycardia, severe skin sensitivity, abdominal epigastric pain and spasms, severe cough, dizziness, lightheadedness. Reaction symptoms were not all immediate and developed over next 3 days requiring evaluation and treatment in the ER. I required decadron injection to stop inflammatory response and was sent home on oral decadron. I am still experiencing symptoms but not as severe. I have to take my albuterol inhaler so I can breathe easier. My monocytes count was elevated.
968442	1/23/2021	TX	58	M	1/22/2021	1/22/2021	Chest pain and cramping with difficulty breathing.
967675	1/23/2021	IN	50	F	1/20/2021	1/21/2021	Body aches, headache, fever 101-102.2, weakness, shortness of air, severe chest pain

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967593	1/23/2021	TX	39	F	12/18/2020	1/8/2021	I had very slight nausea soon after the first shot, then started having chills and whole body ache from the night (12/18/2020) for 24 hours followed by spontaneous internal hemorrhage (lower GI, significant blood in stool) in the morning and in the afternoon of 12/20/2020. The hemorrhage lasted for about 24 hours. It started slowing down on 12/21/2020, then stopped. I was evaluated by Dr., (GI) who was not sure if the bleeding was vaccine induced vs. coincidence on 12/23/2021. Since the bleeding stopped, she cleared me for the 2nd vaccine and advised me for close monitoring for any other episode of bleeding. I had some fatigue for about 4-5 days since the first shot, then I felt normalized. Soon after the 2nd vaccine (in about 5-10mins) on 1/8/2021, I started having some discomfort/pain in lower rib region where spleen is. Initially I felt like some chest pain, but it was more near spleen region, I think... I also had slight intermittent dizziness for about 2 hours after the 2nd injection. The discomfort in left lower chest/rib improved and resolved in an hour or so. Then, similar pattern started including chills and whole body ache on the night of 1/8/2021 followed by internal hemorrhage again (significant blood in stool) in the morning and in the afternoon of 1/9/2021. The bleeding slowed down on 1/10/2021, then stopped. I reported it to again my GI doctor on 1/11/2021 who ordered CBC to monitor my platelet level. The result showed down trending from my baseline. I think the COVID vaccine transiently affected me with internal hemorrhage and lowering platelets/likely potential thrombocytopenia given the clinical symptoms (spontaneous internal hemorrhage). Platelet level is improving at this time and I feel normalized today.
967560	1/23/2021	OH	88	M	1/20/2021	1/20/2021	within 15 min of receiving Covid-19 Moderna vaccine pt C/O: chest pain and heart palpitations. Vitals 100/60 P: 80 Regular. Learned later from family member that patient was taken to hospital and admitted.
967556	1/23/2021	MI	37	F	1/2/2021	1/4/2021	dizziness, headache, nausea, tingling in hands, chest pain

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967477	1/23/2021	TN	42	F	1/20/2021	1/20/2021	Day 1. Fatigue. Sleepiness. Loss of appetite Day 2. Muscle aches. Headache. Chills. Loss of appetite. Episode of severe abdominal pain, chest pain, right shoulder pain, shortness of breath, syncope, diaphoresis, vomiting Day 3. Fatigue. Headache. Chest pain.
967378	1/23/2021	FL	35	F	1/22/2021	1/22/2021	7 pm- fatigue, headache, arm starting to feel very sore 9 pm- 1230 am- fever, chills, headache, burning eyes, tachycardia HR 120-150, can no longer abduct left arm past 90 degrees due to pain 1 am- fever broke, only mildly tachycardic HR 110-120 3-5 am- severe heartburn alleviated only for 30 mins with otc tums. 2 hrs of severe heartburn with midline chest pain radiating to back.
967330	1/23/2021		63	M	1/15/2021	1/15/2021	Severe shoulder ache followed by muscle tightness in neck, lasting several hours. On subsequent days muscle pain continued sporadically in neck, mid-back , and chest. Hot/ flushed feeling accompanied back and chest pain but no elevated temperature was observed. On day 5 the left shoulder pain returned with a vengeance for about 4 hours, centered at the injection site.
967286	1/23/2021	CA	44	M	1/13/2021	1/16/2021	s/p vaccination with 2nd Covid Vaccine dose, developed low grade viral type illness with fevers up to 102 with myalgias, fatigue. Began to recover, teh awoke in the morning of 1/16/20 with crushing, substernal chest pain. Presented to the emergency department. Was admitted to he hospital - diagnosed with myopericarditis. Stayed in the hospital one night, and discharged the next day.
967802	1/23/2021	MA	58	M	1/21/2021	1/21/2021	Chest pain, leading to STEMI
967277	1/23/2021	SC	38	M	1/21/2021	1/21/2021	Extremely painful injection area for over 48hrs, muscle aches, clavicle and chest pain
968037	1/23/2021	NY	81	M	1/15/2021	1/17/2021	Dizziness, headaches, chest pain, weakness, tremors.
968133	1/23/2021	AZ	41	F	1/23/2021	1/23/2021	Chest pain, lethargy, burning airway
968202	1/23/2021	AR	41	F	1/22/2021	1/22/2021	About one hour post injections I started developing chest pain and pressure. It worsened throughout the day and because I was worried about a cardiac event, I went to the emergency room.

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968320	1/23/2021	CA	74	F	1/23/2021	1/23/2021	<p>Result type: ED Note Result date: February 13, 2019 20:29 PST Result status: Auth (Verified) Result Title/Subject: ED Note Performed By/Author: MD on February 13, 2019 20:37 PST Verified By: MD on February 13, 2019 20:37 PST Patient Age: 72 Years Gender: Female Date/Time: 02/06/19 13:25 Time of my initial contact with patient: Patient was seen at 1327 Mode of Arrival: POV/Walk-in Triage Narrative: PT BROUGHT TO ED FROM PT SESSION VIA GURNEY WITH C/O SPASTIC MOVEMENTS OF ARMS LEGS. PER EMPLOYEE IN PT; THIS EPISODE LASTED 1 HR 15 MINUTES.. PT'S SPOUSE AT BEDSIDE. SEIZURE PADS PLACED ON BED RAILS, PT AWAKE, ALERT, ORIENTED, DR AT BEDSIDE. PT STATES SHE HAD A COLONOSCOPY YESTERDAY. Chief Complaint: Involuntary movement History of Present Illness: This is a 72-year-old unfortunate female who has been suffering a series of episodes of movement disorder like choreoathetoid spastic events she was being evaluated in the hospital and started having 1 of these episodes and was brought into the emergency room with concerns of a possible seizure certainly patient was quite awake and alert knowing that she could not inhibit these upper and lower extremity spastic type of movements she can that the rectum patient did not seem to be too upset by them and seemed to be some events that she has suffered through multiple times her husband is at the bedside patient has already been evaluated by neuro neurology and has been referred to a motor disorder department. Both the patient and his and her husband do not want to initiate a complete workup has been done several times in the emergency room just wanted to see if we could help her with some Ativan and they are already pending a scheduled appointment this is a sick specifically patient denies any headache any chest pain any palpitations no history of trauma or fever Problem List & Past Medical/Surgical History: Acid reflux Asthma aneurysm pain smoker Movement disorder Thyroid disease Family History: Family history is significant for the</p> <p style="text-align: right;">Brain Chronic Ex-</p>

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absence of any motor disorders Social History: Patient states no history of tobacco use Patient specifically denies any previous use of Drugs or previous trauma Allergies: Dilantin (Rash) codeine (Acute vomiting, Rash, ITCHING) fentaNYL (Shortness of breath) morphine (vomiting, itching) opioid-like analgesics (Rash) tetanus toxoids (Edema, fever) traMADol (itchy) Medications: Available Med List Reviewed Review of Systems: All other systems reviewed and are negative except per HPI Physical Exam: Vital Signs BP: 177/85 mmHg Temp (Temporal): 36.3 DegC (97.3 DegF) HR: 80 bpm Resp: 18 br/min SpO2: 100 % [Patient is alert, cooperative, no acute distress] Vital signs as noted HEENT: [Normocephalic, atraumatic, pupils were equal and reactive to light, extraocular movements movements are intact, neck is supple, no thyromegaly] RESP: [Respiratory rate normal is noted, patient is breathing comfortably in no acute distress, with no adventitious breath sounds. specifically no wheezing no rhonchi no rales] CV: [Regular rate and heart rate noted, patient has no S3, no gallop, perfusion confirmed normal] GI: [Patient's abdomen is soft nontender, no rebound, no guarding] Neuro: [GCS of 15, mentation is normal, thought content and processes intact, motor and sensory both upper and lower extremities normal.] Skin: [Good color and normal capillary refill, no rash] MS:[Patient exhibits a spastic type of upper and lower extremity movements which seem to be having no rhythmical sequence she continues being alert and oriented throughout these episodes they seem to subside after a few minutes and with no obvious precipitant begin again Test Results: Labs Results Laboratory and workup and imaging was refused by the patient as they have had that several times Diagnostic Results Imaging Studies Reviewed Emergency Department Course and Procedures: Medications, IV's and Blood Products Ordered LORazepam (Ativan) 1 mg = 1 tab once PO Critical care patient underwent a critical care observation irrespective of any procedures during her stay in the emergency room a total duration of approximately 42 minutes with concerns of her safety and her neurological status to protected from injury and to monitor her cardiovascular respiratory and neurological organs Medical Decision Making: And reexaminations patient spastic events seem to subside

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968337	1/23/2021	CA	33	F	1/21/2021	1/22/2021	only slightly this is a 72-year-old female presents with a motor disorder of unclear etiology already extensive ER and internal medicine workups has already seen neurology I did speak with the neurologist of the patient tonight to ascertain if there was anything other than Ativan that I could attempt and to also ascertain that she did have a follow-up with her referral motor disorder specialist Impression: Choreoathetotic movements of unclear etiology Plan: Discharge Discharge Follow Up Follow up with primary care provider Within: 3-5 days Comments: Return to ER for any concern Referral for suspected pre-hypertension or hypertension was given. MD Please note: Unless specifically stated, all procedures mentioned, tests done and medications given were performed/interpreted by the emergency physician, or were under the direct supervision of the emergency physician.
968344	1/23/2021	KS	85	M	1/21/2021	1/22/2021	Had fallen early morning the day after the injection. At approx 12 noon, was eating lunch and became nauseous, diaphoretic, vomiting and ashen. Complained of chest pain. EMS activated and sent to ER for further evaluation. Cardiac work up completed and within normal limits. returned to facility. ER note: ?Very likely musculoskeletal in nature (maybe from recent Covid vaccination?

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968349	1/23/2021	AR	37	F	1/5/2021	1/10/2021	1/7/21: had thee COVID vaccine on 1/5/20 and developed symptoms an hour after administration chills, sweats and bodyaches. Also developed nausea, diarrhea and chest pain. Woke up this morning with cough and congestion. 1/10/21: called this morning to give us an update on her symptoms and see about a COVID swab. states that she is currently hooked up to an IV due to dehydration and no urine output. she has had zofran and pain medication for her severe abd pain. They have strep swabbed and flu swabbed but have not COVID swabbed. Encouraged getting a COVID. She states she will ask them for one and will call us with an update either today or tomorrow. 1/10/21: called and left voicemail stating that she was being discharged. they did COVID 48-72 hours for results. On ABX and Phenergan and Zofran alternating. Got two bags of LR has UTI and Kidney infection. CT with contrast lungs clear. Negative for flu and strep. Strep culture pending. added to spreadsheet since she was COVID tested. 1/14: Called regarding her Covid test. It was reported as negative. is still very sick with fever, sore throat, congestion, nausea. I spoke with Doctor regarding the extent of her symptoms following the vaccine. Doctor recommended that she be seen by her PCP as she has not improved. 1/14: called and went to her PCP as advised by Doctor. now has a UTI and URI. She is on Macrobid and Levoquin as well as Zofran and Phenergan. Her BP was 117/60 and dehydrated. Her PCP told her to monitor her BP and return to ER if not improved and also return to ER if symptoms became worse. will call on Monday 1/18/2020 and update us on her condition 1/17:COVID tests were negative, over 48 hours since a temp above 100.4, 99.1 was the last temp doing better. No more vomiting and no diarrhea. still has a cough and is still on ABX from all of her symptoms. Is on a cough suppressant so recommend her working from home since she is able and will update us towards the end of the week on how she is doing. 1/20: Received the COVID vaccine on 1/5/21. Released yesterday to work from home. No longer has vomiting or diarrhea. COVID, FLU and strep tests negative. Diagnosed with allergic reaction to COVID Vaccine. had kidney infection and UTI. CT of abdomen done with contrast. CXR to r/o pneumonia. continues to have a runny nose, no fever. Continues to have laryngitis and fatigue. called today to get released. Encouraged to call

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						back when she gains more strength and can return. My PCP diagnosed me with a severe allergic reaction to the covid shot. I had the rapid covid test ran twice and the test sent out twice, all 4 tests came back negative. I had the flu test ran and it came back negative. So did the strep culture. I had 2 full lab workups ran and they both came back normal including my vitamin levels. The only thing that was out of alinement was my white cell count was high due to an infection. Today, I am currently running a fever of 99.4. I still have a cough that is rather irritating. I still do not have a voice. I am retaining color back in my skin. I am still tired and weak but have managed to work and do small things around the house such as cook dinner, wash laundry, clean dishes, and shower. These were daily tasks that I wasn't able to do during the first 2 weeks after taking the shot.	
968350	1/23/2021	CA	52	F	1/22/2021	1/22/2021	Each event was added with time lapse of 30 min. Within a 2-5 minutes felt dizziness, lightheadedness, and heart racing; within 10 minutes: felt above plus light left arm pain and slight headache, right arm soreness from vaccine shot; within 30 minutes: above plus felt light left leg discomfort. Overnight: left with slight headache, arm/shoulder soreness from vaccine, and light palpitations , left leg discomfort Next day: with one single sharp slight chest pain around 2:30 pm on 1/23/21
968432	1/23/2021	TX	37	F	1/19/2021	1/20/2021	1/19/2021-right after injection light headiness , dizziness and balance off, some fatigue 1/20/2021- weakness, fast heart beat, fatigue 1/21/2021- Chest pain and some shortness of breath, heaviness in chest and fast heart beat, anxiety, tiredness and irritability, overwhelming feeling, anxious, fatigue (feeling really sick) 1/22/2021 some chest pains not as bad as Thursday, shortness of breath but also improving, irritability, anxious 1/23/2021 chest pain, shortness of breath improving, anxiety and nervousness, fatigue
968402	1/23/2021	TX	42	F	1/23/2021	1/23/2021	Patient experienced palpitations and dizziness, and chest pains. Client was cleared with EMS and advised to go to Emergency Room. Patient had driver to drive them to emergency room.

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967820	1/23/2021	MO	40	F	1/20/2021	1/20/2021	30 minutes after vaccine experienced hot flashes, heart flutters, shortness of breath and increased heart rate, dizziness, confusion. 15 hours after vaccine begin having chest pain, continued increased heart rate, headache. Went to the emergency room with chest pain, shortness of breath, heart rate 133 and blood pressure 169/93. 48 hours after vaccine had low grade temp, dizziness and pain at injection site. 72 hours after vaccine pain at injection site.
965352	1/22/2021	KS		M	1/12/2021	1/12/2021	At approximately 1350, patient reported feeling anxious. Upon assessment, pt was pale, diaphoretic and shaky. At approximately 1340, he c/o chest pain and SOA. RRT called. Pt reports that he took 0.5 mg Ativan right after he received the injection (1340). 1359 - Pt no longer pale, diaphoretic. 1351 - 160/100 HR 103 (R) 1352 -163/90 HR 96 (L) 1356 - 145/93 HR 96 (L) 1359 - 140/88 HR 90 (L) 1400 - Pt denies chest pain, SOA, palpitations. Reports that he does not need to be seen in ED for further treatment.

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964750	1/22/2021	CA	76	F	1/21/2021	1/22/2021	<p>Pt well until approximately 2:55am when she passed out in bathroom according to her husband. Pt was diaphoretic. Denied dyspnea, chest pain, fever, redness, or difficulty breathing. Patient: Age: 76 Years</p> <p>Additional information for Item 18: Date/Time: 01/22/21 03:19 Time of my initial contact with patient: 0319</p> <p>Mode of Arrival: Ambulance Private Medical Doctor: Triage Narrative: Pt. bib medics from home after near syncopal event in bathroom, lowered herself on the ground, no LOC/trauma. BP on medic arrival was 86/50 HR in 50s, improved to 100/68 w/ lying down and 250ml bolus. Received 1st covid vax today, has felt weak w/ diarrhea since then. Denies pain, skin pale/w/d, A/Ox3, resp e/u. Chief Complaint: Syncope/Near syncope</p> <p>History of Present Illness: This is a 76-year-old female with history of CAD status post remote PCI, previous CVA on Plavix, hysterectomy, migraines who presents ER today for a syncopal event. Patient was given her first dose of Covid vaccine earlier today, per patient's primary doctor found in prior to arrival she had been very hesitant because she was concerned for triggering migraines, this was clear with her neurologist that she was pretreated with Benadryl, she states that she initially felt fine after vaccine administration, she states however later in the evening she developed 4 episodes of loose watery bowel movements and crampy abdominal pain, she states she was feeling tired and so she laid down to go to bed, she states that she woke up feeling as if she had to have another diarrheal episode, she reports that when she stood up and went to the bathroom she was not feeling well, she reports feeling very lightheaded while on the toilet and trying to have a bowel movement, she attempted to stand up however felt acutely lightheaded, she states that she sat back down on the toilet and slumped down and woke up on the ground. She denies any pain other than her abdominal pain and a sensation that she has had further bowel movements.</p> <p>Per EMS patient was noted to be hypotensive on arrival 86/50 with heart rate in the 50s, this improved with laying flat on the gurney and given a 250 cc bolus. Patient has been seen in the past for syncopal events with postural changing. She denies any new medication changes, she states that she had been drinking water throughout the day but has had a poor appetite no dysuria frequency urgency no headache head injury neck pain back pain</p>

new numbness tingling or weakness in arms or legs no difficulty with speech Problem List & Past Medical/Surgical History: CAD (coronary artery disease) Dysuria Hysterectomy Migraine Potential stroke Stent Family History: No related illness Social History: The patient does not smoke tobacco or abuse alcohol. Allergies: Imitrex morphine (Nausea) shellfish traMADol Medications: Available Med List Reviewed Review of Systems: All other systems reviewed and are negative except per HPI Physical Exam: Vital Signs BP: 151/93 mmHg Temp (Oral): 36.4 DegC (97.5 DegF) HR: 73 bpm Resp: 18 br/min SpO2: 97 % GENERAL: Patient appears well developed, well nourished. HEENT: Normocephalic and atraumatic. EOMI. No scleral icterus. Airway is patent NECK: Supple Trachea is midline. No midline tenderness full range of motion without pain or discomfort RESP: Lungs are clear to auscultation bilaterally. No wheezing, rhonchi, rales CARDIOVASCULAR: Regular rate and rhythm 2+ radial and DP pulses symmetric bilaterally GASTROINTESTINAL: Abdomen is soft, mild diffuse tenderness and nondistended. No rebound, no guarding. No pulsatile mass appreciated. BACK: No CVA or spinal midline tenderness to palpation MUSCULOSKELETAL: No clubbing, cyanosis, or edema. No calf tenderness to palpation. SKIN: Warm and dry. No external evidence of trauma NEURO: The patient is alert and oriented x3, not confused. Speech not slurred. Normal facial symmetry. No subjective facial numbness. No vision changes. EOMI. Upper and lower extremities with 5/5 strength globally. Normal sensation noted over all extremities. No subjective dizziness. Finger-to-nose testing normal. Normal gait. PSYCHIATRIC: Alert and appropriate. Test Results: Labs Results 01/22/21 03:38 134 L 102 9 109 4.2 23 0.6 01/22/21 03:38 12.9 9.6 355 37.8 01/22/21 05:20 Cardiac Studies Troponin-HS <2.0 01/22/21 03:38 Hematology WBC 9.6 HGB 12.9 HCT 37.8 PLT 355 MCV 94 RBC 4.03 MCH 32 MCHC 34.2

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RDW 13.1 MPV 6.1 L Neutrophils 55
Lymphocytes 34 Monocytes 8 Eosinophils 2
Basophils 1 Neut Absolute 5.2 Lymph Absolute
3.3 Mono Absolute 0.8 Eos Absolute 0.2
Baso Absolute 0.1 Cardiac Studies Troponin-
HS <2.0 Chemistry Calcium Lvl 8.1 L Anion
Gap 9 Sodium Lvl 134 L Potassium Lvl 4.2
Chloride 102 CO2 23 Glucose Lvl 109 BUN
9 Creatinine 0.6 Alk Phos 75 ALT 13
AST 15 Bili Total 0.4 Total Protein 5.8 L
Albumin Lvl 3.5 LAB >60 LAB >60 01/22/21
03:17 Chemistry Gluc POC 106 Gluc POC
106 (01/22/21 03:17) Diagnostic Results
Preliminary CT head reveals no acute intracranial
abnormality Preliminary CT abdomen pelvis revealed no
acute intracranial abnormality other than hiatal hernia
Chest x-ray is negative for acute pulmonary pathology
EKG Results EKG obtained at 0323 interpreted by me
reveals normal sinus rhythm, patient has diffuse T wave
flattening which appears similar to previous no STEMI,
no ectopy no heart block no WPW Brugada prolonged
QTC Emergency Department Course and Procedures:
Medications, IV's and Blood Products Ordered Sodium
Chloride 0.9% (Sodium Chloride 0.9% Bolus) 1,000 mL
once IV Bolus, Reason for Infusion = Abnormal fluid
losses Other Orders Nursing to Initiate Saline lock
Insertion Careset (Stat) Oxygen Therapy (Titrate for
SaO2 > 95%) Reexamination/Reevaluation: Critical
Care Note The high probability of sudden, clinically
significant deterioration in the patient's condition required
the highest level of my preparedness to intervene
urgently. Critical care was necessary to treat or prevent
imminent or life-threatening deterioration of the following
conditions: cardiac failure, circulatory failure, CNS failure
or compromise, dehydration, hepatic failure, endocrine
crisis, metabolic crisis, renal failure, sepsis, respiratory
failure, shock, toxidrome and trauma. I provided critical
care services requiring my management in the following
manner: chart data review, documentation time,
medication orders and management, re-evaluations, vital
signs assessments and reviewing monitor data, and
ordering and reviewing lab tests. Aggregate Critical care
time was 30 minutes. My time did not include minutes
spent treating any other patient simultaneously or on
activities that did not directly contribute to the patient's

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treatment. It did not include time spent performing other reported procedures. Medical Decision Making: This is a 76-year-old female who presented ER today for evaluation of syncope. Patient was reportedly mildly hypotensive which improved with IV fluids. I suspect that patient had dehydration given 4 episodes of large watery stools. Patient had no recent antibiotic use and has no C. difficile risk factors, suspect this may be related to her Covid vaccine, she had no evidence to suggest anaphylactic shock, patient felt better after IV fluid bolus was able to ambulate around the emergency department without lightheadedness or near syncope. She had troponins x2 which were negative, her EKG was nonischemic and there was no evidence of ectopy or arrhythmia. Patient did have syncope and fell onto her side, she denies discrete head injury although patient is anticoagulated, CT head was obtained to rule out intracranial hemorrhage given the syncopal event. Patient CT abd/pelvis was negative for obvious cause of patient's abdominal tenderness may be related to her diarrheal illness patient will be prescribed Bentyl. She will call her primary care doctor in the morning to arrange close follow-up. She understands need for aggressive oral hydration at home. She will have low threshold to return should she develop lightheadedness syncope chest pain shortness of breath palpitations worsening abdominal pain bloody or dark stools any new or concerning symptoms. The patient presented to the emergency department with potentially life or limb-threatening symptoms. After my history, examination, and workup have decided that the patient is stable. My impression is that they are safe to go home at this time. I have reviewed ED return precautions with the patient. They understand to return if they are concerned for any reason. They will follow-up with their PCP in 1-2 days. Impression: Syncope, hypotension-improved, dehydration Plan: Discharge Follow Up Within: 1-2 days Comments: Please call your doctor in the morning to arrange follow-up with your primary care doctor in the next 24 hours. Please stay well-hydrated and eat regular meals. Please take Bentyl as needed for abdominal cramping with diarrhea. Please return to the ER if you develop worsening abdominal pain, feelings of lightheadedness passing out any new or concerning symptoms. Patient Education Syncope, Easy-to-Read

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964870	1/22/2021	TX	46	F	1/14/2021	1/14/2021	Diarrhea, Adult Discharge Meds dicyclomine 10 mg 1 cap, PO, QID, 20 cap Referral for suspected pre-hypertension or hypertension was given. Please note: Unless specifically stated, all procedures mentioned, tests done and medications given were performed/interpreted by the emergency physician, or were under the direct supervision of the emergency physician. This ED Note was completed using voice-recognition transcription and may contain inadvertent errors. Additional information for Item 9: APPROXIMATELY 15 MINUTES AFTER INJECTION, RECIPIENT BECAME EXTREMELY NAUSEA DIAPHORETIC DIZZY WITH CHEST PAIN. RECIPIENT WAS SENT TO ER AND SEEN BE PHYSICIAN. EKG, BNP, CARDIAC ENZYMES, CBC, CMP, D DIMER ORDERED. RECIPIENT RECEIVED 1 LITER BOLUS OF NORMAL SALINE IV, AND ATIVAN 1 MG IV GIVEN. RECIPIENT WAS DISCHARGED HOME AND RETURNED TO WORK THE FOLLOWING DAY.
964950	1/22/2021	NY	44	F	1/21/2021	1/21/2021	Patient complained of feeling dizzy, no shortness of breath or no chest pain were noted. After enhanced observation dizziness resolved and she was discharged

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966154	1/22/2021	CA	49	M	1/15/2021	1/16/2021	<p>Received Vaccine on Friday January 15th 2021 at approximately 0715am after my Isolation and having had no symptoms for over a week. Received injection, was observed by our Physician staff for approximately 35 minutes with no adverse reactions noted at that time. Approximately 30 hours later on Saturday my left arm began to hurt and a very very strong fatigue came over me and I took a 2 and a half hour nap on the couch. I was still extremely fatigued upon waking, but my arm continued to hurt more and more up to the point it wasn't usable for anything heavy and/or strenuous at all, hurting just to use it for getting up from the couch. I was assisted to get me things like water, food and stuff. The arm pain began to radiate towards my left shoulder and eventually throughout the day the pain was spreading from my shoulder to include my left upper thorax and left rib cage. By Sunday, what had begun as left arm pain had now become stronger an approximate 5/10 pain. It started to present as atypical chest pain having the pain now fully encapsulated within my left upper chest. Felt what appeared to feel like intercostal pain and a general ache all throughout. By Monday the pain was still all throughout and assessed the situation from a cardiac standpoint and found that the pain was mostly positional and I wasn't exhibiting any cardiac symptoms such as shortness of breath, no sub-sternal pain, no jaw pain, no back pain. It hurt more as I would take a deep breath and began to move my left arm around and bringing it up from my side and did a stretch with my crooked elbow of my left arm I raised it to the ceiling and moved my thorax to my right side and found that this would make it hurt more, so I did some twisting of my thorax and abdomen and found that the pain would increase from movement, it was then that I began to think that it might be Pleuritic pain. Tuesday the 19th and Wednesday the 20th I had to call in Sick because I developed a severe muscle ache below my left calf between my calf and left ankle, as if it was in constant spasm and it affected my walking, like a Charley Horse feeling and wondered if it were the same kind of feeling that I had in my chest and I found it quite odd that all my symptoms were on the left side which is the same side I received the vaccine because my right side didn't have any muscle aches. The overall chest pain began to subside over the next couple of days, but the pleuritic pain that I described never decreased in</p>

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964992	1/22/2021 NH	26 F	1/20/2021	1/21/2021	<p>intensity or pain level. I saw my Personal Dr yesterday January 21st 2021 at approximately 5:15pm as he was walking out of his office and we discussed my symptoms and believing that my symptoms seemed to indicate some kind of tentative diagnosis of a pleurisy issue as he had agreed that there didn't seem to be any cardiac involvement and am scheduled to see him again tomorrow Saturday January 23rd at 4pm As I write this the pain continues as before with no seeming end point and is not diminishing. I had phoned and talked yesterday afternoon and felt it best to check with my primary physician because he hadn't had any reports such as mine.</p> <p>At 0200 approx 10 hours after my vaccine I spiked a fever of 101. I had been taking Tylenol every 6-8 hours in hopes to avoid this. Later that morning I was light headed, fatigued, sore throat, nausea. The fever continued to increase. By 2200 that day my fever was 104.7 and that was with Tylenol on board. I also iced my groins and axillary areas to help cool my body. Today is the second day out from the vaccine and I have recovered from the fevers. My fever early this morning was still 102.5 but has since passed and I am normothermic. I am very fatigued with some chest pains.</p>
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963898	1/22/2021		44	F	1/8/2021	1/9/2021	<p>woke up with left sided chest pain and thought she may be having an MI; Injection received in left arm, resulting in extreme left side pain and soreness; woke up with left sided chest pain and thought she may be having an MI; Left upper body continues to be sore, not only at injection site but also left axillary area; Left arm is still warm although vaccine was received 72 hours ago; This is a spontaneous report from a contactable pharmacist (patient). A 44-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EL1284), via an unspecified route of administration in the left arm on 08Jan2021 07:45 AM at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Patient has no known allergies. Patient was not pregnant. Patient has no COVID-19 prior to vaccination. No other vaccines was given in four weeks. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EJ1685) given in the left arm on 21Dec2020 at 02:00PM for COVID-19 immunization. On 09Jan2021 at 03:00 PM, the patient experienced injection received in left arm, resulting in extreme left side pain and soreness. She woke up with left sided chest pain and thought she may be having an MI. Left upper body continues to be sore, not only at injection site but also left axillary area. This pain was not noted with her first vaccination. Left arm was still warm although vaccine was received 72 hours ago. This was not noted with her first vaccination. No treatment was given for the reported events. Patient was not tested for Covid post vaccination. The outcome of the events was recovering.; Sender's Comments: Based on the close temporal relationship, the association between the event myocardial infarction with BNT162b2 can not be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.</p>

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964738	1/22/2021	CO	58	F	1/19/2021	1/19/2021	chest pain that resolved after 2 nights, SOB , fatigue
965134	1/22/2021	AZ	48	F	1/21/2021	1/21/2021	Patient had either lot # 032L20A or lot # 013L20A - Were unable to provide provider with the lot number patient received at the time of the VAERS vaccine report. Patient said she felt like she was having panic feeling and that her breathing was shallow. Patient denied nausea, vomiting, dizziness, chest pain, headache, itching, rash, throat swelling, troubles swallowing or talking. Patient said she did not take her medications. Vitals were done , normal SaO2, initial pulse 102 that then resolved and in 90's and then 86. BP elevated 173/103, then 172/99, then 167/98.
964517	1/22/2021	IN	30	F	1/19/2021	1/21/2021	chest pain fever of 102.0, sore throat, headache, dizziness, weakness tiredness
965105	1/22/2021	NY	39	F	1/14/2021	1/14/2021	Approx 9pm onset shakes, sweating , increase in temp99-100 F , chest pain , muscular pain and tightness throughout body. In middle of night started vomiting . Approx 6am called primary MD. Was instructed to go to nearest hospital.
964689	1/22/2021	NM	61	F	1/20/2021	1/21/2021	STarted having nausea around 10am on 1/21/21, then at noon started having chest pain and a migraine. Went home early from work. As of 1/22/21 0830, still has chest pain but not as intense and it radiates to left shoulder and towards back (advised employee to have this evaluated)
964686	1/22/2021	PR	37	F	1/19/2021	1/20/2021	Dolor de Pecho (Chest Pain). Dolor e inflamacion area izquierda del cuello (Neck Pain/ Inflammation). A small bump is noticeable and palpable at neck (left side). Visit Emergency Room and received medications for pain (Ketorolac) and muscle relaxant (Orphenadrine).
964674	1/22/2021	NC	67	M	1/21/2021	1/21/2021	Immediately started getting rapid heart beat, difficulty breathing, dizziness. Half an hour later got chest pain, mental confusion and slurring of speech. Had to sit for over 30 minutes. Is allergic to Epinephrine so not able to give Epi Pen. Just had observation. It lasted a little over an hour, but was still dizzy. On 1/21/21 felt horrible, felt like he was getting sick, but has now recovered fully from the event.

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964633	1/22/2021	NY	44	F	1/21/2021	1/21/2021	Patient stated she felt dizzy, and was slightly hypertensive (150/85 mm/Hg & 158/90 mm/Hg) She denied shortness of breath or chest pain and the dizziness subsided
964533	1/22/2021	MD	46	F	1/20/2021	1/20/2021	Client complained of feeling dizzy after the 15 minutes post vaccination. Client was helped to a flat position, legs were elevated. Client remained alert and oriented x 3, no SOB or chest pain reported. Vital signs were stable. Rested for another 30 minutes, water was given. Client reported feeling better afterwards. She was picked up by her father. We recommended client to call PCP if symptoms persist and call 911 if Symptoms worsen.
964461	1/22/2021	NY	41	F	1/21/2021	1/21/2021	Patient stated they felt hazy, and had chest pain 3/10, has asthma history. Used inhaled and after ~15 minutes patient stated he felt better and was discharged.
964456	1/22/2021	OH	31	M	1/12/2021	1/12/2021	Moderna COVID-19 Vaccine EUA Fever, Headache, Chills, body convulsions, delirium, confusion, severe fatigue, dyspnea on exertion. Symptoms persisted for about 30 hours. Following recovery of acute symptoms, persistent chest pain is present and is worsened with exertion. Mild soreness is present at the injection site over 1 week later, but is mild and has no significant erythema indicative of allergic response.
964260	1/22/2021	GA	66	M	1/19/2021	1/19/2021	Immediately felt the vaccine ? pain in arm site, headache and nausea. Muscle aches and a slight tightness in chest about 12 hours later. Three days later (now) still have headache, muscle aches and an uncomfortable feeling in chest, although no chest pain.
964197	1/22/2021	VA	23	F	1/21/2021	1/22/2021	Injection site soreness/muscle pain - ongoing soreness Tiredness - general tiredness/fatigue Headache - started morning after vaccination Chills - lasted a couple hours before fever started Fever - started after chills subsided Chest pain - lasted a couple hours simultaneously with chills

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964092	1/22/2021	CA	21	F	1/19/2021	1/20/2021	Moderate pain at injection site for over 48 hours Vomiting, chills, shakes, sweats the whole night after the vaccine. Moderate Inguinal pain began on 2nd day after vaccine. Full body aches began a few hours after the vaccine and continue on. Moderate chest pain and tightness ongoing since the day of the vaccine. Severe decreased appetite ongoing since vaccine. Severe fatigue since vaccine and continues.
965711	1/22/2021	OH	87	F	1/22/2021	1/22/2021	After receiving the first dose of Covid vaccine patient became hypotensive and diaphoretic. She was in and out of consciousness. She complained of chest pain. Medical emergency response team called and came to evaluate patient. Vitals taken, water given. Patient refused to go to ED. Symptoms resolved.
964559	1/22/2021			F	1/15/2021	1/15/2021	~~Staff member received Covid Vaccination at 0730 after working 3rd shift. Raised hand at 0745 indicating she needed assistance. She complained of heart palpitations, diaphoresis and anxiety. She was taken via wheelchair to the vestibule for monitoring BP 153/97, HR92, Pox 100%. She denied chest pain or difficulty breathing. She stated her throat ~~"felt dry~~". Vitals rechecked at 0750: 130/88, HR 85, Pox 97% Staff member stating she felt less anxious, was given water to drink. At 0805 she stated she was recovered. She was stood and vitals checked: 124/84, HR 70, Pox 100% She was released ambulatory and given a snack for ride home.~~
966986	1/22/2021	ME	54	M	1/4/2021	1/4/2021	At time of injection slight chest pain under the arm pit, side of chest, hot flushed feeling shortness of breath. Hours after injection moderate pain at injection site. Days after injection growing pain at injection site. Weeks after injection a blob of pain and discomfort rising up my left arm into my left shoulder joint and lower neck.
965715	1/22/2021	FL	57	F	1/8/2021	1/8/2021	viral cardiomyopathy, myopericarditis, weakness, chest pains

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966142	1/22/2021	WA	57	M	1/19/2021	1/19/2021	HPI from ED: 57-year-old male with history of reactive airway disease, T2DM, OSA presenting with shortness of breath. Patient states 2 days ago, he had to take his dog to the vet, and they accidentally ran away; he had to run "full tilt" to catch it, which caused him to become acutely short of breath. Since then, he has had worsening difficulty breathing with any type of exertion, progressing today to dyspnea at rest. He has been using albuterol several times per day (3-4 times today), as well as his BiPAP machine that he uses for OSA, during the day without relief. Denies chest pain, though he has chest tightness associated with difficulty breathing. History of similar difficulty breathing with exertion during the winter, but never this bad; has not been hospitalized or intubated for RAD. Got his second COVID vaccine 3 days ago, after which he had fevers, now resolved. Denies recent antibiotics; no history of COPD, slight cough today, not productive of sputum, no hemoptysis. Reports a month of right leg swelling; has a history of prior right knee surgeries; no posterior calf pain, no acute changes; no history of VTE, no history of cancer, no hemoptysis, no recent procedures/surgeries/immobilizations.
967221	1/22/2021	FL	41	F	1/15/2021	1/15/2021	Vaccine was received in the left deltoid. First symptom was right arm going numb at about 10 minutes. At about 25 minutes had full body severe itch. At 35 to 40 minutes had sudden onset of chest pain, tachycardia, shortness of breath, and hypertension. I had pre-medicated with Benadryl and Pepcid. No further interventions were needed. Symptoms resolve spontaneously about 30 minutes later.
967182	1/22/2021	AZ	26	F	1/18/2021	1/20/2021	I got the vaccine in 1/18/21 and started getting a body rash on 1/20/21 and had chest pains.
966997	1/22/2021	AZ	76	F	1/22/2021	1/22/2021	Generalized weakness, nausea, chest pain.
966971	1/22/2021	TX	68	F	1/22/2021	1/22/2021	Approximately 20 minutes after injection, - patient developed chest pain radiating to the neck - mild, dull pain (3 out 10 pain score) - weakness in both arms - shortness of breath PMHx - Had COVID-19 in July 2020

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966961	1/22/2021	CA	50	F	1/22/2021	1/22/2021	Pt reported feeling lightheaded minutes after receiving her vaccine. She was assisted to the ground. A/O X4 throughout. Skin warm and dry. MD on scene. Vitals stable. Denied chest pain or SOB. Felt better after 20 minutes. Returned to work, OK per MD.
966774	1/22/2021	KY	35	F	1/21/2021	1/21/2021	Left facial numbness; chest pain
966498	1/22/2021	TX	63	F	1/16/2021	1/16/2021	Patient is another women who has h/o allergies to food and medications. She came prepared with her own Benadryl and Epipen. I watched her for almost 45 minutes and only thing she C/O was some itching in her head at 25-30 minutes after the shot. So I advised to take her own 25 mg po of Benadryl. When she left she was not itching. She had no other problems like hives, SOB, swollen eyes, chest pain, stridor, nausea, vomiting. She was alert and oriented X3 throughout her visit in post vaccination area. I was talking to her throughout her stay on and off. Her O2 sat was also good. I informed her on skin care, told her to drink enough fluids, take Benadryl po Q6-8 hours for the next 1-2 days. If any problems go to ER. She informed me that she was very anxious and she gets itching every time when she becomes hyperactive with lots of people.
966497	1/22/2021	MI	72	M	1/21/2021	1/21/2021	Developed chest pain that subsided within a few minutes. No other specific signs of a stroke or heart attack. Blood pressure was elevated (~140/85).
966151	1/22/2021	MA	28	F	1/19/2021	1/19/2021	Intermittent chest pain ~5 hours after injection, lasting overnight and throughout following morning. Chest pain became severe ~ 27 hours after initial injection, requiring visit to ED.

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966073	1/22/2021	CA	40	F	1/21/2021	1/21/2021	Twelve minutes after receiving the vaccine injection, patient reported tingling in both arms and across her upper back. She had taken a dose of Benadryl, 50 mg p.o. prior to coming to the clinic, due to her prior history of allergies. Her blood pressure was checked in left arm, 134/94. She denied chest pain, SOB or feeling of swelling in tongue or face. After the tingling sensation, she began to experience pruritus of her arms, back and scalp. Visual inspection revealed no visible rash or hives. When she began rubbing on her left arm to relieve the itchy sensation, the area of rubbing became erythematous. She was observed for 45 minutes after the injection. Symptoms did not progress and she was discharged from the clinic. Phone follow-up 24 hours later: pruritus has resolved. She took 2 more doses of Benadryl 50 mg p.o. yesterday, at 2 p.m. and 11 p.m. Only symptom reported today is sleepiness.

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967095	1/22/2021	NJ	41	F	12/28/2020	12/29/2020	Approximately 36 hours of fever of 101, chills, shivering, sweats, aches and pain in every joint in my body, back pain, headache, pain at the injection site, fatigue, weakness, dizziness, nausea, difficulty completing my daily work duties and household activities due to pain and not feeling well. This was not much helped by Alleve, therefore I took Tylenol which was mildly helpful. After the first 36 hours, the symptoms lessened in severity and lasted for about another 12 hours. After that, I felt well for several days in a row, then about 1 week later I felt sore, weak, tired and nauseous. This resolved in its own in about 2 hours. I have felt well since then. I am choosing to receive my second dose of moderna vaccine tomorrow, because I would rather experience these side effects then catch COVID ever again. I caught COVID19 in March 2020. With my COVID infection, I was sick for about 21 days with fever of 101 and more, bone pain, body aches, chest pain, back pain, headaches, nausea, shaking chills, sweats, trouble breathing, dyspnea, cough, runny nose, sore throat, pink eye, dizziness, tiredness, ?brain fog? and fatigue. I was not hospitalized. After about 21 days I began to recover, but the first week after my recovery began I was very weak and tired, and spent most of my time sleeping. I was 41 years old at the time, with health problems including well controlled asthma and being overweight. I never wish to experience this again and I am grateful that I am receiving the Modena vaccine. Thank you so much for logging my side effects.
965936	1/22/2021	AK	43	F	1/22/2021	1/22/2021	Lightheaded, pale, rapid pulse, chest pain, anxiety, clammy.

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966451	1/22/2021	TX	81	F	1/16/2021	1/16/2021	Patient c/o headache. She was an older women in a wheel chair and the temperature in the stadium was extremely cold and most of the people were shivering even if they had no other problems. The patient complained of headache after 12-15 minutes. She was alert and oriented X3 in NAD. Vital signs: BP-118/82 HR-86 O2 Sat-98%. She did not have any visual problems, nausea, vomiting ,chest pain ,stridor, SOB , or rash. I listened to her with the stethoscope. Her lungs were clear . No rales or wheezing and heart rate was normal. She was watched for almost 40-45 minutes .She had headache but it improved somewhat. I informed her to drink enough fluids, take pain killer either Tylenol or Advil whatever her MD recommends- to take when she has pain. I also informed her daughter to keep a close watch on her for 2 days and if any problems call her MD and take her to ER. I watched her very closely in the post vaccination area before she left.
966077	1/22/2021	FL	69	F	1/6/2021	1/6/2021	o Patient received Moderna vaccine IM to left arm. Patient reports the area is red and itchy. Patient stated she does not have a history of allergies to medication or food. Vitals sign taken BP 154/76 P 72 o2 sat on room air 99% at 10:40 am. 10:55 am VS BP 143/73 P 72 o2 sat 98% on room air. Patient denies any SOB ,dizziness, chest pain or severe headache. Patient transferred via ambulation to clinic for further evaluation. o Patient transferred via ambulation to clinic for further evaluation. Patient will be evaluated for further treatment by staff.
966120	1/22/2021	CO	26	F	1/11/2021	1/12/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: One day after vaccination, patient presented to the emergency department with substernal chest pain and shortness of breath. History significant for COVID-19 "a few months ago". Initially patient felt fatigued with muscle aches and fevers that were "worse than COVID itself". No cough, nausea, vomiting, abdominal pain, or rash reported. Initial vital signs: pulse 81 beats per minute, blood pressure 117/82 mmHg, temperature 36.7 degrees celsius, respiratory rate 18 breaths per minute, and oxygen saturation 97%. Patient observed, administered potassium and ketorolac, and symptoms resolved. Vitals remained within normal ranges and patient discharged home ambulatory and stable.

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966243	1/22/2021		28	M	1/18/2021	1/21/2021	According to patient, he received the COVID vaccine on 1/18 and endorsed typical vaccine symptoms (myalgias, fatigue, lymphedema on right axillary, sweats and chills). He was taking ibuprofen for prophylactic symptom relief and was able to attend work the following day. The patient stated to still endorses symptoms of the vaccine days after but did not seek medical attention because he thought the symptoms would resolve. The morning of 1/21, patient sustained constant, nonradiating chest pain located along the sternal that was moderate to severe in nature and exacerbated with deep inspiration that lasted 2 hours. Lying on the side provided minimal relief but the pain was still moderate. Nausea also accompanied the pain but the patient denied any vomiting. Patient decided to go to the ED for work-up. Patient had two further episodes of chest pain and EKG revealed diffuse ST elevations. Troponin level peaked at 3.02. He was diagnosed with myopericarditis and started on colchicine, with improvement of chest pain.
966364	1/22/2021	CO	77	F	12/21/2020	12/21/2020	Pt received dose #1 Moderna COVID vaccine 12/28/20 @ Clinic. About 3 hours after had 30 minutes of rapid heart rate, and fluttering. Laid down, went to sleep, and it resolved. She didn't seek emergency care. Did not have chest pain or shortness of breath. Continued to have palpitations occasionally, fatigue, tachycardia. Presented to PCP on 1/7/21 for symptoms and was transferred to ED for additional cardiac workup and treatment after capturing SVT on EKG. Also diaphoretic, dizzy, nauseous, SOB with palpitations. Given IV metoprolol in ED with conversion to NSR. Per ED "Suspect that the vaccine may have been her trigger." Able to discharge without escalation of care. Entered for tracking.

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966365	1/22/2021	TX	64	M	1/16/2021	1/16/2021	Patient had an argument about some issues, so he got excited while he was waiting for observation in the post vaccination area. He had a complaint of feeling of light headed and anxious . No SOB, no chest pain, no headache, no dizziness, no visual problems. Vital signs: BP-142/90 HR-84 O2 Sat-99% He had good color, good O2 saturation and was alert and active, Oriented X3 in NAD. I told him to relax ,take deep breaths and was watching him for almost 30 minutes after he reported feeling light headed. Lungs was CTA and heart rate was normal. H/O HTN. Informed patient to relax gave him post vaccination care instructions and told him to drink enough fluids and take Advil or Tylenol PRN for pain relief.
966422	1/22/2021	PA	30	M	12/30/2020	1/19/2021	I've prior had mild adverse reactions to flu shots where I'd feel slightly ill for a day or so afterwards, but no significant responses to question the initial COVID vaccine. About 3 weeks from receiving the vaccine, I started to develop an intense pain along my left chest/back/and posteriomedial arm which was clinically dx'd as Shingles by my physician. I have physical pictures to detail the areas of effect, but the symptoms remain as significant arm/chest pain with paresthesia along my scapula. Mild nausea and chills are also episodic. Having never exhibited these symptoms and the upcoming date for my second dose (1/27) I'm concerned if this is a triggered immune response which could worsen or prolong with a second dose.
966431	1/22/2021		34	F	1/3/2021	1/4/2021	chills, sweating, hot flashes, palpitations, elevated HR to 130, headache, body aches, nausea, abdominal pain, chest pain

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962169	1/21/2021			M	12/22/2020	12/22/2020	Clotting event; Fibrin D dimer high; chest pains; Little injection site soreness; This is a spontaneous report from a contactable consumer reporting for himself. A male patient of an unspecified age received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer -BioNTech), via an unspecified route of administration in the arm, on 22Dec2020, at single dose, for COVID-19 immunisation. Medical history was none. Concomitant medications were not reported. The patient experienced fibrin d dimer high in Jan2021 with outcome of unknown, clotting event on 03Jan2021 with outcome of unknown, chest pains on 03Jan2021 with outcome of unknown, little injection site soreness on 22Dec2020 with outcome of unknown. The events fibrin D dimer high and clotting event caused patient's hospitalization in Jan2021. The patient underwent lab tests and procedures which included fibrin d dimer: high in Jan2021. The patient was vaccinated on 22Dec2020 close to the evening and had a normal response with a little soreness in the arm at the injection site. Then on 03Jan2021, he reported to be having chest pains that he never had before and went to the emergency department (ED) due to a clotting event. Upon blood work, they discovered that his D-dimer was elevated and was really high for his age. He mentioned that he had no history and no issues with this whatsoever before. He received the 2nd dose on 11Jan2021. The information on the lot/batch number has been requested.
961547	1/21/2021	CA	38	F	1/20/2021	1/21/2021	Patient reports body aches, chills, fever, chest pain, which is her main concern
961582	1/21/2021	NC	78	F	1/15/2021	1/16/2021	Pt. received the COVID 19 vaccine on 1-15-21. On 1-21-2021 the pt. called to report that on the Saturday after her vaccine 1-16-21 she had chest pain, chills, fever, her blood pressure went up, jaw pain, and grinding of her teeth that lasted for one day.
961568	1/21/2021		38	F	1/20/2021	1/21/2021	Patient reports body aches, chills, fever, chest pain, which is her main concern, as it started this morning.
961552	1/21/2021	NC	78	F	1/15/2021	1/16/2021	Pt. received the COVID 19 vaccine on 1-15-21. On 1-21-2021 the pt. called to report that on the Saturday following her vaccine she had chest pain, pain in her jaw, chills, fever, her BP went up, and grinding of her teeth for just that one day and then it went away.

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961599	1/21/2021	AR	40	F	1/5/2021	1/15/2021	started having asthma attacks (chest pain and Shortness of breath with wheezing) on friday 01/15/2021 Didnt get any better over weekend. was taking inhaler every 3-4 hours. Monday was tested for covid which was negative. body aches and fatigue began over weekend. asthma progressively got worse. On 01/20 had to visit dr office, my neck was swollen on both sides, injection site had a raised large area that extended from my shoulder to my elbow. Up until yesterday, you could not even tell where I had the shot. Now there is still a raised area and you can tell exactly where i recieved it.
961659	1/21/2021	PA	27	F	1/8/2021	1/15/2021	-Pt is an employee in dental. -Reporting reaction at site of vaccine (left deltoid). -Received vaccine 1/8/2021 (Moderna). -No rxn at time of vaccine, was observed. - Presented TODAY (7 days later) 1/15/2021 while at work for rash at injection site and on her face and neck. -Pt denies itchy throat, difficulty swallowing, shortness of breath, chest pain, n/v, abdominal pain, fevers, chills, numbness/tingling. -Denies allergies to food, meds, seasonal allergies. -Denise hx of allergic rxns. -Denies hx of anaphylaxis reactions. -Of note pt also has asthma. Reports she has not seen PCP about it in awhile. -She is using her albuterol inhaler 4x/day. Some dyspnea on exertion. -Not on controller inhaler. -No cough, wheezing, shortness of breath at rest. -Not taking any other medications besides albuterol inhaler. -Pt with itchy rash at site of injection and on face. -Pt without signs of anaphylaxis. -Denies respiratory symptoms. -Gave pt 25mg Benadryl PO. -Observed pt for 1 hour. -Vitals normal besides elevated HR - likely due to reaction/anxiety about situation. -Pt's rash diminished and she was less itchy ~10 minutes after Benadryl. -No worsening of symptoms during observation. -Pt discharged after 1 hour. -Will f/up with patient (she is employee) later today. -ED precautions given.

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961843	1/21/2021	VA	52	F	1/7/2021	1/8/2021	Heart attack / she had a MI / diagnosed as a NSTEMI; This is a spontaneous report from a contactable healthcare professional (patient). This 52-year-old female patient received the first single dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) in left arm, on 07Jan2021, for COVID-19 vaccination. Medical history included autoimmune thyroiditis (Hashimoto's thyroiditis) from 1998 and vitiligo from 1988. She was overweight. She had really no other risk factors. Concomitant medications were not reported. On 08Jan2021 the patient experienced heart attack and she had a MI, then a cardiac catheterization that was normal and a normal echo as well. She said it was diagnosed as a NSTEMI and not a large MI, the smaller version. These events required hospitalization from 08Jan2021 to 12Jan2021. MI occurred after she finished clinic and she was not standing or doing anything, just sitting and she had chest pain. Her office was right next to the ER, so she received treatment within an hour and they were able to help her. She said that her hospital couldn't do a cardiac cath, so on 11Jan2021 they moved her to an hospital which was another treatment facility. When she had her MI they gave her acetylsalicylic acid (ASPIRIN) and sublingual nitroglycerin. They tested her troponin and did an EKG which was abnormal on an unspecified date in Jan2021. On 08Jan2021 troponin was increased. When they treated her with nitroglycerin and Aspirin, two hours later her EKG was normal and her troponin came down overnight on 09Jan2021, which was when they said for sure that she had a heart attack. The patient said it was very scary to have a heart attack, but thankfully there was not a lot of damage done and she was able to get treatment quickly. She did not think the event was disabling since they did not see much damage to her heart muscle, it was a near miss kind of thing. She said it was life changing in that she will now be on medication forever, she will be on at least a baby Aspirin and probably something like a statin for the rest of her life. She was recovering, it was unknown what the lasting effects may be, she felt normal but tired from her hospital stay. Heart attack resolved on 08Jan2021. Information on the lot/batch number has been requested.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the event acute myocardial infarction cannot be excluded. The

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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962074	1/21/2021	OR	30	F	1/6/2021	1/7/2021	<p>contributory role of the patient age and background of obesity cannot be excluded as well. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.</p> <p>having intermittent left-sided chest pain/The pain is worsened with deep breathing.; palpitations; This is a spontaneous report from a contactable Other Healthcare professional (HCP) (patient). A 30-year-old female patient (pregnant: No) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1283), via Intramuscular on left arm on 06Jan2021 at 14:00 at single dose for COVID-19 immunisation. The relevant medical history included known allergies: Penicillin and known allergies: Sulfa. Concomitant medications were reported as none. The patient previously took Ceclor and had known allergies. The day after receiving the first dose, on 07Jan2021 at 15:00 the patient had been having intermittent left sided chest pain. The pain was worsened with deep breathing. Additionally having palpitations. It had caused her enough concern that she went to the ED (Emergency room/department or urgent care). She had been encouraged to follow up in clinic. No other vaccine in four weeks. No other medications in two weeks. No Covid prior vaccination. No covid tested post vaccination. The outcome of the events was not recovered.</p>

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962142	1/21/2021	MA	24	F	1/10/2021	1/11/2021	Headache; muscle cramps; chills; diarrhea; chest pain; This is a spontaneous report from a contactable nurse (patient). A 24-year-old non-pregnant female patient received second dose of BNT162B2 (Pfizer-BioNTech COVID-19 mRNA vaccine; lot number: EL1284), via an unspecified route of administration in the left arm on 10Jan2021 at a single dose for COVID-19 immunization. The patient was vaccinated in a hospital facility. Medical history included irritable bowel syndrome (IBS), endometriosis, chronic headaches, birth control, and sulfonamide allergy (reported as known allergy to Sulfa). The patient had no Covid prior vaccination. Concomitant medications included montelukast and unspecified medication for birth control. The patient previously received first dose of BNT162B2 (Pfizer-BioNTech COVID-19 mRNA vaccine; lot number: EJ1685) in the left arm on 20Dec2020 17:30 at a single dose for COVID-19 immunization. The patient was tested for Covid post vaccination of the first dose and had negative nasal swab on 01Jan2021. The patient did not receive any other vaccine in four weeks. The patient experienced headache, muscle cramps, chills, diarrhea, and chest pain on 11Jan2021. No treatment was received for the reported events. The outcome of the events was not recovered.
961489	1/21/2021	MI	37	F	1/11/2021	1/14/2021	Lupus flare, intractable pain, chest pain; patient received prolonged infusion of ketamine

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960464	1/21/2021	TX	40	F	1/8/2021		2nd vaccine dose administered on 08Jan, with a new increase of blood pressure; 2nd vaccine dose administered on 08Jan, with a new increase of blood pressure; This is spontaneous report from a contactable Other Healthcare Professional (patient). A 40-year-old female patient (not pregnant) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), Lot number: unknown, via an unspecified route of administration on 08Jan2021 at single dose for COVID-19 immunisation. Medical history included Symptomatic PVC's, Tachycardia, Bradycardia, CVA (Cerebrovascular accident) in 2018, Asthma, adhesive allergy, rhythm. Concomitant medication included flecainide, metoprolol for rhythm, spironolactone. The patient previously took hydrocodone bitartrate, paracetamol (VICODIN), eletriptan and experienced drug allergy; received the first dose of BNT162B2 on 16Dec2020 03:00 PM in Left arm for COVID-19 immunisation, and experienced Hypertensive Emergency (BP 219/114) with no previous blood pressure issues, radiating chest pain, left arm pain, and jaw pain on 22Dec2020, admitted to the hospital. The patient received the 2nd vaccine dose administered on 08Jan2021, with a new increase of blood pressure. The patient underwent lab tests and procedures which included blood pressure measurement: new increase of blood pressure on an unspecified date; blood pressure 219/114 on 22Dec2020; Curative-SARS-Cov-2 Assay RT-PCR: negative on 01Jan2021. The outcome of the event was not recovered. Information on the Lot/Batch number has been requested.

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962127	1/21/2021	MI	46	F	1/8/2021	1/8/2021	Occasional chills; mild chest pain with deep breath; mild chest pain with deep breath; This is a spontaneous report from a contactable consumer (reporting for a patient). A 46-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiry date were not reported), via an unspecified route of administration on the left arm on 08Jan2021 12:00 at a single dose for COVID-19 immunization. There was no other medical history, had no known allergies. Concomitant medications were not reported. The patient did not have COVID and did not receive other vaccine in four weeks prior to vaccination; did not have other medication within two weeks and was not pregnant at the time of vaccination. On 08Jan2021, the patient experienced occasional chills and mild chest pain with deep breath. No treatment was given for the events. The patient has not been tested for COVID post-vaccination. Outcome of the events was recovered on an unspecified date. Information on the lot/batch number has been requested.
961456	1/21/2021	MA	81	F	1/14/2021	1/14/2021	Resident became hypotensive, chest pain, low O2 SAT, diaphoretic, body aches, fatigue and chills on 1/14/21. Second episode on 1/15/21 of nausea, body aches and lethargy.
961418	1/21/2021	MA	23	F	1/12/2021	1/14/2021	Patient developed intermittent chest pain 2 days after receiving her 2nd dose of Pfizer covid vaccine. She was seen in the ER on 1/17/2021. Pt improving. Seen for follow up by PCP on 1/19/21. Pt called office on 1/21/2021 - ongoing intermittent chest pain. Will see Cardiology.
961358	1/21/2021	MO	71	F	1/19/2021	1/19/2021	Employee reported to Employee Health complaining of reactions to COVID-19 vaccination. States she has chills, headache and "heart feels like it is jumping around". Denies chest pain. Is leaving work and going home. Instructed to rest, drink lots of water and to seek medical attention if needed.

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961170	1/21/2021	TX	41	F	1/16/2021	1/16/2021	41 years 6 month old female with history of thyroid problem. Pregnant 19 weeks. NKDA. G9PA. Meds- Thyroid medication and prenatal vitamins. Patient received COVID-19 vaccine at 10:30AM. 3 minutes later in post vaccine observation area she complained of tingling/numbness in both arms and legs. No loss of strength or weakness. She was anxious and nervous before the vaccine. 10:40AM: BP 170/90 rechecked at 168/90. No shortness of breath, no chest pain, color: pink, lungs clear to auscultation. 10:44AM: BP 160/88 HR-119 O2 Sat-99%. No shortness of breath, stridor. Tachycardia. Color: pink 11:05AM: BP 140/90 HR-109 O2 Sat-98%. Lungs clear to auscultation. HR Tachycardia 11:12AM: BP 138/86 HR-113 O2 Sat-98% Patient informed me that she was nervous and anxious before the vaccine administration Taken by medic to emergency room.
961048	1/21/2021	MN	53	M	1/19/2021	1/19/2021	mild SOB, facial tingling/numbness, flush, light headed all while eating lunch. Pt sats 100%. No resp distress noted. LS CTA. VSS. Denies chest pain or other symptoms
961033	1/21/2021	OK	47	F	12/16/2020	12/20/2020	I received the 1st dose of vaccine on 12/16/20 and on that date through 12/18/20, I had severe arm soreness and body aches. On 12/20/20, I had a sore throat, headache, body aches, and nasal congestion that continued through 12/24/20. On 12/25/20, I had extreme body aches, fatigue, left arm and leg numbness and tingling, SHOB, temp of 100.6, and back pain. On 12/27/20, I went to the ER for my symptoms and to be tested for COVID-19, to which I tested positive. They also tested me for strep and flu, both were negative. I also developed intermittent and random tachycardia (HR 120-150's), palpitations, chest tightness and chest pain. I am a RN and monitored my O2 Sats and HR frequently. My symptoms finally resolved enough for me to return to work on 1/11/21.

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961027	1/21/2021	TX	28	F	1/16/2021	1/16/2021	Received vaccine at 10:11AM, COVID-19 Moderna Lot #042L20A 10:48AM: Provider called to evaluate 28 year old white female who complained of bilateral numbness and tingling to both lips. No other adverse reaction. Patient is awake, alert and oriented x3 10:51AM: Vital Signs: BP-122/76 HR-61 RR-23 O2 Sat-98%. Patient denies difficulty breathing and difficulty swallowing or chest pain. 10:52AM: Patient states, "I feel extremely thirsty.", "My lips feel like they're swelling but I checked and they're not actually swollen." No symptoms of anaphylaxis. No visible swelling of lips. 10:54AM: Patient given water 8oz x2 bottles and states; "I feel better." 11:15AM-11:25AM: O2 Sat - 99% HR-55 BP-118/70. No difficulty breathing, no visible swelling of lips. Bilateral lip numbness almost resolved per patient. 12:05PM: Patient is sitting in wheelchair, no signs and symptoms of acute distress. Patient denies numbness and tingling of lips. No signs and symptoms of anaphylaxis. O2 Sat 99% HR-61 BP-116/70. Patient wheeled to driveway and discharged home via private vehicle. Patient's father is the driver of the vehicle.
960985	1/21/2021	KY	62	F	1/19/2021	1/19/2021	~ 10 minutes after vaccine, patient started c/o chest tightness and SOA. Pulse ox was 95%, BP 204/79, P-83. Patient stated that she experienced same symptoms when she went to ED for chest pain and was given Morphine. At 10:04 AM Patient was given Pepcid 20 mg, Benadryl 25 mg, and Zyrtec po. She had difficulty swallowing those pills. Lung sounds clear. Oriented X3. EKG was normal. After about one hour of observation with no relief, she was transferred to UKED. BP was 131/50, P-97 and Pulse ox 98% just prior to transfer.

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962272	1/21/2021	TX	45	F	12/18/2020	12/21/2020	Short of breath; Chest pain; Heart above 120s; Fatigue; This is a spontaneous report from a contactable nurse (patient). A 45-year-old female patient received the first dose of bnt162b2 (BNT162B2), intramuscular on 18Dec2020 at 20:00 at a single dose at the left arm in the hospital for covid-19 immunization. Medical history included hypertension. Patient was not pregnant at time of report. The patient previously took excedrin [acetylsalicylic acid;caffeine;paracetamol;salicylamide] and experienced allergies. Concomitant medication included Tejacote root. The patient experienced heart above 120s, short of breath, fatigue, and chest pain, all on 21Dec2020 at 13:00. Patient went to a doctor or other healthcare professional office/clinic visit for the events. The patient received treatment which included Tylenol as needed for the events. Tested for Covid twice since the vaccination; Covid test post vaccination - Nasal Swab on 30Dec2020 and on unknown date, both with negative results. Cardiologist consult was pending. Outcome of the events was reported as not recovered. Information on the lot/batch number has been requested.; Sender's Comments: The 45-year-old female patient had medical history included hypertension, and was on concomitant medication. The reported events short of breath and chest pain were more likely due to underlying disease, and less likely causally related to first dose of bnt162b2 (BNT162B2). The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
960775	1/21/2021	AL	65	F	1/19/2021	1/19/2021	In less than 60 seconds, I became Diaphoretic, had substernal chest pain radiating to back, nausea and eventual vomiting. This lasted for a long period of time, I asked to go to ER because I was so alarmed. I felt great all day prior to injection. I had been at work as a nurse with Mobile County Public School System, until I came to get vaccination .

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961201	1/21/2021	IN	24	F	1/19/2021	1/19/2021	Migraine (not responsive to medicines), dizziness, chest pain, tachycardia, shortness of breath, back pain.
960439	1/21/2021	MI	30	F	1/15/2021	1/15/2021	Cardiac event; Paralysis; Fever; Numbness; Chest Pains; Dizziness; Weakness; This is a spontaneous report from a contactable consumer (patient). A 30-years-old female patient started to receive first dose bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration in Left arm on 15Jan2021 14:15 at SINGLE DOSE for covid-19 immunisation. The patient was not pregnant. Medical history included tachycardia, Pre-ventricular contractions, allergies to Latex, covid-19 (reported as covid prior vaccination: Yes). Concomitant medication included metoprolol and multivitamin. No other vaccine received in four weeks. On 15Jan2021 14:30, the patient experienced chest pains, dizziness, weakness. On 15Jan2021 18:20, the patient experienced cardiac event, paralysis, fever, numbness, chest pains. The events resulted in: [Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Life threatening illness (immediate risk of death from the event)]. Treatment received for the events. No covid tested post vaccination. The outcome of the events was recovering. Information on batch/lot number was requested.

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960861	1/21/2021	TX	28	F	1/16/2021	1/16/2021	Received vaccine at 10:11AM, COVID-19 Moderna Lot #042L20A @10:48AM: Provider was called to evaluate 28 y/o white female patient complaining of numbness and tingling to both lips. No other adverse event. Patient is awake, alert and oriented x3 @10:51AM: Vital signs: BP - 122/76 HR-61 RR-23 O2 Sat 98%. Patient denies difficulty breathing and difficulty swallowing or chest pain. @10:52AM: Patient states: "I feel extremely thirsty.", "My lips feel like they're swelling but I checked and they are not actually swollen." No signs of anaphylaxis. No visible swelling of lips. @10:54AM: Patient given water, 8 ounces x2 bottles and states; "I feel better." @11:15AM-11:25AM: O2 Sat 99% HR-55 BP-118/70. No difficulty breathing, no visible swelling of lips, bilateral lip numbness almost resolved per patient. @12:05PM: Patient sitting in wheel chair, no signs and symptoms of acute distress. Patient denies numbness and tingling of lips. No signs and symptoms of anaphylaxis. O2 Sat 99% HR-61 BP-116/70. Patient wheeled to driveway and discharged home via private vehicle. Patient's father is the driver of the vehicle.
963372	1/21/2021	NM	38	F	1/14/2021	1/14/2021	Patient received her second dose of the Pfizer COVID vaccine in the right arm 45 minutes ago. She was being monitored for the mandatory 15-30 minute period when she started feeling some increasing shortness of breath, scratchy throat, some swelling in her bilateral periorbital area. She was then taken to the ED for further evaluation. Patient denies any allergic reaction to the initial covid vaccine 3 weeks ago. She denies any abdominal pain, diarrhea, nausea, vomiting, chest pain, shortness of breath. She does have a mild headache. She received IM epinephrine, diphenhydramine, famotidine, and dexamethasone at 1300 and was monitored and discharged at 1530.
961157	1/21/2021	NC	45	F	1/20/2021	1/20/2021	Hives, shortness of breath, dizziness, chest pain, numbness of lip and face, felt like throat was closing. Was rushed to the hospital.

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962384	1/21/2021	SD	86	M	1/21/2021	1/21/2021	55 minutes (12:00pm) after receiving 1st dose of Moderna COVID-19 vaccine resident was shaky all over. States he's had panic attacks but it "doesn't feel like that". Denies chest pain. Denies shortness of breath. Visibly shaking. Facial Hx of diabetes and had just finished lunch. Blood sugar 189. O2= 98% on room air, BP 140/70 Pulse 106. At 12:07 complains that tongue feels numb and throat feels tight. 12:08 pm, Epi-pen administered to left outer thigh. 12:16pm states he's feeling better. Shaking has subsided. Tongue numbness almost gone. 12:31pm T= 98.3 O2 = 98% P=80 BP= 114/72
963587	1/21/2021	AK	40	M	1/12/2021	1/13/2021	Chest pains, trouble breathing . Diagnosis: Non ST segment elevation myocardial infarction
963550	1/21/2021	PA	27	F	1/21/2021	1/21/2021	At 11:55am pt reported left arm swelling and 25mg of oral diphenhydramine was given to patient (30 minutes after injection). Patient was monitored by staff from thereafter. At 11:52am a second dose of 25mg diphenhydramine was given to patient due to possibly lip swelling reported by nurse. Patient denied shortness of breath or chest pain. By 12:12pm marked lip and face swelling reported by nurse monitoring patient. Again patient denied shortness of breath/wheeze/chest pain. However, we advised patient that lip/face swelling is considered anaphylaxis and because symptoms were progressing and not mitigated by diphenhydramine epinephrine would be advised. Epinephrine 0.3mg via auto injector pen was administered to patient on left outer thigh and 911 was called. EMS arrived at 12:22pm and took patient to local emergency department.

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963389	1/21/2021	NM	38	F	1/14/2021	1/14/2021	Patient received her second dose of the Pfizer COVID vaccine in the right arm 45 minutes ago. She was being monitored for the mandatory 15-30 minute period when she started feeling some increasing shortness of breath, scratchy throat, some swelling in her bilateral periorbital area. She was then taken to the ED for further evaluation. Patient denies any allergic reaction to the initial covid vaccine 3 weeks ago. She denies any abdominal pain, diarrhea, nausea, vomiting, chest pain, shortness of breath. She does have a mild headache. In ED, patient received diphenhydramine 25mg IV, epinephrine 0.3mg IM, famotidine 20mg IV and dexamethasone 10mg IV, and LR 1,000mL bolus @ 1228, ketorolac 15mg @1312, ondansetron 4mg @1312. Patient monitored and discharged at 1530.
963352	1/21/2021	TX	29	F	12/29/2020	12/30/2020	Heart Palpitations , Nausea , headache, arm hurting No appetite Chest Pain A lot of mild reactions Pulse was over 100
963339	1/21/2021	CA	67	M	1/20/2021	1/21/2021	Received call to the Advice Line from daughter at 10:47 am. Daughter was called back at 11:20 am by the Advice Line nurse. Reports some nausea yesterday after patient received the COVID-19 vaccine. This morning the patient was barely walking, dizzy, nausea, stomach hurt. Around 9:30 am vomited bright red blood. No fever, cough, chest pain, difficulty breathing. Recommended daughter take patient immediately to the ER.
963325	1/21/2021	NC	32	M	1/15/2021	1/15/2021	Approximately 5 minutes after receiving vaccination in his right arm, he reported itching of his right lateral thigh. He appeared pale. He denied respiratory complaints, chest pain or difficulty speaking or swallowing. Over the next 2-5 minutes while sitting on gurney, he reported progressive itching of his upper back and neck and then his buttocks. He was administered one dose of adult Epipen at 16:25 in his right lateral thigh. His vital signs were BP=130/84, PR= 80 and RR=18. His itching symptoms improved but he still had thigh and neck/upper back itching. At 16:33 he was administered 25 mg diphenhydramine IM in his left deltoid. Over the next 15 minutes he had continued improvement of his symptoms.
963304	1/21/2021	MO	18	M	1/18/2021	1/19/2021	patient reports fever of 100.5, headache, cough, and chest pain. resolved in one day

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963297	1/21/2021	NY	24	M	1/18/2021	1/18/2021	Sharp pain in chest Difficulty breathing Difficulty Swallowing
963285	1/21/2021	OK	81	F	1/21/2021	1/21/2021	Had very bad chest pains and hard to get my breath about 45 min after the shot and it lasted 30 mi or so. I feel ok now but do I still take the 2nd shot? Thanks
963257	1/21/2021		27	F	1/20/2021	1/21/2021	Callwer had vaccine yesterday and this morning at 8:00 AM she started to vomit. She denies any fever, Shortness of breath, chest pain, rash, or any other symptoms. RN stated if she vomits again this morning to call her provider. Set for follow up tomorrow.
963226	1/21/2021	NY	60	F	1/19/2021	1/19/2021	Chest pain and shortness of breath
962436	1/21/2021	NY	43	F	1/18/2021	1/19/2021	Chest pain, muscle pain, left arm soreness, fatigue
963503	1/21/2021	WV	82	M	1/21/2021	1/21/2021	Within 15 minutes the patient was complaining of chest pain and shortness of breath. Epipen and Benadryl was administered and vitals checked every 15 minutes by facility's staff
963213	1/21/2021	CA	30	M	1/18/2021	1/21/2021	Patient had 4 hours of chest pain 3 days after vaccine. EKG showed STEMI. Troponin elevated at 4.8. Patient sent for cardiac catheterization and results pending. At this time suspect myocarditis, but STEMI not yet excluded
962543	1/21/2021	CA	53	F	1/13/2021	1/14/2021	C/O Chest pain, fatigue, fever >100.0, the next day, post vaccination. No medical evaluation. Sx's resolved on their own. CG has no ongoing complaints and is currently working

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962682	1/21/2021	OR	62	F	1/14/2021	1/14/2021	Felt itchy and shaky after vaccine. Left after 30 min. She later developed hives and was seen at ED. Per ED notes, approx 1 hour after vaccine, she developed mild erythematous rash over upper chest/ collarbone region. Slightly itchy. She took benadryl PO x 1 with resolution of itching and rash within 1-2 hours. Patient has noted she is needing to clear her throat more often, feeling like it is "a little mucousy". She does not have a frank cough. She denies SOB, chest pain, difficulty breathing, stridor, wheezing or nasal congestion. She does not feel her mouth, lips, face or tongue are swollen. She has no difficulty swallowing. She denies abdominal pain, vomiting, and diarrhea. Denies myalgias, headaches, chills or fevers at this time. Discussed can use additional antihistamine as needed for further rash. Does not need epi IM at this time. Reviewed common side effects for 2nd vaccine to expect in next 24 hours. Reviewed elevated BP and asked to recheck at PCP or next medical visit to monitor for possible hypertension
962706	1/21/2021	CA	60	F	1/14/2021	1/15/2021	Strong Heavy chest pain and chest tightening. I thought I was going to die.
962941	1/21/2021	TX	49	F	1/13/2021	1/14/2021	Chest pain, jaw pain, headache, kidney pain,. chest pain every 5-7 breaths, pressure on her chest, Pain was in the center of her chest. Jaw pain was bilateral and headache was on the left and unrelieved with advil. She also reported difficulty thinking.

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963015	1/21/2021	MI	89	M	1/14/2021	1/14/2021	MEDICATION REACTION (Pt got his covid shot and immediately had a reaction to it. Diaphoretic, nauseous, dizzy. Was given 4 of zofran in route.). Comes to the emergency department today after getting his 1st Monday and a COVID-19 vaccine at 7:30 p.m. and about 5 minutes after while sitting down developing significant diaphoresis, nausea, dizziness and feeling very warm. The symptoms lasted for about 15 minutes and then resolved. Since then the patient has felt a little off in his stomach but has not had any difficulty breathing, difficulty swallowing, difficulty speaking, chest pain, diarrhea, rash or itchiness. With this episode the patient did not have any changes to his vision or feel like he was going to pass out. Patient will be given 25 of Benadryl, 125 of Solu-Medrol, 20 of famotidine of concern for possible allergic reaction. Additionally the patient will be given a small bolus of normal saline. Given the patient's reassuring vitals and reassuring physical exam he will simply be monitored here were sure. I do not feel any lab workup is necessary this point this is resolved episode seems either like a mild allergic reaction or a vasovagal episode.
963046	1/21/2021	SD	86	M	1/21/2021	1/21/2021	Resident received 1st dose Moderna Covid-19 vaccine at 11:06am. At 12:00pm, resident complained of feeling shaky "all over" and was visibly jittery. Denied shortness of breath, chest pain or throat tightness. Face had a pallor appearance. States he's had panic attacks in the past but this "doesn't feel like that". Blood sugar 189 (had just finished lunch). BP = 140/70, P = 106, O2 = 98%. At 12:07 resident states that tongue and lips feel numb and throat feels tight. 12:08pm Epi-pen administered into left outer thigh. 12:16pm resident states he's feeling better. Shakiness resolving. Numbness letting up. At 12:30pm resident reports feeling back to normal. T = 98.3, P = 80, BP = 114/72, O2 = 98% on room air. Event reported to the resident's medical provider.

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963062	1/21/2021		33	F	1/19/2021	1/19/2021	Patient received vaccine at outside facility so uncertain of vaccine information other than Moderna. 33 y.o. female who arrived to the emergency department for Chest pain. Patient states 2 hours PTA she was getting her first Moderna Covid vaccine when she felt the onset of centralized burning chest pain and temporary shortness of breath while sitting in the car. She states shortness of breath has improved however she feels centralized chest burning that is constant. She denies any palpitations, nausea, vomiting, throat swelling, drooling, or lip swelling. She has no history of similar symptoms in the past. No history of GERD. She has not had no recent illnesses. She has not taken any new medications Symptoms clinically most suggestive of chest wall pain versus gastritis. Patient given GI cocktail and Toradol. Baseline EKG was normal sinus rhythm without any ST elevation or depression. Heart score 0 Pt with improvement with GI cocktail and Toradol, clinically confirmatory for chest wall pain vs reflux. Recommend home tylenol and/or pepcid if sx persist. Follow up PCP if recurrent sx or ED if severe
963114	1/21/2021	MO	45	F	1/20/2021	1/20/2021	Got it yesterday at noon, totally fine until 10pm. Worsening chills until midnight, then complete body ache, muscles, joints, everything, terrible headache. Was on couch and walked upstairs. By the time I got there, I was nearly vomiting and on the verge of losing consciousness. I laid down on the cold tiles and tried to stay conscious. I couldn't even talk. Saliva was pouring out of my mouth uncontrollably. After awhile it let up enough to scoot into the bedroom and climb into bed. Then an entire night of worsening chills, fever, aches, eye pain, sore throat, pulsating ringing in my ears. Little if any sleep. I tried to get up and sit in a chair this morning at 3am and within minutes was so nauseated and light headed I had to lay back down flat. Tried to drink some hot tea and Gatorade at 5am. Thought I heard someone walking around the house and then realized it was heartbeat pounding in my ears. This morning my feet are super sensitive, I have urinary frequency and urgency, and the pulsatile tinnitus is back. Later today had episode of sharp chest pains front to back that resolved after about five minutes. Treatment has been rest today.

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963195	1/21/2021	IL	20	F	1/21/2021	1/21/2021	Moderate chest pain
963207	1/21/2021	NY	60	F	1/19/2021	1/19/2021	Shortness of breath and chest pain
962560	1/21/2021	IL	27	F	1/13/2021	1/13/2021	Body aches and fatigue started at 12pm and continued, in conjunction with temperature that got up to 101.0 by 4:00 pm. Sore arm at injection site. Body aches and fatigue increased and peaked at 5pm. Tylenol was taken at 5 pm, fever broke and body aches dissipated at 6pm. At 11pm, both symptoms including fever returned until another dose of Tylenol. Tylenol was taken around the clock for 24 hours until all symptoms were gone without treatment. Additionally, chest pain and SOB started 1/16/21, lost of taste 1/17/21, tested POSITIVE for Covid on 1/18/21.
958459	1/20/2021	VA	45	F	1/15/2021	1/15/2021	squeezing chest pain and some dyspnea after receiving her first Covid-19 vaccination
957583	1/20/2021	NJ	37	F	1/13/2021	1/13/2021	Started off getting very itchy, then hives developed, and I turned red, I became very hot...24 hours later I had flu like symptoms along with a blistering rash on my neck, face and scalp..with a few spots on my chest and back. These started to heal 5 days after injection, then started to resurface. On Day 3 I started getting short of breath and intermittent chest pains accompanied by a heart rate ranging from 110 to 126. I developed a severe headache and fatigue.
958037	1/20/2021	MI	56	F	1/20/2021	1/20/2021	Tachycardia, light-headed, chest pain, left arm numbness occurring within 10 minutes of vaccination. Patient said she felt like she couldn't breathe. Taken to ED for further evaluation.
958381	1/20/2021	NY	29	F	12/30/2020	12/30/2020	P29 y/o f with no pmh, on OCP's, citrus allergy (contact dermatitis), non smoker, sent to ED with palpitations, SOB approximately 5 mins after receiving COVID vaccine. Patient describes palpitations as heart beating fast also with tingling in her tongue. She was given epinephrine and symptoms improved, however restarted shortly after. She denies chest pain, rash, oral swelling, difficulty swallowing, coughing, nausea, vomiting, syncope. Treated with benadryl, dexamethasone, famotidine

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958378	1/20/2021	TX	56	F	12/24/2020	12/25/2020	Report having "chest pain, headache, and feeling cold" since receiving vaccine.
958189	1/20/2021	CA	57	F	1/18/2021	1/18/2021	Chills, body aches, fatigue, headache, chest pain. Went to ER on 1/19 for chest pain. Cardiac workup neg. Was advised that chest pain may be muscular pain from vaccine. Chest pain resolved. Continues to have fatigue, headache.
958148	1/20/2021	MO	42	F	1/18/2021	1/18/2021	substernal chest pain and pain in axillary region of rib cage on both sides
958104	1/20/2021	CA	35	F	1/6/2021	1/9/2021	Chest Pain arm became red
957952	1/20/2021	PA	40	F	1/13/2021	1/13/2021	Severe pain in left arm (still in pain 1/20), unable to move arms above head (lasted 5 days for both arms), Chest pain and squeezing sensation in chest and both arms (lasted 6 days), altered heart rate (lasted 2 days), internal swelling (was told this is what was causing the "squeezing" sensation)
957924	1/20/2021		73	F	1/12/2021	1/21/2021	Patient received Moderna vaccine IM to left deltoid. 10:20 AM Patient reported dizziness and nausea. Patient denies any chest pain, SOB, severe headache. BP 107/89 P 80 o2 sat 97% on room air. Patient transported via wheel chair to Walkin Clinic for further evaluation. Patient transported via wheel chair to Walkin Clinic for further evaluation and treatment.
957892	1/20/2021	IN	29	F	1/18/2021	1/18/2021	Fatigue, headache, dizziness, body aches on same day Two days later chest pains, joint pains
957844	1/20/2021	FL	71	F	1/5/2021	1/5/2021	Patient received Moderna COVID vaccine IM to left arm. Patient reports tingling sensation to left arm radiating to the back of neck. Patient stated she waited the 30 minutes and began to feel like her throat was itchy. Patient denies SOB, dizziness, chest pain or severe headache. Vital signs taken BP 186/91 P 79 o2 sat 97% on room air. Retook patient VS BP 177/82 P 82 o2 sat 98% on room air. Patient transported via wheelchair to Walkin Clinic for further evaluation. Patient transported via wheelchair to Walkin Clinic for further evaluation. Report given to healthcare worker, ARNP, advised patient to be evaluated for further treatment.

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957831	1/20/2021		37	F	1/16/2021		37y female with history of anxiety disorder who presents to ED with chief complaint of feeling shaky, hot, and racing heart after receiving 1st dose of Moderna COVID-19 vaccine. Patient reports receiving injection, subsequently walking to the check out line and suddenly feeling hot, tremulous, and tachy. She endorses tingling and numbness in bilateral upper extremities, diaphoresis, heart palpitations, and blurry vision. She denies HA, n/v chest pain, SOB, hemoptysis, syncope, loss of consciousness, bowel incontinence, and bladder incontinence, HR improved, patient left ED with no concerns
957726	1/20/2021	FL	75	F	12/31/2020	12/31/2020	o Patient reported mild headache after receiving Moderna vaccine. Vital signs taken BP 114/44 P 90 R 17 o2 sat on room air 97%. Bottle of water given to patient. Patient stated "I feel fine, just have a small headache". Retook BP 105/40 P 92. Relayed to patient to the need to go to walkin. Patient refused Contacted Nurse manager, nurse manager consulted with Walkin provider. Dr recommended patient go to ER to receive IV fluids. Patient refused stated she is feeling better. Two more water bottles given to patient. Waited 15 minutes, retook vital signs 123/70 P 83 R 17 o2 sat 98% . Patient reported she is feeling better. Transported patient to car. Advised patient to go to the nearest ER if she experiencing any chest pain, dizziness, severe headache, SOB. Patient verbalized understanding and had no further questions. Patient declined to have further evaluation. Unclear etiology of patient's symptoms.
957581	1/20/2021	NC	26	F	1/18/2021	1/19/2021	At 1 AM on 1/19/21, I awoke with chills, a fever of 101, neck pain, muscle pain, joint pain, and a severe headache. This persisted throughout the night and I did not sleep. Took 1000 mg of Acetaminophen at 5:30 and slept until 7 AM. By 8 AM, my temperature was back down to 98 F. Took 500 mg of Acetaminophen at 10 AM with food. Headache, muscle pain, and joint pain persisted. Moderate to severe chest pain began 15 mins after eating at 4 PM. Waited 30 mins to see if it resolved; it did not. Went to the urgent care. Chest x-ray and EKG was performed, no issues found. Was diagnosed with costochondritis and was given a steroid shot and ibuprofen, which reduced the pain significantly within 30 mins later.

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957416	1/20/2021	TX	40	F	12/16/2020	12/22/2020	Hypertensive Emergency (BP 219/114) with no previous blood pressure issues; Radiating chest pain, left arm pain; jaw pain; This is a spontaneous report from a contactable other Health Professional (patient). A 40-year-old non-pregnant female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EX5170), via an unspecified route of administration on 16Dec2020 15:00 at single dose in left arm for covid-19 immunization. Medical history included symptomatic PVC's (Premature ventricular contractions), tachycardia, bradycardia, CVA (cerebrovascular accident) from 2018 to an unknown date, asthma and rhythm. Concomitant medication included flecainide, spironolactone, metoprolol for rhythm. The patient had known allergies included hydrocodone bitartrate, paracetamol (VICODIN), eletriptan and adhesive. Prior vaccination, the patient had no covid. On 22Dec2020 18:00, the patient experienced hypertensive Emergency (BP 219/114) with no previous blood pressure issues. Radiating chest pain, left arm pain, and jaw pain. Admitted to the hospital where an echocardiogram and angiogram was performed showing clear coronary arteries and no hypertensive remodeling of the heart. Issue has been ongoing since, despite interventions. The events result in emergency room/department or urgent care and hospitalization from an unspecified date for 1 day. The patient received the treatment for the events included frequent nitroglycerin, hydralazine and metoprolol. The patient underwent curative-SARS-Cov-2 Assay RT-PCR on 01Jan2021 with negative result. The outcome of the events was not recovered.; Sender's Comments: Based on the information available, contributory role of BNT162B2 ((PFIZER-BIONTECH COVID-19 VACCINE,)) to event "hypertensive emergency (BP 219/114) with no previous blood pressure issues" cannot be excluded. The events chest pain and pain in jaw are attributed to underlying medical conditions and assessed unrelated. BNT162B2 ((PFIZER-BIONTECH COVID-19 VACCINE,)). The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified

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							to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
958494	1/20/2021	VA	42	U	1/20/2021	1/20/2021	Itchy, chest pain immediately after injection, SOB increase HR. EMT providers on site, EKG, vitals. No medications administered.
959017	1/20/2021	VT	41	F	1/8/2021	1/15/2021	Patient got her 2nd dose of Pfizer covid vaccine on 1/8. On 1/11 she had intermittent chest pain that lasted a few days and started to notice small purpura rash on left breast. She didn't think much of it but noticed the same type of rash on her pant line and then right thigh. On 1/15 she called Occupational Health who advised her to go straight to the ED.
957785	1/20/2021	KS	29	F	1/11/2021	1/12/2021	Moderna COVID-19 Vaccine EUA. After about 12 hours of injection, extreme chills unrelieved by heat application started which extended to about 30 hours after injection. Chest pain (sometimes sharp, sometimes a fluttering/tickling feeling) with heart rate up to low 100's, weakness, full body aches, coughing, and general side effects for approximately 36 hours. Symptoms able to be resolved on own after 36 hours of injection. Altered sense of smell only remaining symptom at time of this entry.
959823	1/20/2021	CA	54	F	1/8/2021	1/8/2021	Rash, SOB, Flushing, fever, severe Chills, HA, Dizziness, Tachycardia , Muscle pain/weakness, chest pain, palpitations--Treated with EpiPen onsite, Ambulance--Epi/O2/Monitoring---ER IV benadryl/ IV Solumedrol/ IV dexamethasone--Sent home 5 hrs later with oral benadryl and predinsone
958883	1/20/2021	ND	25	M	1/19/2021	1/19/2021	Patient called from work approximately 3 hours post-vaccination with symptoms of chest pain, shortness of breath, vomiting, and UE paresthesias. He proceeded to have a syncopal episode and 911 was called by his co-workers. Pt regained consciousness prior to EMS arriving. He reported feeling nauseated and was found to be hypertensive. He was given Zofran, which helped with his nausea. His blood pressure normalized. Patient felt better and declined any further evaluation or treatment, including declining transfer to ED.

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958652	1/20/2021	TN	60	M	1/20/2021	1/20/2021	20 MINUTES AFTER INJECTION CLIENT COMPLAINED OF VISUAL DISTURBANCES. HE STATES THE WHITE TRUCK PARKED NEXT TO HIM APPEARED PINK FOR A SPLIT SECOND THEN RETURNED BACK TO LOOKING WHITE. CALLED EMS PER PROTOCOL MANUAL B/P 220/90, PATIENT THEN ALSO COMPLAINED OF CHEST PAIN/TIGHTNESS. ASA 325MG WAS GIVEN TO PATIENT PER PROTOCOL AND 4 L OXYGEN VIA NC. PATIENT WAS TRANSPORTED VIA EMS TO HOSPITAL.
960507	1/20/2021	FL	36	F	12/30/2020	1/16/2021	Swelling in face started the day after vaccine administration and continues, heart palpitations verified by FDA approved Heartbeats app, paid version, started about a week ago and chest pain started 3 days ago (pain and pressure in chest radiating downleft arm, behind left shoulder blade and in left jaw)
960040	1/20/2021		81	M	1/8/2021	1/9/2021	Chest pain; LBBB (left bundle branch block); NSTEMI (non-ST elevated myocardial infarction); angioplasty & bypass done 1/11/21; discharged home 1/12/21 with referral to radiation oncology and f/u with interventional cardiology.
959737	1/20/2021	IL	56	F	1/20/2021	1/20/2021	Patient reports that she got her second COVID-19 vaccine dose today at 1100 hours. She states that she woke up from a nap around 1500 hours with constant, midsternal chest pain. Chest pain is non-exertional, non-pleuritic, and non-radiating. She states chest pain is exacerbated by certain movements. Patient endorses lightheadedness.
959721	1/20/2021	CA	56	F	1/11/2021	1/18/2021	Chest Pain, Fatigue, Shortness of Breath, Weakness to lower extremities Given pain medication Toradol, Morphine and Aspirin Patient stated had subsided and weakness had diminished
959582	1/20/2021	CA	38	F	1/17/2021	1/18/2021	Headache, soreness of arm, high fever, exhaustion, heavy chest pain, tired.

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959470	1/20/2021	MI	72	F	1/20/2021	1/20/2021	Patient seated in observation area after vaccination at 1412. At 1422 patient reported feeling heaviness in chest rated at 7/10 pain scale, mandibular pain, appeared diaphoretic and fatigued, skin grey/pale, though remained alert and responsive to questions appropriately. Patient also communicates she was having some chest pain prior to the immunization today, though she indicated on her forms that she was feeling well today. Vital signs assessed, P72 R16 O2 99, patient denied difficulty breathing. Rapid response protocol initiated, applied 2L O2 via NC, transferred patient to wheelchair and taken to ED for evaluation by response team. ED assessment reveals calf tenderness and patient reporting TKA x 2 weeks ago, elevated D-Dimer, CT results pending at this time.

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958921	1/20/2021	CO	48	F	1/13/2021	1/13/2021	This may be a duplicate report, as primary care notes state the process has been initiated. However, out of an abundance of caution, and as the facility the event was reported to, I wanted to enter this report for completeness due to the unusual events. Patient received 1st dose of moderna covid vaccine at an outside facility and (per patient) had a seizure at that site immediately following the injection (history of seizures due to past meningitis, no seizures in past 3 months per patient). No medications were given, 911 was not called, patient not instructed to go to ED (per patient). Patient went home. Once home, patient reported "stroke like symptoms" on her right side (weakness and inability to close right eye for 30 minutes, numbness in R thigh and heel). Then weakness moved to left side (numbness/tingling in L hand and eye, numbness in L lower leg) along with some swelling to face/tongue. Had back pain but no chest pain or difficulty breathing. Extreme dizziness. No additional seizures. The next day she called our nursing line to report these symptoms and was instructed to go to the ED and also scheduled a visit with primary care provider the next morning. Patient stated she was feeling better and apparently did not go to the ED, instead choosing to see PCP next morning. On presentation to PCP, injection site was red and swollen, itching and swelling in hands, itching in bottom of feet, widespread joint pain. No visible rash, no dysphagia, no difficulty breathing. Other symptoms had largely resolved. Patient was prescribed benadryl (no steroids due to allergy to prednisone), cold compresses for injection site and sent home with instructions to go to ED if symptoms reappeared. Also recommended making an appointment with a neurologist for additional follow up as patient currently does not see a neurologist for seizures and is treating with CBD/THC only.
959388	1/20/2021	NY	49	F	1/20/2021	1/20/2021	Pt reported feeling like her tongue was swelling 10 minutes after receiving vaccine. Physical exam normal. Vital signs stable. Benadryl 50 mg PO administered. Vital signs remained stable. Pt monitored by physician, NP and EMS. Pt tolerating liquids. Pt denies chest pain, shortness of breath, numbness/tingling, difficulty swallowing, nausea/vomiting. Pt reported resolution of symptoms within 10 minutes after Benadryl administered.

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959255	1/20/2021	KS	20	F	1/3/2021	1/4/2021	HEADACHE, SHORTNESS OF BREATH, CHEST PAIN
959250	1/20/2021	PA	59	F	12/17/2020	12/19/2020	Within 1-2 days after COVID vaccine developed dysphagia and vise-like chest pain within a few seconds of swallowing.
959229	1/20/2021	CA	65	F	1/13/2021	1/13/2021	Chest Pain, High fever, chills, high blood pressure, high pulse, headache, weakness, stomach pain
959066	1/20/2021	MO	26	F	1/13/2021	1/13/2021	I experienced chest pain or discomfort intermittently mid-day and afternoon. It subsided after this point. The night of 1/13/21, I fell asleep but awoke multiple times cold. I experienced the chills through about midnight. The next morning, 1/14/21, I woke up with a headache at about 5:30am. I took a dose of Aleve and the symptoms had subsided by about 6:30am
959451	1/20/2021	AK	66	F	1/17/2021	1/17/2021	jaw pain x 3 min 5 minutes after vaccine administration, then had two episodes of chest pain after 15 minutes measuring a 2/10 last 2-3 seconds each.
960489	1/20/2021		99	F	1/9/2021	1/11/2021	presented to the ED with substernal chest pain with right to left side radiation and continuous waxing and waning right sided abdominal pain with back radiation consistent with previous episode of acute cholecystitis; still admitted
958864	1/20/2021	MO	61	M	1/5/2021	1/6/2021	Freezing to death, chills, sweating. hurting everywhere so bad, and really bad headache, nausea, chest pain, lowered his blood pressure, sore muscles, extreme tiredness, ambulance picked him up and was in the ER all day giving him fluids, took about 2-3 days before he started feeling better. The whites of his eyes are still red.

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954428	1/19/2021	TX	31	F	1/8/2021	1/8/2021	<p>Pregnant at the time of vaccination; Pregnant at the time of vaccination; Pregnant at the time of vaccination; bilateral nerve like pain; small headache; temp 100.3; enlarged axillary lymph nodes; pain in both shoulder joints; chest soreness; feel exhausted/feel tired; Braxton Hicks contractions; slight chills; injection site soreness/arm pain radiates around seems like nerve like pain with chest tightness; injection site soreness/arm pain radiates around seems like nerve like pain with chest tightness; arm pain radiates around seems like nerve like pain; This is a spontaneous report from a contactable other HCP. A 31-year-old female other HCP reported for herself that received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number EKS730) into the left arm at single dose on 22Dec2020 at 05:30 PM and received the second dose of BNT162B2 (Lot number EKS730) into the left arm on 08Jan2021 at 08:00 AM at single dose for COVID-19 immunization. The patient is pregnant, last menstrual date 29Apr2020, gestational period 35 and estimated delivery date 07Feb2021. Concomitant drug included Prenatal vitamin. The patient reported that on 08Jan2021 she experienced injection site soreness at 20:00, the arm pain radiates around seems like nerve like pain with chest tightness. Temperature 97.7, she took Tylenol 1000 mg. On 09Jan2021 at 00:15 she had slight chills, at 01:20/01:30 chills, arm pain, chest more tight, Braxton Hicks contractions for about 1 hour, temperature 99.9, she took Tylenol 1000mg and went to sleep. At 08:00 she had no chills temperature 98.8, pain in both shoulder joints, chest soreness- feel exhausted. At 09:00 1000mg Tylenol, at 14:15 temperature 98.0, at 17:45 temperature 99.8, she took 750mg Tylenol. At 18:20 temperature 100.3, she took 250mg Tylenol, at 18:50 temperature 99.0 after shower, at 19:08 temp 98.8 and at 22:00 feeling slightly better, she had bilateral nerve like pain, chest pain, small headache. On 10Jan2021 at 02:45 temp 98.2 she took 1000mg Tylenol, at 09:00 temp 97.9, bilateral nerve like pain and enlarged axillary lymph nodes, chest sore, slight headache. At 17:00 temp 96.6 bilateral nerve/lymph node pain and felt tired. The patient did not have Covid prior vaccination and she was not Covid tested post vaccination. At the time of reporting the patient was recovering.</p>

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955759	1/19/2021		27	F	1/8/2021	1/8/2021	Severe headache from 12-36h post administration impairing ability to perform ADLs with inability to turn head from side to side or to change positions without lancing temporal pain and a/w photophobia; Severe headache from 12-36h post administration impairing ability to perform ADLs with inability to turn head from side to side or to change positions without lancing temporal pain and a/w photophobia; Severe malaise; Severe headache from 12-36h post administration impairing ability to perform ADLs with inability to turn head from side to side or to change positions without lancing temporal pain and a/w photophobia; loss of appetite; Transient dysgeusia; Mild nausea; Pleuritic chest pain; This is a spontaneous report from a non-contactable physician. This 27-year-old female physician (patient) reported that she received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number=E15249), via unspecified route at left arm on 08Jan2021 07:30 AM at single dose for COVID-19 immunization. Medical history was none. Concomitant medication was not reported. The historical vaccine included the first dose of BNT162B2 for COVID-19 immunization. Facility type of vaccine was hospital. No other vaccine in four weeks. No Covid prior vaccination. No covid tested post vaccination. On 08Jan2021 06:00 PM, patient experienced severe headache from 12-36h post administration (as reported), impairing ability to perform ADLs with inability to turn head from side to side or to change positions without lancing temporal pain and a/w photophobia (nearly meningeal signs); mild nausea; pleuritic chest pain; severe malaise; transient dysgeusia; loss of appetite. Treatment for events included initially NSAIDs until had difficulty tolerating was received. Outcome of events was recovering. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the time association, the possible contribution of suspect BNT162B2 to the events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and

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							Investigators, as appropriate.
956010	1/19/2021	ME	29	F	1/18/2021	1/18/2021	Symptoms within 15 minutes of vaccination. Staggering, flushed and dizzy. Low pulse. Passed out while sitting in the chair while waiting to go to ED. Regained conscious within 1 minute, disorientated, complaining of chest pain. Taken to ED - thought to be a vasovagal episode.
956030	1/19/2021	PA	54	F	1/4/2021	1/13/2021	on 1/14 face became red started palpitations, afib and chest pain.
956048	1/19/2021	TX	68	F	1/8/2021	1/8/2021	Started with uncontrollable chills that lasted 1 hr , Fever. The next day (saturday)tiredness , headache joint pains , muscle pains , chest pains and nausea as well as Fatigue . I started taking Tylenol 500mg po q 6 hrs and that improve the sx's. The site of the injection was extremely red and swollen as well as lymphadenopathy underneath the left arm (site of injection). The next day (sunday) I noticed a swelling underneath the axilla going on top of the bra with blood exudate and looked as if I had bumped an object. The weakness continued during the next week and slowly the tiredness got better (TOOK AT LEAST 7-10 DAYS).
956107	1/19/2021	WA	32	F	1/12/2021	1/12/2021	CG started having a headache, clammy and chest pain. Pain 6/10 BP 119/78, HR 82, O2 100%,. CG refused to lay down, juice offered. 1348 BP 126/76, HR 89, O2 98%, chest pain reduced to 4.5/10 and had no change when ambulating. Due to consistent chest pain, CG was transported via wheelchair to the ER for evaluation.

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956112	1/19/2021	MD	29	F	1/17/2021	1/18/2021	Sharp, non-radiating chest pain at xiphoid process 10/10 pain worse with inspiration, better with exhalation, unable to lay down, lasting 1.5hours, finally resolved with tylenol and motrin. Two separate instances of this pain, one on 1/18/21 at 1600-1730, and one on 1/18/21 2230-0000. The second instance the pain was so severe, lead to nausea and one episode of emesis. Initially trialed treatment with antacids but that did nothing to improve the pain. Evaluation by MD on 1/19 at 1300 diagnosed with pleuritic pain secondary to inflammation. No prior history of this, no cardiac history, and no history of GERD. Other post vaccination symptoms included fever approx 10 hours following the vaccine, nausea, one episode of diarrhea, fatigue, body aches, dizziness, and chills, all of which resolved by 1/18 at 1100am.
955531	1/19/2021	PA	40	F	1/19/2021	1/19/2021	patient began to experience chest pain (6 on 10 scale) 10 minutes after administration. no other associated symptoms. Vital signs normal. Evaluated in Emergency Dept. Discharged. Note that patient was very anxious prior to and after vaccination.
954592	1/19/2021	FL	25	F			Fever of 101; Dizzy/Lightheaded; Chills; Chest pain; I just had arm pain; This is a spontaneous report from a contactable consumer (patient). A 25-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration on an unspecified date at a single dose for covid-19 immunisation. There were no medical history and concomitant medications. The patient experienced fever of 101 (unit unspecified), felt dizzy, lightheaded, chills, chest pain and had arm pain; all on an unspecified date. The patient reportedly took paracetamol (TYLENOL) as treatment for the events reported. Outcome of events was unknown. Information on the Lot/Batch number has been requested.
956110	1/19/2021	FL	86	M	1/17/2021	1/17/2021	8:33 am, 1/17/2021, 10 min after being vaccinated, patient began complaining of chest pain. Patient has extensive cardiac history but did not have acute pain until after vaccination. Client was released by EMS with wife, to home.

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955706	1/19/2021	NJ	23	F	1/19/2021	1/19/2021	Received the vaccine at 10:52am, and was observed for 15 minutes in the clinic. After leaving the clinic, she noted slight shortness of breath on her way to her car a few blocks away. While in the car on the way home around 11:57am, she developed severe headache, nausea, chest pain, chest tightness and shortness of breath. Chest tightness is "terrible." History of asthma but has no recent exacerbation in last 3 years. Referred to urgent care at Cancer Center, which has emergency room capabilities.
955463	1/19/2021	WA	31	F	1/15/2021	1/15/2021	shortness breath, chest pain and abdominal hives
955388	1/19/2021	GA	57	U	1/19/2021	1/19/2021	12 minutes after shot patient said her head was hurting a she felt a little dizzy. She had no complaints of SOB, Chest pain or any other signs of anaphylaxis. Initial vitals were 147/79, HR 51, O2 sat 98%. She felt as if her heart was racing so we listened to her heart it was regular and slightly bradycardic at 52 (Pt says the bradycardia is not new for her). We have been monitoring her close to an hour and she feels slightly better after she took Tylenol she had brought. Patient was given a donut and drink and shortly after felt a lot better. Her headache has cleared up but she is still complaining of being slightly dizzy. Her son picked her up and is keeping an eye on her. VS 140/78, 52, 98% upon departure.

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955316	1/19/2021	GA	57	F	1/19/2021	1/19/2021	At about 12 minutes after she said her head was hurting a she felt a little dizzy. She had no complaints of SOB, Chest pain or any other signs of anaphylaxis. Initial vitals were 147/79, HR 51, O2 sat 98%. She felt as if her heart was racing so we listened to her heart it was regular and slightly bradycardic at 52 (Pt says the bradycardia is not new for her). We have been monitoring her close to an hour and she feels slightly better after she took Tylenol she had brought. We gave her a donut and some water. She is feeling better and headache is going away, but still slight dizziness. We recommended patient's son come pick her up and keep an eye on her the rest of the day. She was advised if she has any SOB, Chest Pain, throat swelling, rash..etc to take Benadryl and seek medical attention immediately. Vitals at time of departure were BP: 145/84, HR 54, O2 sat 98%. Pt felt much better at departure just stated she feels like "she needs to sleep it off~
955187	1/19/2021	NY	29	F	1/4/2021	1/4/2021	101.3F Chest pain, diarrhea
955088	1/19/2021	NY	52	F	12/23/2020	12/30/2020	Some pleuritic chest pain started the next day. Tachypnea 2 days after, then tachycardia. Chest pain on 12/30. continued on 12/ 31. was seen in ER. Was advised to increase prednisone, take NSAIDS. F/u with cardiology and rheumatology
955017	1/19/2021	PR	40	F	1/15/2021	1/15/2021	Back pain, headache, joint pain, weakness, fever, chest pain.

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954996	1/19/2021	IN	34	F	1/16/2021	1/17/2021	Had severe body aches m, fever, headache, progressed into dizziness and "foggy memory", started to have some chest pain. Felt as if I was intoxicated, lasted the whole day. Woke up the next morning and still felt "out of it" and weak but thought it would get better, went to work (im a nurse). Started having continous vomiting, shortness of breath and chest pain at work. As well as severe tremors. I was taken to the hospital, given fluids and my QT was prolonged with my heart which i have never had before . Was given iv magnesium and waited for my heart rhythm to improve. Was told not to take anymore of my prescribed medications or nausea medications and follow up with my pcp the next day. Im still feeling horrible, nausea, body aches, low grade fever and I am 72 hours out. Now I have huge hospital bill to pay, can't work currently because I still feel bad and my heart has a weird rhythm. Hoping this helps as if this was what I was expecting I would have never got it.
954745	1/19/2021	OH	41	F	1/13/2021	1/13/2021	Left Side Facial Numbness and Chest Pain
956399	1/19/2021	CA	44	F	1/14/2021	1/14/2021	I had moderate reaction to first vaccine where I had to go to the ER, for rash on my arm and chest/back, increase blood pressure and chest pain. Pepcid, benadryl and prednisone were given to me in the ER and a liter of fluids. VAERS number Date Form Completed: 01/06/2021 Temporary VAERS E-Report No: 223935 So on the second dose, I premedicated the night before 8pm with 20mg of prednisone, 10mg of claritin, and 40mg of pepcid. In the morning 9am I took 40 mg of pepcid, 20 mg of predisone and 30 minutes prior to second vaccine around 12pm, I took 25mg of benadryl. After vaccine , I had severe nausea at about 20 minutes (1240p), and increase blood pressure at about 30 to 40 minutes. 156/94 was my highest. I had fewer areas of itching and specks of rash and itching around my back than on the first dose that I took. If I did not premediate, I am sure I would have had a similar or worse reaction since I still had similar reaction but milder.

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954751	1/19/2021	ME	53	F	1/16/2021	1/17/2021	very extreem chest pains to the point i thought i was having a heart attact and had to take my nitrowent to my PCP on 1/18/21 they did an EKG and said everything there is fine i am continuing having chest pains even today just alot less
957219	1/19/2021	NY	32	F	1/18/2021	1/19/2021	Bodyaches, chills, fever headache runny nose mild chest pain
956413	1/19/2021	LA	34	F	1/12/2021	1/12/2021	The patient received the COVID-19 vaccine at 11:26. Within 15 minutes, the patient developed light-headedness, chills, shortness of breath, palpations, diaphoresis, and chest pain (described as "pressure on chest"). She was sent to the emergency department for observation/treatment. In the emergency department, she received diphenhydramine 25 mg IV push at 12:58. She was discharged to home at 1417 after it was determined she was stable.
955469	1/19/2021	GA	40	F	1/7/2021	1/7/2021	Had Moderna 1st shot on Jan 7. Eye infection that night and the next day. Then, Saturday the 16th, a tickle in my chest.. soon produced a dry cough in relief/response to the tickle. Next day, I was hoarse (Sunday the 17th). Still hoarse. Sore throat off and on. Headache. Body aches. Incredible arthritis-like ache at the tops of my shoulders, upper back, and neck. Runny nose. Spitting mucous - was clear, now some thick solid white. Chest pain in the middle that comes and goes. Chest pain on left center side - it feels like in the area of my heart. Ache in my lower left side. Today, aching in my jaws mostly left side, but both. Ache on upper right front (lung area?). INCREDIBLY tired. It's so hard to stay awake.
957250	1/19/2021	TX	25	M	1/18/2021	1/18/2021	Focal pain at injection site; chills/tremors; elevated body temperature; body aches; mechanical allodynia; neck/join pain and stiffness; substernal chest pain radiating to abdomen and right side of neck and jaw. All symptoms began to present approximate twelve hours after vaccine administration. As of 36 hours post-vaccination, symptoms have diminished, but not completely resolved.
957189	1/19/2021	NJ	58	F	1/5/2021	1/5/2021	Patient reported nausea post vaccine administration. She said she ate breakfast in the morning. She denies itching, shortness of breath, or chest pain. She felt better after 15 minutes. She will follow up at eh office she works at later.

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957159	1/19/2021	NJ	65	M	12/29/2020	12/29/2020	Resident experienced chest pain the evening he received the vaccine and requested to go to the hospital as he stated his "chest is pounding".
957147	1/19/2021	NY	56	M	12/29/2020	1/2/2021	Excruciating abdominal pain, left arm pain, chest pain. Gangrenous appendicitis requiring emergency surgery and followed by admission for complicated acute abdomen.
957123	1/19/2021	PA	55	F	1/19/2021	1/19/2021	chest pain. resolved after arrival to the ER.
957080	1/19/2021	IL	63	F	1/19/2021	1/19/2021	Patient reports getting the COVID-19 Moderna Vaccine today at 215 patient reports driving home with no symptoms. Patient began working on her computer and felt a heat flash, she checked her smart watch and her heart rate was in the 170s. Patient got up to get a drink of water and called her daughter, patient reports her heart rate dropped to the 70s while she was on the phone but went back up to 130s quickly after. Patient reports no chest pain or SOB
957056	1/19/2021	CA	50	F	1/15/2021	1/16/2021	Started on Friday night temperature of 101.0 , nauseated swelling in both knees, sore throat, muscle aches, headaches, diarrhea, shortness of breath hear rate of 129, chest pain, felt extremely sick on Saturday and Sunday lasting till Tuesday Morning .
956977	1/19/2021	MT	50	F	1/19/2021	1/19/2021	1:38pm-Began feeling flushed; hot-forehead; feeling weak and wanted to lay down. (patient put on gurney) 1:41pm-BP 166/91-P-86-SpO2-98%; starting to get little nauseated; flutter in chest 1:45pm-BP-159/85-P-91-SpO2-98%; jittery, left neck feels warm and into ear 1:48pm-Left chest discomfort 1:50pm- dizziness; lips feel puffy, cheeks flushed and sharp stabbing chest pain 1:52 pm-arrived in ER; Epi pen given and a total of 50 mg of Benadryl; monitored in the ER and discharged home with instructions.
956543	1/19/2021	PA	55	F	1/16/2021	1/16/2021	Sweating, severe dizziness, Chest pain Heart palpitations, Cold/numb arms hands, Hypertension

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957278	1/19/2021	PA	21	F	1/13/2021	1/14/2021	I got the shot on 1/13/2021 around 4:45pm. I woke up around 1am on 1/14/2021 warm and gasping for air. I was barely able to speak, calling out for my brothers to get my mom. I was continuing gasping for air while they called an ambulance. The paramedics arrived and checked my lungs and oxygen. By the time they arrived I was back to normal. I didn't go to the hospital as they didn't seem it was necessary and I was feeling okay. Later on in the day I just had some slight chest pain and some shortness of breath but it was gone by the end of the night. I'm completely fine now. I had no other symptoms or side effects.
956924	1/19/2021	AR	38	F	1/17/2021	1/18/2021	fever and aches next morning. Worst part was the SEVERE reflux that started 26 hours later. Severe stabbing chest pain that came/went. Associated with excessive belching. Pepto tablets did not help. A cup full of liquid pepto finally calmed the symptoms after 3 hours. In total lasted 4-5 hours. Mild symptoms the next day.

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956458	1/19/2021	MA	60	M	1/6/2021	1/14/2021	<p>Patient was vaccinated for SARS-CoV-2 on 6-Jan-21 at his site of employment, a Nursing Home. Patient presented to Urgent Care on 15-Jan-21 complaining of left sided chest pain that started the evening before with an associated slight cough. Pt was afebrile with a heart rate of 88 and an O2 sat on room air of 98% in triage. His EKG showed a sinus tachycardia of 114 with a slightly prolonged QTc of 463 ms. Physical exam was significant for bibasilar crackles and X-ray showed bibasilar infiltrates consistent with COVID pneumonia but bacterial pneumonia could not be excluded. The patients BP was documented as 97/64. He was treated with Zofran for nausea and tylenol. He was prescribed a five day course of Azithromycin, an Albuterol inhaler, guaifenesin with codeine cough syrup, and Zofran. Labs were drawn and he was discharged. His lab results were reported after his departure and were significant for a white blood cell count of 1.33, platelet count of 73, 2% myelocytes, 1% metamyelocytes, an absolute neutrophil count of 0.75 K/ul, a creatinine of 1.83, total bilirubin of 1.3, with direct bilirubin of 0.8, alkaline phosphatase of 294 and AST of 112 with ALT noted to be within normal limit. His COVID nasopharyngeal swab from the visit was reported as negative and a swab performed at his employment on 13-Jan-21 was also reported to be negative. Patient could not be reached by phone after discharge from Urgent Care about these labs. On the evening of 16-Jan-21, Police Department received a 911 call about an adult at the patient's address who was found unresponsive. Upon arrival on scene, the patient was found to be deceased and a decision was made not to attempt to resuscitate. The death was deemed to be non-suspicious and the patient's body was transported to a funeral home. On 19-Jan-21, I contacted the State Medical Examiner's Office. They have decided to perform an autopsy and have recovered the CBC and chemistry specimens obtained for further testing.</p>
956522	1/19/2021	TX	56	F	12/22/2020	12/25/2020	sore arm chest pains began on friday December 25th

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956584	1/19/2021	LA	45	M	1/18/2021	1/18/2021	Patient received a shot at 12:12. This was his second shot in the series. By 1530, his heart rate was elevated (120 to 130 beats/minute) . He was afebrile, with no shortness of breath or chest pain. He came back and reported the problem without wanting to go to the ED. He decided to go home. By later on that evening, his heart rate was normal. To note: He stated that with his first shot, he had nausea, fever and fatigue.
956602	1/19/2021	MA	36	M	1/16/2021	1/17/2021	(Day 1) - Headache, (Day 2)- Headache, fatigue, muscle pain, pain in right eye, slight chest pain (Day 3) - Headache, fatigue, muscle pain, pain in right eye, tingling in left arm/hand, slight chest pain(Day 4)- Headache, fatigue, muscle pain, tingling in left arm/hand/leg, tingling in right arm, slight chest pain. Have not been to Dr. for a follow up, I have been taking Ibuprofen which seems to improve symptoms.
956627	1/19/2021	NJ	34	M	1/8/2021	1/15/2021	Moderna COVID- 19 Vaccine. Vaccine recipient reported on 1/19/2021 that they received the Moderna Vaccine on 1/8/2021. The following week on 1/15/2021, they reported while driving, their area around their right eye became numb and they began to have blurry vision. The numbness spread to around their face/mouth. They pulled over and their spouse drove him to the hospital. Roughly 20 minutes after the initial symptoms, they developed chest pain and patient reported that the ED noted an abnormality on their EKG. The patient had to be admitted overnight for observation. The patient reported that on 1/18/2021, they still had mild chest pain and facial numbness remains around the right eye, left mouth/cheek area, and tongue. They did develop fever and a headache. The patient reported that on 1/19/2021, they are waiting on results, additional testing, and further follow-up appointment with their provider.

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956666	1/19/2021	TX	63	F	1/19/2021	1/19/2021	12:17 felt heart racing, face flushes, SOB with speaking. States she feels like she is going to pass out. Taken to private observation via w/c area with EMT on site in attendance. BP 180/120; HR 100; O2 99% on room air.. States she also feels lightheaded, is having generalized shaking, especially hands trembling. No redness or swelling noted at injection site. States she did eat yogurt and granola bar at 10 am. 12:29 - drank about 2 oz water without difficulty. Denies itching, states she feels better, but is still shaking vigorously all over upper body. Denies being cold. Denies chest pain. just feels like she can't catch her breath. Still flushed in cheeks and forehead. 12:34 BP 158/100; HR 82; O2 96% on r/a. Still shaking. Covered with her sweater. 12:36 Doesn't feel like she is going to pass out anymore. Still having tremors, shaking. Unable to completely catch her breath 12:40 EMS activated. 12:42 HR 77; O2 99% on r/a . Still shaking. States Bactrim sometimes sends her sideways. States she does have a history of hypoglycemic events. 12:55 arrived. Patient still shaking and feels lightheaded again. 12:58 BP 168/90; HR 91; O2 98% r/a. POC glucose check per EMT - glucose - 85 Gave patient juice 1306 Shaking subsided. She thinks the juice helped. BP 156/86; HR 78. 99% r/a 13:07 released patient she states her SOB is gone. No more tremors. Denies lightheadedness. 13:13 Patient taken to private vehicle driven by husband.
956881	1/19/2021	AZ	58	F	1/15/2021	1/15/2021	Severe generalized muscle pain and weakness, general bone pain, general organ pain, short of breath, itching, severe chills alternating with fever, chest pain, facial nerve numbness, blurry vision, sore throat, nausea, diarrhea. Treatment was a Medrol Dose pack for 6 days. Outcome was severe symptoms decreased after 4 hours of taking first dose (6 tabs) of prednisone. As the prednisone dose decreases each day there is increased muscle pain and shortness of breath/lung tightness with activity, and severe fatigue

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956916	1/19/2021	AR	38	F	1/17/2021	1/18/2021	fever/achiness morning after vaccination. Worst part was the SEVERE reflux that started about 26 hours later. Severe stabbing chest pain that came/went. Lasted roughly 4-5 hours. Took pepto tablets, did not help. Took cup full of liquid pepto which finally calmed it down over the next several hours. Associated with belching. Had mild symptoms again the next day, minus the stabbing chest pain.
953185	1/18/2021	MN	18	F	1/4/2021	1/4/2021	Patient felt dizzy and short of breath. Complained of feeling like her heart was racing and chest pain. Was seen in the ED and received antihistamines and was monitored. Continued to complain of symptoms 7 days after receiving the vaccine and called in to work that day as well.
952095	1/18/2021	AZ	55	F	1/16/2021	1/16/2021	12 hours after injection: Heart racing, pounding in chest, chills, significant body aches, muscle aches, dizziness, headache, disorientation. 20 hours after injection: swelling of lips. Continued body aches, headache, 32 hours after injection: chest pain, continued body aches, headache, swelling of lips.
952748	1/18/2021	NJ	75	F	1/5/2021	1/5/2021	Patient receive vaccine then proceeded to stand. Upon standing, patient reported back pain that became chest pain. Pain level was rated 5 on scale of 0-10. Pain was located at substernal and described as crushing. Patient was given oxygen at 10L and began to feel better after 10 minutes. EMS contacted and transported to Hospital.
952852	1/18/2021	NJ	37	M	12/29/2020	12/29/2020	12/29/2020 Vaccination. Within minutes blurry vision, dizzy, tx to stretcher. EXTREME HA, coughing, sensitivity to light. EPI pen in ER. I fell asleep. Woke up, don't remember much. Admitted to hospital. Chest pains started within 2 hours, SOB, HA. Admitted for 2 nights, 3 days. Discharged home. Still having SOB and referred to Pulmonologist. Waiting on appt. *did NOT have problems before this vaccine. I was fine. Now i am completely different person, I have to monitor my walking, etc.

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952818	1/18/2021	FL	68	M	1/7/2021	1/7/2021	Patient with sensation of generalized body warmth within 15 minutes after receiving first dose of Moderna COVID-19 vaccine No rash noted on exam No associated symptoms including but not limited to itching, chest pain, shortness of breath, difficulty swallowing, or any focal neurologic deficits We will monitor patient for 1 hour Patient states that his symptoms continue to improve and that he is feeling well Vital signs have remained stable throughout patient's ED course including oxygen saturation of 100% on room air Patient remains afebrile and nontoxic in appearance At the time of discharge the patient remained in stable condition. The patient was counseled to return the emergency department immediately with worsening symptoms. The patient voiced understanding and agreement with treatment plan. He is also aware that he may return to the emergency department at anytime for any reason for reevaluation, and should return with worsening or persistent symptoms.
952816	1/18/2021	TX	49	F	1/15/2021	1/15/2021	I had an array of symptoms that all lasted about 3-4 minutes and then another symptom would start about 10 minutes after. Started with feeling lightheaded but that symptom lasted about 10 minutes. The other symptoms I'm about to list each lasted about 3-4 minutes. Moderate Jaw pain, mild radiating pain down my left arm, moderate bilateral clavicle pain, radiating pain down my right leg. Moderate to severe pain at the base of my skull. Felt woozy with this pain. Then had severe sudden mid-chest pain with palpitations. I Had high blood pressures the entire time about 168/88 but when this chest pain happened Bp was like 148/110. O2 sat was 98%. ICU dr came to assess me but stated my HR didn't seem that fast to him and offered to take me to hospital - next door to get further checked but my symptoms started to subside. I did get chills and was shaking after this but after that resolved I felt a lot better. My BP came back down to like 118/72
952782	1/18/2021	IL	29	F	1/9/2021	1/12/2021	Patient presented to ED with complaint of chest pain, radiating down left arm, not relieved with Tums. Symptoms started at 0530 1/12/2020. Patient presented to ED b/c of strong family history of CAD, with father having MI in his 50s.

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952887	1/18/2021	TX	61	F	12/30/2020	12/31/2020	o The next day, December 31, I felt like I did when I had the COVID virus (chills/fever/headache, weak feeling), but again with no chest pain, sore throat, coughing, trouble breathing, etc. I did not notice that I had a big red patch on my arm close to the injection site with fever until probably Saturday, January 2nd. I wore long sleeve pj's most of the time while I was sick and didn't bother looking at my bare arms when I was in the shower. The fever at the red site on my arm finally went away and so did the red patch, but the red patch never itched. o From December 31st to Saturday, January 2nd, I felt poopy and did not start feeling better again until Sunday, January 3rd. o I did return to work on Monday, January 4th and have felt good.
952706	1/18/2021	TN	32	F	12/23/2020	12/24/2020	Patient experienced swelling in her hands and feet and chest pain. Treatment included a strong dose of aspirin. Swelling went down within hours of treatment and rest.

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952672	1/18/2021		61	F	1/12/2021	1/15/2021	61 y.o. female who arrived by Home presented to the emergency department for Evaluation of syncopal episode. Patient reports earlier this morning at 330 she awoke to go get a glass of water, states that she felt significantly weak and felt that she would drop the glass of water she was going to get it. She describes mild associated lightheadedness but denies vertigo, visual disturbance, chest pain, dyspnea. She that went to ambulate to the living room so she lied on the couch, but does not exactly remember what happened after this. She remembers that there is a chair and she thinks she may have fallen forward and hit her head against a chair and fell down to the ground. She notes that she had currently has a fat lip and feels slight abrasions on her knees bilaterally. History is notable for hypertension, dyslipidemia, states has been compliant with her medications. No recent illnesses, cough, colds. She underwent vaccination 3 days ago for COVID with the majority of vaccine and reported 2 days ago she had mild body aches and myalgias, however at present states she feels largely asymptomatic. She was encouraged to present to the emergency department at the request of her coworkers. Laboratory work-up largely unremarkable. CT head no acute process. EKG my read sinus rhythm, normal PR, QRS, QTc, no ST segment changes or T wave inversions concerning for ischemia. Discussed the work with the patient recommended that she follow-up as an outpatient with her primary care provider, also provided with a Zio patch and recommend to follow-up with cardiology. Patient extravascular fat study with plan felt comfortable for discharge home. Discharged in stable condition

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952653	1/18/2021	IA	65	F	1/7/2021	1/13/2021	PATIENT RECEIVED VACCINE 1/7/21 AT 1000. THE NEXT DAY, PATIENT PRESENTS TO ER ON 1/13/21 WITH COMPLAINTS OF PALPITATIONS AND DIZZINESS OCCURRING SINCE HER FIRST DOSE OF VACCINE. "The patient states she has had these episodes for the last 6 days and they started when she got her COVID vaccine. The patient states she has had numerous episodes over the last 6 days of this that lasts between 2 and 4 hours. The patient can feel her heart fluttering and she gets a little dizzy with it. The patient has not had any nausea, shortness of breath or chest pain with these episodes however. The patient has not had any prior episodes of this. The patient takes no regular medications apart from vitamins." PATIENT WAS DIAGNOSED WITH NEW FOUND A. FIB WITH RVR. ADMITTED TO HOSPITAL FOR OBSERVATION. PATIENT RETURNED TO NORMAL SINUS RHYTHM THE NEXT DAY AFTER INITIATING DILTIAZEM AND ELIQUIS.
952455	1/18/2021	IN	91	F	1/10/2021	1/10/2021	15 minutes following administration of Moderna vaccine, patient felt funny feeling on left side of her head, had increased saliva in mouth and her tongue began to burn. Patient denied shortness of breath, chest pain or swelling. No swelling to lips or mouth was noted and patient was able to swallow secretions without difficulty. Benadryl 25mg was given and patient's symptoms resolved after about 30 minutes. Patient was able to be discharged home with her daughter
952307	1/18/2021		24	F	1/9/2021	1/13/2021	CHEST PAIN WITH COUGH, FATIGUE, CONGESTION, MINOR SORE THROAT,

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951799	1/18/2021	MO	56	F	12/29/2020	1/1/2021	The patient received her first Moderna COVID-19 vaccination on 12/29/2020. However the patient was diagnosed with a positive COVID-19 test on January 4, 2021. Patient complained of nausea, vomiting, back pain, and sharp chest pain. On January 13, the patient presented to the emergency department again with shortness of breath and sharp, stabbing left-sided chest pain radiating to her back and right side. Initial work up ruled out cardiac etiologies. CTA chest demonstrated COVID-19 pneumonia. The patient complained of bilateral lower extremity weakness which had been progressing since her COVID-19 vaccination, per patient report. However, during her hospitalization the patient's bilateral lower extremity weakness began to accelerate. On the 13th, the patient was able to ambulate to and from the bathroom herself. Then on January 14 the patient required maximum assistance. Neurology was consulted and work up initiated for suspected possible Guillain-Barré syndrome (GBS) secondary to recent COVID-19 infection. On January 15, 2021, the patient became obtunded and unable to protect airway. She was emergently intubated for acute hypercapnic respiratory failure secondary to GBS. Neurology started GBS treatment with IVIG. Patient also developed NSTEMI and Takotsubo cardiomyopathy. Patient remains critically ill requiring mechanical ventilation.
953267	1/18/2021	NH	49	F	1/15/2021	1/15/2021	Patient received vaccine 13:06, at 13:11 patient reporting some tingling to hands and feeling anxious. Observed for 5 minutes, patient then reports circumoral tingling, and throat tingling. 13:36: Patient reports burning to throat. Call for EMS assistance. HR 90. Color is pink, BP 130/80. No lip or tongue swelling, no urticaria, no chest pain or shortness of breathe. 13:38: Patient reports feeling better, tingling is improving. EMS arrived. Patient reports symptoms almost completely resolved. EMS Paramedic over to assess. Patient refuses EMS transport, states she feels completely recovered. 13:55: Patient discharged, daughter able to drive home.

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953561	1/18/2021	AL	60	F	1/18/2021	1/18/2021	patient states that she had a reaction with the first vaccine but not until after she left the clinic here. She states she had tingling in her lips and throat, she states she has already taken Benadryl 25mg prior to coming here today. Within 10 minutes of receiving vaccine she began with tingling of throat and lips, feeling woozy and ears itching. After speaking with healthcare worker the patient was given Benadryl 25mg IM. A medical alert was then called due to patient c/o chest pain. She was taken to the ER as a precaution.
952414	1/18/2021		40	M	1/12/2021	1/13/2021	to ed with chest pain, diaphoresis and arms tingling
954082	1/18/2021	MA	87	M	12/28/2020	12/30/2020	Developed temp 101.2 on 12/30/2020. Treated with Tylenol. The following day, the patient complained of chest pain and was sent to ED for evaluation. He was transferred to Hospital and admitted with altered mental status. He returned to the Nursing Home on 01/01/2021 with no acute findings and has been stable since that time - Dx was lethargy and altered mental status.
954208	1/18/2021	AK	42	F	1/16/2021	1/16/2021	10:35a: COVID vaccine #1 Sitting in monitoring room. 11:05a: checked for symptoms and reports shortness of breath and wheezing. Has history of asthma and has albuterol with her. 11:08a: O2 100% RA, HR 116 Took albuterol inhaler x2 puffs Ongoing shortness of breath. Reports sharp pain in her chest. Reports dizziness. 11:10am BP: 110/84, O2 99%, HR 113. No wheezes on exam Drank fluids and given snack. Reports difficulty swallowing. Sharp pain in chest is worsening. Shortness of breath worsening. Reports nausea. 11:18a: glucose 178. HR 112, O2 100%. Ongoing sharp pain in chest and worsening shortness of breath 11:20a: Given Benadryl 25mg and orange juice. 11:30a: Requests to go to ER ? 911 was called. Repeats albuterol inhaler 11:40a Reports shortness of breath worsening and closing sensation in her throat. Burning sensation in her mouth. Chest pains worsening and ongoing dizziness. Given epipen 0.3mg [due to shortness of breath, sensation of throat closing, nausea, dizziness, tachycardia] 11:43a: EMS arrive, assess and transport to ER
953411	1/18/2021	NC	34	F	12/28/2020	12/28/2020	chest pain, felt like I couldnt get my breath , indigestion, abominal discomfort

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954092	1/18/2021	NJ	75	F	1/5/2021	1/5/2021	Patient received vaccine then proceeded to stand. Upon standing, patient reported back pain that became chest pain. She rated the pain a 5 on a scale of 0-10. The pain was located in the substernal area and was reported as feeling like something was crushing her chest. Patient given oxygen @ 10L via nasal canula and began feeling better after 10 minutes. EMS was contacted and transported to Hospital.
953341	1/18/2021	ID	61	F	1/8/2021	1/8/2021	Patient seen on 1/8, 1/9 and 1/11 in ER at Hospital for Chest pain. Work up negative for acute coronary syndrome. This started hours after 2nd dose of COVID 19 vaccine. Pleuritic type pain. She was sent with aspirin and monitored. On her 3rd ER visit was given medication for anxiety and to aid in sleep (ativan). Symptoms continued and she was off work the week of 1/11 because of this. Seen in Clinic on 1/18 and symptoms had stopped on 1/17.
954073	1/18/2021	TX	32	F	12/30/2020	12/30/2020	Immediately felt dizziness, shortness of breathe and left body numbness. Fainted in and out and left body tightness/pain for 2 hours post injection. fever, fatigue, headache, shortness of breathe, muscle fatigue, chest ache for several days after. 01/08/2021 all symptoms become worse and severe. Left body muscle tightness and fatigue, heart palpations, vomiting, chest pain, dizziness, syncope, difficult breathing, unable to walk. ER Visit 01/08/21, 01/09/21, 01/09/21, and 01/11/21 PCP visit 01/12/21 Cardiologist visit 01/15/21
953992	1/18/2021	IL	23	F	1/16/2021	1/16/2021	Tingling in 2 fingers, entire arm pain, pain in armpit, muscle pain in chest(similar pain to pain in arm). Arm pain began 1-2 hours after injection and progressively worsened throughout day/night. Chest muscle pain began 11-12 hours after injection. Pain lessened 19 hours after injection overnight. 24 hours after injection the only symptom left was minor arm pain localized around injection site.
953903	1/18/2021	CA	71	F	1/16/2021	1/16/2021	Extreme soreness site with swelling and redness and heat,elevated temp,lymph node swelling under arm,soreness joints,pleurisy type chest pain,fatigue. In bed 1 day better today

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953828	1/18/2021	MA	44	U	1/15/2021	1/15/2021	<p>Notified that the employee who had received Moderna COVID-19 vaccination approximately 32 minutes prior to notification of this NP began complaining of lip swelling, tongue tingling and itching in mouth and mild headache, reported sensation of "full lips". Employee had been advised to wait 30 minutes after administration of vaccine due to known hx of allergic reaction to requiring use of Epi-pen per CDC and manufacturer guidelines. Employee noted to carry Epi-Pen due to prior allergic reaction from walking through "cloud" of sulfa dust in the lab where she was working at previous employer. Denied SOB, cough, tongue swelling, rash, N/V/D, abdominal or chest pain. Stated she was not sure if reaction is due to her anxiety or to possible reaction to the vaccine.</p> <p>2:36pm: VS BP 118/70, p 82, O2 sat 98%, Resp. 18</p> <p>2:42pm: VS BP 116/74, p 76, O2 sat 98%, Resp. 16</p> <p>HEENT: no edema/erythema oropharynx, uvula midline; airway patent, mild edema right lower lip. Resp: LSC. Skin: No urticaria or erythema. Employee had personal liquid Zyrtec; took 10mg PO and single ampule of personal Cromolyn Sodium with complete resolution of sx's in approx 15 minutes after administration. Advised employee of need for f/u for medical possible allergic reaction; refused EMS/ED; advised of possible bi-phasic response and risk; continued to decline EMS/ED. Employee called PCP office; triage RN advised ED rather than UC. Medical Director for Health Center in to evaluate patient; case reviewed, care transferred to Dr. Discharged per Dr.; follow-up with PCP/allergist.</p>
953742	1/18/2021	KY	63	F	12/21/2020	12/21/2020	<p>Severe chest pain (like a vice was tightening around chest). Lasted 20-25 minutes. No nausea. Had to go to ER, Labs all negative, could find no reason for pain. Went home after approximately 3-4 hours in ER. Also arm pain x 1 month now</p>

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953678	1/18/2021	NC	66	F	1/18/2021	1/18/2021	1345-pt called RN over and explained that she started having sharp chest pain under her right breast after she leaned over in the chair to get her insurance card from her purse that was located on the floor. pt denies headache, dizziness, SOB, and nausea. After 5 minutes, pt states the pain has stopped. Upon review, pt states that the pain may have been caused by the underwire in her bra. Pt verbalized to RN that she has a follow up appointment with PCP for her hiatal hernia and she will mention her symptoms at that time. Pt states she felt fine and left vaccine clinic at 1356.
953571	1/18/2021	MI	21	M	1/2/2021	1/16/2021	14 days post vaccination developed: chest pain, back pain, paresthesia of bilateral upper extremities. CXR, EKG and Lab work done. Symptoms not disabling yet present; musculoskeletal pain in upper extremities with paresthesia
953377	1/18/2021	PA	41	F	12/18/2020	12/24/2020	COVID positive 11/27/20. Oxygen saturation dropped to 90% with exertion and 94% resting. Also had chest pain and sinus tachycardia. Received first COVID vaccine 12/18/20. Developed continuous vomiting 1.5 hours later then muscle aches and cramps as the day went on. Symptoms were gone later the next day except site soreness. Developed SOB and wheezing on 12/24/20. Went to ER - no treatment. Called her pulmonologist and increased diltiazem for the weekend. Called cardiologist 12/28/20 and was put on Corlanor. Took care of acute issues, but still had some SOB and palpitations.
953470	1/18/2021	VA	85	F	1/16/2021	1/16/2021	1252 Resident rang with complaints of chest pain and shortness of breath. BP 126/70, Temp 97.5, pulse 72, resp. 20, O2 sats on room air 90%. While awaiting transport complained of increasing shortness of breath. Resident transported to Community Hospital via Ambulance with 3L O2. Resident placed on ventilator and transported to Medical Center

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953401	1/18/2021	VA	38	F	1/7/2021	1/9/2021	Patient is a 38 y/o female physician with ADHD and depression presenting with concern for involuntary choreiform movements that began 1/9. Patient has never had this problem before. She does not note any associated symptoms. She denies extremity weakness, paresthesias, seizures, headache, chest pain, abdominal pain, nausea, vomiting, fevers, and other symptoms. She cannot think of any inciting injury or event that led to this. She did receive the second dose of the Pfizer COVID vaccine on 1/7, and is unsure if this is related.
954109	1/18/2021	CA	39	F	1/15/2021	1/15/2021	20 min after injection: lightheaded, dizziness, nausea, lowered blood pressure., chest pain. This lasted for about an hour. Then for several days after injection: flu-like symptoms of muscle/joint pain, mild fever, sore throat, chest pain, exhaustion, mild pain at injection site like a sore muscle. Patient is still feeling mild flu-like symptoms, 3 days after injection.
953758	1/18/2021	CA	37	F	1/12/2021	1/15/2021	Sore throats, chest pain, cough, fatigue, chest congestion
951560	1/17/2021	FL	33	M	12/19/2020	1/3/2021	Severe Right sided chest pain, right sided muscle spasms and difficulty breathing two weeks after vaccine was administered Diagnosis of bilateral pulmonary embolism was made on presentation to ER. No personal or family history of clots in arteries or deep veins or any risk factors in patient. Received heparin drip, pain medications, muscle relaxants inpatient. Pain progressively improved over days. Was discharged after 6 days on admission. Was discharged on oral anticoagulant (Rivaroxaban aka xarelto)
951028	1/17/2021	OH	61	F	1/15/2021	1/15/2021	Pt c/o (BUE) Both upper extremities tingling started @ 12:56PM Pt also c/o facial tingling in her face and her mouth. Pt. denies SOB, chest pain, SOs 97%, HR 98% 1:21PM c/o feeling light headed
951555	1/17/2021	MI	30	F	1/15/2021	1/15/2021	2:30PM Chest pains, weakness, dizziness, feeling shaky. 6:20pm Tachycardia, hypertension, fever, fainted, whole body went limp and unable to keep head up. 8:30 able to use arms again and feel them 10:30pm able to use legs and walk again
951589	1/17/2021	DE	27	F	1/15/2021	1/15/2021	Quick onset of mild chest pain and tightness that extends into the throat. Symptoms get worse with exertion.

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951764	1/17/2021	VA	43	F	1/7/2021	1/8/2021	Shortness of breath SpO2 in high 80s Chest pains Severe pain everywhere Exhausted Inability to move with out shaking
951417	1/17/2021	IN	59	M	1/13/2021	1/14/2021	Diffuse body and joint aches, pleuritic chest pain, malaise, insomnia due to pain- started ~12 hrs after vaccine and got worse over next 1-1/2 days then plateaued. Body aches and chest pain lessened 3rd day but rheumatoid arthritis flared up in hands and feet especially on 4th day
950610	1/16/2021	MN	55	F	1/13/2021	1/13/2021	The adverse events are side effect perhaps but extremely strong. Lightheadedness x 1.5 days, feeling shaky and short of breath- afternoon of injection Significant headache x 48 hours (note: still having intermittent HA associated with 1st dose.) Significant arm pain (injection site)- 2 days Feeling shaky in legs- evening of injection Low grade fever x 48 hours, ongoing intermittently Waking at night several times- this does not happen to me. Waking overnight last night (AM of 1/16/21) with right hand numbness that lasted for some time. Extreme, extreme fatigue- the worst lasted 48 hours post vaccination. Still continuing but not as severe as the first 48 hours. Body aches, particularly (but not only) right hip and knee that have arthritis- worst sx ~ 36 hours post vaccination. Ongoing intermittently. Heart palpitations but unable to determine if related to vaccination. Chest pain, mid-left sternal, intermittent, ongoing. More of a muscular pain/discomfort. Note: for 1st injection had some similar "side effects" but also some that were different.
949920	1/16/2021	NH	73	M	1/1/2021	1/14/2021	Tightness and pain in chest leading to hospitalization and diagnosis of heart attack at 3 am
949900	1/16/2021	PA	45	F	1/15/2021	1/15/2021	Presented to ED about an hour after vaccination with chest pain, SOB, and palpitations.

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949931	1/16/2021	IN	47	M	12/19/2020	12/19/2020	Patient complained of feeling light-headed and a little dizzy at 10 minutes post-administration. Pulse-oximetry applied revealed normal spO2, but tachycardia to 140bpm (this patient's resting HR is approximately 55-65). Apple Watch data confirmed rapid increase in HR at that moment. BP increased from normal baseline to about 150-160 SBP. No chest pain reported. No signs/symptoms of anaphylaxis (rash, wheezing, etc.). HR gradually recovered to normal levels within 30 minutes and patient was released after 60 min observation. Patient reported generalized fatigue in weeks following injection. Nineteen (19) days after injection, patient developed unprovoked resting tachycardia to approximately 180bpm (following some moderate weigh-lifting exercise). Symptoms did not resolve sufficiently and patient was transported by EMS to ER for evaluation
950064	1/16/2021		21	F	1/14/2021	1/14/2021	Chest pains 30 minutes after receiving first dose, chills, headache, fatigue
950240	1/16/2021	FL	31	F	1/8/2021	1/11/2021	flu like symptoms, shortness of breath, chest pain with deep inspiration, fatigue, malaise, body aches
950366	1/16/2021	NJ	67	M	1/16/2021	1/16/2021	The patient became diaphoretic, pale, and syncopal. initial bp 94/63, pulse 58, pulse oximetry 98% on room air, repeat 117/74, repeat 124/72. Water, juice was given and the patient was placed in prone position. The patient improved with in 15 minutes. Denies chest pain, denied sob, no loss of consciousness PERL. The patient was discharged home , refuse to go the the hospital. History of Panic Attacks
950498	1/16/2021	WI	24	F	1/6/2021	1/6/2021	arm pain radiating from injection site to entire arm, axilla, left chest pain, back, left scapular area; redness and swelling approximately 5 cm in diameter to left deltoid. numbness to left arm intermittently. Pain makes sleep difficult despite OTC's. Pain worsening, now 10 days after injection.
950666	1/16/2021	NY	41	U	1/11/2021	1/11/2021	Cough, dizzy, chest pain, bone pain.
950696	1/16/2021	AZ	55	F	1/15/2021	1/15/2021	Chest pain, chills, fever

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950734	1/16/2021	CA	59	F	1/13/2021	1/13/2021	Called to see pt in drive up lane 7 min post vaccination. Sensation of itching in throat, then chest pain. Was brought to observation station immediately Past med history none. Unknown allergy to Cipro and iodinated contrast. Initial examination lungs CTA, RRR. No swelling of face or throat. Initial vitals: BP: 182/90, HR 62, 97% O2 at 07:53 She continued to have chest pain, so EMS notified. EMS took 12 lead ECG and noticed ST elevations and she was taken to hospital at 8:10.
950884	1/16/2021	KS	43	F	1/6/2021	1/8/2021	Was seen in the ER with chest pain, elevated pulse (130?s), and B/P 170/80. At this time 1/16/2021 I am still having intermittent chest pain
950892	1/16/2021	OH	23	F	1/6/2021	1/7/2021	Received Moderna vaccine at 8:30 PM on 1/6/21. Experienced expected arm muscle soreness starting in the morning of 1/7/21 lasting until 1/9/21 without treatment. Experienced sharp chest pains on exhalations only, starting around 10:30 AM on 1/7/21. Chest pains faded throughout day and relieved by 5:00 PM on 1/7/21 without treatment. Experienced fatigue, body aches, chills, and skin sensitivity around 7:30 PM on 1/7/21, treated with OTC ibuprofen with symptoms continuing going to sleep but resolved by waking up in morning on 1/8/21. Experienced nasal congestion on the morning of 1/8/21 and lasting until evening of 1/10/21 without treatment. Experienced headache, nausea, and brain fog 1/11/21, treated with OTC ibuprofen with no success in relieving symptoms. Nausea and brain fog continued until resolving in afternoon of 1/13/21 (1 week following vaccine). No other symptoms since.
1353813	1/16/2021		99	M	1/8/2021	1/8/2021	CHEST PAIN Narrative: CHEST PAIN RESOLVED WITH TUMS
1349905	1/16/2021		99	M	1/8/2021	1/8/2021	CHEST PAIN Narrative: CHEST PAIN RESOLVED WITH TUMS
950654	1/16/2021	IN	18	F	1/15/2021	1/15/2021	100.1 fever at 630pm , swelling of face, chest pain , trouble with breathing , redness of face , and body pain at 8pm ,

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947269	1/15/2021	NJ	60	F	1/15/2021	1/15/2021	This patient received her first dose of Moderna vaccine and was then sent to the observation area. Within 10 minutes of vaccine receipt, she began complaining of a fast heart beat and some tightness in the throat. Emergency services was called immediately and she was placed supine in a stretcher. Her initial vitals were: heart rate of 130 beats/minute and oxygen saturation of 95%. Repeated vitals were as follows: 11:25- BP 162/94,HR 123, SO2- 98% 11:30- BP 161/81 HR 101, SO2- 96% 11:35- BP 160/106 HR 95, SO2- 96% 11:35 - BP 157/96 HR 96, SO2- 95% complaining of tingling in fingers. 11:40- BP 162/79 HR 91, SO2- 96% 11:45- BP 152/84HR 92, SO2- 95% denies chest pain, shortness of breath, or throat tightness at this time. Patient felt better within 20 minutes and was taken to the emergency department for evaluation. In the emergency department, she was encouraged to obtain the remainder of the work up but declined and elected to go home. She denied rashes, respiratory distress, or itching at the time of discharge from the emergence department. She planned to follow up with her outpatient primary care provider.
946993	1/15/2021	CA	24	F	1/15/2021	1/15/2021	5 min after vaccine admin pt had 5/10 Chest pain, Hypertensive 166/100, Tachycardia 135. Pt received 25 mg benadryl IM once at onset of symptoms. Resolved at arrival to ED.
947036	1/15/2021	MD	64	F	1/13/2021	1/13/2021	Employee reported having SOB with chest pains, severe headache (rated pain as 8/10), excessive salivation with nausea, lightheadedness, she has a h/o migraines headaches and was incapacitated for 24 hours, Employee she was treated and sent home by end of her scheduled shift
949792	1/15/2021	SC	32	F	1/13/2021	1/13/2021	Shortness of breath, extreme itching, full body flushing, chest pain, weakness.
947108	1/15/2021	MI	37	F	1/12/2021	1/15/2021	Awoken by chest pain at 1am on 1.15.2021. Went to ER - unsure if anxiety attack, heart attack or related to COVID vaccination on 1.12.2021. Also complains of dizziness, and nausea. Cardiac workup performed. Ativan relieved her symptoms. No remarkable findings and patient was discharge back home at 06:30 1.15.2021.

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947136	1/15/2021	CO	55	F	1/7/2021	1/8/2021	Pt received second dose Pfizer COVID vaccine 1/7/21. On 1/8/21 t 8 PM developed fever and chills, T-max 100.4, as well as a dry cough and headache. No shortness of breath or chest pain or wheezing. No sore throat. Virtual Urgent Care visit 1/9/21. COVID test negative. No treatment performed, no escalation of care.
947149	1/15/2021	OH	51	F	1/15/2021	1/15/2021	01/15/21 Staff Nurse was called to the Observation room by Nurse at 1050. Nurse stated that at 1045, two minutes before the timer would expire, patient complained of felling heaviness in her neck and chest. Using a number scale for evaluation, she rated her heaviness a 4/10. She Placed her on the mat and recorded vital signs of BP: 136/96, HR: 82, RR:20 and Sao2 of 97% on room air. RN stated she medicated patient with 60 mg Fexofenadine by mouth. When RN arrived, patient was resting in a chair, alert and oriented x3. No distress noted. Patient complained of heaviness in her neck. She denied chest pain, shortness of breath, dizziness or headache. Heart rate 72 and regular. Respirations even and nonlabored. Patient was given juice and crackers and asked to stay in chair for 30 minute stay/observation. Nurse observed her from this time on. Nurse stated the heaviness was much less at 1058, rated 2/10 on a number scale. Vital signs: 108/76, 76, 18, 97%. At 11:13, patient rated her heaviness at 1/10. Vital signs: 130/81, 71, 18, 97%. At 11:35, patient states the heavy feeling is gone rated 0/10. Vital signs: 128/59, 74, 16, 98% on room air. Patient stood without dizziness. Gait was steady upon discharge from observation room.: RN
946988	1/15/2021	NY	28	F	1/11/2021	1/11/2021	The unexpected reaction was localized constant left chest pain. It is believed to be due to swollen lymph nodes in the pectoral area (as all other testing at the ER was normal). Also sharp pain when breathing in deeply.
947257	1/15/2021	NY	51	F	1/6/2021	1/7/2021	Received vaccine on 1/6, mild fever/achiness on 1/7. On 1/8 had some chest pain and SOB. This continued to get worse on Friday. By Saturday, patient felt she could not get comfortable and was more short of breath. She went to the ER and after multiple tests they found multiple pulmonary emboli. Of note, patient took a long flight on 1/6 and is on hormone replacement therapy.

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946693	1/15/2021	PA	44	F	12/29/2020	12/30/2020	The day after I received vaccine I had severe arm pain at injection site, my body was achy , and fatigue. These symptoms resolved after a few days . I then had dizziness, nausea, unbalanced when walking, chest pain, feeling like my heart was racing, palpitations, muscle weakness in my legs, and brain fog. The unbalanced feeling, dizziness, weakness ,and occasional palpitations remain. I had a covid test done on 1/6/2021.I had sinus pain started on 1/8/2021. I am being treated for possible sinus infection with Augmentin that I started on 1/11/2021 but my symptoms are still present . I have been unable to work because when I walk I feel dizzy and unsteady. I have follow up with my primary doctor on 1/18/2021.
947328	1/15/2021	TX	48	F	1/13/2021	1/13/2021	Chest pain, left arm numbness, tingling, and heaviness cold feeling to fingers O2 sats 88% from 99% then rounded back to 99 Ativan 1mg tab Aspirin 324mg
947243	1/15/2021	CO	28	F	1/11/2021	1/11/2021	Around 7:30 PM on 1/11/2021, patient started to experience fever, diffuse sharp chest pain with body aches, and myalgias. Patient was COVID+ in October 2020. Patient presented to the emergency department and was treated as a sepsis alert and received fluids, ceftriaxone, and ibuprofen with good response. Labs were as follows: Bilirubin and transaminases are normal, D-dimer is normal, serum lactate is normal, EKG is nondiagnostic with prolonged QT, troponin is negative.
946985	1/15/2021	PA	69	M	1/15/2021	1/15/2021	Shot was given today, about 20 minutes after receiving #1 of covid19 vaccination patient experienced shaking and rigors and feeling "warm" and then chills, he denied chest pain sob muscle aches or pains or headaches or lightheadedness. Vitals were taken HR 105 pulse ox 99% normal S1S2 tachycardian lungs were clear We gave IM 25mg benadryl in right arm and 1000mg tylenol once we will monitor condition closely and re-assess, Dr was present for this assessment and plan
946817	1/15/2021	IN	50	F	1/8/2021	1/9/2021	2nd dose- Fever, joint pain, severe neck and chest pain for 36 hours

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947494	1/15/2021	FL	44	F	1/7/2021	1/7/2021	feeling badly; chills; fever/ 101.6 fever; terrible muscle aches; headache; arm was so sore; Her arm was so sore she couldn't even move it. She couldn't get herself dressed or undressed; chest pain; chest pain, going into her back, on her left side; This is a spontaneous report from a contactable other healthcare professional (patient). A 44-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/lot number: EK9231, NDC number: 5926710001), intramuscular on 07Jan2021 (around 10ish in the morning) at single dose at right arm for covid-19 immunization. Medical history included vertigo from an unknown date and unknown if ongoing. At the beginning of the week, patient had some vertigo but when she went in for her second vaccine, the vertigo was gone already. There were no concomitant medications. There was no adverse event following prior vaccinations. There were no additional vaccines administered on same date of the Pfizer suspect. Patient previously received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, NDC: 59267100002 Lot: EH9899) intramuscular on 17Dec2020 at single dose at right arm for covid-19 immunization. Patient received the second dose of the vaccine in the morning, around 10 something on 07Jan2021 at the hospital she worked at. She started feeling badly around 7:00 at night 07Jan2021 with chills, 101.6 fever, terrible muscle aches, a headache. Her arm was so sore she couldn't even move it. She couldn't get herself dressed or undressed. She was having chest pain, going into her back, on her left side. When probed for the outcome of these symptoms, patient stated she had a fever, but not quite as high. She had been taking paracetamol (TYLENOL) and it was not helping. Patient provided the following product information for the paracetamol she was taking: TYLENOL, 500mg NDC: 6984270778 Lot: 9MR0454 Expiry date: Oct2021. The back pain/muscle pain was still there. She had chills but not as badly. The soreness in her arm had improved. Her arm was still sore, but not like it was yesterday. Outcome of events feeling badly, headache and chest pain was unknown, outcome of events chills, fever/ 101.6 fever, arm was so sore she couldn't even move it was recovering, outcome of events back pain/muscle pain was not recovered. The report is considered as non-serious. The adverse events resulted in neither doctor or

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946723	1/15/2021	PA	50	F	12/30/2020	12/31/2020	<p>other healthcare professional office/clinic visit, nor emergency room/department or urgent care. History of all previous immunization with the Pfizer vaccine considered as suspect. No further information was provided or obtained.</p> <p>50 year old female presents due to reaction to her first Moderna Covid 19 vaccine done 12/30/20. 24 hours after receiving her first vaccine she developed hives on her waste and trunk. She then developed itchy bilateral forearms and hands. No rash seen on arms. The hives resolved in 24 hours and the pruritis resolved after 5 days. She took Benadryl and Pepcid with relief at that time. Denies any shortness of breath, chest pain, palpitations, wheezing, throat itching or swelling. She was taking Amoxicillin for a tooth abscess at the time and her last dose was the same day as the Covid 19 vaccine. She has no known allergies. No problems or reactions to any medications or vaccines in the past.</p>
947123	1/15/2021	OH	51	F	1/15/2021	1/15/2021	<p>01/15/21 Staff Nurse was called to the Observation room by Nurse at 1050. Nurse stated that at 1045, two minutes before the timer would expire, patient complained of felling heaviness in her neck and chest. Using a number scale for evaluation, she rated her heaviness a 4/10. She Placed her on the dyanmat and recorded vital signs of BP: 136/96, HR: 82, RR:20 and Sao2 of 97% on room air. RN stated she medicated patient with 60 mg Fexofenadine by mouth. When another RN arrived, patient was resting in a chair, alert and oriented x3. No distress noted. Patient complained of heaviness in her neck. She denied chest pain, shortness of breath, dizziness or headache. Heart rate 72 and regular. Respirations even and nonlabored. Patient was given juice and crackers and asked to stay in chair for 30 minute stay/observation. Nurse observed her from this time on. Nurse stated the heaviness was much less at 1058, rated 2/10 on a number scale. Vital signs: 108/76, 76, 18, 97%. At 11:13, Patient rated her heaviness at 1/10. Vital signs: 130/81, 71, 18, 97%. At 11:35, patient states the heavy feeling is gone rated 0/10. Vital signs: 128/59, 74, 16, 98% on room air. Patient stood without dizziness. Gait was steady upon discharge from observation room.:RN</p>

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946633	1/15/2021	KS	62	F	1/15/2021	1/15/2021	62 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience funny taste in her mouth (somewhat metallic like). She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS Previous Reactions: This is patient's first vaccine (Pfizer). Does report previous reaction to influenza vaccine many years ago, states it caused her to get really sick. Objective Vitals Vitals: 01/15/21 0932 BP: (!) 145/83 Pulse: 76 SpO2: 98% Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is not ill-appearing or diaphoretic. Cardiovascular: Rate and Rhythm: Normal rate. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Neurological: Mental Status: She is alert. Assessment/Plan Treatment included: antihistamines. Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Patient doing well upon discharge. Reports some improvement in change in taste prior to discharge/leaving. She was escorted out via wheelchair only due to reports of difficulty ambulating long distances due to being disabled but is otherwise at baseline.

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946616	1/15/2021		60	F	1/15/2021	1/15/2021	About 15 minutes after injection c/o mild tingling to lips. No other symptoms. VSS (BP 103/68, O2 99%, RR 17, HR 68). no wheezing, SOB, swelling, chest pain, dizziness, abd pain, NV. about 15 minutes later, lip tingling improved but began c/o generalized urticaria with mild erythema to left upper chest. patient well appearing at that time, A&Ox3, no increased WOB, SOB, hives, facial swelling, facial redness. Patient reports she experienced same urticaria about 24-48 hours after 1st COVID vaccine dose, treated at home with po benadryl with improvement. Placed on continuous monitoring and administered 25 mg Benadryl po with improvement in symptoms. About 30 min after benadryl administration symptoms resolved. Offered ER evaluation to which patient declined. She works within hospital and agrees to seek emergency medical care should symptoms return or worsen. can continue to take benadryl at home and monitor closely.

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946593	1/15/2021	KS	47	F	1/14/2021	1/14/2021	<p>Notes 1/14/2021</p> <p>Subjective 47 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness and syncope. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with dyspnea, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS Previous Reactions: Patient states that she has a hx of vaso-vagal symptoms with blood draws. Objective Vitals Vitals: 01/14/21 1128 01/14/21 1141 01/14/21 1204 01/14/21 1229 BP: 118/65 123/71 130/72 121/77 Pulse: 71 66 65 92 SpO2: 97% 98% 99% 100% Orthostatic Vitals at 1147a Sitting B/P: 127/71 Sitting Pulse: 70 Standing B/P: 113/62 Standing Pulse: 83 Blood Sugar 103 collected at 1119 Physical Exam Vitals signs reviewed. Constitutional: Appearance: Normal appearance. Comments: Alert but drowsy HENT: Head: Normocephalic and atraumatic. Nose: Nose normal. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: Palpations: Abdomen is soft. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm. Capillary Refill: Capillary refill takes less than 2 seconds. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water, cold packs, granoloa bar.</p>

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							Follow up response to treatment: good. Fully alert Patient discharge: Stable to go home and follow up with PCP. 1/14/2021 12:31 PM
946345	1/15/2021	FL	53	F	1/13/2021	1/13/2021	Headache, muscle/body aches, fever, chest pain, nausea, and tachycardia
946333	1/15/2021	FL	53	F	1/13/2021	1/13/2021	Headache, muscle/body aches, fever, chest pain, nausea, and Tachycardia.
946186	1/15/2021	MN	31	F	1/5/2021	1/8/2021	I developed atypical chest pain 3 days after the shot. Chest pain that was sharp as intermittent and has been on going since 9/8/21.
946072	1/15/2021	FL		M	1/6/2021	1/7/2021	coughs once in a while, may be a nervous cough every 40 min; voice hoarse; tested positive for Covid-19; tested positive for Covid-19; didn't feel well at all; bad headache; dry cough; This is a spontaneous report from a contactable consumer who reported for himself, a 70-year-old male patient who received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot number and expiration date unknown), via an unspecified route of administration on 06Jan2021 at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient stated that he received the first dose of the Pfizer-BioNtech Covid-19 vaccine on Wednesday, 06Jan2021, and on that day he had no problem. On Thursday, 07Jan2021, he started experiencing dry cough. On Friday, 08Jan2021, he didn't feel well at all and had a bad headache. On Saturday, 09Jan2021, he felt better but he tested positive for Covid-19. Today, 11Jan2021, he stated he feels good, he coughs once in a while, may be a nervous cough every 40 min. He had not experienced fever or chills, he breathes well, he can hold his breath for 5-10 seconds, no chest pain or congestion, but his voice was hoarse. Patient wanted to know if this has been reported before, and wanted to know how long should he test himself again for Covid-19. The events were reported as non-serious. The outcome of the events was unknown. Information about lot/batch number is requested.

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946749	1/15/2021	FL	91	F	1/9/2021	1/9/2021	7:00PM fatigued, burning up fever 100., ibuprofen/tylenol dose; Sunday afternoon nausea, loss control of body, anxious, feeling of fainting, unable to move-paralyzed, pressed button for medical help, ambulance arrived, pt transported to ER -- 102. temp ambulance, RN at hosp temp 98., pt was shaky, 8:30PM erratic heartbeat per admitting doctor - pt admitted. Pt PCP/Cardiologist contacted, kept on heart monitor, pt discharged Monday afternoon. 1/14/21 chest pain, nausea, 102. fever. symptoms
949462	1/15/2021	NC	74	F	1/6/2021	1/6/2021	sharp pain in chest
947044	1/15/2021	MI	49	F	1/12/2021	1/12/2021	Patient had headache with dizziness about 30" after injection. 90" later had sudden onset left-sided Chest pain with difficulty breathing. Patient's chest pain was so bad she thought she was going to die. Was transported to ER via ambulance, had cardiac workup, blood clot workup (had left leg pain the day before incident). Was discharged home on zanaflex and motrin with diagnosis of Chest Wall pain about 4 hours later. Follow up on 1.15.2021 at 1000 and patient doing better but still has chest pain. Will not be getting 2nd COVID vaccination.
947665	1/15/2021	AZ	45	F	1/15/2021	1/15/2021	metal taste in mouth 30 min after injection received, itching sensation on left arm 1 hour after injection received. Pt. evaluated by their in house medical team who administered a Benadryl injection to the right arm, unknown dosage. The pt. told me the nurse on staff measured her SPO2 at 86% and wanted to call 911 for transport to the ER. Pt. reports she refused and left work to come to the urgent care clinic where I evaluated her. She is concerned that she could be having a panic attack vs. allergic reaction. Her itching arm and metallic taste has resolved but she feels chest pains on the left side of her chest and her left arm feels heavy.
949724	1/15/2021	WI	62	F	1/8/2021	1/9/2021	Pt had 3 vessel CABG on 1/14/21 after presenting to ED with chest pain on 1/9/21. Pt is critically ill following OR after cardiogenic shock, bleeding. Requiring inotropes and Impella.

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949661	1/15/2021	CA	30	F	1/14/2021	1/14/2021	Chest pain, predominantly on the right side, numbness in right arm and increased heart rate. Symptoms started about an hour after the vaccine. Each episode lasts 30-40 mins then subsides and symptoms go away completely. I had 3 episodes of these symptoms the first day and so far 3 the second day. My doctor recommended I go to the emergency room. Based off my EKG, vitals, and family history there was no reason to believe that the episodes were causing any heart abnormalities.
949611	1/15/2021	CA	49	F	1/6/2021	1/13/2021	At 6 days after my second COVID-19 Pfizer vaccine (first dose given 12/17/20), I had acute onset of chest pain and shortness of breath prompting a trip to the Emergency Department. A chest CT Angio to rule out pulmonary embolus was done and negative for pulmonary embolus. My EKG showed some mild ST changes and a troponin I level was elevated at 0.08 (normal 0.04). Subsequent troponin levels 90 minutes apart showed a rising troponin at 0.18 and 0.38. An echocardiogram was performed which showed regional wall motion abnormalities consistent with Takotsubo cardiomyopathy and an ejection fraction of 45%. I was then taken to cardiac catheterization lab for coronary angiograms which were normal. My LV angiogram was consistent with Takotsubo cardiomyopathy and my LVEDP was elevated. I was started on a beta blocker and sent home the following day.

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949517	1/15/2021	NY	70	F	1/15/2021	1/15/2021	Patient with history of anaphylactic reaction to chemotherapy 9 years ago presents for 1st dose of covid vaccination. She brought her epi pen with her today. Discussed risks and benefits of vaccine, patient accepts risks and received vaccine. 15 minutes later she developed tingling sensation in throat, denied SOB, wheezing, tongue swelling, stridor, skin rash, chest pain, nausea/vomiting, tachycardia. She was assessed by MD and NP on site. Administered 25 mg of benadryl PO. Vital signs were monitored every 5 minutes for 30 minutes by paramedic on scene. Vital signs were stable throughout assessment. BP slightly elevated during exam. Continued to monitor for another 30 minutes. Patient denies tingling sensation, any SOB, CP, wheezing following 60 minutes total of monitoring. Physical assessment unremarkable. Lungs clear to auscultation, heart rate regular.
949776	1/15/2021	IL	66	F	12/29/2020	12/29/2020	HEADACHE, EXTREME FATIGUE, SORE THROAT, RUNNY NOSE, CHEST PAIN, COUGHING, CONGESTION, WHEEZING..

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948389	1/15/2021	NE	43	F	1/13/2021	1/13/2021	Patient to ED for evaluation of symptoms after a Covid vaccine earlier today. She had her second Covid vaccine here at the hospital where she works about 8:30 AM. About 10:00 she started having shakes and a headache and just not feeling right. She has had some periods of palpitations and feeling like her heart is racing as well. She called employee health and was referred in to see us. At this time she says she still has some headache and overall feels weird but no other new symptoms. No chest pain or shortness of breath or palpitations at this time. No trouble breathing. No fever. No visual changes but the light does bother her eyes. She does have a history of migraine headaches that are like this at times. The pain is in her forehead, not globally or in her neck. She has no neck pain or stiffness. She did not have much of reaction after her first vaccination. She does have a history of hypertension but has been taken off her medication because her blood pressures have been well controlled. She states that she does check them regularly at home and they have been okay. She denies any other recent sick symptoms. No other significant chronic underlying medical problems. Medications administered in the ED included ibuprofen 600mg and diphenhydramine 25mg orally at 1415, and acetaminophen 1000mg orally at 1000mg. Headache was better at 1540, blood pressure was lower at 139/90, no shaking. Pt discharged home.
948380	1/15/2021			F	1/4/2021	1/5/2021	1/5/2021 0718 Pt received 2nd COVID vaccine 1/4/21. Oral temp 100.6, near syncope, muscle aches and head aches. Per EMS NSR, denies SOB, and chest pain. 500 ml bolus received in route. In ED, Pt c/o nausea. Pt anxious, sweating and uncomfortable. 0855 Pt resting comfortably, reports decrease in pain/body aches 4/10. 1043 Discharge disposition: home. Accompanied By: self. Mode: walk. --Hospital
948254	1/15/2021	ME	34	F	1/15/2021	1/15/2021	Pt complaining of right shoulder pain, chest discomfort, substernal chest pain, racing heart, shortness of breath. Later complaining of pain and swelling at injection site.

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948237	1/15/2021	RI	33	F	1/15/2021	1/15/2021	Entered observation @ 1420. Patient voiced mouth tingling @ 1438. Stated that mouth had been tingling 5 minutes before she said something. Benadryl 50mg was given @ 1440. This nurse asked pt how she was feeling @ 1451. Stated that the Benadryl had alleviated some of the s/s of her mouth tingling, but she felt "light-headed". Around 1505, this nurse stated to pt that she looked very "flushed". Pt stated she felt very fatigue. This nurse and staff laid pt on stretcher in observation room. Cold compress applied to forehead and chest. Vitals were checked @ 1510 BP-133/93, P-89, O2-89%. Stated she felt better @ 1515. Explained to patient that she needed to lay down for a little bit longer, due to her feeling "woozy" upon standing up. @ 1530, patient stated that she felt much better. She stood up from bed and walked a short distance from bed to observation registration desk back to bed, balance was steady. Stated she felt a little "short-winded", and did take 2 puffs of her in haler, in which she does suffer from Asthma. Pt left observation @ 1535, accompanied by staff to her office. Denies any s/s of distress to mouth, feeling fatigue, SOB, nor chest pain upon leaving. Pt takes Singular daily for seasonal allergies. Does have allergies to Peanuts,Nuts, PCN, and Sulfa.
948206	1/15/2021	PA	35	F	1/11/2021	1/12/2021	Initially headache and body aches. Within 24 hours developed chest pain, dyspnea on exertion and shortness of breath. Patient still currently hospitalized.

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947796	1/15/2021	CA	30	M	12/30/2020	12/30/2020	At 0803 employee complained of his throat tightening and he was placed on an AED and EMS was called and a non-rebreather and Anaphylaxis kit were brought 0805 HR 118 RR 22 employee breathing was not labored AED "no shock advised" employee now reporting centralized tight feeling chest pain 0807 HR 122 RR 20 employee breathing was not labored. AED "no shock advised" 0809 HR 118 RR 22 AED "no shock advised" 0811 HR 102 RR 18 employee breathing was not labored. AED "no shock advised" Employee reported Chest pain "less tight" still with dry mouth ,difficulty swallowing and now burning sensation in throat 0811 HR 104 RR 18 AED "no shock advised" employee breathing was not labored 0813 EMS arrived and care of employee handed over. 02 and pharmacy monitoring applied. They assessed and took patient to ED Received Solu-Medrol, Pepcid, and Benadryl in ED
949522	1/15/2021	IL	24	F	1/14/2021	1/15/2021	I had normal symptoms (headache, aches, muscle and joint pain, fatigue) shortly after the injection. Around 5pm, I began feeling worse. I woke up at 1am and started feeling a chest pain: both sharp pains and a dull throb. It continued when I woke up and has throughout the day.
947747	1/15/2021	MA	60	F	1/12/2021	1/14/2021	1/13/21 had pain in R arm and employee woke up 1/14 with cramping, chest pain and feeling of heaviness from belly button down to the legs. Advised to go to the EC for evaluation. Update 1/15: Seen in ED and had EKG with inverted T wave. Still has heaviness in legs. Will get a referral to cardiology after speaking with PCP.

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948185	1/15/2021	CT	47	F	1/6/2021	1/10/2021	48 year old female presenting for evaluation of left arm and armpit pain. Patient reports she received the Moderna COVID-19 vaccine on 1/6/2021. Reports within the first 24 hours she developed pain to the injection site, nausea and some abdominal discomfort that resolved by the evening of 1/7/2021. Patient reports yesterday she still noticed some soreness to the left arm (this was the arm the vaccine was injected in). Reports she also had pain to the left armpit with some tenderness and pain extending to the breast at times. Reports that she was wearing a sports bra at work and she had to take it off due to pain in the armpit. Denies any fevers/chills, body aches, fatigue. Denies any nasal congestion, sore throat, cough, loss of taste or smell, chest pain or shortness of breath. Denies any abdominal pain, vomiting or diarrhea. Denies any history of anaphylaxis. Denies any history of severe reactions to vaccines. Patient was advised this is possible side effect from vaccine but patient very concerned and wanted to be evaluated.
947800	1/15/2021	ND	37	F	1/6/2021	1/6/2021	muscle pain, lightheadedness (comes and goes), nausea (off and on), headache, right sinus/ ear pain, insomnia, faint chest pain, numbness right arm and leg, diarrhea, wheezing (off and on), fatigue.

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947807	1/15/2021	KS	30	F	1/15/2021	1/15/2021	<p>30 y.o. female who was seen at SVH COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience Right arm pain, numbness/tingling and soreness, note that injection was given in left arm. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS: Patient complains of muscle aches (Right arm) Previous Reactions: No previous reactions to vaccines. Objective Vitals Vitals: 01/15/21 1239 01/15/21 1248 BP: 137/89 134/89 Pulse: 99 100 SpO2: 100% 100% Blood Sugar 66 collected at 1236 * Patient given snack (granola bar) just before blood glucose checked. Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is not ill-appearing. Cardiovascular: Rate and Rhythm: Normal rate. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Musculoskeletal: Right shoulder: She exhibits pain. She exhibits normal range of motion and no tenderness. Right elbow: She exhibits normal range of motion and no swelling. No tenderness found. Right wrist: She exhibits normal range of motion and no tenderness. Skin: General: Skin is warm and dry. Neurological: Mental Status: She is alert and oriented to person, place, and time. Assessment/Plan Treatment included: Ibuprofen/analgesics. Follow up response to treatment: no change. Patient discharge: Stable to go home and follow up with PCP. Reports that she had work up for Guillain Barre 2.5 years ago but this was ruled out. States that she has had intermittent pain of all extremities since that time and has a handicap</p>

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parking placard due to this. She denies any pain in right arm prior to the vaccine but states it started just a few minutes after administration. She has full ROM without difficulty and full sensation but reports some numbness and tingling as well as soreness but not necessarily tender to touch. Ibuprofen was administered but shortly after patient requesting to leave and feels this pain is the same as what she's had over the past 2.5 years but wanted to keep us aware. She will be discharging home and states she does not live alone.

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947823	1/15/2021	KS	30	F	1/15/2021	1/15/2021	30 y.o. female who was seen at a COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience Right arm pain, numbness/tingling and soreness, note that injection was given in left arm. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress, skin changes, tongue swelling and vomiting. ALLERGY REVIEW OF SYSTEMS: Patient complains of muscle aches (Right arm) Previous Reactions: No previous reactions to vaccines. Objective Vitals Vitals: 01/15/21 1239 01/15/21 1248 BP: 137/89 134/89 Pulse: 99 100 SpO2: 100% 100% Blood Sugar 66 collected at 1236 * Patient given snack (granola bar) just before blood glucose checked. Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is not ill-appearing. Cardiovascular: Rate and Rhythm: Normal rate. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Musculoskeletal: Right shoulder: She exhibits pain. She exhibits normal range of motion and no tenderness. Right elbow: She exhibits normal range of motion and no swelling. No tenderness found. Right wrist: She exhibits normal range of motion and no tenderness. Skin: General: Skin is warm and dry. Neurological: Mental Status: She is alert and oriented to person, place, and time. Assessment/Plan Treatment included: Ibuprofen/analgesics. Follow up response to treatment: no change. Patient discharge: Stable to go home and follow up with PCP. Reports that she had work up for Guillain Barre 2.5 years ago but this was ruled out. States that she has had intermittent pain of all extremities since that time and has a handicap parking placard due to this. She denies any pain in right

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947923	1/15/2021		68	M	1/7/2021	1/7/2021	<p>arm prior to the vaccine but states it started just a few minutes after administration. She has full ROM without difficulty and full sensation but reports some numbness and tingling as well as soreness but not necessarily tender to touch. Ibuprofen was administered but shortly after patient requesting to leave and feels this pain is the same as what she's had over the past 2.5 years but wanted to keep us aware. She will be discharging home and states she does not live alone.</p> <p>Impressions Adverse reaction to vaccine, initial encounter Patient with sensation of generalized body warmth within 15 minutes after receiving first dose of Moderna COVID-19 vaccine No rash noted on exam No associated symptoms including but not limited to itching, chest pain, shortness of breath, difficulty swallowing, or any focal neurologic deficits We will monitor patient for 1 hour Patient states that his symptoms continue to improve and that he is feeling well Vital signs have remained stable throughout patient's ED course including oxygen saturation of 100% on room air Patient remains afebrile and nontoxic in appearance At the time of discharge the patient remained in stable condition. The patient was counseled to return the emergency department immediately with worsening symptoms. The patient voiced understanding and agreement with treatment plan. He is also aware that he may return to the emergency department at anytime for any reason for reevaluation, and should return with worsening or persistent symptoms.</p>

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947996	1/15/2021	OK	21	F	1/13/2021	1/13/2021	1/13/21: received second dose of COVID-19 vaccine. One hour later experienced sensation of arm numbness, resolved within hours. Later in evening experienced a sensation of burning in entire right arm. 1/14/21: woke at 2 a.m. with sensations of shortness of breath. At 5:30am developed muscle spasms in form of twitches in right arm and diffuse muscle discomfort. Additionally describes chest pain in substernal location with radiation to right rib cage. Chest pain reproduced and accentuated by direct pressure. Developed fever of 99.9 degrees and was turned away when going to work. Returned home and recorded temperature slightly above 100 degrees. 1/14/21: experienced continued muscle discomfort and right arm twitches. Remains short of breath but seems to be improving. 1/15/21: continued complaints of chest pain radiating from middle of chest to right side, continued shortness of breath, and whole body pain.
948099	1/15/2021	PA	38	F	1/11/2021	1/13/2021	2 days after being vaccinated employee complained of headache and chest pain
948117	1/15/2021	NM	47	M	1/12/2021	1/12/2021	Tingling in the back of the throat, dry feeling, metallic taste in mouth. No lightheadedness, pain in chest or difficulty breathing.
948164	1/15/2021	MI	77	M	1/6/2021	1/8/2021	Abdominal pain, Headaches, chest pain, loss of appetite, confusion, elevated liver enzymes 1/8-1/15/21
948181	1/15/2021	MI	89	M			Death Chest pain; irreg heart rhythm; evening of vaccine; death on toilet on 1/13/21
944193	1/14/2021	TX	29	F	1/12/2021	1/13/2021	Shooting chest pains, delirium, dry mouth/throat with mild difficulty swallowing, severe weakness, severe fatigue, sweating.

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943543	1/14/2021	TX	38	F	12/28/2020	12/28/2020	<p>On 12/28/2020 at 1930 I had a throbbing HA, nausea, chills, no appetite, body aches, extreme fatigue and low grade fever. Temp was 99.4-100.3. 1 gram of Tylenol was taken that evening, to relieve HA pain. Zofran 4 mg ODT was also taken for nausea. The following morning, I felt extremely fatigued and had a persistent headache that was not consistently responsive to OTC meds. I developed a fever on 12/29/2020 in the evening. Low grade and ranging 99.3-100.6. Along with fever, my s/s were extreme fatigue, no appetite, headache, body aches, chills. On 12/30/2020, I spiked a Tmax of 101.0 around 11 am. Again, the same s/s were there. I went home from work early. Same s/s and low grade fever persisted past 7 days, so I called my PCP as well as the Pharmacy where I received the vaccine. On the 10th day after vaccination, I notified my Infectious Disease Dr. He advised me to wait 6 months to 1 year to receive the second injection. He stated that my s/s were likely vaccine related and would go away with time. Fever persists through every day for the month of January 2021, with exact same symptoms. Started to notice Shortness of breath with activity, occasional sharp pain in chest. Presented to ER on 01/09/2021 with chest pain and shortness of breath. Labs revealed Acute Kidney Injury and Transaminitis. Cardiac work-up was performed, all tests negative. I was hypotensive. MD recommended I either get transferred to hospital, or stay in ER for min 23 hours observation for monitoring of kidney function and blood pressure. I received 2 L of Normal Saline. BP eventually began to rise with SBP above 90 and DBP above 40. (Normal BP range for me is 120/60-70's. Baseline Creatinine is 0.9. Discharged from ER per patient request, after second Creatinine level came down to 1.5. MD advised patient to not return to work for the next 2 business days. Spoke with PCP on 1/11/2021 in AM, and informed him of the events over the weekend. Also informed him that I am still febrile with same symptoms as reported previously. Was told I could not return to work until I was fever free. Was fever free for about 12 hours, until evening of 1/12/2021. MD not allow patient to RTW.</p>

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943654	1/14/2021	OR	79	M	1/9/2021	1/9/2021	Systemic: SOB, difficulty breathing, chest pain, Error: Wrong Patient (documentation in EMR); symptoms lasted 0 days
943685	1/14/2021	OH	71	F	1/14/2021	1/14/2021	PT. REPORTED A BRIEF EPISODE OF "LIGHtheadINESS, AND TACHYCARDIA" EMS ON SCENE EVALUATED PT. PT. REPORTS ALL SYMPTOMS RESOLVED WITHIN MINUTES, PT. ABC'S INTACT, WITH NORMAL WOB, LUNGS CLEAR, PT. SYMPTOM FREE, AND DENIES CHEST PAIN OR SOB. PT. NOT TRANSPORTED, PT. REMAINED IN OBSERVATION FOR FULL 30 MINUTES D/T HX. OF ALLERGIES, PT. DENIES HX. OF ANAPHYLAXIS.
943696	1/14/2021	TX	50	F	1/12/2021	1/13/2021	Severe rigors, body aches, chest pain, shortness of breath, sore throat, palpitations/tachycardia, hypotension, extreme fatigue, fever up to 101.6 AFTER two acetaminophen 500mg and one aspirin 81mg dosing. Symptom onset about 22 hours after first dose and continue to linger. Fever duration 12 hours with rigors. Mild diarrhea today. Previously had the live coronavirus on 10/31/20 and recovered with very mild symptoms of headache and fatigue. Vaccine symptoms were severe in comparison.
943711	1/14/2021	OR	79	M	1/9/2021	1/9/2021	Systemic: SOB, difficulty breathing, chest pain, symptoms lasted 0 days.
943878	1/14/2021		43	F	12/17/2020	12/17/2020	Right sided chest pain and shortness of breath 2 hours after vaccine administration. Patient was examined in ER. CT of chest showed "questionable minimal small airway inflammation in upper lobes". Patient was discharged from ER home with Methocarbamol 750mg PO Q12 hours as needed.
944240	1/14/2021	MA	58	M	1/11/2021	1/11/2021	Tingling sensation, flu like symptoms, chest pain, sore throat, tiredness. ER visit for chest pains, labs and testing done, heart attack ruled out. Patient reported that symptoms were result of Covid Vaccine side effects. Onset of symptoms began on 1/11/21, ER visit on 1/13/21 for chest pains, returned home on 1/13/21 after tests were completed. Patient reports feeling better.
944190	1/14/2021	TX	45	F	1/14/2021	1/14/2021	Chest pain, anxiety and numbness to right hand x 10 minutes

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943498	1/14/2021	WA	68	F	1/13/2021	1/13/2021	.3After receiving the vaccine, being monitored for 15 minutes the patient returned home. At approximately 1530 she called clinic concerned about a rash, redness and itching on left arm. On arrival to the clinic she was found to have erythematous macules on her upper inner arm starting to extend down her left arm. She also had a large red macule on upper inner right arm and some small areas under her eyes, all that were itchy. There was no throat swelling, wheezing, SOB or chest pain. She was given 60 mg of prednisone and 50 mg of diphenhydramine orally and observed for 30 minutes. Her rash intensity reduced and the itching stopped. Advised she should not receive second dose of vaccine

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944218	1/14/2021			F	12/22/2020	12/22/2020	trouble breathing; She had bad pain in her chest; Her oxygen saturation dropped to 92 and it is usually 98 or 100; not been feeling well; A fast heartbeat 5-10 minutes after initial dose; This is a spontaneous report from a contactable healthcare professional (dental assistant) reporting for self. This female patient with unspecified age received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 22Dec2020 at single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. The patient previously had reactions with the flu shot in the past for immunisation and she only was able to take the vegan version of the flu shot due to the egg content in the regular version of the flu shot. She also stated not being able to take the flu shot in the arm, leg, hip etc. Patient stated she was scheduled to take her second dose of vaccine tomorrow. She received the first dose on 22Dec2020. She stated she was in the ER on Monday for 5 hours because she was unable to see her primary care physician because his office was filled with patients with Covid and they could not provide her with guidance. She stated after receiving the first dose of vaccine she had not been feeling well ever since. Stated she had had trouble breathing and this took her by surprise. She had bad pain in her chest and a fast heartbeat 5-10 minutes after initial dose (on 22Dec2020). Her oxygen saturation dropped to 92 and it was usually 98 or 100. She stated something inhibited her ability to breathe and this scared her because she was healthy prior to the vaccine and never been in hospital and wasn't born in the hospital. She stated the condition she was diagnosed with will take 6-12 months for her to recover from and go back to normal. She stated during her ER room visit there were a lot of tests done. She would like to know if she should receive the second dose of the vaccine. The outcome of events was unknown. Information on the lot/batch number has been requested.; Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the dyspnea, chest pain, oxygen saturation decreased and other reported events due to temporal relationship. There is limited information provided in this report. Additional information is needed to better assess the case, including complete medical history, diagnostics including chest x-ray, arterial blood

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943908	1/14/2021 NJ	25 F	1/9/2021	1/12/2021	<p>gas and pulmonary function tests, counteractive treatment measures and concomitant medications. This case will be reassessed once additional information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p> <p>At 0400 woke up with tachycardia HR 120-140s, Chest pain when deep breathing, SOB, Chills, Hypotension. Went to ER. Was tested negative COVID and CXR negative. Currently 2 days after initial reaction- still having SOB/ Chest pain/ Tachy when exerting 100-120s.</p>
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943399	1/14/2021	KS	49	F	1/14/2021	1/14/2021	<p>Progress Notes Cosign Needed Expand All Collapse All 1/14/2021 Date: 1/14/2021</p> <p>Subjective 49 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience headache. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with none, skin changes, tongue swelling and vomiting.</p> <p>Headache: Bilateral across the forehead; 7/10, dull and pressure, similar to a migraine which she has not had for a while. She usually treats it with Excedrin Migraine. She did not eat breakfast today and was heading to work before this happened. ALLERGY REVIEW OF SYSTEMS Previous Reactions: none reported</p> <p>Objective Vitals Vitals: 01/14/21 0839 01/14/21 0853 BP: 129/78 (!) 140/84 BP Location: Right arm Patient Position: Sitting Cuff Size: Large Adult Pulse: 85 84 SpO2: 96% 96% Physical Exam Vitals signs reviewed. Constitutional: Appearance: She is obese. HENT: Head: Normocephalic. Nose: Nose normal. Eyes: Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought</p>

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							Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: peanut butter, water, crackers. Follow up response to treatment: good. Headache unchanged. Patient discharge: Stable to go home and follow up with PCP. 1/14/2021 9:05 AM
943360	1/14/2021	VA	60	F	1/5/2021	1/9/2021	Day 1 Severe headache (tylenol), Day 2 and 3 Sore left arm and general myalgias (ibuprofen), Day 4 Fatigue, headache, chest pain, severe nausea, abdominal pain, lack of appetite, myalgias (rest and fluids) Day 7 Severe watery diarrhea, nausea, low grade temp, headache, abdominal cramping, sore throat, myalgias (fluids, immodium, tylenol)
943330	1/14/2021	OH	48	F	1/13/2021	1/13/2021	5:05PM "FEELS LIKE HEART IS RACING." DENIES ANY SHORTNESS OF BREATH, DIFFICULTY BREATHING,N/V, CHEST PAIN, DIFFICULTY SWALLOWING, SWELLING OF LIPS OR TONGUE. ALERT,ORIENTED, PINK W/D, RESP REGULAR WITH EASE. NO RASH OR HIVES NOTED. 5:25PM ALL SYMPTOMS HAVE RESOLVED PT STATES "I THINK I WAS JUAT ANXIOUS ABOUT GETTING THE SHOT".
943171	1/14/2021	IL	34	F	1/7/2021	1/8/2021	1/07@1920 INJECTION RECEIVED 1/8 @ 1100 CHILLS BEGAN @1130 102 FEVER RECORDED; 1000MG ACETAMINOPHEN TAKEN @1300 MIGRAIN BEGAN @1700 NAUSEA BEGAN @1900 CHEST PAIN STARTED @2100 WENT TO THE ER
943086	1/14/2021	PA	41	F	1/9/2021	1/9/2021	10 hours after injection of 2nd vaccine I experienced body aches, chills, nausea that lasted 2 days. 3rd day post injection nausea continued and started experiencing back/flank pain. 4 and 5th day post injection still have nausea/back pain and chest pain, headache. Overall tiredness and weakness. I was also tested for Covid and it was negative.

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943034	1/14/2021	FL	33	F	1/13/2021	1/13/2021	about 10 hours after administration, I developed SOB, mild chest pain, hoarseness, and right sided wheezes. I self treated with albuterol (2 puffs) inhaler that I have on hand in case of environmental allergy triggers (I rarely have to use it- last use 3 years ago). The wheezing resolved and chest pain improved but the hoarseness remained. Over the next 2-3 hours I developed headache, malaise, mild dizziness, arthralgia, myalgia, and eventually fevers and chills (by 13 hours after vaccine administration). When fever reached 101 I self treated with naproxen 250mg. I slept for 4 hours and awoke diaphoretic, but the fever had resolved and I felt much better. However, I developed urticaria that started on my flexor surfaces of the elbows, hips, and knees, and spread to my abdomen, thighs, and face, with swelling about my right eye. I self treated with 25mg benadryl and itching and urticaria improved to the point that I was able to sleep. When I awoke the next morning my symptoms had largely resolved with the exception of mild headache, body aches, hoarseness, slight chest tightness, and mild residual swelling of the right eyelid.
943012	1/14/2021	PA	39	M	1/3/2021	1/3/2021	Systemic: chest pain
942978	1/14/2021	GA	25	M	1/13/2021	1/13/2021	I got the vaccine yesterday and last night I started having a very bad headache along with fatigue. As the night progressed, I started having chest pain/heaviness, body aches, dizziness, fever of 102 for over 4 hours while taking Acetaminophen, chills, and an elevated heart rate.

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942909	1/14/2021	PA	68	M	12/28/2020	1/12/2021	Chief Complaint Patient presents with ? Vomiting pt reports dry heaving and nausea that started an hour ago Patient is an 68 y.o. year old male with PMHx significant for HTN, BPH, who presents to the ED today with nausea and dry heaving for one hour PTA. States that he was at work as a courier when he had onset of sensation of room spinning, nausea, and dry heaving. Also having tinnitus which he thinks is b/l. This happened once about two weeks ago and resolved spontaneously overnight when he was asleep. No preceding illnesses, medication changes, or other associated symptoms. Vertigo has no clear exacerbating or relieving factors. Has not yet taken anything for symptoms. The patient denies fevers, chills, headaches, syncope, chest pain, shortness of breath, rhinorrhea, sore throat, cough, abdominal pain, changes in usual bowel movements, changes with urination, back pain, pain anywhere else in body. The patient has no sick contacts, recent travel history.
942908	1/14/2021	CA	59	F	1/13/2021	1/13/2021	right after vaccine, she went to the observation area. Once there she stated having heart palpitations and chest pain. She was taken to the ED for evaluation

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942897	1/14/2021	PA	80	M	12/29/2020	1/1/2021	History of Present Illness: Patient is a 80 y.o. male who presents with chest pain. Patient reported that he 1st had the chest pain approximately 2 weeks ago when he woke from sleep. At that time patient pain lasted about 5 minutes or so and resolved when he got out of bed. He did well for the rest of the day up until yesterday. Patient reported that yesterday morning he woke up with the pain at the lasted about 30 minutes or so. Patient also had associated burping felt that it is likely GI in nature. The pain was located mainly in the left side of the chest without any radiation. No diaphoresis. No shortness of breath or palpitation. No radiation for the pain. Since yesterday morning he had another 3 episodes of pain the last after dinner tonight. Patient reported that this pain was located more on the left side of the chest, likely lasted about 10 minutes or so. There was no exertional component to the pain. No known history of heart disease. Due to rather recurrent nature of the pain patient was brought to the hospital by his son who is a cardiologist to be evaluated. No fever or chills. No cough . Patient reported that he got vaccination for COVID 2 days ago-of a concern that this may be a side effect of the vaccine. No dizziness lightheadedness. Patient with history of GI bleed in the past at that time patient was on NSAIDs. Patient with burping associated with the pain

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944280	1/14/2021	IL	25	F	1/6/2021	1/6/2021	Heart rate shot up to 170 with numbness of feet.; Heart rate shot up to 170 with numbness of feet.; Chest pain; feeling like I was going to vomit and faint; feeling like I was going to vomit and faint; This is a spontaneous report from a contactable other hcp (patient). A 25-year-old non-pregnant female patient received the first dose bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 06Jan2021 at 11:45 at single dose in left arm for covid-19 immunization. There was no medical history. Concomitant medication included valaciclovir hydrochloride (VALTREX), topiramate (TOPAMAX), lamotrigine (LAMICTAL), duloxetine hydrochloride (CYMBALTA), ziprasidone hydrochloride (GEODON). On 06Jan2021 at 12:30, The patient experienced heart rate shot up to 170 with numbness of feet, started to feel chest pain, and feeling like she was going to vomit and faint. The events required emergency room visit and were reported as serious per hospitalization. Heart rate at the hospital was 135-140 where two EKG were done and fluids were given. An x-ray of the heart was done and blood work was completed. The patient didn't receive treatment for the events. The patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was not diagnosed with COVID-19 prior to vaccination, and has not been tested for COVID-19 since the vaccination. The outcome of the events was resolved in Jan2021. Information on batch/lot number has been requested.; Sender's Comments: There is a reasonable possibility that the event "feeling like she was going to vomit" was related to BNT162b2 based on known drug safety profile. Based on the temporal relationship, the association between the other reported serious events with BNT 162b2 can not be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

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945207	1/14/2021	OR	48	F	1/13/2021	1/13/2021	Employee is self-reported COVID "long hauler" with hx of HTN. Vaccine #1 given at 9:05am. Experienced lightheadedness, nausea, bilateral hand tingling, hypertension after administration of her first COVID vaccination. No airway involvement. No rash, chest pain or SOB. Patient states that she thinks she had COVID in March though she tested negative. Patient has never had prior vaccine reaction. She was taken to ED, given PEPCID IV and liter of LR. Her vitals were stable throughout and she felt back to baseline and was released to go home after about 2 hrs.
945380	1/14/2021	NC	37	F	1/7/2021	1/7/2021	Shortness of breath Chest pain Ongoing since
945107	1/14/2021	IL	54	F	1/5/2021	1/10/2021	Chills, headache, chest pains, vomiting. Went to Occupation health doctor and was tested for COVID, it was positive.
946150	1/14/2021		59	M	1/4/2021	1/5/2021	Fatigue, sore arm, headache, chest pain (intense heartbeat), malaise
945690	1/14/2021	NV	73	M	1/11/2021	1/13/2021	Patient presented to ED on 1/14/2021 with CC of rash throughout body after receiving COVID vaccine 3 days ago, now with red itchy rash to face, arms, back, and torso. No difficulty breathing, no chest pain. RASH: full body; dry, itchy, red; moderate severity; gradual onset; constant; worsening; new; relieved by nothing; worsened by nothing; no treatment tried. No abdominal pain, diarrhea, fatigue, fever, headache, nausea, periorbital edema, shortness of breath, tongue swelling, vomiting, or wheezing. Patient treated with diphenhydramine 25mg PO x1 in ED with improvement. Discharged back to assisted living with prescription for diphenhydramine PO. Final diagnosis: T50.Z95A vaccine reaction, initial encounter, COVID 19; L28.2 pruritic rash. Discharged home in STABLE condition.
945635	1/14/2021	CA	37	F	1/14/2021	1/14/2021	Left sided chest pain and difficulty breathing approximately 5 minutes after vaccination.

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945504	1/14/2021	CA	36	F	1/11/2021	1/12/2021	After first vaccine i experienced fatigue, body aches, headache and nausea for 2 days and injection site pain for two weeks. After second Vaccine given at 9:55am. tingling of feet for about 20 mins, 30 mins after the vaccine. Two hours later fatigue, body aches, headache and nausea began. At 0030 1/12/2021 I woke up with severe chills and left chest pain, temp was 101.6 and heart rate was 160. I began to see black and chest pain was severe feeling like i was having a heart attack and was going to pass out so i called 911. I then began to get short of breath and got numbess on my legs, left arm and left side of neck. Chest pressure/pain radiated to left arm and neck. I was taken by the ambulance to hospital. Arrived around 0130. My heart rate sustained at 140s in the ER so I was admitted at 0530 am. My D Dimer was a bit elevated as well as my lactic so I was given a bolus of fluids plus maintenance. I had a CXR done, CTA chest(negative for PE), UA, Labs, entire cardiac workup including an ECHO during my admission. I also began to have loose stools and wrist joint pain. MY heart rate sustained at 125-147 for about 30 hours. Fevers on and off. After everthing was negative we determined this was secondary to the covid 19 vaccine. I was discharged 1/13/2021 at around 1:30 pm. My heart rate is still not at baseline which is 87-90. I'm 100-130 and still get very fatigued with a simple slow walking. Still having tachycardia, fevers, body aches, joint wrist pain, chest discomfort and headaches. My potassium was 3.0 at discharge so will be needing labs in a week. Also bruised a little different than I usually do with lab draws so keeping an eye on them and will be checking my platelets again in a week. Ive been taking tylenol for my fever and pain and ativan for any anxiety when my heart rate goes up. (treatment during hospital stay was normal saline bolus, nomal saline maintenance fluids at 150 cc/hr, tylenol, ativan, ice packs, rest)
944297	1/14/2021		55	F	1/20/2021	12/20/2020	Patient developed chest pain 5 minutes after vaccine administration. Patient was transferred to the EC and was given ASA, EKG (WNL), chest x-ray (negative) IV fluids and then DC home.

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945401	1/14/2021	WA	51	F	12/23/2020	12/23/2020	received my shot at 8:15 am, within approximately 45min I felt a very slight heaviness to my breathing something similar to allergy season belreathing, and a slight headache on my rr temple. This was nothing that stopped me or slowed me down that day. At approx 10:30pm I awoke from a deep sleep with SHARP chest pains, at 11pm chills, 1am fever and discomfort, 2am muscle aches. I slept on my left side to keep blood circulating to my heart which seemed to ease some of my discomfort. My first night was rough. I awoke Thurs (12/24) with a swollen left foot and leg. some rt leg pain, joint pain in my left knee. I pushed myself to get up and move and go about my day. Friday, I still had a little left foot foot swelling and pain, knee pain, but kept pushing. The handout says if symptoms persist for longer than 24-48 to seek medical care, I have not. Friday, (12/25/20)was Christmas and much of the day was non eventful. At approx 530pm. I felt a bulging not in the center of my chest which was tender to the touch. This concerned me. I gently messaged the area, rested a bit but continued to move up and down the stairs. That discomfort and the bulge decreased within a few hours. Saturday, (12/26) 4:am and I have notice much of the swelling in my foot and legs has decreased, however, I now have bruising. The sore arm is gone, and I am hopefully, all is well. I forgot to mention, I have had intermittent persistent cough with slight sob, something similar to the start of allergy season, but it is brief. I have been coughing at night. I have a history of whooping cough. And gastric bypass.
945367	1/14/2021	OH	32	F	1/14/2021	1/14/2021	Chest pain, numbness in face, arm pain, numbness in arm

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945353	1/14/2021	CA	30	F	1/12/2021	1/12/2021	Patient received her 2nd dose of the Pfizer-BioNTech COVID-19 Vaccine: At approximately 18:00 by RN. Patient walked out of the vaccination room after her 15 minutes observation period and did not complain of any symptoms. She walked to the main entrance and notified a clinic manager at the check-in desk that she was experiencing "chest pain." Clinic RNs came to observe and assess the patient. The patient communicated with no displays of distress. When asked what type of chest pain, she stated "heaviness pressing on her chest, localized on the left side and on the upper chest area." Patient denied pain radiating down arm and denied jaw pain. Patient denied SOB and had no signs and symptoms of respiratory distress. She was escorted to the ED via wheelchair at 18:33. The ED note states that symptoms were most likely related to anxiety (patient mentioned she was anxious about receiving her second dose) and as patient reported symptoms completely resolved, she was discharged home from the ED at 19:01.
945213	1/14/2021	CO	41	F	1/13/2021	1/13/2021	I was approached by a person in the center at approx 1000 stating she had an employee that received their first COVID vaccine and was not feeling well. I went over to find the employee sitting in the person's office in a chair. She was able to tell me she received her first COVID vaccine approx 30 mins ago. She stated she stayed there for the 15 mins after the vaccine with no reaction. She is now having ringing in her ears, feeling lightheaded, hot, nauseous, and "I feel like I am in a cloud." She denies allergies or past hx of vaccine reactions. Denies hx of anaphylaxis. She denied any SOB or chest pain. Employee was holding her head. She stated she had only had some coffee and juice today and was feeling hot. BP was taken and was 112/90 and she is not tachy and no resp distress observed. Patient was able to speak to me in full complete sentences initially. Another person came over and the employee was asked if she could stand and walk. Employee stated she felt she could stand and walk and when she did this she had to hold onto something to avoid falling and she was sat back down. Emergency services was called and employees speech was slow and almost slurred at times. Emergency services arrived and transported employee.

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945128	1/14/2021	MI	43	F	1/6/2021	1/6/2021	Patient states that she had immediate pain after injection into her left deltoid region. The pain started to go down her left arm. She also had some radiation into her left trapezius region. She then started to feel somewhat flushed in her ears and her face felt tingly. She denies any shortness of breath or difficulty breathing or swallowing. Denies any chest pain. They observed her for 30 minutes but symptoms persisted and they directed her to the emergency department for further management. Patient continues to deny any difficulty breathing or swallowing. She has no swelling of the face or mouth. No history of anaphylactic reaction She received diphenhydramine 25mg IV x 1, Famotidine 20mg IV x1 and Methylprednisolone 125mg IV x1. Patient stabilized and released after symptoms improved Presented to ER at 1340 Discharged from ER 1634
944834	1/14/2021	IN	84	F	1/13/2021	1/13/2021	Chest Pain, Nitro given and sent to ER for treatment and eval.
945416	1/14/2021	VT	35	F	1/13/2021	1/14/2021	Chills, diaphoresis, fever, congestion, shortness of breath, chest pain, nausea, back pain, headaches, tachycardia

VAERS_ID RECVDATE STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

947222 1/14/2021 NH

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Good Evening, I have attached the VAERS form that I had trouble uploading to the VAERS. I have also quoted it below because the tablets we have on site will not allow me to type in those areas of the PDF. The adverse reaction occurred around 12:45 pm on 01/06/2021. Symptoms ceased within 3 hours after visit. On follow up, she said her symptoms felt like indigestion and anxiety. Thank you for your time and understanding. The note is as follows, Vaccine recipient came to the vaccination site at 12:45. She informed us of her medical history. She had one instance of anaphylactic shock as a baby. She has not had a reaction since. She has an allergy to latex, and two others that are no longer viewable in database. No one on site has access to her file now that she has successfully been vaccinated, so the following history was obtained from patient verbally. I did verify that she is not allergic to polyethylene glycol. Recipient has taken miralax before with no reaction. This morning before arrival, recipient took her normal dose of levothyroxine, and mesalamine. She also took one lorazepam before her appointment to treat the anxiety she was feeling leading up to her vaccination. She ate a normal amount for her, including nuts, crackers and three 16 oz bottles of water. Before her injection, medic reviewed all medical history and allergies. We discussed risks, and the expected positive outcome of getting the moderna vaccine. She verbalized her anxiety, but attested that she very much wanted the vaccine. After vaccination, recipient was speaking clearly, feeling okay, and she was instructed to wait for 30 minutes of observation. She told personnel on site that she was having chest pain. She pointed to her sternum describing a 3/10 pain that felt like pressure. She said it radiated to her right breast. She said it felt like indigestion, and she took 1 dose of her own pepsid in her car while she was waiting her 30 minute period. Vitals: SPO2 98%, pulse 55 bpm steady, strong. She was offered EMS, and she declined. Medical staff recommended calling her pcp ASAP and scheduling a virtual urgent care visit to mitigate her COVID concerns in hospital settings. Patient then said that she felt ready to go home, and she was advised to lay with her feet up, sip water, eat crackers, and use ice or heat to alleviate pain and reduce anxiety. Recipient felt confident in heading home. Patient information listed below.

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944551	1/14/2021	CA	36	F	1/12/2021	1/13/2021	Headache,dizziness, sob, chest pain, nausea, vomiting, fever, muscle and joint pain.
944735	1/14/2021	WI	44	F	12/30/2020	1/1/2021	Per patient report: On 1/1/2021 she started to have a fever, HA, ear pain, neck pain (back of neck), and muscle aches in upper back. This continued through the weekend. On Wednesday, 1/6/2021, she saw a provider for ear pain, chest pain (radiating to right arm). She was not prescribed/given treatment regimen. On Thursday, 1/7/2021, night, she started to have vomiting diarrhea, and chest pain. On Friday, 1/8/2021, she went in to be seen for chest pain and r/o PE. States she has a history of PE and had a CT performed, no clots found. EE states does not have vomiting and diarrhea from 1/13/2021 for the first time since the start of this symptoms. Continues to have GI issues: decreased appetite and upset stomach. Also states she feels very fatigued.
944489	1/14/2021	VA	50	M	12/18/2020	12/28/2020	Feverish feeling and chills with myalgias and weakness at 4am on 12/18/2020. Took 800mg advil and 1000mg tylenol. Felt perfect by 7 am. Despite this, fearing covid, I did not go to work, was rapid trsted covid negative that day and pcr tested that day retirning negative 2 days later. Days later I began to have vague nagging chest pain with occasional sharp chest pain over my heart. I had what I would describe as chest tightness in addition in which it felt hard for me to expand my chest fully like pressure without being short of breath. This would last at most several minutes and perhaps occurred three or four times over a seven day period. Throughout this. I could exercise with no chest pain no increasing shortness of breath, including a PR on Peloton and two hours of tennis without cardiac symptoms. Yesterday, my smart internist heard a split S2 heart sound as I lay on my left side and held my breath; the EKG showed a depressed PR interval ad some ST elevstions consistent with pericarditis, which I am treating with motrin. I assume this is a viral pericarditis. I had two types of Covid tests during that time period. My second dose of the vaccine was January 8. The feverish feeling occurred before dose 2, as did some of the chest oains and tightness.

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944862	1/14/2021		45	F	1/13/2021	1/13/2021	shortness of breath, cough, sore throat, chest pain, myalgia, arm soreness, sweats, hot flashes, nausea, skin burning sensation, facial swelling
944470	1/14/2021	IL	22	F	1/12/2021	1/12/2021	chest pain, red face ,fever, shortness of breath
944885	1/14/2021	CO	52	F	1/11/2021	1/12/2021	Nausea, headache, body aches and pains, fever of 100.7 orally and chills, chest pain, feeling of burning at surgical scar site, malaise starting around 18 hours post injection and lasting about 14 hours. Minimal to zero relief with Ibuprophen, or Acetaminophen. No medical treatment required. Headache continues to persist but chronic headaches are part of normal history.
945022	1/14/2021	CA	28	F	1/11/2021	1/12/2021	About 27 hours after my vaccine (at about 9 pm on 01/12) I began having 8-10/10 chest pain. Mostly burning sharp pain, but some restricting tight pain as well, radiating to my back mostly. It would be relieved for maybe 10 minutes at a time but then flare back up for about 5 hours. I went to the emergency room, where they did a cardiac work up including blood work and EKG, vitals and a chest X-ray, all which were unremarkable. At about 0200 am on 01/13, the pain subsided. Previous to the chest pain, during the morning and afternoon of 01/12, I had a low grade fever (99.9 F), an intense headache, and fatigue. 01/14/21 sore swollen lymph node under L arm.
945087	1/14/2021	CA	44	F	1/12/2021	1/12/2021	Patient is a 44 Y female who presents reporting facial flushing and tongue soreness and dryness immediately after getting her first dose of the Pfizer COVID-19 vaccine at 1030 this morning. 26 minutes later the symptoms are followed by cold sweats. She feels much better now, does not now, did not have shortness of breath, nausea, vomiting, wheezing, change in voice, difficulty swallowing. Patient reports the symptoms are similar to but much milder than the symptoms she gets during rituximab infusion for her myasthenia gravis. Patient notes that she took Zyrtec and acetaminophen at 9:00 as premedication. Prior to this patient had been well, no fevers, nausea, vomiting, diarrhea, chest pain, shortness of breath, cough, sore throat, urinary problems, or other problems. Patient did not receive any additional therapy in the ED. She was observed for 2 hours in the ED and was subsequently discharged home.

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944698	1/14/2021	HI	59	M	1/14/2021	1/14/2021	During post-vaccination monitoring, the employee verbalized complaints of a "heavy chest" and "chest tightening." Vital signs were taken at 7:15 AM: BP 169/96 mmHg, HR 78 bpm, 99% O2. Employee reports this feeling has "happened in the past" and that he takes medication. Employee monitoring continued, was offered PO fluids. Vital signs at 7:35: 171/96 mmHg, HR 74, 98% O2. At time of second vital signs (7:35) employee reported resolution of chest tightness. He believes it was stress-induced (on the job stress). He reports chest pain occasionally a which he manages with "distraction." Saw his PCP 2 months ago for hypertension.
940566	1/13/2021	IL	46	F	1/9/2021	1/9/2021	1/9/21 at 1030pm began with chest pain, chills, sweats, fever 101, body aches, joint pain, headache, fatigue. Took tylenol and slept. Next morning, 1/10/21, woke up at 10am, fever 102, continued with chills, sweats, body aches, joint pain, headache, fatigue and began with intermittent SOB. Took tylenol and slept most of the day and night. Next day, 1/11/21, temp 100.8, continued with chills, sweats, body aches, joint pain, headache, fatigue, intermittent SOB and chest pain. Continued to take tylenol and alternated with ibuprofen. Rested most of the day in bed. 1/12/21, no fever, intermittent SOB with activity, continue with headache and joint pain. 1/13/21 better today. Continue with intermittent SOB with activity and feel fatigue. No fever.
940441	1/13/2021	MD	43	F	1/13/2021	1/13/2021	Patient stated she felt tingling in left hand followed by tingling in right hand. This resolved quickly per patient. Patient then reported a sensation in the top/back of throat. Vital signs checked. Blood pressure 110/78, HR 68, RR 20. Patient denies chest pain, shortness of breath, headache or feeling dizzy. No rash or swelling observed. Patient's color is pink, warm and dry throughout. All symptoms resolved at 11:20. Patient encouraged to call brother-in-law for a ride home. Patient given water to drink and observed until 11:35.
940432	1/13/2021	IN	38	F	1/11/2021	1/11/2021	Fever headache body aches nausea chest pain Tylenol

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940460	1/13/2021		32	F	12/30/2020	12/31/2020	About 24 hours after the vaccine injection felt like something stuck in throat and chest hurt. Progressed in 30 minutes to pain in chest and head, swallowing painful, whole body and eyes itching and felt irritable. Symptoms continued for 24 hours.
940466	1/13/2021	MI	33	F	1/8/2021	1/9/2021	Started with pain in arm at injection site, heaviness and pain in chest-hurts to touch, sweating, dryness of mouth, fatigue Taken Ibuprofen and Tylenol
940588	1/13/2021	UT	61	F	11/11/2020	1/11/2021	Nausea, chest pain, difficulty breathing following first dose of Pfizer COVID-19 vaccine 0.3 mL IM in right deltoid. Went to outside ED and placed on BiPAP. Given diphenhydramine, epinephrine, and steroid (unknown doses). Prescribed outpatient epinephrine in case of flare of reaction once stabilized.
940616	1/13/2021	PA	42	F	1/8/2021	1/8/2021	Pt received her COVID19 vaccine at 9:45AM on 1/8/2020. -After vaccination, patient felt fine. -She was placed in observation. -10 min later, she felt as if she was having a "hot flash." She also develop a headache. -I evaluated the patient at this time. -Pt denies rash, watery/itchy eyes, itchy throat, difficulty swallowing, difficulty breathing, chest pain, nausea, vomiting. -Vitals were stable throughout encounter (see vital section). - Patient did some deep breathing exercises with me and drank water. -After ~10 minutes, the patient felt better. - She was discharged after close observation for 30 minutes. -Of note, pt has a history of anxiety and panic attacks. She does not take medication for anxiety. -Pt also has allergy to codeine (reaction - rash).
940622	1/13/2021	IL	37	F	12/29/2020	12/29/2020	She developed generalized itching, hives, left arm pain, and chest pain 2 hours after receiving vaccine. Symptoms caused patient to seek treatment in the Emergency Department. Patient experience syncopal episode while in the ED and the following day while at home.

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940653	1/13/2021	PA	29	F	1/8/2021	1/8/2021	-Pt received COVID19 vaccine on 1/8/2021 in the morning. -Pt was initially observed for 30 minutes, given hx of anaphylaxis to iodine. -Pt initially had no symptoms - no itchiness, itchy or watery eyes, rash, difficulty swallowing, itchy throat, swelling, chest pain, shortness of breath, N/V. -She came back a few hours later with one right chest wall hive and few hives on her left arm. -No respiratory symptoms. No other symptoms besides those few hives. -Pt was evaluated by myself and Nurse. -Pt was observed for another 30 minutes & given Benadryal IM 25mg. -Pt also took 2 500mg Tylenol. -Pt felt better and was then discharged
940765	1/13/2021	PA	26	F	1/8/2021	1/8/2021	Pt received COVID19 Vaccine (Moderna) on 1/8/2021 at 1:52PM. -Pt felt fine immediately after the vaccine. -10 min later was reporting dizziness and that her tongue felt numb for 1 minute. -Also reported dry (but not itchy) throat. -I evaluated patient. -Denies itchy/sore throat, itchy/watery eyes, rash, difficulty breathing, shortness of breath, N/V, chest pain, numbness/tingling, swelling. - Pt's symptoms subsided within 10 minutes after she rested and was given water. -She was observed for ~30 minutes total and discharged.
939616	1/13/2021	IN	39	F	1/5/2021	1/5/2021	Severe pain in Right shoulder and inability to move arm more that 10 degrees with shoulder flexion of abduction, nausea, vomiting, dizzy (beginning to pass out), chest pain, temp over 102, severe headache
940770	1/13/2021	WI	37	F	1/11/2021	1/11/2021	Pfizer-BioNTech COVID-19 Vaccine EUA Patient is a 37 year old female who presents with dyspnea and myalgias following her second COVID vaccination today. Patient denies any history of vaccine associated reactions. After her first dose of the COVID vaccine she had fever, chills and myalgias as well as some sensory changes to the left arm. These symptoms lasted for around a day before resolving. Today, she received the second dose of the vaccine around noon and then began having dyspnea and chest pain around an hour later. Chest pain is moderately severe and worse with deep inspiration. Patient also having back aches and feeling clammy. Patient re-presented to the vaccine site and was brought to the emergency department for evaluation. Patient received acetaminophen 1000mg orally, ketorolac 15mg IV, and lactated ringers 1000ml IV and was discharged.

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940677	1/13/2021	PA	40	F	1/8/2021	1/8/2021	-Pt received COVID19 vaccine (Moderna) at MDLS on 1/8/2021 at 9:51 PM. -Pt was observed for the recommended 15 minutes but then came back at 2:13PM with a little rash on her face and chest. -Denies headache, shortness of breath, difficulty breathing, chest pain, dizziness, numbness/tingling, N/V, rash anywhere else on her body, difficulty swallowing, itchy/sore throat, itchy/watery eyes, congestion. -Vitals were stable (see vitals). -Pt was observed for 30 min & did not have worsening of rash or other symptoms. -Discharged after 30 min.

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940348	1/13/2021	IL	32	F	1/12/2021	1/12/2021	About 15 minutes after receiving the second dose of the Pfizer vaccine at Clinic, patient began complaining that she was dizzy and nauseated. Patient was seated on the exam table at this time, and was helped to lay down on the exam table. Vitals were obtained by RN. Patient began complaining of tingling of her lips while vitals were being obtained at 1110. PA was notified and brought to the room to evaluate patient. Patient denied having any difficulty breathing or swallowing, was not experiencing any itching of the mouth, tongue or throat, and did not notice anything else unusual, patient was still dizzy and nauseated. Patient stated that she had a similar reaction to the first dose of the Pfizer COVID vaccine, where the symptoms resolved within about an hour. Nursing staff and PA stayed with patient during the duration of her observation. Patients vitals ranged between pulse ox = 98-99%, pulse = 97-106 bpm, B/P = 114-121/80-89 mm hg. Patient also complained of some tingling around the lower jaw at 1147. Patient was observed for 1 hour and 26 minutes after vaccination was received. Symptoms gradually resolved, upon discharge patients lightheadedness had resolved, and the tingling around the lips and jaw were mostly gone. Patient still was not having any shortness of breath, chest pain, trouble breathing, rash or hives, swelling/tingling/numbness of the tongue, mouth, or throat. Discharge instructions were provided by PA, including when to seek further care at the ER or to call 911. Patient felt comfortable driving herself home and left at 1214. About two hours later, pt presented to ED. Pt endorsed throat tingling, lightheaded, nausea. She also stated that while the reaction post Dose 1 and Dose 2 were similar, the reaction after Dose 2 was much more severe. Assessed for transient Bell's Palsy presentation but determined unlikely as no facial asymmetry or deficits were appreciated. RR 24, other vitals WNL. Pt observed for about 1.5 hours before discharging home with instructions to call ED should condition worsen.
940108	1/13/2021	NY	47	F	12/30/2020	12/30/2020	Reported fatigue, muscle aches, and chest pain. Followed up with her PCP for the chest pain. EKG unremarkable. Cardiologist to follow up.

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940106	1/13/2021	MD	36	F	1/11/2021	1/11/2021	Patient reports feeling dizzy with nausea after vaccine. No shortness of breath, no chest pain, no headache, no rash. Patient reported she has not eaten since breakfast. Vital signs were stable: HR 92 regular BP 110/72 RR 16. Patient was given water and observed for for 30 minutes. Patient stated feeling better and sent home with mother in law. Patient instructed to call primary care if symptoms persist and 911 if symptoms worsen.
939933	1/13/2021	KS	33	F	1/8/2021	1/9/2021	reports symptoms of HA, fever, joint pain, chills on 1/9, developed chest pain on 1/11, went to ED at facility on 1/11 and was dx with pleurisy, tx with medication, reports feeling better 1/13.
939898	1/13/2021	MO	80	F	1/6/2021	1/6/2021	Systemic: mild chest pain, vitals ok, bp ok, o2 ok, etc, shot site no heat/swelling/redness. history of panic attacks; symptoms lasted 0 days
939798	1/13/2021	ME	29	F	1/11/2021	1/12/2021	Tachycardia, Chest pain, possible EKG changes in T waves. Started at 1:00Pm, 22 hours post vaccination. Resolved by 36 hours post-vaccination.
939752	1/13/2021	OH	47	F	1/7/2021	1/8/2021	Chest pain and fatigue
939693	1/13/2021	NY	38	F	1/12/2021	1/12/2021	Patient complained of right jaw pain and chest pain 3/10. Her jaw did appear to look swollen as well. She was sent to the ED
940812	1/13/2021	PA	26	F	1/8/2021	1/8/2021	-Pt received COVID19 Moderna Vaccine today around 10:30 on 01/08/2021. -Pt has type 1 diabetes. -Just before and after vaccine was given, her sugars climbed to 299 (she has a monitor that checks constantly). Her normal sugars range from 120-150. -She reports that reaction is normal for her in stressful situations. Patient has history of mid anxiety. No hx of allergies. -She gave herself 1.5 units of insulin. -She denied blurry vision, headache, dizziness, polydipsia polyuria, polyphagia, headache, chest pain, shortness of breath, difficulty breathing, rash, itchiness, nausea, vomiting, abdominal pain, fatigue. -I evaluated patient. -Vitals normal. -After a couple of hours, her sugars were back to normal. -Pt was observed for multiple hours, as she was also simultaneously working in the vaccine clinic. -Pt discharged after 4-5 hours.

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939625	1/13/2021	CA	34	F	1/10/2021	1/11/2021	LUE pain at injection site, muscle spasms of left arm, numbness and tingling of left hand, episode of burning across chest x 1 when symptoms first started. Brief period of muscle spasms along left neck, back left arm and left lower extremity on first day of vaccination. Brief episode of right hand numbness and tingling. On day 2 very flushed and hot feeling, temp 37.9 at 1am on 01/12/21. Sever muscle spasms and pain from left trapezius to sternocleidomastoid, to left upper extremity, left thorax and abdomen to left lower extremity with extreme fatigue. Headache throughout day. Now with residual left lower extremity numbness and tingling, pain improved and muscle spasm frequency decreasing although episode of chest pain with muscle spasm did occur yesterday evening. At this point the left lower extremity tingling is most worrisome. Muscle spasms and pain slightly improved.
940421	1/13/2021	MI	27	F	1/9/2021	1/9/2021	IMMEDIATE PALPITATIONS RATE 140 TO 160, CHEST PAIN. TREATED WITH BENADRILY, GLUCOCORTICOIDS AND PEPCI
939457	1/13/2021	MD	52	F	1/7/2021	1/7/2021	Chest pain; This is a spontaneous report from a contactable pharmacist. A 52-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number EL1284/expiration date unknown), dose number 1 intramuscularly on 07Jan2021 11:00 at a single dose on the right arm for COVID-19 immunization. The patient had no relevant medical history. There were no concomitant medications. The patient received the vaccine at a nursing home/senior living facility. No medications were received within 2 weeks of vaccination and no other vaccines were received within 4 weeks prior vaccination. The patient experienced chest pain on 07Jan2021 12:00. The went to the emergency room/sought urgent care for the event. No treatment was received for the event. The patient was not diagnosed with COVID-19 prior to vaccination and was not tested for COVID-19 since the vaccination. The outcome of the event was unknown. The event was assessed as non-serious. No follow-up attempts are possible. No further information is expected.

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939652	1/13/2021	NC	33	F	1/12/2021	1/12/2021	Developed dizziness, chest pain, tingling of hands/feet, headache, trouble swallowing, weakness, stiff joints. Went to ED.
942349	1/13/2021	WA	40	F	1/11/2021	1/12/2021	This is a 40 y/o woman with a past history of re-entry supraventricular tachycardia who is s/p ablation in October, 2020 who presented to our Emergency Room on 1/12/21 due to the abrupt onset of left sided chest discomfort and diaphoresis. The patient awoke from sleep with this sensation. Chest pain was sharp, unchanged since onset, without ameliorating/exacerbating factor or activity. Participated in physical fitness training on day prior to presentation without unusual exertion or activity. Mild nausea on day of presentation. Obtained COVID-19 vaccine the day prior. No history of adverse reaction to vaccines in past. Normal labs/troponin and patient was sent home. Normal ECG. Following ablation in October, Following ablation in Oct, 2020, the patient reports no return of symptoms.
940213	1/13/2021		39	F	1/8/2021	1/8/2021	Patient reported arms tingling, itchiness, and started to experience rash on bilateral arm. Patient reported tongue feeling like it has "metallic taste". Patient denies SOB, dizziness, chest pain. Vital sign 142/92, HR 84 O2 98. Temp 37.8. Patient given Benadryl. Patient called provider office. Providers office, PA recommended going to the hospital for evaluation. Patient reported more tongues issues, and generalized feeling of tingling. Called 911 for transport to hospital. EMS arrived and transported.

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940856	1/13/2021	PA	29	M	1/8/2021	1/8/2021	Pt received COVID19 Vaccine (Moderna) at 9am 1/8/2021. -Pt completed 15 min observation and then returned to work. -Pt came back at 12:30 with the following symptoms: stomach pain, nausea, shivering, feeling very cold, headache, "sleepiness" of his left arm (same arm as the shot), itchy throat, cough, and feeling very thirsty. -Pt reports his headache as very painful, b/l, and feeling as if his head was very "hot." Pt has no hx of headaches. -Nausea in and out, never vomited. -Denied dizziness, change in vision, shortness of breath, difficulty breathing, chest pain, difficulty swallowing, rash, lightheadedness. -Pt did not eat anything all morning. -Took vitals, blood glucose (see vitals section). High BP and pulse. Sugar: 169 -Pt given Benadryl 25mg IM (on opposite side of vaccine). -Pt took 500mg Tylenol and then a few hours later 500mg more Tylenol (on own accord). -Pt observed 12:30-4:30. Slept off and on. Felt a lot better at 4:30. Pt discharged. -Pt was also seen and evaluated by MD. -Of note, pt does not have any allergies that he is aware of. -Has "pre HTN and pre diabetes." -Hx of heart disease - father CABG, in mid 40s. -Pt was observed for 4 hours. -BP went down after pt calmed down a little bit and was given Benadryl and Tylenol. -Pulse was also very high, but then decreased throughout observation (see VITALS section). -Pt feeling fine at 4:30 and discharged.
943903	1/13/2021		43	F	1/11/2021	1/11/2021	HYPERtension chest pain (mild), anxiety
942457	1/13/2021	OH	31	F	1/12/2021	1/13/2021	CHILLS, FEVERISH, CHEST PAIN, MUSCLE ACHES, SWELLING IN LEFT SIDE OF NECK, NECK PAIN

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942409	1/13/2021	IN	18	M	1/11/2021	1/11/2021	Sx. Started with extreme fatigue. At around 16:00. Near 18:00 I had developed a fever, concurrent with aches and chills. Near 22:00 I had developed a headache, one of a dull nature, with Sharp throbs. Between 22:00 and 00:00 01/11/21 I had developed tinnitus. Near 01:00 01/12/2021 I had developed swelling of the injection sight with contralateral numbness on the left arm and leg. Near 02:00 01/12 I had loss sensation In my left arm and developed numbness in the face. From 20:00 01/11 to 22:00 01/12 I had developed episodes of tachycardia with a peak resting heart rate of 143bpm measured via Watch. Between 15:00 01/12 and 22:00 01/12 I had experienced terrible non radiating angina proximal to the sternum. I had developed pain while urinating at around 21:00 01/11 my last urination was at 23:00 01/12, I did not go again until 16:00 01/13. I had experienced lower back concurrent with that. From 22:00 01/11 to 23:00 01/12 I had terrible SOB, and chest pain upon exhalation. Fever and body aches did not subside until through the night of 01/12:13. I had not experienced any symptoms as the night of 01/12. I had developed a rash across my chest near 18:00 01/11 though it has subsided it is still present.
942259	1/13/2021	OH	59	F	12/23/2020	12/23/2020	started with woozy head and extreme hyperactivity, followed by extreme fatigue, weakness, hunger, dizziness, chest pain, very jittery and the jittes get alot worse if i take my thyroid med. i have been unable to take them and i am now hypothyroid. the fatigue and weakness lasted a week. the chest pain and jitters continue today 3 weeks post vaccine. i am concerned for a possible heart attack or something. how long will these symptoms last? should i see my cardiologist? what should i do about thyroid medication?

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942220	1/13/2021	AZ	36	F	1/13/2021	1/13/2021	Patient here for COVID vaccine per standing orders of Dr. COVID vaccine was administered. Within 4 minutes after administering the vaccine the patient became pale, hot, and had complaints of nausea. Patient was then taken to PCP office as the patient laid down, vitals taken bp 129/80 P 88 R 16 Q2 Sat R/A 99%. Patient denied any chest pain and SOB, skim warm and dry to touch. steady gait noted and oriented x4. Report given to NP. Patient was seen by NP. After approx 60 min per NP okay for patient to go home. This writer advised patient if any SOB/Chest go to ER. Patient was given the V Safe and Fact Sheet forms, patient was released as she was feeling fine. This writer gave report to Dr. of the above. This writer will report adverse reaction to state agency.
942193	1/13/2021	IL	27	M	1/9/2021	1/10/2021	101.7-101.9 fever for two full days after second dose. Extreme body aches. Chest pain/tightness to the point I couldn't sleep or lay down. Headache
942138	1/13/2021	OR	54	F	1/11/2021	1/11/2021	Patient noted periorbital swelling about 1 hr after the vaccine and was sent to ED. She had some mild asthma symptoms earlier in the day (before vaccination) and these did not worsen after the vaccination. She did not have throat tightness, chest pain, dizziness, rash, itching. She has hx asthma, GERD. She has allergy to sulfa and cipro (Rash) and Prozac (psychosis). In ED, patient was given IV benadryl and famotidine and discharged with Rx methylprednisolone and epipen.
942095	1/13/2021	HI	31	F	1/6/2021	1/6/2021	10 minutes after 1st dose of moderna vaccine, employee began experiencing palpitations. Examined by on-site physician. Denied chest pain, dyspnea, throat tightening, angioedema, dizziness, nausea/vomiting, rash/hives. Employee did report warmth on roof of mouth without metallic taste. No acute distress or angioedema noted as time passed. Blood pressure (BP) 150s/100s, heart rate (HR) 120s, which dropped down to 100, then 96 during examination. By 12:31 PM palpitations and mouth warmth resolved. BP 125/86, HR 93. 12:45: BP 130/89, HR 80. Hypertension, tachycardia, mouth warmth resolved. Employee was observed for a full hour and was directed to continue to self-monitor. Employee was directed to see PCP for worsening or recurrence of symptoms.

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942044	1/13/2021	FL	27	F	12/14/2020	12/14/2020	Immediately after I got it I started feeling flush and hot in my face, I got dizzy and lightheaded, my HR went to 180, my legs felt weak, I was having chest palpitations and chest pain. I felt really dizzy and nauseated, I felt like I could not walk. I felt like I hit by a bus. The next day I had heavy flu symptoms, high fever, continuous chest pain and high HR, at the ER they gave me a high dose of Benadryl, steroids and fluids. I took Benadryl for about 7 days and I still felt light headed palpitations and fever for almost 2 weeks. I also was tested for COVID and it was negative. I was advised to not take the second vaccine. I still have a really bad fatigue. It is the symptom that is still on and off.
942004	1/13/2021	AZ	38	F	1/7/2021	1/8/2021	Recieved shot Thursday, FRiday night severe chills so bad your shaking. Then Since Saturday, chest pain and palpitations. Heart is fine as i had cardio look at it .
941335	1/13/2021	NY	34	F	12/26/2020	12/26/2020	Reported sharp chest pain on the middle/left side. Initially it was constant pain and hurt more when she took normal breaths. Symptoms resolved. She saw her PCP.
940968	1/13/2021	NY	39	F	1/13/2021	1/13/2021	Employee complained of dizziness after sitting for 10 min in observation area. Employee became lethargic and was unable to stand. She complained of R side chest pain and R sided weakness. Symptoms did not go away. Employee sent to ER.
942427	1/13/2021	PR	38	F	1/4/2021	1/4/2021	First instantly chest pain and a little difficulty breathing. I was like this for more than 30 min, then was relieved but Headache was added, Dizziness, sensation of nausea, neck pain, sensation of having inflamed organs, extreme tiredness, couldn't move the arm, pain all over the body, excessively dry mouth but felt the saliva very thick, several days with alternating symptoms. On the night of the vaccine the body extremely cold, nocturnal delirium. Took Tylenol every 4 hours, the neck pain was unbearable. I was feeling bad for about 3 to 4 days.

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941992	1/13/2021	OR	25	F	1/5/2021	1/5/2021	<p>Patient began having cramping of her upper extremities and subsequent swelling of her face and neck and also shortness of breath, chest pressure and flushed appearance. She denies any tongue or throat swelling. She is also complaining of bilateral arm pain. The initial reaction treatment was started in the conference room and then the patient was transferred to the emergency room. She continued to have arm and chest pain in the emergency room. She had muscle tension/rigidity in the upper extremity which caused significant pain. She also developed a nonspecific rash on the chest and abdomen that persisted for throughout her hospital stay.</p> <p>Treatment was started with epinephrine 0.5 mg IM x2 and diphenhydramine 50 mg IM x1, prior to transfer to emergency room. In the emergency room treatment was dexamethasone 10mg IV x 1, famotidine 20mg IV x1, Ketorolac 30mg IV x 1, lorazepam, 1mg IV x 2, morphine 4mg IV x 2, 1000ml Saline Solution. As an inpatient the treatment included scheduled acetaminophen 500mg TID, as needed morphine for pain after treatment with fentanyl, scheduled diphenhydramine 25mg IV q8 and compazine 5mg IV for nausea, cyclobenzaprine 10mg as needed for muscle spasms, dexamethasone as a scheduled dose started at 4 mg BID and tapered to 2 mg BID, Naproxen 500mg BID and Norco 7.5/325 as needed for pain. with famotidine 20mg BID .</p>

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940878	1/13/2021	PA	29	M	1/8/2021	1/8/2021	Pt received COVID19 Vaccine (Moderna) at 9am 1/8/2021. -Pt completed 15 min observation and then returned to work. -Pt came back at 12:30 with the following symptoms: stomach pain, nausea, shivering, feeling very cold, headache, "sleepiness" of his left arm (same arm as the shot), itchy throat, cough, and feeling very thirsty. -Pt reports his headache as very painful, b/l, and feeling as if his head was very "hot." Pt has no hx of headaches. -Nausea in and out, never vomited. -Denied dizziness, change in vision, shortness of breath, difficulty breathing, chest pain, difficulty swallowing, rash, lightheadedness. -Pt did not eat anything all morning. - Took vitals, blood glucose (see vitals section). High BP (160/90) and pulse. Sugar: 169 -Pt given Benadryl 25mg IM (on opposite side of vaccine). -Pt took 500mg Tylenol and then a few hours later 500mg more Tylenol (on own accord). -Pt observed 12:30-4:30. Slept off and on. Felt a lot better at 4:30. Pt discharged. -Pt was also seen and evaluated by MD. -Of note, pt does not have any allergies that he is aware of. -Has "pre HTN and pre diabetes." -Hx of heart disease - father CABG, in mid 40s. -Pt was observed for 4 hours. -BP went down after pt calmed down a little bit and was given Benadryl and Tylenol. -Pulse was also very high, but then decreased throughout observation (see VITALS section). -Pt feeling fine at 4:30 and discharged.

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941100	1/13/2021	KS	29	F	1/13/2021	1/13/2021	Notes Emergency Medicine Expand All Collapse All 1/13/2021 Date: 1/13/2021 Subjective 29 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience metallic taste and then felt lightheadedness. She denied rash, hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, itching, facial swelling and lip swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms and worsening of symptoms. 9:53 AM On arrival to treatment room, patient is pale and diaphoretic. She states she feels very lightheaded. She is able to answer questions, but is easily wanting to fall asleep. She awakes easily to verbal stimuli, states she feels very tired. Denies shortness of breath, throat swelling, difficulty breathing, rash. Reports she ate cereal for breakfast. 10:05 AM Patient is more alert and no longer diaphoretic. She is alert and states she is feeling better. Will continue to monitor. 10:12 AM Patient is alert and texting on her phone. Vital signs have improved. 10:19 AM Patient is alert and oriented and continues to do well. She states she is feeling much better. No diaphoresis noted. States she still has a little bit of a metallic taste in her mouth, but otherwise denies any other symptoms. Vital signs continue to improve. 10:36 AM Patient continues to do well. Is drinking water and ate granola bar. Continues to feel well and reports metallic taste in improving and denies any other symptoms. 10:58 AM Patient continues to be alert and oriented. No longer pale and diaphoretic. States she is feeling well and back to baseline. Denies any complaints. Vital signs remain stable. She is able to ambulate with steady gait and denies dizziness/lightheaded with ambulation. Denies chest pain, shortness of breath, nausea, vomiting, difficulty breathing. 11:06 AM Patient's friend here to drive her home. She is ambulatory to the car and continues to feel well and denies symptoms. Discussed return precautions. Patient voiced understanding and denies any questions.

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ALLERGY REVIEW OF SYSTEMS: Patient denies facial swelling, puffy eyes, chest tightness, shortness of breath, rash, hives, itching of skin and vomiting Metallic taste in mouth: Diaphoresis : lightheaded: Previous Reactions: None Objective Vitals Vitals: 01/13/21 1033 01/13/21 1042 01/13/21 1057 01/13/21 1104 BP: 129/87 128/77 122/78 132/72 Pulse: 63 66 58 58 SpO2: 100% 100% 100% 100% Blood Sugar 98 collected at 10:00 AM Physical Exam Vitals signs and nursing note reviewed. Constitutional: Appearance: She is diaphoretic. HENT: Mouth/Throat: Pharynx: Oropharynx is clear. Uvula midline. No pharyngeal swelling, oropharyngeal exudate, posterior oropharyngeal erythema or uvula swelling. Cardiovascular: Rate and Rhythm: Regular rhythm. Bradycardia present. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No tachypnea, bradypnea, accessory muscle usage or respiratory distress. Breath sounds: Normal breath sounds. Skin: Coloration: Skin is pale. Comments: Diaphoretic and pale Neurological: Comments: Alert and able to answer questions, but wanting to fall asleep. Easily awakes to verbal stimuli. Moving all extremities and following commands. Assessment/Plan Treatment included: Given water to drink and monitored. Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. Friend is going to drive her home. Electronically Signed 1/13/2021 11:07 AM

941267 1/13/2021 28 M 1/12/2021 1/12/2021 Chest pain, mouth tingling

941445 1/13/2021 NY 35 M 1/12/2021 1/13/2021 PT sts within a few hours of second vaccine, he experienced sore arm, tiredness, body aches, and chills, no reactions outside of those anticipated from the vaccine literature. Next morning, Wednesday 13JAN21 woke up with new onset of sharp, right-sided chest pain. Worsens on breathing and coughing. PN is otherwise persistent, does not radiate, but changes when breathing.

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941499	1/13/2021	CA	36	F	1/11/2021	1/11/2021	Patient experienced a syncopal episode post vaccination, accompanied by feeling hot and tachycardic. Prior to the syncope, she reported hyperventilating. She remained unresponsive for about 10 minutes and was brought to the ED. There she became responsive, and reported chest pain and had sinus tachycardia episodes. She also had lower extremity weakness. This has improved per the latest neurology notes. She also had a negative EEG. Unsure if this is an allergic reaction or if the syncope was due to hyperventilation. Patient is currently on day 3 of hospitalization.
941665	1/13/2021	FL	48	F	1/11/2021	1/12/2021	Symptoms started mild after 14 hours after administration: body aches, after 22 hrs. I started to feel nauseous at first then I had chest pain, headache, chills, back pain, body aches (muscle pain) and dizziness
941718	1/13/2021	IL	37	F	12/20/2020	12/21/2020	Following vaccination, I had a headache for few days along with some pain on injection arm. The headache continued and soon some fatigue and tiredness accompanied it for 7-10 days following vaccination. Then ten days after, I had an increase in symptoms that included heightened fatigue, loss of appetite, feeling "cold"/ "hot" (no fever), and abdominal pain with nausea and some diarrhea. Two weeks after vaccination, I had an increased of fatigue and not feeling well, accompanied by a fever of (101.5 F) and chills, sore throat, and lethargy. My symptoms of fever, chills, sore throat, body aches, congestion, and fatigue remained over the next few days and soon included chest pain and some increase work of breath. With two negative Covid tests through work, it was recommended I go to see a physician, who instead sent me to Immediate Care. There I had an EKG which showed sinus bradycardia and they sent me to ER due to my symptoms of chest pain and shortness of breath. At the ER, multiple tests were run to negative results. ER Physician suspects that some of my struggles could be related to Covid vaccine but that I also may have caught a non-Covid virus on top of it which led to acute bronchitis.

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941871	1/13/2021	TX	67	F	1/13/2021	1/13/2021	<p>1420: sitting in chair in general observation area. C/O left arm tingling. Encouraged to move arm and flex hand.</p> <p>1424: states that the tingling is moving up her neck and it is throbbing now. Moved to private observation area. States her left arm is sore, throbbing with tingling down arm into hands. C/O soreness up neck and that chest feels heavy. Hx of asthma requiring new monoclonal antibodies started two months ago. BP 138/88; HR 98; O2 sat 97% on r/a. Color pink. States that her BP usually runs under 120 systolic and under 80 diastolic. States her pulse is usually in the 60-70s. No SOB noted. Lungs clear bilaterally, diminished in left lower lobe. Does not have inhalers with her. Denies throat swelling or itching. Gave water and denies difficulty swallowing. 1434: - HR 89; O2 95% on r/a. she drank a fruit smoothie she had in her purse. 1437: - EMT on site arrived for further evaluation. States that her pain in chest is 4/10 and now describes "feels like pressure" and states the pain is radiating up the neck and outward from left chest area. 1440: BP 146/90; HR 90:)2 97% on room air. Speaking without SOB noted. States that pain is now radiating into her left side of back. 1442: EMS 911 activated, clinic manager notified 1446: O2 97% on r/a; HR 87. States pain less throbbing, but still radiating. 1450: Stall have decreased sensation and tingling in left arm. 1455: States pain is now 2/10. State left arm tingling improved. Color remains pink, no SOB noted, No resp. distress noted. 1500: EMS ambulance crew arrived. Patient states pain now 1/10 1504: HR 86, BP 111/73; O2 97% 1508: 12 lead EKG run per EMS. Advised transport to hospital. Patient agreed. 1510: Patient began stating that she did not want to go to hospital. Clinic manager had contacted MD on call and explained to her that he is approving transport due to her symptoms. Patient started talking about being worried about getting back to her car. EMS and clinic manager spoke to her about the dangers of driving self with her symptoms. Reassured that several hospitals can provide taxi or bus vouchers back to her car once evaluated and released. She then began talking about her dog being alone in a crate at home. States she just moved here several months ago and doesn't know any of her neighbors. States her only child lives in a different County and that he currently has COVID. 1515: Refusing transport via EMS 1519: Stood with lightheadedness, no SOB, States she feels fine now.</p>

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941892	1/13/2021	KS	35	F	12/31/2020	1/7/2021	<p>Signed AMA refusal for transport to hospital. 1520: Ambulated down hall with difficulty. EMS left. Walked back to restroom - voided. 1523: Ambulated per self to personal vehicle. Gait steady. No lightheadedness. States chest pain resolved.</p> <p>On 01/12/2021, I was notified that the patient stated she had a rash on her left arm near the immunization site. I examined this site on 01/12/2021. Noted 2 in diameter area where vaccine was injected, that showed a faded induration, but no redness now. The patient states this was red at the site for several days but then faded to the current appearance. She states one week after administration of the vaccine, she developed a rash trailing to inner aspect of her left arm. Rash was blotchy in appearance, in small clusters. No induration or erythema noted. Patient reports mild pruritis. States she has been taking her allegra since the immunization, has not taken any benadryl or other new medications for this rash. Denies any systemic systemic symptoms. No shortness of breath, angioedema, wheezing, chest pain, or GI/GU symptoms. She states earlier in the day on 01/12/2021, she had site examined by her primary care provider, PA and was told to put hydrocortisone cream on site and to monitor. Patient denies taking any new medications since vaccine administration. On 01/13/2021, patient was examined by another provider at clinic, APRN. She noted, the arm is erythematous, mildly raised and with no induration or fluctuance at site. The patient complains of slight burning and significant pruritis. There are no excoriations. She has been using hydrocortisone and taking claritin. She encouraged patient to start taking benadryl as directed and continue hydrocortisone. Edges of erythema were marked and advised patient to monitor for progression today. If progression occurred within a few hours she planned to send RX for treatment of acute delayed reaction to vaccine. Patient was examined at 3:18PM by RN and she reported that it looked like the erythema had improved and had gotten smaller, it had not progressed beyond the pen markings. Pt complains of some itching still but had not been able to take benadryl yet today. She will keep an eye on it and will check back in with us tomorrow.</p>

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941934	1/13/2021	ID	41	F	1/13/2021	1/13/2021	Patient was here for nurse visit for COVID vaccine. Administered Moderna COVID 19 vaccine in left deltoid at 09:30. No immediate reaction noted. At 09:47 patient stated that her left arm was tingling, and she was feeling hot. Patient states she feels like it's an anxiety attack and she has anxiety about shots. Patient became nauseous and shaky. Physician was notified. O2 97% P 76 T98. 09:53 received verbal ok by Dr to administer BENADRYL 25mg to patient, administered Diphenhydramine 25mg 1 PO without difficulty. I applied a cool compress to back of neck. 10AM patient stated she felt better. 10:02 she stated the tingling in her arm was gone. Patient did vomit at 10:06. She stated she felt much better. Patient stayed in office until 10:15 she stated she felt better. Per Dr patient is ok to return for 2nd dose of COVID vaccine. Let patient know that if she developed any other symptoms to call us or if she has difficulty breathing or severe chest pain she needs to go to ER. Patient stated understanding.
937821	1/12/2021	NY	41	F	1/8/2021	1/8/2021	Chest pain and SOB with onset about 40 min after vaccine and slowly getting worse (never severe, but definitely uncomfortable) over next few hours. Finally tried 2 puffs of my son's albuterol about 5 hrs post vaccine and felt relief within 20-30 minutes. The next day I had more expected side effects: headache, myalgias, chills and fatigue. No recurrence of the chest symptoms.

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936386	1/12/2021	MN	50	F	1/5/2021	1/5/2021	Severe nausea; headache; sore throat; sweating with chills; sweating with chills; chest pain; injection site soreness; shaking hands; This is a spontaneous report from a contactable other HCP reported for herself. A 50-year-old female patient received first dose of BNT162B2 (lot number: ej1686), via intramuscular in right arm, on 05Jan2021 06:30 AM at single dose for COVID-19 immunization. The patient was not pregnant at the time of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, patient hasn't been tested for COVID-19. Medical history included Known allergies: sulfa antibiotics, avascular necrosis, multiple joint replacements, anticoagulation, chronic pain, multiple hospitalizations in 2020 for diverticulitis. Facility where the most recent COVID-19 vaccine was administered was hospital. No other vaccines was received within 4 weeks prior to the COVID vaccine. Concomitant medications which patient received within 2 weeks of vaccination included warfarin, oxycodone, linaclotide (LINZESS), cyanocobalamin (VIT B12), ergocalciferol (VIT D) and iron. The patient experienced severe nausea, headache, sore throat, sweating with chills, chest pain, injection site soreness, shaking hands on 05Jan2021 07:00 AM. The events resulted in doctor or other healthcare professional office/clinic visit. No treatment was received for the events. The outcome of the events was recovering.

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937643	1/12/2021	NE	69	F	1/8/2021	1/8/2021	Moderna COVID-19 Vaccine EUA About 30 minutes after receiving the vaccine she felt dizzy and lightheaded and felt like she was going to pass out. She is a type II diabetic but they did not have any ability to check her blood sugar at employee health. Therefore, rapid response team was called and patient was brought here to the emergency department. Patient notes that she has had a couple of syncopal episodes in the past in her life and has had several near syncopal episodes. Upon arrival to the ED her blood sugar was noted to be 99. She is feeling little bit better but still just a little bit dizzy. She was completely and entirely asymptomatic prior to getting the vaccine shot. She has not been ill lately. BP 116/68 Pulse 62 Temp 36.7 °C (98.1 °F) (Oral) Resp 15 Ht 1.524 m (5') Wt 229 lb 8 oz (104 kg) SpO2 100% BMI 44.82 kg/m ² 69-year-old female presented to the emergency department following a near syncopal episode after getting her COVID-19 vaccine. She is normotensive, not tachycardic, tachypneic or hypoxic. She has a normal physical exam and normal cardiopulmonary exam. Lab work-up shows a mild chronic anemia with a hemoglobin of 9.9. BMP, chest pain panel normal. EKG was normal. Patient was kept on cardiac monitoring and given oral fluids. We then got her up and she was ambulatory without symptoms and without difficulty. Therefore, this appears to be a vasovagal near syncopal episode that has resolved. Work-up here is negative. No further work-up is indicated. Will discharge home, rest, fluids, cautioned her that she might feel poorly for a day or 2. Follow-up with primary care as needed. Return for worsening symptoms.
937770	1/12/2021	MN	49	F	1/11/2021	1/11/2021	28 minutes after receiving the first dose of the Moderna, client complained of tingling lips. H/O anaphylactic reaction to bee stings and birch wood that started out in a similar way. Vital signs taken and normal, no complaints of SOB or chest pain. 25mg of Benedryl given, symptoms decreased. Client is an RN, another dose of Benedryl was given for her to take if she felt she needed it. No other symptoms presented.
937678	1/12/2021	KY	52	F	12/30/2020	12/31/2020	TONGUE SWELLING, ARM PAIN, ARM TINGLING, MILD CHEST PAIN, NAUSEA, MILD SOA

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937662	1/12/2021	NE	69	F	1/8/2021	1/8/2021	Moderna COVID-19 Vaccine EUA About 30 minutes after receiving the vaccine she felt dizzy and lightheaded and felt like she was going to pass out. She is a type II diabetic but they did not have any ability to check her blood sugar at employee health. Therefore, rapid response team was called and patient was brought here to the emergency department. Patient notes that she has had a couple of syncopal episodes in the past in her life and has had several near syncopal episodes. Upon arrival to the ED her blood sugar was noted to be 99. She is feeling little bit better but still just a little bit dizzy. She was completely and entirely asymptomatic prior to getting the vaccine shot. She has not been ill lately. BP 116/68 Pulse 62 Temp 36.7 °C (98.1 °F) (Oral) Resp 15 Ht 1.524 m (5') Wt 229 lb 8 oz (104 kg) SpO2 100% BMI 44.82 kg/m ² 69-year-old female presented to the emergency department following a near syncopal episode after getting her COVID-19 vaccine. She is normotensive, not tachycardic, tachypneic or hypoxic. She has a normal physical exam and normal cardiopulmonary exam. Lab work-up shows a mild chronic anemia with a hemoglobin of 9.9. BMP, chest pain panel normal. EKG was normal. Patient was kept on cardiac monitoring and given oral fluids. We then got her up and she was ambulatory without symptoms and without difficulty. Therefore, this appears to be a vasovagal near syncopal episode that has resolved. Work-up here is negative. No further work-up is indicated. Will discharge home, rest, fluids, cautioned her that she might feel poorly for a day or 2. Follow-up with primary care as needed. Return for worsening symptoms.
937784	1/12/2021		52	F	12/21/2020	1/5/2021	Chest Pain 2 weeks after receiving vaccine
937389	1/12/2021	IN	62	M	1/4/2021	1/4/2021	Severe neck and throat pain, throat hurt when breathing. No chest pain, no shortness of breath. Lasted until about 2am. Anxious because concern about being cardiac. Next day very tired and headache.

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937368	1/12/2021	CO	61	F	1/7/2021	1/7/2021	Severe stomach pain, no nausea, pain like a severe side ache; severe chest pain; headache. Chest pain, left sided stomach pain, and headache persisted through the night. I was able to get some relief by taking a 325 mg Aspirin and an Advil every 2-3 hours through the night. The chest pain was pretty bad, considered going to the ER, but persisted to fight it through to the morning. In the morning, around 6:30 am I was exhausted, but the worst of the pain was over. I did take another Aspirin and Advil around 8:00 am and stopped after that. I did run a low grade fever off and on of 99.7 to 100.4. I felt better on Saturday, but by noon I was feeling generally run down and again started to run a low grade fever off and on the rest of the day. Sunday - what a joy to feel totally well!!!
937010	1/12/2021	MD	61	M	1/9/2021	1/9/2021	Left arm numbness and chest pain. saw doctor on site. no other details regarding treatment.
936908	1/12/2021	OH	42	M	1/6/2021	1/6/2021	Chills, Headache, Fever, muscle pain, fatigue, joint pain, chest pain, right hand numbness
936725	1/12/2021	MA	56	F	1/6/2021	1/6/2021	Initially what seemed like a muscle spasm involving entire left arm/neck/chest. Followed by tiredness. Approximately 2.5hrs later developed generalized muscle aches, tired, chills. Next morning muscle aches were less, new headache and dizziness. took Tylenol which helped, about 5 hrs later symptoms worsened, improved with sleep and Tylenol. Awoke this morning with some chest pain similar to initial response, some headache and dizziness, improved with Tylenol, now returning (noon). occasionally feels like I need to take a deep breath. I believe its mostly muscular pain gets a little worse with deep breathing. Sent home from work day of vaccine, worked partial days next 2 days

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936426	1/12/2021	GA		M		12/23/2020	chills; Headaches; nausea; joint pain/pain in right wrist; numbness in left hand; feeling as if the room is moving sideways; pain in right wrist and finger; chest pain; This is a spontaneous report from a contactable Other healthcare professional (HCP) reporting for himself. A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 23Dec2020 at single dose for covid-19 immunization. The patient's medical history and concomitant medications were not reported. The patient received the vaccine on 23Dec2020 and ever since the patient had symptoms including chills, headaches, nausea, joint pain, numbness in left hand, pain in right wrist and finger, chest pain and then feeling as if the room is moving sideways from an unknown date. The outcome of the events was unknown. Information on the lot/batch number has been requested.

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936222	1/12/2021	SC	21	F	1/4/2021	1/4/2021	Headache; Chest pains; high fever; body aches; chills; first dose 16Dec2020/ second dose 04Jan2021; This is a spontaneous report from a contactable pharmacist (the patient). A 21-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number EL1284), intramuscularly in the right arm on 04Jan2021 at 12:30 PM (at the age of 21-years-old) as a single dose for COVID-19 immunization. The patient's medical history included COVID-19. The patient was not pregnant at the time of vaccination. The patient's concomitant medications were not reported. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number EK5730), intramuscularly in the right arm on 16Dec2020 at 11:30 AM (at the age of 21-years-old) as a single dose for COVID-19 immunization. The patient did not receive any other vaccine within 4 weeks prior to the vaccine. On 05Jan2021 at 12 AM, the patient experienced chest pains, high fever, chills, body aches, and headache. No treatment was given for chest pains, high fever, chills, body aches, and headache. The clinical outcome of chest pains, high fever, chills, body aches, and headache, was recovering. It was also reported that since the vaccination, the patient had not been tested for COVID-19.
937932	1/12/2021	UT	28	M	1/7/2021	1/8/2021	Patient presented with myalgias, fevers, and chest pain on 1/10/21 and was found to have diffuse ST elevation and elevation troponin. He was evaluated by cardiology and diagnosed with acute myopericarditis. He was treated with NSAIDs and colchicine. He improved with this treatment and was discharged on 1/12/21 with ibuprofen and colchicine and outpatient cardiology follow up.
938570	1/12/2021	ME	21	F	1/12/2021	1/12/2021	Nausea, lightheaded, dizzy, feels foggy or high about 10 minutes after the vaccine. BP and other VS were within normal limits. No chest pain, palpitations, changes in vision, diaphoresis or rash

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936456	1/12/2021		35	F			collapse/rapid progression of symptoms; hypotension/rapid progression of symptoms; respiratory distress with stridor; respiratory distress with stridor; dizziness/rapid progression of symptoms; not limited to abdominal pain/rapid progression of symptoms; blood pressure abnormality/rapid progression of symptoms; chest pain/rapid progression of symptoms; drooling/rapid progression of symptoms; increased swelling/rapid progression of symptoms; wheezing; dyspnea and increased work of breathing; skin changes; tongue swelling and vomiting; tongue swelling and vomiting; This is a spontaneous report from a non-contactable other health professional. A 35-year-old female patient (Age at vaccination: 35) received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK9231), via an unspecified route of administration on an unspecified date at single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. During her 15 minute waiting period after the injection, the patient began to experience dizziness. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea and increased work of breathing, skin changes, tongue swelling and vomiting. Treatment included: no therapy. The outcome of the events was unknown. No follow up attempts are possible. No further information is expected.; Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the collapse, hypotension, respiratory distress and other reported events due to temporal relationship. There is very limited information provided in this report. Additional information is needed to better assess the case, including complete medical history, diagnostics including BP measurements, chest x-ray, EKG and chemistry panel, counteractive treatment measures and concomitant medications. This case will be reassessed once additional information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any

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938912	1/12/2021	CA	38	F	1/6/2021	1/11/2021	<p>safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p> <p>Covid19 (Pfizer-BioNTech) vaccine: On day 5 following the vaccine, I began to experience "chest pain/tightness," similar to what I felt following a severe cold with cough and loss of smell in March (before covid testing was widespread). I was diagnosed with pleurisy by my MD ~6 weeks after the original illness, and it slowly resolved over time. This current chest pain is similar. It is not limiting my activity, but is a little annoying.</p>
938320	1/12/2021	CA	48	F	1/8/2021	1/8/2021	<p>Pt was given 2nd dose, monitored x 15 min with no complaint of symptoms of rxn. Left clinic, and shortly after began having left-sided chest pain requiring ED visit approximately 5 hours after dose. Per ED notes, pt has hx HTN. Initial BP in ED 142/97. Dx is ED was CP r/o ACS. Pt was advised by ED MD to be admitted, however pt refused admission with a plan to f/u with her own cardiologist. Pt ultimately left AMA from the ED.</p>

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938051	1/12/2021	IL	37	F	1/2/2021	1/2/2021	blood pressure increased and her pulse; blood pressure increased and her pulse; Chest pain; Numb fingers and later numb face; Mind fog; This is a spontaneous report from a contactable other HCP. This 37-year-old female other HCP (patient) reported that she received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: 1685), via intramuscular at left arm on 02Jan2021 08:15 AM at single dose for COVID-19 immunization. Facility type of vaccine was pharmacy or drug store. Medical history included panic disorder (last attack 2 years prior) and known allergies: latex, Iodine dye. Concomitant medications were not reported. No other vaccine in four weeks. No covid prior vaccination. No covid tested post vaccination. On 02Jan2021 08:15 AM, within a few minutes while still under observation at pharmacy, her blood pressure increased and her pulse. Numb fingers and later numb face. Chest pain presented. She went to ER (emergency room) 3hours later with ongoing symptoms that never resolved until 6 or 7 that evening while still in ER waiting room. Mind fog (02Jan2021 08:15 AM) was currently ongoing. The treatment for events included lorazepam (ADIVAN), diphenhydramine (BENADRYL), ibuprofen. Outcome of event mind fog was not recovered, and the rest of events was recovered/resolved with sequel.; Sender's Comments: Based on the compatible temporal association, the vaccination with BNT162B2 might play a contributory role in triggering the onset of the reported events. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
939228	1/12/2021	OH	50	F	12/30/2020	1/4/2021	5 days after getting the vaccine I began to feel a scratchy throat and developed a mild cough. The symptoms quickly developed into sore throat, more severe and productive cough, achiness, lethargy, severe headache, bilateral conjunctivitis, ear pain, chest pain, shortness of breath, fullness in the chest and the head and a low grade fever of 99.2-99.8

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939120	1/12/2021	TX	40	F	12/28/2020	1/4/2021	8 days after vaccine the injection site was hot to touch, red, swollen. Mild Chest pain (sternum area) since one day after vaccine. Day 9 swelling, redness and tingling at site Day 10 swelling and redness improved but pain in shoulder and neck area started on left side. Tingling and numbness on left side of face. Day 11 pain in neck and shoulder cont and face tingling left side.

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936212	1/12/2021		32	M	12/15/2020	12/19/2020	<p>suspected COVID-19; suspected COVID-19; Fatigue; Body aches; Headache; chills; The initial case was missing the following minimum criteria: no adverse event. Upon receipt of follow-up information on 04Jan2021, this case now contains all required information to be considered valid. This is a spontaneous report from a contactable healthcare professional, the patient, from a Pfizer sponsored program IBCC (Inbound Call Center for HCPs). A 32-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: EK5730), intramuscular in the left deltoid on 15Dec2020 at 21:00 (at the age of 32-years-old) as a single dose for COVID-19 immunization. Medical history included ongoing hypertension from 2009 and COVID-19 from 10Jun2020 to an unknown date in 2020. Ongoing concomitant medications included fosinopril (MANUFACTURER UNKNOWN) taken for hypertension from 2017. The patient did not receive any other vaccines on the same day as the BNT162B2 vaccine. On 19Dec2020, shy of about 96 hours of getting the vaccine, the patient experienced fatigue, body aches, headache and chills. He did not have any fever. The patient stated that he recovered from the fatigue, body aches, headache and chills by 19Dec2020. The patient was fine from 19Dec2020 until 01Jan2021. On 28Dec2020, the patient had a COVID-19 PCR test that came back negative. On 01Jan2021, the patient suspected that he had COVID-19. He had a fever of 103.1 degrees Fahrenheit, body aches, chills like he was freezing to death, fatigue, diarrhea; however, he did not have nausea or loss of taste or smell. He had swollen lymph nodes, but no sore throat and his oxygen saturation was okay in Jan2021. He was also having chest pain but it was more like intercoastal pain. He stated that these current symptoms were significantly worse than the ones he had just after getting the vaccine and felt more like the symptoms he had when he had COVID-19 before on 10Jun2020 (positive IgG for COVID-19-tested in 2020). The patient had a COVID nasal swab (PCR) done at an urgent care (physician's office) on 02Jan2020 or 03Jan2020 and was awaiting the results. The clinical outcome of the suspected COVID-19 was not recovered.; Sender's Comments: A causal association between reported suspected COVID-19 cannot be excluded.</p>

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938882	1/12/2021	AK	64	F	1/12/2021	1/12/2021	Customer rec'd COVID-19 vaccine at 0907 in facility and transferred to post vaccine observation. At 0917 customer called out to provider. Customer reports "a funny feeling" and states that she has commonly felt this feeling prior to allergic reactions. She appears anxious. Customer moved to ante room, closer to emergency supplies. Customer denies feeling SOB, difficulty breathing or tongue/throat swelling. Reports "heart racing." BP 205/100, HR 121, O2 98%. Lungs CTA. Customer accepts Benadryl 50mg PO @ 0920. Customer monitored at site. Over the course of the next 5 minutes she reports feeling better and more relaxed. HR decreases to 78, BP 190/78 @ 0930. Customer reports full resolution of symptoms. Reports having this type of reaction before to oral medications and has previously been monitored in the ED. She denies ever having to receive EPI, and is unsure what treatments were given in ED to resolve symptoms. She has never been admitted for one of these types of reactions, and reports this reaction as a mild compared to others. Customer's husband called to bedside. Customer and escort counseled to watch for progressive s/sx of reaction including increase in throat symptoms, swelling, itching/rash, SOB, chest pain or any other symptoms that are outside her baseline. Instructed to contact EMS for transport to ED. Customer and escort in agreement with plan. Customer instructed to contact PCP Team prior to next vaccine appointment to discuss post vaccine course and discuss risks/benefits and/or pre-treatments prior to next vaccine. Customer denies questions/concerns. Escort verbalizes understanding of instruction and agrees to remain with customer for the next 24 hours. Customer released from site at 1005, ambulating independently with steady gait, no obvious s/sx of distress.

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938868	1/12/2021	VA	34	F	1/12/2021	1/12/2021	-0715 vaccine administered. -0735 started to feel dizzy/off and right side of tongue felt like it was mildly swelling and itchy. -0735 asked to have blood pressure taken as know when I am having anaphylaxis my blood pressure escalates. -0740 took blood pressure and it was 141/86 in right arm. Normal is 110s/60s-70s. No anxiety feelings. -0740 throat started to have increased mucous production. Had the tickle and tightness in throat. Asked and received 25mg Benadryl with cup of water. -0742 started clearing throat frequently and slight cough. Knew it was anaphylaxis and told the team I need to go to the ER. Asked for additional 25mg Benadryl. Also took 20mg Famotidine and 2 puffs Albuterol inhaler--this is my prescribed anaphylaxis routine. Had Epipens on standby. -0743 put on O2 saturation monitor and watched O2 drop into 90-92 range. Asked for epipen on standby as I know when I need to start it. Didn't want to take that when I knew I was about to get it in the ER and knowing self hadn't progressed that far. Felt chest tightness and shortness of breath. Voice started becoming hoarse. -0800 EMS arrived (delay as team didn't know if they were supposed to call 911 or a Code--they chose EMS even though in hospital). Then staff at COVID vaccine clinic kept emphasizing need to go in ambulance while EMS and self fought to go through hospital (much quicker route). Finally cleared to go through hospital to ER. To get some air via breathing in had to sit up leaning forward. Voice completely hoarse by this time. -About 0817 arrived to ER bay. At this time, frequently coughing and cough started to sound stridorous. Difficulty getting breaths in. Had chest pain near heart. Greeted by MD, 2 RNS, and technician. - 0819 received IM epinephrine. Attached to 5 lead EKG monitoring and O2 monitoring. Blood pressure done again. Higher than previous. -About 0821 had working IV (previous two attempts failed as veins were constricting). Given IV Solumderol. Started bolus of 1L Normal Saline. - Not sure how long after by cough subsided, increased mucous production subsided, as well as hoarseness decreased. -Held for observation for 2hours (would be longer if not resolved). - Discharged around 1015. At this time, hoarseness almost all gone. Minimal throat clearing. Cough resolved. -Prescribed epipen inhalers (mine expired) and Prednisone. Prednisone is PRN for mild breathing difficulties if it starts again tomorrow

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							1/13/21. -At 1400 took 50mg Benadryl and 20mg Famotidine as previously prescribed for anaphylaxis maintenance. Will continue this as previously prescribed every 6hours until symptoms stay resolved. -Made follow up appointment with Primary Care Physician per protocol
938797	1/12/2021	KS	57	F	12/30/2020	12/30/2020	Within 30 minutes her right arm burned to finger tips, arm became reddish purple, fingers began to tingle. Day 2: headache, nausea, extreme anxiety while watching TV, woke in middle of the night with feeling on something crawling over legs, and chills like was in ice water. Day 3: extreme feeling of anxiety throughout the day, pins and needle tingling in hands and feet up to middle of calves, nausea, weakness in thighs, woke up three times during the night with feeling of something crawling over legs, headache. Day 4: pins and needles feeling in hands and feet up to middle of calves, anxiety, feeling of racing heart, headache. Day 5: headache, nausea, tingling in hands, up to elbow left arm and feet up to middle of calves, tremor in left hand, weakness in thighs hard to climb stairs, woke with left eye swollen to slit, blurred vision left eye, eyes, burned all day even with eye drops, chest pain 4 separate times. Day 6: woke with swollen left eye, headache, tingling in hands and feet up to middle of calves, weak thighs, hard time pushing obese patient to car in wheelchair, numbness in left side of face, smile intact, blurred vision left eye. Day 7 - Day 13: still experiencing headache, left eye blurred vision, left hand and foot tingling, but progressively better.
938247	1/12/2021	IL	30	M	1/12/2021	1/12/2021	Patient received the covid19 (Pfizer) after shot patient complained of chest pains, called emergency services and was promptly taken to the hospital.
939135	1/12/2021	IL	64	M	1/9/2021	1/12/2021	Pleuritic chest pain in left parasternal area upon inhalation starting 1/12/2021 at ;7:30 am. I went to ER. Given chest x-ray, EKG and blood. All negative; to have cardiac treadmill morning of 1/13/2021. Pelvic pain started 19:00 1/12/2021 when I returned from ER.
938132	1/12/2021	KS	38	F	12/1/2020	1/4/2021	Pleuritic left sided chest pain; question of possible pericarditis

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938655	1/12/2021	IA	47	F	1/8/2021	1/8/2021	Reported to vaccine clinic approximately 4 hours after receiving dose one of Pfizer Covid-19 vaccine with complaints of itching, burning feeling on skin and swelling in left arm. Red rash on chest and left arm. No SOB, chest pain or difficulty swallowing. Ambulated to emergency room for evaluation.
938267	1/12/2021	NJ	30	M	1/7/2021	1/8/2021	Fatigue, headache, body aches, elevated heart rate and blood pressure. Chest Pain. -Total Time ~12-15 hours. Arm pain lasted ~96 hours. Loss of appetite.
938514	1/12/2021		34	F	1/12/2021	1/12/2021	34 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience tingling and elevated HR. She is having some tingling in her mouth and tingling in her feet. No obvious facial swelling or hives. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness and stridor. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, hypotension, increased swelling and rapid progression of symptoms. Treatment included: zyrtec 10 mg, pepcid 20 mg, Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Observed in the vaccine clinic for 1.5 hours I do not see a reason for ER assesment since she is improving. Tingling in her mouth has improved. This pt was encouraged to go home and rest She was encouraged to take a dose of benadryl at home. She may call me if worsening. Given precautions for her next vaccine. Discussed with pharmacist.
938643	1/12/2021	MD	42	F	1/7/2021	1/7/2021	chest pain- P 79, BP 131/98, 99% SPO2, Throat itching, Taken to ED Left sided pain Sinus tacky- troponin normal- EKG normal Benadryl 50 mg IV and Zofran administered In ED 3 hours

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938645	1/12/2021	IL	27	M	1/7/2021	1/7/2021	Patient sought treatment in the ED. Chief complaint includes chest pain, body aches, headache, and generalized fatigue all beginning 25 minutes after vaccination. Symptoms resolved and patient was discharged from ED.
938647	1/12/2021	TN	45	F	1/8/2021	1/9/2021	Received shot at 11:35 am Friday 1/8/21. Woke up 1/9/21 with chest pain, in SVT HR 140s-180s, persisting for 8+ hours until treated by cardiologist with addition of Flecainide. Flecainide 50 mg twice daily now part of medications.
934099	1/11/2021	IL	41	F	12/28/2020	12/28/2020	Patient is a 41 y.o. female who presented to the ED with complaints of a reaction after she took the COVID vaccine. Patient is an RN here and had earlier received COVID-19 vaccination (Moderna) around 0130 this afternoon. Soon after she experienced rash which was burning and itchy on her arms thighs and back. She reported to Occ health and was directed to the ED. While in the ED she experienced throat tightness and nausea. She had one episode of diarrhea. No tongue, lip swelling, SOB or difficulty swallowing. Denies any chest pain, palpitations, pre-syncope/syncope. No vomiting abdominal pain. H/o of allergy to fish mix and dust mite.
934899	1/11/2021			F			difficulty of breathing; chest pain; nearly passing out/fainting; This is a spontaneous report from a contactable consumer. A 50-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number and expiry date unknown) via unspecified route of administration on unspecified date at single dose for Covid-19 immunization. The patient's medical history and concomitant medications were not reported. The reporter called in behalf of her friend that has been experiencing serious adverse event. The patient experienced difficulty of breathing, chest pain, nearly passing out/fainting on unspecified date. They felt that the vaccination provider did not provide enough support about the adverse event that happened. Follow-up activities are possible, information on the batch number has been requested.
934597	1/11/2021	GA	42	F	1/10/2021	1/11/2021	Headache, chest pain, fatigue, feeling of near syncope

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934550	1/11/2021	NY	61	M	1/7/2021	1/7/2021	Got dizzy after vaccine and was told to sit down for 15 min after 15 I still felt dizzy so I stayed seated for an extra 10 min, still felt not ok but enough to go. Went home and still felt dizzy and then I felt like I need to pee but I was very cold , urinated 3 more times thinking it was because it was due to being cold but doctor explained it was due to me drinking lost of water. Went to bathroom and bassed out and woke up about an hour later, but during the fall I injured the neck by heating your head on the sink, back and broke my nose, when I woke up I was still very dizzy. Also felt a fast heart rate, chest pain, very nauseas and started sweating a lot.
934302	1/11/2021	CA	41	F	1/8/2021	1/9/2021	41 Y female who presents to the Emergency Department for evaluation of her rash. The onset of rash was gradual beginning 2 days ago with progression since that time. The rash began on the abdomen 2 days ago and 1 day after her second immunization with Pfizer COVID-19 vaccine. The rash over the next 24 to 48 hours spread to the back, the chest, the arms, and inguinal folds, and popliteal areas. This morning she woke up with itching and hives on her scalp. She has used Benadryl with some relief. Patient denies shortness of breath, chest pain, nausea, or vomiting. There is no lip swelling or itching, tongue swelling or itching, sense of throat closing, or shortness of breath. There is been no nausea vomiting, no palpitations. She has no hx of similar previous allergic reactions. She denies exposure to new medications, shampoos, detergents, soaps, lotions, sprays or allergens.
934201	1/11/2021		49	F	1/8/2021	1/8/2021	Got shot waited 15 minutes, walked to elevator, felt dizzy returned to vaccine admin area. Headache, vitals checked and were okay. Continued to feel weird rubbing chest and short of breath but no chest pain. Decided to take her to the ED. On the way she passed out and was not responsive still had a pulse. In ED became responsive, reports numbness in both arms and short of breath. Received Benadryl complete assessment, doesn't appear to be an acute allergic reaction. ECG & vitals were okay. Patient observed for 4 hours and seemed to improve so discharged.

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934179	1/11/2021	FL	25	F	1/8/2021	1/8/2021	Approximately 3-4 hours after getting the vaccine she experienced every symptoms possible, hit her all at once. Felt like every part of her body was breaking and being stabbed. Severe pain. Fever, chills, abdominal pain, back and neck pain. Chest pain, felt like she was losing consciousness. Was in ED until next day Saturday discharged around 7 am. Had morphine, Benadryl and Toradol while in ED.
934917	1/11/2021	MS	35	F	1/6/2021	1/6/2021	Extremely severe body aches, sweating, headache, back ache and chills. I also experienced a low grade fever and chest pain. The aches were so intense that standing on my own was almost impossible for 24hours. At the 24 hour mark, my symptoms reduced significantly. Day 2 after the injection was mainly mild body ache and moderate arm pain at the injection site.
933958	1/11/2021		36	M	1/1/2021	1/9/2021	Extreme body ache, chills, headache, vomiting, chest pain, difficulty breathing, sore throat. Tylenol & ibuprofen eased body ache, chills, headache but did nothing for chest pain, difficulty breathing, sore throat. So far, symptoms continue approximately 72 hours after receiving vaccine.
933873	1/11/2021	NJ	38	F	1/8/2021	1/8/2021	-Pt was given COVID19 Vaccine at 9:06AM 2/8/1982. - Immediately, pt felt tight in her chest. -Pt was taken into observation room by myself (PA-C). -She sat down and took off her mask and took a few deep breaths. -She said she had some tingling in her throat. -She coughed a few times. -After 1 minute and some deep breaths, she felt much better and the tightness & tingling went away. - Denied itchy & watery eyes, difficulty breathing, chest pain, itchiness, swelling, rash. -No rash or swelling was visualized. -Throat tinging subsided after 10 minutes. - Vitals were normal throughout entire encounter. -Pt was evaluated by myself and observed by myself for 30 minutes. -Pt was also evaluated by Dr. -Discharged after 30 minutes.
933794	1/11/2021	VA	54	F	1/8/2021	1/9/2021	Shortness of breath, Fatigue, muscle aches, chest pain, dizzy and light headed, headache

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933793	1/11/2021	OH	51	M	1/6/2021	1/7/2021	Numbness in right side of head and right arm (where he received injection). Starting getting confused. Legs started to give out. Continued working. Symptoms got worse. On and off paralysis of legs. Eyes flickered and darted. When he sat down at 1am, he took two nitroglycerin for chest pain. He asked a nurse to take his blood pressure. It was low. He felt he was losing control. He was struggling for breath. Eyes were tearing up real bad and tremors started. He stated he fought to stay conscious. Was started on oxygen. Was assisted in a wheelchair and taken to ER. Waited there for 4 hours. Was delusional. I left without being seen by a doctor after blood work and EKG. Went to sleep and woke up in river of sweat. Went to urgent care at that time. Was given a COVID test and it was negative. Was prescribed zinc and vitamins. He had the same symptoms like he did when he originally got COVID. Today at 9:36am, have fever off and on. Continues to feel pretty bad. Still dizzy.
933668	1/11/2021	GA	43	M	1/8/2021	1/8/2021	Significant fever for about 48hrs (first fever of my adult life). Aches, pains, chest pains, increased secretions and coughing, fatigue. It was like my body thought I was sick with COVID again. But in some ways it was worse. I was afebrile with the real virus.
933366	1/11/2021	FL	70	F	1/8/2021	1/8/2021	Chest pain b/p 176/79 11.25 First at 11:17 am b/p 166/70 11.30, 185/76, 165/74 11.21

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933265	1/11/2021	CA	26	F	12/23/2020	12/23/2020	<p>generalized itchiness; woke up with headache; feeling fatigued; anaphylactic reaction; right arm started going numb; right arm was tingling; A spontaneous report was received from a 26-year-old, female consumer who received Moderna's COVID-19 vaccine and experienced anaphylactic reaction, right arm numbness and tingling, headache, fatigue, and generalized itchiness. The patient's medical history was not provided. No relevant concomitant medications were reported. On 23 Dec 2020 prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number: OU520A/011520A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 23 Dec 2020, within minutes of receiving the vaccine, the patient experienced an anaphylactic reaction and was rushed to the emergency room (ER). When transported to the ER she began to experience throat swelling, redness of arms and chest, trouble breathing with lower chest pain shooting into lungs, and numbness with tingling in her right arm. Treatment for the event included epinephrine, steroids, and diphenhydramine. She was released from the ER on 23 Dec 2020. On 24 Dec 2020 patient awoke with a headache, fatigue, and generalized itchiness. Treatment for the event included ibuprofen and diphenhydramine. Action taken with the second dose of mRNA-1273 in response to the event was not reported. The outcome for the events, anaphylactic reaction, right arm numbness and tingling, were reported as resolved on 23 December 2020. The events of headache, fatigue, and generalized itchiness were considered resolving.;</p> <p>Reporter's Comments: This case concerns a 26-year-old female patient who received their first of two planned doses of mRNA-1273 (Lot OU520A/011520A), and who experienced the unlisted events of anaphylactic reaction, right arm numbness and tingling, and generalized itchiness, and the listed events of headache and fatigue. The events were considered to be possibly related to the vaccine due to the temporal relationship with onset on the day of vaccination.</p>

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934982	1/11/2021	MI	39	F	1/5/2021	1/6/2021	Developed extensive bruising, swelling, pain, to left deltoid, upper arm and numbness and tingling in her left wrist extending to her left thumb and index finger Patient is a 39 y.o. female with a past medical history of asthma and obesity who presents for evaluation of Chief Complaint Patient presents with Arm pain Reaction to covid injection Patient has swelling and bruising at the site of her recent COVID-19 injection given 2 days prior. She has been icing the area taking Motrin without relief. She has pain with movement of the arm and it seem to be worsening. She notes some numbness and tingling in her left wrist extending to her left thumb and index finger. She has a prior history of carpal tunnel. Blood pressure is well controlled today. No fever, chest pain, palpitation, shortness of breath. Exercise tolerance is stable. Tolerating medications well.
933324	1/11/2021	IL	29	F	1/4/2021	1/10/2021	Chest pain at 1/10/2021 at 9:18pm - 9:25pm nothing provoked this dull pain in center of chest. Sitting in a chair before and after it stopped. New onset of itching, redness, and swelling at the injection site on 1/11/2021 at 0530 am. No other swelling, itching, redness anywhere else.
935519	1/11/2021		34	F	1/11/2021	1/11/2021	Patient is a 34 y.o. female who was seen at COVID Vaccine Clinic today for her dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the left deltoid muscle. During her waiting period after the injection, the patient began to experience dizziness / lightheaded. She denied syncope, N/V, visual changes, headaches. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to shortness of breath, swelling of the throat, Difficulty breathing, chest pains. Patient did not experience any of these symptoms She is 18 weeks pregnant. No complications with pregnancy.

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936015	1/11/2021	CA	41	F	1/11/2021	1/11/2021	She felt dizzy immediately upon standing. She has a hx of SVT with cardiac ablation in Feb 2020. No medications noted. Experienced rapid heart beat within 10 minutes with dizziness and shortness of breath. Complained of chest pain, Rapid response team called. Per team - NSR, vital signs stable. Taken to ER for further evaluation.
935004	1/11/2021		43	F	1/8/2021	1/8/2021	Friday evening - arm soreness, headache, Saturday morning - achy, chest pain, shoulder pain, shortness of breath, fatigue - all resolved
936110	1/11/2021		40	F	1/11/2021	1/11/2021	pinching type of chest pain
935834	1/11/2021	MT	34	F	1/7/2021	1/7/2021	After 1st dose: bad headaches that wouldn't go away with NSAIDS, shoulder blade pain. After 2nd dose: bad headaches that wouldn't go away with NSAIDS, chest pain, hot diaphragm, fatigue. She reports still having these symptoms and it is day 4 after the vaccine.
935683	1/11/2021	CA	38	F	1/7/2021	1/7/2021	Fever of as high as 101.3, chest pain, and shortness of breath, patient was advised to go seek immediate emergency help.
935676	1/11/2021	NV	52	F	12/21/2020	12/21/2020	tachycardia that is still ongoing with some chest pains
935569	1/11/2021	KS	46	F	1/7/2021	1/7/2021	Pfizer COVID-19 Vaccine A couple hours after the vaccination the patient experienced pain in the vaccine arm, headache, and feeling ache. Day 1 post vaccination patient experienced sore arm, headache, low grade fever, feeling ache, and GI symptoms with diarrhea. Day 2 post vaccination patient experienced sore arm, Migraine, and diarrhea. Day 3 post vaccine patient woke up with chest pain that radiated into her left arm and some weakness. Patient's blood sugar was >500 and was admitted to hospital for DKA.
935500	1/11/2021	AZ	50	F	1/8/2021	1/9/2021	Right upper chest pain, constant, pain increased with deep breathing, HA

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935480	1/11/2021	PA	30	F	1/2/2021	1/8/2021	30 year old female reports left arm pain, swelling, itching on 1/8/21. She received the Moderna Covid-19 vaccine on 1/2/2021. She did not have any immediate reaction. On 1/8/21 she woke up with left shoulder and upper arm soreness. Over the next day pain worsened in her left shoulder, left upper arm to elbow. She then started having left wrist discomfort. + swelling in her left deltoid at site of injection with redness. + swelling at left axilla with tenderness. Pain was moderate to severe 6/10 pain on 1/9/21. No relief with Tylenol 1000 mg at that time. She reports + improvement the past 2 days. Improvement of pain and lymphadenopathy. Denies shortness of breath, wheezing, chest pain, palpitations, throat itching or swelling. She was able to exercise over the weekend, working out using both arms without difficulty. She is working full duty without difficulty.
935452	1/11/2021	NM	44	F	1/6/2021	1/6/2021	1/6/21 8pm started with Nasuea, vomiting, diarrhea and fever. 1/7/21 started having intermittent chest pain in the morning. Then in the evening it became constant. Went to ER that evening due to chest pain. EKG showed t wave abnormality. 1st Trop was negative went from 0.08 to 2.3 Had 2 Echo's done and they were normal. Platelets were 85. Was discharged without chest pain. Troponin on discharge was 0.67 and platelets 61. Was admitted due to Chest pain and troponin. Attending provider diagnosed as myocarditis and thrombocytopenia R/T vaccine.

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935445	1/11/2021	OH	38	F	1/11/2021	1/11/2021	01/11/21 Observation RN, the nurse in the Observation Room , called Occupational Health RN because patient after 11 minutes in the room developed right sided head pain that radiated to right eye. She also c/o tingling in right arm from the elbow to the finger tips. AT 1348, on my arrival, caregiver c/o right hand numbness and tingling from the elbow to the fingers. Injection site in right deltoid inspected, bandaid intact; no swelling or redness noted and bandaid in an appropriate placement. Right hand with strong grasp and brisk cap refill. Arm strength strong with resistance. C/o head pain but denies shortness of breath, chest pain or swelling. Some anxiousness noted. Reassurance given. AT 1351 vital signs: BP: 101/68, HR: 69, RR: 16, Sao2 99% on room air. Headache rated 3/10 and tingling in hand/arm rated 6/10. Occupational Health RN left the observation room and Observation RN in charge of patient observation. Observation RN states at 1405 the vital signs were 102/63, 74, 16 and 98% on room air and assessed head pain at 3/10 described as dull. Observation RN stated at 14:10, patient c/o tingling in left leg as well as right arm and head pain (2/10). Observation RN states at 14:14 patient developed swelling in tongue but she noted that swelling was not visible. Observation RN states there was no difficulty breathing but with the tingling in leg and arm and now swelling feeling in tongue, she administered 60mg Fexofenadine PO. Per Observation RN BP: 123/68, HR:74, RR:16, Sao2: 99% on room air.. Observation RN called for Occupational Health nurse to come to observation room. Occupational Health RN arrived at 1429 and found the caregiver slightly anxious. States headache is gone and right hand tingling is rated 2/10, leg tingling is gone, numbness/swelling in tongue is rated 4/10 and denies throat swelling or tightness. Occupational Health manager aware of situation and present with Occupational Health RN. AT 14:33 Sao2: 98% on room air and heart rate: 82. AT 1448, Caregiver ambulated to restroom per her request by Observation RN. Gait is steady. When they returned at 1451, patient states the headache was gone as well as the tingling in the leg. She states the tongue numbness/swelling was rated 2/10 and right arm tingling rated 1/10. BP: 106/68, 74, 14, 100% room air. Advised patient to go to the emergency room for evaluation but she refused at this time. After letting her rest, at 15:06, patient states the

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935441	1/11/2021 TX	40 F	1/8/2021	1/9/2021	<p>tongue swelling/numbness is almost gone and the right hand tingling is almost gone. Vital signs 98/59, 68, 16, 100% on room air. Water given. Instructed that she will wait a little longer to see what time does for the symptoms. At 15:25, Observation RN states that caregiver has no more numbness/swelling in tongue and the right hand tingling is very minimal. Discussed follow up with PCP regarding second vaccine and to seek medical attention if any symptoms develop after leaving the observation room. Occupational Health manager aware of all course of treatment and evaluation.</p> <p>Patient states on 01/09/2021 had soreness to the injection site. Felt " discomfort but not pain" . Described discomfort as constant. The next day on 01/10/2021 at about 8am, the discomfort started to radiate down to her left armpit area and left lateral breast area. Denied redness or fever but did state area was " swollen" . Stated affected areas felt " hard but it was probably because there was swelling". Patient states she had full range of motion to left arm, no numbness or tingling to left arm or hand. No complaints of shortness of breath , chest pain, or rash.</p>
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935417	1/11/2021	OH	38	F	1/11/2021	1/11/2021	01/11/21 RN, the nurse in the Observation Room , called this RN (Occupational Health RN) because patient after 11 minutes in the room developed right sided head pain that radiated to right eye. She also c/o tingling in right arm from the elbow to the finger tips. AT 1348, on my arrival, caregiver c/o right hand numbness and tingling from the elbow to the fingers. Injection site in right deltoid inspected, bandaid intact; no swelling or redness noted and bandaid in an appropriate placement. Right hand with strong grasp and brisk cap refill. Arm strength strong with resistance. C/o head pain but denies shortness of breath, chest pain or swelling. Some anxiousness noted. Reassurance given. AT 1351 vital signs: BP: 101/68, HR: 69, RR: 16, Sao2 99% on room air. Headache rated 3/10 and tingling in hand/arm rated 6/10. RN left the observation room and RN in charge of patient observation. RN states at 1405 the vital signs were 102/63, 74, 16 and 98% on room air and assessed head pain at 3/10 described as dull. RN stated at 14:10, patient c/o tingling in left leg as well as right arm and head pain (2/10). RN states at 14:14 patient developed swelling in tongue but she noted that swelling was not visible. RN states there was no difficulty breathing but with the tingling in leg and arm and now swelling feeling in tongue, she administered 60mg Fexofenadine PO. Per RN BP: 123/68, HR:74, RR:16, Sao2: 99% on room air.. RN called for Occupational Health nurse to come to observation room. RN arrived at 1429 and found the caregiver slightly anxious. States headache is gone and right hand tingling is rated 2/10, leg tingling is gone, numbness/swelling in tongue is rated 4/10 and denies throat swelling or tightness. Occupational Health manager aware of situation and present with RN. AT 14:33 Sao2: 98% on room air and heart rate: 82. AT 1448, Caregiver ambulated to restroom per her request by RN. Gait is steady. When they returned at 1451, patient states the headache was gone as well as the tingling in the leg. She states the tongue numbness/swelling was rated 2/10 and right arm tingling rated 1/10. BP: 106/68, 74, 14, 100% room air. Advised patient to go to the emergency room for evaluation but she refused at this time. After letting her rest, at 15:06, patient states the tongue swelling/numbness is almost gone and the right hand tingling is almost gone. Vital signs 98/59, 68, 16, 100% on room air. Water given.

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							Instructed that she will wait a little longer to see what time does for the symptoms. At 15:25, RN states that caregiver has no more numbness/swelling in tongue and the right hand tingling is very minimal . Discussed follow up with PCP regarding second vaccine and to seek medical attention if any symptoms develop after leaving the observation room. Occupational Health manager aware of all course of treatment and evaluation. :RN
935256	1/11/2021	TX	73	M	1/6/2021	1/6/2021	Pt reports that he starting having rapid heart beat and "feeling like his heart is in his throat" for several days after injection. Symptoms subsided without intervention. Denied chest pain.
935194	1/11/2021	TX	30	F	1/8/2021	1/9/2021	Fatigue, muscle aches, joint paint, slight headache beginning early morning on 1/9/2021. Chest pain from 9pm 1/9/2021 to 2am on 1/10/2021. Symptoms resolved without any interventions.
935099	1/11/2021	ND	53	F	1/5/2021	1/9/2021	Chest pain, low blood pressure, low oxygen saturation, high pulse, difficulty breathing, sweating, clammy, chest pain radiating into back. Was sent to ER via ambulance.
935625	1/11/2021	AZ	28	F	12/19/2020	12/19/2020	Pain at injection site. Fever, body aches, joint aches, headache, fatigue, cough, chest pain.
933003	1/10/2021	WA	35	F	1/10/2021	1/10/2021	Chest pain, 3/10- onset 25 minutes after vaccine given. Elevated BP 140's/90's and elevated HR to 126 noted on initial eval CP persisted throughout eval GI cocktail given and pt took own clonidine 0.1 mg once BP and HR normalized about 2.5 hours after onset
932525	1/10/2021		34	F	12/24/2020	12/28/2020	Fever, cough, chest pain, SOB, vomiting, and fatigue 4 days post vaccination. Seen in ER - Covid-19 test negative, diagnosis viral syndrome.
932102	1/10/2021	TX	27	M	1/8/2021	1/9/2021	104.0° fever, shaking. Started approximately 12 hours after second dose. Lasted for 6 hours then went away. Following night, fever of 101.9° and slight shaking. Chest pain. Oxygen saturation still at 97%
932365	1/10/2021		31	F	1/7/2021	1/8/2021	Extreme fatigue/weakness, headache, chills, dyspnea, chest pain, body aches

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932405	1/10/2021	NV	50	F	12/18/2020	12/18/2020	STRANGE FEELING IN THROAT AND CHEST THAT PROGRESSED TO CRUSHING CHEST PAIN. CHILLS, BODY ACHES, SOB, NAUSEA, RASH. I STILL HAVE SOB AND I DONT KNOW IF IT WILL BE TEMP OR PERMANENT.
932860	1/10/2021	OK	54	F	1/9/2021	1/9/2021	Patient received 2nd dose of covid vaccine 1/9/2020 around 1100. Report having mild reaction (flu-like sx) with first dose. She began experiencing feeling like she was outside of her body about 10 min after receiving her booster. BP was taken and was slightly elevated 140s/90s. Ice packs were provided for hot flashes. Warm blankets provided for chills. BP was trending up to SBP 160s then started to decline to normal. Patient was accompanied to restroom by clinic staff and was able to walk without incident. Patient was observed in covid clinic for total of 2 hours and reassured that she was not likely to have worsening of sx at this point. Patient was walked to mother's car by clinic staff and left feeling better. 1/10 - patient presented to ED with low grade fever (100.4), chest pain, severe joint and muscle pain, nausea and "fog brain." She reports BP being 187/101 in ED. Given 1L of normal saline, zofran, toradol, and dilaudid. Observed until BP decreased to SBP 140s. Nausea improved enough to allow her to eat. Labs were WNL, CK normal. Discharged home with diagnosis of "adverse effect of COVID-19 vaccine~~

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932890	1/10/2021	CA	35	F	1/10/2021	1/10/2021	About 40 minutes after my vaccine, I felt sudden onset progressive weakness of my entire left arm with spasms/fasciculations of my forearm and hand (while driving from hospital where I work as a physician to where I live). I pulled over, felt a bit dazed and was unable to use my left hand purposefully to call 911 on my cell phone, but was able to call 911 on my Watch using my right (dominant) hand. While talking to the dispatcher, my symptoms resolved (total duration a few minutes) so I requested that they not send an ambulance but instead felt well enough to drive to my hospital ED. I discussed my case with the triage RN and ED attending who felt my symptoms were related to the vaccine, with no further work up needed, given then my symptoms resolved. My vitals were stable in triage. No chest pain or shortness of breath, with normal neurological function and sensation of my left arm. Note: I was not officially checked in or seen as a patient. Sudden onset weakness and spasms of left arm (side of vaccine administration) about 40 minutes after vaccine
932699	1/10/2021	CA	32	F	1/8/2021	1/8/2021	Injection site: pain, tenderness, soreness - still present General side effects: Dizziness -10/08/2021 3 hrs Weakness - still present Chest pain - 10/08/2021 2hrs Difficulty breathing - 10/08/2021 2hrs Chills -still present Muscle pain - still present Joint pain -still present Fever - 10/08/2021 1130pm Chest sore - still present Muscle stiffness - 10/10/2021 1130am
932862	1/10/2021		38	F	1/10/2021	1/10/2021	Patient c/o tongue swelling, throat tingle and chest pain. Warm tingling around mouth. VS.Benadryl 25 min 7:43, Epi Pen Epi-Pen at 07:45, Rapid response called, Epi Pen working. Transferred to ED.
931119	1/9/2021	WA	50	M	1/7/2021	1/7/2021	Sharp piercing left sided chest pain that radiated to left shoulder and back 7-8/10 on pain scale. Taking a deep breath made pain worse but no associated shortness of breath. Pain worsened with attempting to eat food. Severe symptoms lasted 2-3 hours and then subsided. Troponin and other cardiac markers negative. No history of GI, cardiac, or pulmonary disorders. Mildly present the first half of the next day (1-2/10) until afternoon then completely resolved

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931689	1/9/2021	CO	39	F	1/7/2021	1/8/2021	On 1/8/2021 I woke up with severe chest pain under my breast bone, radiating to my upper back. It came in waves a severe sharp pain and then was dull. I?ve never had heartburn or indigestion so I went to Urgent care around 10am on 1/8/2021.
931658	1/9/2021	PA	52	F	1/9/2021	1/9/2021	after receiving vaccine patient immediately felt warm, dizzy and started dry heaving. we dosed Zofran 4mg, gave one dose epi-pen, and 50mg Benadryl. patient still complained of chest pain and was dry heaving. she was then transported by ems to the hospital at 4pm.
931634	1/9/2021	RI	29	F	1/9/2021	1/9/2021	Pt entered observation @ 1530. @ 1540 pt stated her throat felt "tingly", when this asked her if she felt ok. @ 1541 pt stated she felt a small lump. This nurse assisted pt to bed in vaccination clinic. Stated the lump felt "bigger". This nurse administered Epi 0.3mg to R thigh @ 1544. Pt stated s/s were better @ 1548. Cold compress was also applied. This nurse assisted pt to ER. Pt @ ER @ 1605. When this nurse left pt, she was being assisted by ER for registration. Denied any s/s of chest pain or SOB.
931615	1/9/2021	NY	36	F	1/5/2021	1/5/2021	Immediate: Dizziness, numb face, itching throat and nasal passage, itching tongue (slightly swollen) with lead like feeling, bruising on chest. 3 Days Later: Itching throat and nasal passage, itching tongue with lead like feeling and chest pain. 4 Days Later: Itching throat and nasal passage, itching tongue with lead like feeling and off-on chest pain.
931577	1/9/2021	TX	50	F	1/7/2021	1/7/2021	Since administration - Chest pain, Shortness of breath, blurred vision, headache, nausea, and chills
931230	1/9/2021	IL	32	F	1/7/2021	1/9/2021	extreme tiredness, headache, left side tingling/numbness (left arm to left jaw), dizziness and near syncope, body spasms, and left sided chest pain (worse with palpation)

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931080	1/9/2021	WV	49	F	1/8/2021	1/8/2021	15 minutes into post administration observation patient complained of dizziness. This dizziness intensified over the next few minutes. Patient moved to a cot in sitting position to obtain BP, O2, and pulse. Moved into a supine position and complaints of nausea started within 5 minutes. Patient then placed on side and began retching without vomiting. Patient was able to talk and drink sips of water. Complained of chest pain (described as pressure and similar to heart burn radiating to throat) and headache. 11:55am 911 contacted. Patient denied using or being prescribed nitroglycerin for previous chest pain complaints. Presence of urticaria on neck and upper chest led to the administration of 50mg diphenhydramine solution by mouth at 12:00pm. Rash dissipated. Continued monitoring patient's BP, O2, pulse. 12:09pm EMS arrived and monitored patient. Patient still complained of headache and nausea. Patient offered trip to ER at 12:14pm. 12:17pm agreed to ER transportation. Left facility for ER at 12:20pm with EMS.
931066	1/9/2021	MA	57	M	1/6/2021	1/6/2021	HEADACHE, SEVERE JOINT PAIN, RIGHT UPPER CHEST PAIN, LETHARGY, FEVER, CHILLS
931786	1/9/2021	MI	49	F	1/5/2021	1/9/2021	Got out of bed, after a few minutes of standing vision became white, sudden onset of severe diaphoresis, then unable to stand, fell to the floor then could not see at all, everything was black, also unable to speak, sudden onset of shortness of breath, central chest pain, pain to shoulders and neck. Ears ringing, pain to back of head. Approximately 15 min later was able to speak and crawl to edge of bed. Sweating remained at this time along with extreme weakness, lightheaded and nausea. Heart rate 118, oxygen was 96% by finger oximeter. 10 minutes later dressed with assistance and able to ambulate independently but slowly to truck to be taken to ER.
931691	1/9/2021	AK	21	F	1/8/2021	1/9/2021	Severe body aches and fatigue, chills, tachycardia, chest pain and tightness, headache, stomachache, gastrointestinal issues, nausea, inability to focus, fever

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931417	1/9/2021	FL	60	M	1/7/2021	1/7/2021	Myocardial Infarction: patient began to complain of severe chest pain 3 hours after the vaccine was given .. Vaccine NDC # 59267-1000-1. 0.3 ml given by RN. Patient called his PCP: "... I had very bad chest and shoulder pains, neck pains and slight fever from 9 pm until early this morning (Jan 8). My blood pressure was 155/95 mmHg. Should I see you today? Still feel sore all upper body. Above message received at 0720 am (Jan 8) and the patient was called back at 0757 am (Jan 8): patient was told that many of the side effects above were related to the vaccine but the chest pain was worrisome and the provider requested the patient go to the emergency room. Patient understood the importance to seek medical attention..... Emergency Room notes: seen by MD on Jan 9. Note at 0749: patient complained of chest pain on/off since received COVID vaccine on Jan 7. Pain was substernal and radiated to the left shoulder, assoc with some SOB. EKG obtained and revealed ST segment elevation and a "cardiac alert" was called.
991794	1/9/2021		41	F	12/29/2020	12/29/2020	Palpitations Narrative: Employee received vaccine at 8am on 12-29. 45 minutes later experienced flushed feeling, heart palpitations, chest pain. See in urgent care at work, EKG showed ectopy. She was sent to the nearby emergency room, where she was monitored and given iv fluids, oxygen and tylenol. She is feeling better today one day later, and will have follow-up with cardiology. Vaccine administration may have set off underlying predisposition for PVC's, ectopy. Was aware of PVC's previously but well-controlled on diltiazem. Has now been switched to metoprolol.

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931759	1/9/2021	WI	50	F	1/9/2021	1/9/2021	Patient was given the first COVID-19 vaccination at approximately 1254 today in her left deltoid. She approached writer at 1310 in no apparent distress. She voiced symptoms that were concerning to her. She indicated about 5 minutes after she received the injection, her tongue felt like it was burning and tingling. She also stated her chest was burning. Denies every having these symptoms ever before. She currently denied shortness of breath, chest pain, shoulder pain, nausea, or throat swelling. No changes in voice were observed by writer. Last time patient ate was between 0930 and 1000 this am. Patient shared that she was feeling anxious about having the vaccine and wonders if this is the reason why she is having the symptoms. Vitals taken, all within normal range. Patient encouraged to remain for 30 for observation. No further concerns were verbalized to writer during her stay. Patient was encouraged to call 911 if she develops shortness of breath, chest pain, throat swelling or other concerning symptoms after she leaves. Patient verbalized understanding and was agreeable with plan.
931755	1/9/2021	MT	41	F	1/7/2021	1/8/2021	2nd Pfizer vaccine was given on Thursday Jan. 7th around 1240pm. That evening I experienced expected muscle aches, chills, headache, fatigue. The next evening, Jan 8th I experienced chest pain which felt like heartburn or gastritis (which I do not typically have) in addition to the muscle aches, chills and headache returning. The morning of Jan 9th I woke up with a swollen face in addition to ongoing body aches, fatigue and headache and took 50mg of Benadryl and went to urgent care for evaluation.
1011637	1/9/2021		47	F	1/4/2021	1/8/2021	Hypertension + chostochondritis left ribs 1-3 Narrative: Patient reported slightly elevated BP at 143/93 and reproducible chest pain on 1/8/2021 at 9:00am. Wanted to be examined as her 2 year boyfriend recently died of an arrhythmia. Has history of fibromyalgia and BP is "always is elevated when she see's a provider". BP improved to 138/76 on repeat after 15 min of discussion.

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954138	1/9/2021		32	F	1/6/2021	1/6/2021	Dizziness, Headache, SkinRash, NauseaVomiting, palpitations, metallic taste instantly after injection Narrative: When injection, the patient immediately tasted a metallic taste, tingling down left arm, headache, flushing, nauseated, numbness and tingling in hands and feet, chest pain- described as palpitations.
953068	1/9/2021		46	F	12/19/2020	12/28/2020	Angioedema Narrative: Employee presented to ER for right sided facial swelling 9 days following PFIZER injection. Employee did not experience any SOB or chest pain. ER provider administered steroid injection for treatment. Employee returned to work on the day of discharge and states she will follow up with private allergist for further disposition.
931881	1/9/2021	AK	56	F	1/9/2021	1/9/2021	Had COVID vaccine and was being monitored. at 11:25a she developed dizziness, nausea, chest pain, left arm weakness/numbness, skin itching. BP checked and was 190/110, then 180/110. Hx HTN and BP meds taken today. Hx of allergies -- took loratadine and hydroxyzine this AM. Due to the dizziness and skin itching, feeling unwell/woozy with history of anaphylaxis, given epipen and called 911. EMS arrived and taken to ER.

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931859	1/9/2021	AK	53	F	1/9/2021	1/9/2021	Customer rec'd COVID-19 vaccine at 1208pm and transferred to post vaccine observation. Customer noted to be frequently rubbing her eyes, initially denies feeling any symptoms. Symptoms of itching eyes persistent followed by customer clearing throat repeatedly. Continues to deny symptoms related to vaccine. States that she has anxiety. Customer noted to be hypotensive at 1226 98/68. Refuses epinephrine, transport to ED for monitoring. Customer accepts Benadryl 50mg PO @ 1227. O2 sat ~94-95%, pulse 79-84. Customer monitored at site, escort and significant other, at chairside. Customer persistent with her request to leave throughout observation, states she is fine. Customer and escort counseled to watch for progressive s/sx of reaction including increase in throat symptoms, swelling, itching/rash, SOB, chest pain or any other symptoms that are outside her baseline. Instructed to contact EMS for transport to ED. Customer and escort in agreement with plan. Customer does not have resolution with dry throat symptoms but does not wish to remain in observation any longer. Vitals at 1307 consistent with baseline as documented previously in chart. Customer instructed to contact PCP Team prior to next vaccine appointment to discuss post vaccine course and discuss risks/benefits and/or pre-treatments prior to next vaccine. Customer denies questions/concerns. Escort verbalizes understanding of instruction and agrees to remain with customer for the next 24 hours. Customer released from site at 1315, ambulating independently with steady gait, no obvious s/sx of distress
931843	1/9/2021	IL	23	F	1/8/2021	1/8/2021	Injection site soreness started about 3 hours after administration Chest pain and headache started about 7 hours after administration, went away after 4-5 hours Severe nausea started about 14 hours after administration and lasted for 4 hours Body aches and chills started about 14 hours after administration, lasted for greater than 12 hours, on and off Took ibuprofen and tylenol alternatingly, started feeling relief of some symptoms about 20 hours after administration
931825	1/9/2021	NC	42	F	1/9/2021	1/9/2021	Palpitations, presyncope, tachycardia, elevated blood pressure, sweating, chest pain

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931771	1/9/2021	AZ	27	F	1/7/2021	1/8/2021	Chest pain and palpitations
928120	1/8/2021	CA	56	M	1/4/2021	1/6/2021	body ache arm sore chest pain
928775	1/8/2021	PR	35	F	1/5/2021	1/5/2021	fever, diarrhea, chest pain

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928606	1/8/2021		60	F	1/6/2021	1/6/2021	<p>Progress Notes Nurse Practitioner Cosign Needed Expand All Collapse All COVID VACCINE CLINIC 1/6/2021 Patient is a 60 y.o. female who was seen at SVH COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience throat tightness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, skin changes, tongue swelling and vomiting. No previous hx of vaccine reactions. ALLERGY REVIEW OF SYSTEMS: All other systems negative Objective Vitals Vitals: 01/06/21 1705 01/06/21 1720 01/06/21 1724 BP: 134/82 (!) 145/84 134/72 Pulse: 94 80 77 SpO2: 97% 99% 100% Physical Exam Vitals signs and nursing note reviewed. Constitutional: Appearance: Normal appearance. HENT: Head: Normocephalic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and</p>

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928759	1/8/2021		34	F	1/6/2021	1/6/2021	<p>Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Assessment/Plan Treatment included: antihistamines and benadryl. Follow up response to treatment: no side effects. Patient discharge: Stable to go home and follow up with PCP. Diphenhydramine 25 mg given at 5:15 Pt dismissed at 5:25.</p> <p>Transferred to ED. ED documentation below. Initial Vital Signs [01/06/21 1754] Blood Pressure 146/97 Heart Rate 78 Respiratory Rate 16 Temp 36.9 °C (98.4 °F) Temp src Oral SpO2 97 % 34 y.o. female who arrived by From on-campus presented to the emergency department for an allergic reaction to the Pfizer COVID-19 vaccine. Pt received the first round of injections at 1707 tonight and experienced adverse reactions. Pt endorses dizziness which is accompanied by central abdominal pain and itching of her left thigh. Pt states that her throat is dry, but adds that it could be from not drinking much fluids today. Pt has a hx of anaphylaxis from shellfish and angioedema. She says these current symptoms are not similar to the ones she experienced from anaphylaxis or angioedema. Pt has not started or changed any medications, but had an IUD inserted about a week and a half ago. Pt denies any fevers, chills, coughs, cold symptoms, chest pain, palpitations, shortness of breath, headaches, nausea, vomiting, bowel or bladder problems, or urinary complaints. Clinical exam shows central abdominal pain just above the umbilicus with itching of the posterior aspect of the left lateral thigh. Will administer PO Prednisone and PO Diphenhydramine in the ED and observe the pt. No epinephrine injection was deemed necessary at this time. DDx: allergic reaction 1910 hours: Discussed further treatment and vaccine advice with the pt. Will discharge pt to home. Provided follow up instructions to her PCP, for reevaluation. Discussed return precautions. Vital signs are stable at time of discharge.</p>

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928670	1/8/2021	TX	51	F	12/22/2020	12/22/2020	I started few hours later started feeling thought it was stress. The next morning around 9am high moderate pain left leg jaw, chest hurt, sudden panic attack and I had to calm down for minutes. I informed my coworker I was having a reaction and then it stopped. Then I scheduled an appt with my PCP had lab work, EKG results was normal. On 12/24 still exp high mild left jaw pain, heart racing and chest pain .I was scheduled stress test on 12/30 was normal.
928662	1/8/2021	NY	50	F	12/23/2020	1/1/2021	On December 25th I had mild chest pain and then on January 1st, 2021 I had severe chest pain that persisted and on January 3rd I was admitted into the hospital. My Ddimer was elevated and my Troponin levels were elevated. An angiogram was performed and Dr. injected nitro into my arteries because they were constricted from Coronary Spasms.

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929058	1/8/2021	NY	36	F	12/19/2020	12/23/2020	<p>Around 10:30pm I felt like my throat was closing and I was choking; Around 10:30pm I felt like my throat was closing and I was choking; I had chest pain, chest tightness; I had chest pain, chest tightness; Very SOB at rest; Throughout the day I was cough and my face started flushing so I took Benadryl/severe facial flushing; On 23Dec I got nerve blocks for my migraines.; Throughout the day I was cough and my face started flushing so I took Benadryl.; This is a spontaneous report from a contactable nurse who reported for herself. A 36-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot: EK5730) dose number 1, via an unspecified route of administration on 19Dec2020 11:30 at single dose for COVID-19 immunization. Medical history included von willebrand's disease, narcolepsy with cataplexy, IIH (Idiopathic intracranial hypertension), HTN (hypertension), GERD (gastroesophageal reflux disease), migraines. Patient also had known allergies: PCN (penicillin), shellfish, IV contrast, cefdinir and bees. On 23Dec2020, patient got nerve blocks for her migraines. Throughout the day patient was cough and her face started flushing so she took diphenhydramine hydrochloride (BENADRYL). Around 22:30, patient felt like her throat was closing and she was choking. She had chest pain, chest tightness. EMS (emergency medical services) was called and patient was brought to the hospital. On 25Dec2020, patient felt like her throat was closing, like someone was sitting on her chest and chest tightness still with chest pain. Very SOB (shortness of breath) at rest. Patient went to the ER (emergency room) and received IV dexamethasone (DECADRON) and diphenhydramine hydrochloride. On 26Dec2020, patient had the same symptoms but with severe facial flushing and patient went back to the ER and was given IV dexamethasone. Patient was sent home on a maximum amount of medications. I had seen her primary care, ENT (ear nose throat centre), Allergy, ID (infectious disease), and pulmonology. Her CT (computerised tomogram) of chest on 25Dec2020 was negative along with her COVID test. Patient SOB on rest and exertion still. Onset date of the adverse events was reported as 23Dec2020, 22:30. Patient received treatment for the events included multiple medications and high dose prednisone. Lab data on 25Dec2020 included CT of chest: negative, influenza</p>

VAERS_ID RECVD STATE AGE_YRS SEX VAX_DATE ONSET_DATE SYMPTOM_TEXT

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928635	1/8/2021	IA	62	F	1/7/2021	1/7/2021	type A/B combo: negative, Covid 19: negative and nasal swab: negative. Action taken in response to the events for bnt162b2 was not applicable. Outcome of the events was not resolved.; Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the reported events due to temporal relationship. The clinical presentation of the events is suggestive of possible allergic reactions. There is limited information provided in this report. Additional information is needed to better assess the case, including complete medical history, diagnostics, counteractive treatment measures and concomitant medications. This case will be reassessed once additional information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
928630	1/8/2021	MA	32	F	12/30/2020	1/4/2021	Patient reported feeling flushed and shaky after injection. Episode was short lived. After second episode it was decided to transport patient to ED for evaluation via wheelchair. ED notes: patients states she felt very flushed, cheeks were flushed, very slight itchiness in her mouth and tongue and very slight nausea and very shaky. Denied shortness of breath or chest pain. Medications given: 1815 diphenhydramine 50mg IV 1820 methylprednisolone 125mg IV Normal saline bolus 1840 famotidine 20mg IV 1817 hydroxyzine hydrochloride 50mg IM 1841 epinephrine 0.3mg IM 1823
928621	1/8/2021	FL	42	M	12/26/2020	12/27/2020	Initial reaction of muscle soreness which subsided over 2-3 days, but eventual full body sensation of being hot/sweaty without measured change in body temperature through thermometer. The overheating occurred for 3 days before beginning to subside. It was accompanied by some slight chest pain on day 5 post-vaccine, which has also mostly subsided.
							Aches, diarrhea, vomiting, pneumonia, fever, chest pain

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928769	1/8/2021	CA	29	M	1/6/2021	1/7/2021	Normal after the inj. 8 hours later, arm pain, fatigue. Next day at noon, felt anxious, heart rate 140's, extreme back pain, tachycardia. Lasted 12 hours 140 at rest. Movement 160 rate. Had chest pain. High fever 102-103.
928555	1/8/2021	FL	70	F	1/7/2021	1/7/2021	Patient reported symptoms of chest pain, headache and dizziness. EKG, continuous telemetry, oxygen and labs were done. Chest pain lessened, headache remained the same and patient was given Tylenol. MD felt headache was probably r/t pre existing osteopathic changes in her neck and shoulder. Patient received meclizine and acetaminophen.
928486	1/8/2021		58	M	12/18/2020	12/18/2020	Received a COVID-19 vaccination in his left arm and 915 this morning on 12/18/2020 and states that he felt some swelling sensation in his throat. He received 25 mg of Benadryl there initially and then a few minutes later got another 25. He had no chest pain or shortness of breath. He had no difficulty swallowing. He has had somewhat of a similar reaction in the past when he is exposed to cat hair. He was brought to the ED by EMS for further evaluation. No rash. Arrived 10:16am, received pepcid, declined steroids and discharged at 11:47am. Symptoms resolved within 2-3 hours.
928450	1/8/2021		58	M	12/18/2020	12/18/2020	Received a COVID-19 vaccination in his left arm and 9:15 on 12/18/2020 and states that he felt some swelling sensation in his throat. He received 25 mg of Benadryl there initially and then a few minutes later got another 25. He had no chest pain or shortness of breath. He had no difficulty swallowing. He has had somewhat of a similar reaction in the past when he is exposed to cat hair. He was sent to ED by EMS for further evaluation. No rash. Arrived 10:16am, given pepcid, declined steroids and discharged at 11:47am. Felt normal within 2-3 hrs after receiving the vaccine. Given EpiPen for second dose.
928369	1/8/2021	FL	51	F	1/7/2021	1/7/2021	Patient started experience burning in the eyes and bilateral tinnitus. She denied any rash, hives, swelling, facial edema, or pharyngeal edema, wheezing, shortness of breath, or chest pain. She was given Benadryl at the time and observed.

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928183	1/8/2021	TX	40	F	12/28/2020	12/31/2020	Severe Headaches Body aches Fatigue Chest pain allergies worsened
927969	1/8/2021	WI	44	F	12/30/2020	1/1/2021	Symptoms started 1/1/21 Pm. Headache, ear ache, chills, fever. COVID and influenza swabbed 1/5/21 both negative. Symptoms continued ear infection 1/6/21, nausea and chest pain. 1/7/21 vomiting and diarrhea started. Going in for COVID swab this am. And seeing a provider.

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927506	1/8/2021	MA	58	M	12/28/2020	12/28/2020	Heart rate increased; Swelling arm; Arm soreness; soreness at the vaccine injection site; This is a spontaneous report from a contactable consumer. A 58-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number EJ1686, expiration date unknown) via an unspecified route of administration on 28Dec2020 at 13:00 (at the age of 58-years-old) at an unspecified dose in the upper left arm for COVID-19 vaccination. Medical history was reported as "no pre-existing conditions." He mentioned that he reviewed his allergies with a pharmacist prior to vaccination but did not specify what his allergies were. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient was a tobacco user from an unknown date. The patient also reported a history of pneumonia which was reported to have occurred on seven different occasions following each of seven different vaccinations with the flu vaccine (manufacturers unknown) prior to 2013. There were no concomitant medications. The patient did not receive any other vaccines within four weeks prior to the vaccination. He stated that after receiving the COVID 19 Vaccine he had side effects. He said the side effects went away at twenty four hours later, but he is still having one side effect, and has a concern. He clarified that he has an elevated heart rate since getting the COVID 19 Vaccine. He said he has never had an elevated heart rate before getting the COVID 19 Vaccine. He reported his heart rate is normally low, between 62-65. He said when he was at work on 28Dec2020 his heart rate was OK, but prior to going to bed that night his heart rate was 93 - 95. He said he thought at first he was just stressed. He also reported the COVID 19 Vaccine is the only thing he has taken. He mentioned that his heart rate has been down to 93, but then up to 105, and higher. He specified that he first presented with an elevated heart rate between 4:00 5:00PM on Tuesday, 29Dec2020. He said the elevated heart rate subsided enough for him to sleep later that day. He said he then started work around 10:00AM today, 30Dec2020, and felt the elevated heart rate in himself, and didn't say anything to anyone at work. He said when his heart rate got bad, it was about 12:30PM today and that today (30Dec2020) at work he didn't feel right at lunch, so he took his oxygen level and heart rate. He said his heart rate was 141. He said he called his

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927426	1/8/2021		60	F	1/6/2021	1/6/2021	primary care doctor, but didn't go to the emergency room. He said he doesn't have chest pain. He said he said something about his heart rate to a staff member at work, and the staff member tested his heart rate, and told him it was 141. He said he spoke to the nurse at his doctor's office, and the nurse said the doctor couldn't do much, and that he could go to emergency room or their practice's urgent care that is open until 7:00PM. He said he tried to go to the hospital emergency room, but ended up driving by because the hospital was so busy they were triaging patient's in the parking lot. The patient also experienced arm swelling and arm soreness following the vaccination on 28Dec2020. He said he could feel the soreness at the vaccine injection site when he moved his left arm. He stated that the swelling was down to his biceps and it resolved within 12- to 14 hours after the vaccination. As treatment, the patient took a generic 81 mg Baby Aspirin (UPC Number: 050428323922, Lot Number: P110657 Expiration Date: May2020) on 30Dec2020 between 3:00 and 3:30. The patient stated that the generic 81mg baby aspirin was an expired product. The clinical outcome of heart rate increased was not recovered and the clinical outcome of arm swelling, arm soreness and vaccination site soreness was recovered on 28Dec2020.
							Chest pain Abdominal pain Fever, severe chills, diaphoresis Seizure like activity for two night

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930451	1/8/2021	MA	28	F	1/8/2021	1/8/2021	Entered observation as a "30 minute" Observant, r/t her past vaccine (Pfizer first dose). States she was dizzy for about 4hrs after 1st vaccination. Onset 45mins, after 1st vaccination. Became dizzy around (1710) while in observation. This nurse and staff assisted pt to bed to lay down in vaccination clinic. Denies SOB, chest pain, or trouble breathing when asked. Currently remains laying down on bed @ present time (1720). Cold compress applied to help alleviate s/s of dizziness. Still voices s/s of dizziness @ 1730. This nurse asked pt if she would like to be sent to ER. Pt voiced she was "ok", and did not want to be sent to ER. Pt called family @ 1730, r/t having a ride home. This nurse insisted to pt that she did not need to drive "herself". Pt, left w/ family @ 1750, voices slight dizziness upon leaving. Transported via w/c by this nurse w/ family. Left observation @ 1750.
929069	1/8/2021	MI	24	F	12/30/2020	1/2/2021	Increased heart rate of 124; clammy hands; nausea; calf pain; extreme muscle and joint pain; extreme muscle and joint pain; shortness of breath; coughing; chest pain; This is a spontaneous report from a contactable Other Health Professional (patient). A 24-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number was unknown, via an unspecified route of administration in the left arm, on 30Dec2020 08:00 at a single dose for COVID-19 immunization. Medical history included asthma and drug hypersensitivity to sulfa. The patient was not pregnant. The patient had not received any other vaccines in four weeks prior to Covid vaccine. The patient's concomitant medications included birth control and multivitamin, both unspecified. The patient experienced increased heart rate of 124, clammy hands, nausea, calf pain, extreme muscle and joint pain, shortness of breath, coughing and chest pain, all on 02Jan2021 12:00 PM with outcome of recovering. The events are reported as non-serious with no treatment received. The patient had no covid prior vaccination. She was not tested for covid post vaccination. Information on the lot/batch number has been requested.

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928344	1/8/2021	CO	79	M	1/3/2021	1/3/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: Within fifteen minutes of receiving vaccine patient experienced lightheadedness and dizziness. Remained awake alert and oriented and able to stand and ambulate. Initial vital signs were within normal range except blood pressure 152/67 mmHg. Patient denied chest pain, palpitations, shortness of breath, difficulty breathing, nausea, vomiting, and pain. Patient stated they had not eaten yet that day and was immediately given juice, food, and water. One hour after vaccination patient stated symptoms were resolving. One hour and fifteen minutes after vaccination patient stated lightheadedness and dizziness returned and were slightly worse and developed a new symptom of "ear and head pressure". Repeat vital signs were within normal ranges except blood pressure was 139/92 mmHg. After discussion with healthcare provider decision made to transfer patient to urgent care/emergency department.
930555	1/8/2021	OR	42	M	12/21/2020	12/27/2020	Went to ED 6 days after vaccination. "42yoM with a hx of covid-19 infection in 3/2020 with sequelae of chest pain, insomnia, SIBO, and distant hx of testicular malignancy who presents with chest pain and chest palpitations. Pt received COVID vaccine on Monday, then started to have symptoms reminiscent of his original covid infection on Wednesday, including chills, myalgias, substernal chest pain, heart palpitations, and fatigue. Denies any fevers recorded at home. He feels like he has extra beats intermittently. Also reports some nausea, but denies vomiting or diarrhea. He has maintained good PO intake since symptoms started, but is worried he may be a bit dehydrated because he had a small AKI when he had covid back in March?. Etiology of chest pains unclear, but given all of the above workup, unlikely to be due to an acute cardiac or pulmonary etiology." He continued to have palpitations for the next week and had further EKG's don thru urgent care.

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951297	1/8/2021		61	F	1/5/2021	1/5/2021	Dizziness Narrative: Employee was given the Moderna Covid vaccine at approximately 1106 am. Patient was placed on a 30 minute monitor due to her hx of having a severe allergic reaction to Penicillin. At the end of the 30 minutes (at approximately 1136), patient reported having dizziness. When questioned if this was a new symptom for her she reported that she has had vertigo in the past when she had a sinus infection but has not experienced vertigo recently. Patient's VS were immediately taken. Results 98.2-60-20-150/83 (Sitting-LA 156/87 (Sitting-RA) SAO2 98%-RA Pain=0. Patient denied chest pain, SOB, or itching/rash/hives, and was in no apparent distress. This nurse informed patient that 911 would have to be notified in order for her to be further assessed, and she agreed. 1142-911 was notified. Patient remained seated with no changes in condition. Leadership notified, and was on site at 1154, when EMT's arrived. Patient was transported off site at 1156.
930323	1/8/2021	CA	50	F	12/21/2020	12/21/2020	Tachycardia (HR in the 110s), shortness of breath, chest pain 15 min post vax Observation and fluids Sxs resolved after 15 mins of close monitoring NKA
929088	1/8/2021	PR	56	F	1/5/2021	1/6/2021	HEAD ACHE, MUSCULAR ACHES, FEVER, CHEST PAIN AND IRREGULAR HEART RATE, EDEMA, ITCH, ERYTHEMA, ENLARGEMENT OF LYMPH NODE
930860	1/8/2021	KY	45	F	12/18/2020	12/18/2020	I started having flushing within a minute of receiving vaccine next I noticed I had heart palpitations I was told my skin was clammy then I had another episode I was taken to ER and decardron was given. I was observed in ER for few hours . Since that day I have heart palpitations every day along with chest pain sometimes I am not able to wean off steroids I also had diarrhea on 1/3 that lasted few days . These side effects are very scary every day heart palpitations I feel my heart would stop
930845	1/8/2021	NM	26	F	1/6/2021	1/6/2021	Headache Body ache Fatigue Painful soreness at the injection site Swollen lymph nodes on arm of injection site - painful sore ness Chest pain

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930789	1/8/2021	AZ	58	F	1/8/2021	1/8/2021	Difficulty breathing; chest pain, headache. vital signs at 1148: BP 188/97; pulse 107. Vital signs at 1153: BP 162/99, pulse 99; respiration 22; Blood glucose at 98 milligrams per deciliter. At 1144 patient give Epinephrine using epi-pen. At 1145 patient on oxygen at 2L/minute.
930720	1/8/2021	CA	37	M	1/8/2021	1/8/2021	4:15 pm- 10 minutes after injection pt reports feeling dizzy, cold, and throat dryness. Pt denies short of breath, chest pain or swallowing difficulties. 4:20 pm Pt evaluated by EMS. BP 140/108, P 95, O2 sat 100% 4:25 pm BP 142/99, P 94, O2 sat 100 %. pt reports feeling better and declined transport to ED
930466	1/8/2021	LA	82	F	1/5/2021	1/5/2021	Fever, shortness of breath and chest pain that resulted in a heart attack a few hours after vaccination
930353	1/8/2021	MN	16	F	1/7/2021	1/8/2021	Patient in clinic for chief complaint of possible side effect of the covid vaccine which she received yesterday. She states that she woke up at 0200 with chest tightness, achyness and headache. She rates the discomfort 7/10 last night and improved now to 5/10. She denies any worsening with any type of exertion and states that she can do simple things like take a shower, walk across the room, down the street or even stairs without any worsening. She denies any SOB or chest pain--just feels tight. Doesn't feel like she can't get a full breath or get the air out of her lungs either. She received her first of two doses of the Pfizer vaccine yesterday (4:23pm) and had no difficulty with the injection itself and then 9.5 hours later woke up from sleep with this chest tightness as well as achyness and headache. She states that she had the exact same symptoms when she had positive covid test back in August of this year with the addition of fatigue which lasted for 5 days. At that time it was not felt necessary to do any further testing nor treat with steroids according to cardiology. She does have history of LV non-compaction cardiomyopathy and her last visit with cardiology was about 2 years ago and she had a normal EKG and echo only showed "mild LV non compaction at the apex" at that time. He did not need to see her again until she is 18 unless she has problems. She states that she generally does very well and other than this tightness she does not have any other significant symptoms.

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930142	1/8/2021	FL	68	F	1/5/2021	1/8/2021	Patient experiencing Chest pain and elevated troponin. Patient taken to the cath lab and treated for suspected stress induced cardiomyopathy.
929670	1/8/2021	NY	22	F	12/29/2020	12/29/2020	After vaccination, she reported to the ER. She stayed in observation for about 4 hours. States about 20 minutes afterward developed some sensation of tightness in her throat, upper chest pain, and some dizziness. Patient has a history of allergic reactions and in the past has had anaphylaxis she does carry a EpiPen. Patient took Benadryl prior to vaccine this morning and then again afterwards a total of 50 mg, did not notice any swelling of her face tongue or lip, there is no wheezing or difficulty breathing not noticed any rash or hives. Received Famotidine, methylprednisolone and IV fluids when in the ER. The next morning she was found be Covid Positive and they did not know it previous.
929094	1/8/2021		38	F	12/29/2020		severe dizziness; aches; chest pain; palpitations; extremely low blood pressure; fever; shortness of breath; This is a spontaneous report from a non-contactable nurse, the patient. A 38-year-old non-pregnant female patient received the first dose BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Lot Number: EK9231; Expiration date was not reported), via an unspecified route of administration in the left arm on 29Dec2020 at 09:15 (at the age of 38-years) as a single dose for COVID-19 immunization. Medical history included allergy to bee stings. Prior to the vaccination, the patient was diagnosed with COVID-19. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the vaccination. The patient previously took cefzil and experienced allergies. On an unspecified date, the patient experienced severe dizziness, shortness of breath, chest pain, palpitations, extremely low blood pressure, fever, and aches. The patient was seen in the emergency department for the events. Therapeutic measures for the events included medications and IV fluids; both not further specified. The outcome of the event severe dizziness, shortness of breath, chest pain, palpitations, extremely low blood pressure, fever, and aches was recovered. No follow up attempts are possible. No further information is expected.

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929128	1/8/2021		27	F	1/8/2021	1/8/2021	Patient was given second Pfizer vaccine at 8:19. About 11 minutes after receiving the vaccine patient complained of chest pain. 911 was called, nasal O2 was administered. BP 150/90, P103. Patient was taken by ambulance to the ED. She stated her chest pain was an 8 out of 10.
930748	1/8/2021	NM	51	F	1/8/2021	1/8/2021	Severe heartburn with gastric reflux. MD notified antacid prescribed. Pt. provided 15ml of ALOH/MGOH/SIMETHICONE 400/400/40MG/10ML. No SOB or chest pain noted. Heartburn pain decreased from 5/10 to 1/10 15minutes after medication administration.
929276	1/8/2021	FL	64	F	12/29/2020	12/29/2020	Dizziness,headache,palpitations with increased heart rate to 132/min,mild increase in BP,cold and clammy hands and both legs below knees . I didn't have any shortness of breath or chest pain. My pulse ox was 98-99.My symptoms started within 20 mins of vaccination and lasted for almost 2 hours on and off before they were resolved. I didn't need any medical intervention like O2 or IV administration of fluids or any medications. I was under observation and drank about 30 oz of water to keep myself hydrated . Once I felt better I drove home and rested for whole day and didn't go out. I didnt have any recurrence of these symptoms later that day or next day.

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930096	1/8/2021	KS	45	F	1/7/2021	1/7/2021	Notes APRN (Nurse Practitioner) ? ? Nurse Practitioner Cosign Needed Expand All Collapse All COVID VACCINE CLINIC 1/7/2021 Date: 1/7/2021 Subjective Patient is a 45 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience throat tightness and sinus drainage. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, skin changes, tongue swelling and vomiting. Pt took allegra this am for allergies. ALLERGY REVIEW OF SYSTEMS: All other systems negative Previous Reactions: She states with first shot a few hours after her shot she had a rash on her mid back. and and lower extremities. Pt also had a head ache. Symptoms lasted 5 days. Objective Vitals Vitals: 01/07/21 1248 01/07/21 1303 01/07/21 1321 01/07/21 1334 BP: (!) 150/87 130/71 137/87 123/73 Pulse: 94 86 75 76 SpO2: 97% 99% 98% 99% Physical Exam Vitals signs and nursing note reviewed. Constitutional: Appearance: Normal appearance. She is well-developed. HENT: Head: Normocephalic. Jaw: There is normal jaw occlusion. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are moist. Eyes: Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary:

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						<p>Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Findings: Rash (on chest) present. Rash is macular. Comments: Flushing over the cheeks and bridge of the nose. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Behavior is cooperative. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: antihistamines. Follow up response to treatment: good. Patient discharge: Stable to go home and follow up with PCP. Pt told if symptoms worsen or changed she is to be seen in the ER. Diphenhydramine 25 mg oral given at 12:55pm. Pt okay to go home with dad driving at 14:22 pm. Electronically Signed 1/7/2021 2:03 PM</p>	
929688	1/8/2021	VA	43	F	12/28/2020	12/30/2020	<p>I'm the safety pharmacist who is reviewing my ADR reports. Unsure if pt or provider also reported. Per the documentation in the database visit "Received COVID-19 vaccine made by Moderna on 12/28/2020 and starting yesterday she developed body aches fever to 101. Starting this morning she started having blisters on her hands on the sides of her fingers and she also noticed that the inside of her lips are peeling. She is not short of breath. She does not have chest pain. She does not have a rash on other parts of her body at this time. Her tongue is not swelling. She has no vaginal mucosal symptoms. PE Mouth-the inside of her lips on video look very irritated and slightly sloughing. I see no other ulcers in the mouth. Small blisters on the bilateral hands with mild erythema."</p>
929716	1/8/2021	WA	42	M	1/7/2021	1/7/2021	<p>complaints of a headache, right side face swelling and numbness, and right sided chest pain</p>

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929845	1/8/2021	OK	42	F	12/31/2020	12/31/2020	immediately after to covid vaccine, client started c/o difficulty swallowing. She was transported to their emergency care area, vitals were monitored. Approx 10mins after this episode, she told them she has had this problem for the last 2 weeks. She denies shortness of Breathe or chest pain. Client was release to a family member. Her husband said she never had any other problems, except the shot made her "tired and achey". She was referred to her PCP for follow up>
929917	1/8/2021	SC	41	F	1/5/2021	1/6/2021	I woke up from sleep with severe chest pain at approx. 0400. It was sharp and radiated up to the left side of my neck. The pain was worse with breathing whether I was sitting up or lying down. My heart rate was 150 initially, but came down to 110's after a few minutes of waking up. My heart rate did not decrease with rest and the chest pain was not going away, so I drove to the emergency room to be checked. Before I left the house I used my albuterol inhaler once to see if it would make the chest pain and tightness any better. I received an EKG, mylanta mixed with lidocaine, IV pepcid and IV torodol to help relive the pain. The pain eased some (was a 8/10 when I awoke to a 2/10 after treatment). My blood was drawn, a chest x-ray was taken and the provider informed me all of my lab results, chest x-ray, and physical examination was normal. My EKG showed tachycardia and my heartrate did not drop below 100 beats per minute throughout the whole ER visit. My BP at the highest was 151/94. I have never had a problem with a fast heartrate or high blood pressure in the past. I was discharged with a diagnosis of pleurisy caused by a cough I have been having. I spent the rest of the day with chest pain and left arm pain from the site of the vaccination.
930035	1/8/2021	KS	55	F	1/8/2021	1/8/2021	Pt had tachycardia with a heart rate in the 160's after receiving the vaccine. She also had chest pain. EMS was called and took the patient to the emergency department for evaluation.

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925429	1/7/2021	KS	59	M	12/18/2020	12/21/2020	Left Chest Pain that was sharp for about 5 minutes. Blood pressure initially was 196/96. Blood pressure came down, and I completed a full day of seeing patients. I then reported in the evening to the ER for testing. No Heart Attack or Blood Clot was diagnosed. So, this was musculoskeletal pain at the left costochondral region.
924954	1/7/2021	MA	57	F	12/31/2020	12/31/2020	Two hours after receiving the vaccine, I had extreme headache, this lasted for over 24 hours, after that the next 2 days was a lighter headache and some light brain fog feeling. The day after the vaccine had some mild chest pain, 5 minutes worth and than went away. Left arm hurt but just the usual with a shot. 6 days after vaccine, I had a rash and bump over my right ear, itchy arms and hands and neck area.
926108	1/7/2021	WY	22	F	1/5/2021	1/6/2021	Shortness of breath, body ache, headache, sore scratchy throat, chest pains, vomiting and nausea
924822	1/7/2021		82	F	12/29/2020	12/31/2020	PATIENT DEVELOPED PROGRESSIVE NEW DYSPNEA, DIFFERENT FROM HER BASELINE. SHE HAS BEEN HOSPITALIZED TWICE FOR PERSISTENT DYSPNEA AND CENTRALIZED CHEST PAIN, WHICH HAS OTHERWISE HAD NEGATIVE WORK UP.
925793	1/7/2021	MN	36	F	12/31/2020	12/31/2020	Immediately after injection, I felt a warm feeling flow from the injection site and across my chest. No shortness of breath or chest pain. Felt slightly light-headed. Drank water and ate some food to closely monitor. Very sore Left deltoid starting about 8 PM on 12/31/20 (same day as the vaccine administration). It was so sore that it woke me up a few times at night and 1/1/21 I had to take Ibuprofen 400 mg to alleviate the pain. Had a dull headache all day 1/1/21 and very tired. Slept that night from 9 pm - 8 am next day. No symptoms since 1/3/21.
926146	1/7/2021	MD	42	F	1/6/2021	1/6/2021	Immediately after the vaccination she experienced chest pain, tachycardia, and throat tightness. She was given benedryl and epinephrine and EMS was called.

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925571	1/7/2021	NY	61	F	1/5/2021	1/5/2021	Immediately after receiving the vaccine, patient developed sensation of throat numbness in the back of the throat. Patient denied SOB, wheezing, throat swelling, stridor, rash, chest pain, tongue swelling. One dose of diphenhydramine 25 mg PO suspension and referred to the Mount Sinai emergency department. Sensation resolved after a total of 30 minutes (10 minutes after receiving diphenhydramine). Vital signs and physical exam were WNL with the exception bilateral submandibular adenopathy. Patient was observed in the ED for approximately one hour with no clinical change and was subsequently discharged home.
925558	1/7/2021		37	M	1/7/2021	1/7/2021	After receiving vaccine, pt complains of extreme dizziness, rapid pulse and chest pain that continued to get worse. Rapid response was called for pt assessment. After continued symptoms, pt was brought to ED for further work up
925542	1/7/2021	NY	30	M	12/28/2020	1/1/2021	On 1/1/21 (4 days post dose 1), patient developed sudden onset substernal chest pain that resolved and recurred the next day on 1/2/21. Patient was seen in the emergency department. VS were reported WNL, EKG with diffuse ST elevations and subtle PR depressions consistent with pericarditis. ECHO did not show evidence of effusion or tamponade. CXR and basic labs were unremarkable including troponin WNL. Patient sent home with colchicine and NSAIDS with plan for outpatient cardiology follow up. Of note, patient had COVID-19 in April 2020 with documented positive antibodies at that time.
925457	1/7/2021	TN	56	M	12/27/2020	12/28/2020	Pt diagnosed with COVID-19 on 12/9/2020 (symptom onset 12/6). Had fully recovered and completed isolation period. Had vaccine on 12/27, developed fatigue, dry cough and mild SOB after that. Developed chest pain (substernal stabbing discomfort) on 12/28 and presented to ED on 12/29. Work up was benign. Pt discharge home that same night.
925453	1/7/2021	VA	27	F	1/6/2021	1/6/2021	heart rate of 140, chest pain sharp right side of chest. started two hours after vaccine.

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926012	1/7/2021		34	M	1/6/2021	1/6/2021	Patient describes chest pain, shallow breathing, sharp chest pain, patient has previous cardiac problems and could recognize. He also reports feeling fatigued and flushed (hot flashes), body aches, headache mildness, injection site pain
925411	1/7/2021	CA	36	F	12/21/2020	12/21/2020	Lightheadedness, chest pain/pressure, flushed skin of chest, tingling BLE > BUE. Taken to ED from vax site. Improved but still with lightheadedness and rash of upper chest. Given IVF and benadryl injx. Observation x 3 hours.
925375	1/7/2021	CT	58	F	12/30/2020	1/6/2021	On day 7 post vaccine (1/6/2021) patient developed itching at the site of the vaccine then was seen today 1/7/2021 for redness and swelling to the site. Patient with 2.5inchx3inch area to lateral arm/lower deltoid region of erythema and induration. Area slightly warm to touch. Area not tender. No abscess or drainage noted. Full range of motion of the extremities noted. Denies any systemic symptoms. Denies any chest pain, difficulty swallowing, shortness of breath, vomiting, dizziness. Patient also endorsed some bilateral lateral pectoral/anterior shoulder soreness - this area slightly tender but patient does endorse exercising and believes it to be related to that. Advised supportive measures at home (warm/cold pack, tylenol or ibuprofen as needed for pain). Patient also given course of keflex 500mg TID for possible early cellulitis. RN will call patient to check on patient in 2 days
925368	1/7/2021	NE	38	F	12/30/2020	12/30/2020	AT APPROXIMATELY 5PM ON DAY OF VACCINATION, DEVELOPED SORENESS IN LEFT ARM. AROUND 10PM SHE EXPERIENCED EXTREME PAIN, COULDN'T LIFT HER ARM OR MOVE THE FINGERS ON THAT ARM. IT ADVANCED TO HER NECK AND BACK, SEVERE HEADACHE, STATING IT FELT LIKE SHE HAD BEEN HIT IN THE HEAD WITH A HAMMER. SHE ALSO FELT HEART POUNDING AND HAD CHEST PAIN. DESCRIBES ALL THE PAIN AS THROBBING. SHE RAN FEVERS (HIGHEST WAS 100.3) AND HAD CHILLS. DIDN'T GET OUT OF BED UNTIL 11:30 THE FOLLOWING MORNING.

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925359	1/7/2021	FL	23	F	12/22/2020	1/4/2020	Itchiness, chest pain, cough, chills, sneezing, body aches, headaches, shortness of breath, fatigue and spitting up flem.
925353	1/7/2021	NJ	32	F	1/6/2021	1/6/2021	dizziness, chest pain, shortness of breath
925344	1/7/2021	GA	32	F	12/20/2020	12/21/2020	On 12-21-2020, elevated heart rate and persistent 12-22-2020 with chest discomfort. On 12-23-2020, I went to the emergency room because my chest pain got worse and peaked. The ER blood pressure was also elevated 200/100.
925307	1/7/2021	MD	39	F	1/4/2021	1/4/2021	Drunken feeling/light headedness(2 days-unsafe to drive), light chest pain(1 day), right earache(1 day), slight headache(1 day-took tylenol), severe left arm muscle pain(2 days) then light left arm muscle pain(2 more days)
925292	1/7/2021	NJ	32	F	1/6/2021	1/6/2021	shortness of breath, chest pains, dizziness
925227	1/7/2021		43	F			Pt received vaccine on 12/18 and developed erythematous, pruritic hives on 12/21. Was rx'd hydroxyzine without significant benefit (has brief relief is sx but recur before next hydroxyzine dos is due). Pt was seen twice in the ED for these sx. Pt was told sx were related to muscle strain. Pleuritic chest pain and cough. Ongoing cutaneous and respiratory adverse reaction.
925104	1/7/2021	CT	42	F	1/6/2021	1/6/2021	Pt received vaccine and ten minutes later began complaining of numbness to her face and heart palpitations. At the this time she denied dyspnea, difficulty swallowing, chest pain, nausea/vomiting. She also experienced facial flushing, nausea/vomiting, and diarrhea. She was given 50mg of diphenhydramine intramuscularly. She seemed to make a full recovery.

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925862	1/7/2021	TX	42	F	1/5/2021	1/5/2021	Patient stated 15 minutes post vaccination she felt tingling to her right hand for about 4 hours. Reports palpitations 30 minutes post vaccine. Unknown duration as per patient.. Patient denies any palpitations, chest pain, or shortness of breath at time of phone interview. At about 9pm on the day of vaccine patient reports a rash all over her body. Describes it as bumpy and very itchy, getting worse. Patient reports taking Benadryl. States it helped with the itching but rash is continuing to spread. Denies respiratory complaints at time of phone interview. Patient instructed to see her provider as soon as possible for evaluation and treatment.
926252	1/7/2021	VA	34	F	1/6/2021	1/6/2021	numbness of throat and back half of tongue, ear pressure, chest pain, nausea
925131	1/7/2021	IN	33	M	1/5/2021	1/5/2021	Loss of appetite, Chills, fever, chest pain. Took a gram of Tylenol per day.
940547	1/7/2021		43	F	12/30/2020	12/3/2020	Headache, Myalgia, HYPERTension, Angina, bilateral hand swelling Narrative: vaccinated in R) arm reports pain went down right arm into forearm and had bil hand swelling. Reported soon after chest pain and headache. BP elevated 190/122 P 64 did come down to 152/91 P 65. EMS called to transport for work up.
926313	1/7/2021	MI	46	F	12/22/2020	12/26/2020	I had abdominal cramps, generalized that lasted for two days. On the second day, went to ER. Then on the 3rd and 4th day, I had chest pain radiating to left arm and jaw. Fever and chills reported 100.2 in fever. Severe right arm pain. I have difficulty lifting objects. I have recovered from the chest pain and abdominal pain but the arm pain is still bothersome and continues to be hurtful.

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925753	1/7/2021	NY	46	F	12/28/2020	12/28/2020	Fainting; Red Palms; blotching; sweating profusely; heart palpitations; Chest pain; Elevated BP; This is a spontaneous report from a contactable consumer (patient). A 46-years-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 28Dec2020 09:15 at single dose on left arm (Lot number: ek9231) for COVID-19 immunisation. Medical history included asthma, bronchitis, mitral valve regurgitation, herpes, depression, ADHD. COVID prior vaccination: Yes. Known allergies: tramadol, milk products. No other vaccine in four weeks. Concomitant medication included amfetamine aspartate, amfetamine sulfate, dexamfetamine saccharate, dexamfetamine sulfate (ADDERALL), bupropion, and, losartan/hydrochlorothiazide. The patient experienced red palms/blotching, sweating profusely, heart palpitations, chest pain and fainting, elevated BP, all on 28Dec2020 09:15. All these events required Emergency room visit. Therapeutic measures were taken as a result of the events included 50 mg of Benadryl, 60 mg of Prednisone, omepresol. No COVID tested post vaccination. Outcome of events was recovered with sequelae.
952264	1/7/2021		46	F	12/17/2020	12/17/2020	Myalgia chest pain, bronchial spasm Narrative:
940693	1/7/2021		46	M	12/23/2020	12/31/2020	Dizziness, Palpitations, erythema 3 cm area at injection site l arm Narrative: Palpitations intermittently today, hemodynamically stable on exam, and ekg nsr. Advised to hydrate rest and avoid caffiene alcohol stress rtc or seek er care if persist/worse. denies chest pain. Consulted with attending physician, employee plans to work today

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931853	1/7/2021		50	M			Patient received Pfizer Covid 19 vaccine at 1400. He felt fine initially. At 1600 developed lightheadedness, slight headache and intermittent tingling to his left fingers. He reports itching to his extremities. He has not noticed a rash. He denies syncope, nausea, vomiting, sore throat, congestion, chest pain, SOB, palpitations, weakness, slurred speech, abdominal pain, diarrhea. He denies history of prior allergic reactions. No new medications. he is not anxious. Denies rash likely related to vaccine administration at 1400; seen in the urgent care at 1600 and discharged after treatment and evaluation at 1858. Inventions: ekg no acute findings; methylPrednisolone 125 mg IV; diphenhydramine 25 mg IV; famotidine 20mg po; odansetron 4mg IV home with Benadryl 25 mg Q6 hours for 5 days.
928857	1/7/2021	TX	47	F	1/5/2021	1/7/2021	Blister to Lip 2 days after COVID Vaccine. C/W herpes labialis also (R) sided chest pain, mild, unclear causality. Also induration & swelling (L) injection site. NO skin redness (-) axillary temperature. TxT with acyclovir.
927191	1/7/2021	AR	59	M	1/7/2021	1/7/2021	PT COMPLAINED OF HEADACHE, SHORTNESS OF BREATH, INCREASED HEART RATE AND CHEST PAIN. PT TOOK IBUPROFEN 400MG FOR HEADACHE. RESTED FOR ABOUT 30 MINUTES AND FELT BETTER. HAD A NURSE MONITOR HIM FOR ANOTHER 30 MINUTES.

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927174	1/7/2021	CA	35	F	1/7/2021	1/7/2021	<p>Three minutes after receiving the first dose of the Pfizer\BioNTech COVID19 vaccine today (time 11:34 am), this vaccine study participant developed swelling of both cheeks and "was able to bite on both cheeks" as well as vague flushing of the cheeks. She did not immediately report these symptoms but returned to the site of her injection (research study site) and reported the cheek swelling and facial flushing to our study nurse. She denied lip/tongue/airway swelling, difficulty breathing, nausea or vomiting, diarrhea, cough, wheezing, shortness of breath, rapid breathing, fever, headache, paresthesias, rapid heart rate, chest pain, or other symptoms at that time. I am a sub-I for Pfizer\BioNTech vaccine study and authorized an immediate dose of Benadryl 50 mg orally which she received. I examined her at 12:40 pm and she had a reassuring physical exam as follows: Constitutional: Appearance: Normal appearance; well-hydrated and alert; no retractions, tachypnea, nasal flaring, or audible wheezing/breath sounds. No pallor. HEENT: Head: Normocephalic and atraumatic. Nose: Nose normal without visible discharge. Mouth: Mucous membranes are moist. Cheeks: Minimal edema of both cheeks is present; no visible erythema on exam. Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equally round and symmetric. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm, HR 80-90. Pulses: Normal pulses in left wrist 2+/2+; warm hands. Pulmonary: Effort: Pulmonary effort is normal; RR 12-14. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Neurological: Mental Status: She is alert; speech and comprehension are normal. The patient still felt unusual by 2:00 pm and was referred to our Emergency Room for further evaluation. In our ER, she had the following vital signs and exam findings: BP 140/87 Pulse 73 Temp 98.1 °F (36.7 °C) Resp 16 SpO2 100% Gen: well appearing, no apparent distress, speaking in full sentences, no dysphonia Head: normocephalic, atraumatic, no hematoma Eyes: pupils equal reactive to light, extraocular movements intact ENT: hearing grossly normal, oral mucosa moist without edema/angioedema Resp: speaking in full sentences, clear to auscultation bilaterally, no rubs/crackles/wheeze, normal effort Abd: normoactive bowel sounds, nontender</p>

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							nondistended, no rebound/guarding, no organomegaly, faint/resolving urticaria abd x2 Ext: no deformities, no joint swelling, no edema, faint patchy erythema bilateral upper arms Neuro: alert, nonfocal Psych: AAOX3, normal affect/mood I walked to our emergency room and reexamined her, and the only new finding were some pink small nonraised popular lesions on her abdomen and proximal arms, but she had no urticaria. Her lungs remained CTA and she was otherwise as before. The emergency room only gave famotidine 20 mg to her and discharged her with an EpiPen to use at home (they specifically felt she did not need it in the ER), but gave her oral cetirizine 10 mg to take daily for the next few days. I asked her how she felt upon discharge from the ER and she felt fine/normal.
927129	1/7/2021	OH	49	F	1/5/2021	1/5/2021	About an hour after the injection I had pain and burning going down my left side and in the left side of my chest that lasted about 45 min. I was fine for the next 12 hr. Around midnight I started with chills, joint pain body aches and a headache. I woke up around 2 am with a fever. All day on the 6th I felt horrible with body aches, joint pain and a severe headache. Around 10 pm on the 6th I started again with chills fever chest pain SOB Cough and vomiting (3 episodes throughout the night.) My lungs currently feel like they are on fire and I continue to have chest tightness, joint pain Severe headache and a cough. I am approximately 56 hr post second vaccination. I had no problems with the first vaccination
927098	1/7/2021	IL	55	F	1/7/2021	1/7/2021	Patient complained of palpitations 30 minutes after receiving the COVID19 vaccine. She had this same reaction after the first dose. She felt her heart racing and throat closing with chest pain. She received diphenhydramine 25 mg IV, famotidine 20 mg IV, and methylprednisolone 80 mg IV.
927087	1/7/2021	MI	52	F	12/22/2020	12/26/2020	12/22 vaccination. Felt fine. Arm sore 12 hours 12/26 - sudden sharp pain in chest, palpitations. HR irregular. waiting 15 min. Went to the ER. Frequent PVCs; occasionally over the years. Discharged home. Not sure if related to vaccine as under a lot of stress.

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926989	1/7/2021	FL	20	F	1/4/2021	1/5/2021	Pain at injection site, chills, cough, sore throat, runny nose, congestion, headache, fatigue, nausea, delirium, chest pain for 4 days now.
926352	1/7/2021	NY	36	F	1/7/2021	1/7/2021	36F w/ Hx of HTN w/ HA and dizziness following COVID vaccine dose today. Symptoms began about 7 minutes post vaccination, no airway complaints, vomiting/nausea/abdominal pain, no chest pain, wheezing or SOB, no rash. VS wnl throughout course of observation in vaccine POD. Airway intact, no stridor, no signs of respiratory distress. Given PO fluids. Symptoms persisted resulting in transfer to Emergency Department for further evaluation and monitoring. Did not require additional interventions or any medications while in vaccine POD.
947497	1/7/2021		44	F	12/23/2020	12/23/2020	sore throat, esophageal pain, globus sensation Narrative: 12/23/2020 - felt like she had a lump in her throat. This persisted to 12/24/2020. on 12/25/2020 developed centralized chest pain and discomfort. No history of heartburn or indigestion. 12/25/2020 - went to ER. Diagnosed with esophageal spasm
926944	1/7/2021	LA	33	F	1/7/2021	1/7/2021	Staff member received vaccine .At the 15 minute mark, she reported a headache with pressure behind right eye, slight dizziness. It was described as a rapid onset migraine headache with photosensitivity .She was escorted to empty room with staff and laid down. she was examined per Dr.At the 20 minute mark, she developed a light red rash and began itching. The itching began at the face, radiated to arms and legs and then trunk. No c/o SOB, chest pain or increased heart rate. She reported that it felt like someone poking a finger to her left chest wall for 5 minutes-gently.B/P elevated and monitored by staff for 3.5 hrs and was able to go home with staff/family.
926327	1/7/2021	VA	61	M	12/31/2020	12/31/2020	Patient reports low back pain fever and anxiety began 2300 on the day of vaccination. He states he is unable to sleep and feels an adrenaline rush but denies shortness of breath or chest pain. The fever and back pain resolved over the subsequent days however the jittery feeling persisted and he presented to the ED 1/6/2021. Patient was treated to diphenhydramine and symptoms resolved

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926336	1/7/2021	MI	21	F	1/2/2021	1/4/2021	Body aches and chest pain
926382	1/7/2021	KY	22	M	1/6/2021	1/6/2021	Fever, chest pain, cough, headache, chest tightness, shortness of air and fatigue. Symptoms began about 5pm on 1/6/21. Came to the emergency room on 1-7-21. Negative for COVID per PCR test.
926383	1/7/2021	MS	40	F	1/5/2021	1/5/2021	fast and racing heartbeat, chest pain, dizzy and weak, shortness of breath only lasted 2 days after vaccine was given and then stopped.
926588	1/7/2021	MD	25	M	1/7/2021	1/7/2021	Patient received covid vaccine and went to observation room for 15 minutes. While sitting in observation room patient began c/o of dizziness. Staff RN in observation room elevated patient's feet on a second chair. Patient had normal pulse ox, HR and RR. After another 10-15 minutes, patient began c/o of chest pain and EMS was called. Ambulance took patient to ED.
926736	1/7/2021	MO	34	F	12/30/2020	12/30/2020	1) fever/chills/feverish ~96 h 2) severe myalgia ~36h 3) Chest Pain ~1-2 h 4) SOA ~24 h 5) Altered taste ~12h 6) No appetite ~48h 7) Fatigue (couldn't stay out of bed) ~24h 8) Nausea, intermittent ~24h 9) Brain fog ~6h 10) Nasal congestion ~72h 11) Full body COVID like rash with itching on 1/2 ~36h 12) Arm sore/stiff (severe) ~24h 13) Vasovagal episode ~10min
926825	1/7/2021	UT	32	M	12/30/2020	12/30/2020	12 minutes after vaccine had left sided chest pain and mild shortness of breath. In the evening the same day developed chills and diffuse muscle pain. Following was lightheaded, waves of Tachycardia (resting HR 50s would go as high as 120s at rest). Symptoms came in waves of chest pain, SOB, lightheaded and tachycardia throughout. Patient seen in clinic 1/7/2021 with symptoms slightly improved.
926855	1/7/2021	MA	20	F	1/2/2021	1/5/2021	I woke up with sever stomach pain and nausea. I could not lay down or else it would hurt worse. By the afternoon this turned into chest pain, shortness of breath, headache, sweating, back and muscle pain, and a fever of 101.4.

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926877	1/7/2021	NM	20	F	1/7/2021	1/7/2021	15 minutes after inoculation she developed obvious cutaneous flushing, pruritus, and hives with no other symptoms. She was initially given 50mg diphenhydramine PO. Approximately 45 minutes later she reported chest pain and her vital signs were checked and she was tachycardia at 102 BPM. Her BP was 128/74. EMS was activated and she was given 0.3mg of epinephrine IM after which her flushing and pruritus immediately resolved. She described continued mild chest tightness but over stated that she felt much better.
926936	1/7/2021	CA	64	F	1/7/2021	1/7/2021	Patient felt cold, lightheaded and had tingling sensation. Followed by chest pain and shortness of breath. Patient was transferred to stretcher for monitoring. Dose of Solumedrol 125mg was given at 13:42. Dose of Benadryl was given at 13:45. Dose of Epi-pen was given at 14:06 and patient showed some improvement. Then ambulance arrived and patient was taken to hospital.
923902	1/6/2021	ME	47	F	1/6/2021	1/6/2021	Chest tightness, flushing, arm tingling, lip swelling, warmth No shortness or breath, no chest pain, no palpitations, no tongue swelling, no rash, no redness, no nausea, vomiting or lightheadedness, no diaphoresis, no Hives improved in 1 hour and with Benadryl
922580	1/6/2021	FL	70	F	12/29/2020	12/31/2020	Began to develop rash on neck and front chest on 12/31/2020; progressive got worse and spread to upper arms on 1/3/2021. Rash continues and on 1/5/2021 spread to lower ext extremities. Taking Benadryl 50 Mg at night and Allegra 180 during the day to manage the rash. Mild chest pain on the left upper chest; cannot differentiate if it was a muscular pain or actual chest pain.
923517	1/6/2021		55	F	1/6/2021	1/6/2021	Rash, chest pain, tachycardia, numb tongue, hard to swallow
923874	1/6/2021	IN	33	F	1/5/2021	1/5/2021	103 fever, chills, severe muscle pain, hypersensitive nerves, chest pain, headache, lightheaded

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923872	1/6/2021	MN	50	F	1/5/2021	1/5/2021	Severe Nausea within 30 minutes - has not subsided - still present after 24 hours Chest Pain - began after 10 hours - reduced pain after 24 hours, but still present Headache - began after 8 hours - still present Cough - began after 8 hours - still present Sore Throat - began after 8 hours - still present Shaking hands - began next morning - still present

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923684	1/6/2021	OR	38	F	12/30/2020	12/1/2020	Shortness of breath; Sore arm like she got kicked in the arm by a horse. Her arm felt like this today.; Chest pain; Headache; Body aches; Fever; Chills; fatigued; feels cold; This is a spontaneous report from a contactable consumer (patient). A 38-year-old female patient received bnt162b2 (lot number: EL3246), via an unspecified route of administration, at deltoid right, on 30Dec2020 07:45, at single dose, for COVID-19 immunization. Medical history included chronic asthma from an unspecified date, stomach surgery a year and a half ago, sometimes has stomach pain that feels like chest pain since her stomach has been surgically altered. Has had asthma stuff since she was very young. Is relatively healthy. No family medical history. No relevant tests. The patient's concomitant medications were not reported. No additional vaccines administered on same date of Pfizer suspect. No prior vaccinations within 4 weeks. The patient previously took flu vaccine on 01Oct2020 and experienced fatigued, tired, and sore arm like she got kicked in the arm by a horse. It was reported that received COVID-19 vaccine yesterday (30Dec2020). Been having some chest pain. Started a couple hours after receiving the COVID-19 Vaccine. Chest pain doesn't whole heartedly go away. Gets more intense and then relaxes. Wants to know if this is common or something she just has to deal with. Doesn't know if this is stomach pain. Had stomach surgery a year and a half ago. Sometimes has stomach pain that feels like chest pain since her stomach has been surgically altered. Has been taking heartburn and gas medications. Chest pain is not going away. Wants to know if this is common. Tried to look online and only found common side effects. Her husband looked it up and two people died from a heart attach after receiving the COVID-19 Vaccine. She is getting older, but is not that old. Caller works in behavioral health. Had an instant headache. Clarified chest pain: Is always lingering in the background. Doesn't fully go away. Comes and goes in waves. Gets intense and relaxes. Chest pain was pretty sharp this morning and it made her short of breath. Doesn't know if it was the pain that took her breath away. Occurred at 10:00. Indication: Has older people she takes care of. Her mother is super frail and has dementia. Her uncle is elderly and has heart issues. Wants to do her part so she doesn't catch it. No further details provided. In regards to

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the two people who had heart attacks and died after COVID-19 Vaccine, caller has no patient identifiers or NDC/Lot/Exp to provide. Stated this people were in the UK and the information was just something her husband read on the internet. Also experienced body aches, fever, and chills between 14:30 and 15:00 yesterday, 30Dec2020. Is super fatigued. Doesn't know if she is febrile, hasn't checked temperature. Still feels cold and has chills today. Does not have a headache today. It was also reported that fatigued and tired with Flu Vaccine (historical vaccine). Sore arm like she got kicked in the arm by a horse. Her arm felt like this today (31Dec2020). Therapeutic measures in response to chest pain is received, treatment included heartburn and gas medications. Gas medication is Equate brand Simethicone Extra Strength Gas Relief (NDC: 49035-487-02, Lot:H22016, Exp: Sep2022) at 125mg liquid-gel. Heartburn medication is Equate brand Cimetidine 200mg tablet (NDC: 49035-820-72, Lot: Doesn't know if lot number is OJE2445C or OJE2445C, Exp: Jun 2022). Stated writing is so tiny. Gas and heartburn medication has not helped with chest pain. The outcome of the event chest pain was not recovered, of the other events were unknown.

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923614	1/6/2021		26	F	12/29/2020	12/30/2020	Shortness of breath; chest pain; body aches; joint pain; headache; nausea; congestion; This is a spontaneous report received from a non-contactable nurse (who is also the patient). A 26-year-old female patient received her first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EI0140), intramuscular in right arm, on 29Dec2020 17:30, at single dose, for COVID-19 immunization. Medical history included spontaneous pneumothorax x2 on the right with VATS surgery on an unspecified date and multiple food allergies. The patient is not pregnant. Concomitant medication included montelukast sodium (SINGULAIR) and loratadine (CLARITIN). The patient experienced shortness of breath, chest pain, body aches, joint pain, headache, nausea and congestion, all on 30Dec2020 at 05:00. The patient did not receive treatment for the events. The patient did not receive any other vaccines within 4 weeks prior to BNT162B2. Prior to vaccination, it was unknown if the patient was diagnosed with COVID-19. Since vaccination, the patient has not been tested for COVID-19. The outcome of the events was recovering. The reporter assessed the case as non-serious. No follow-up attempts are possible. No further information is expected.

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923601	1/6/2021	PA	44	F	12/22/2020	12/26/2020	developed chest pain with radiation into axilla, shoulder, scapula and down the arm; axilla discomfort; arm discomfort; Pain felt similar to sciatica; a full nagging pain and the muscles of my arm are fatigued from constant tension; a full nagging pain and the muscles of my arm are fatigued from constant tension; This is a spontaneous report from a contactable Nurse reported for herself. This 44-year-old female Nurse (patient) receive BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number=EL1685), via an unspecified route of administration on 22Dec2020 09:30 at single dose on left arm for Covid-19 immunisation. There was no known allergies, medical history nor concomitant medications. Prior to vaccination, it was not unknown if the patient diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. 4 days following the vaccination on 26Dec2020 18:00, the patient developed chest pain with radiation into axilla, shoulder, scapula and down the arm. The chest pain and axilla discomfort subsided but the arm discomfort continued and intensified. Pain felt similar to sciatica. The patient took ibuprofen and paracetamol (TYLENOL) also placed ice pack under her arm and on top of shoulder. The following day the patient started on a methylprednisolone (MEDROL) dose pack. The patient received minor relief with the steroids and NSAIDs after 2 days she took a gabapentin (NEURONTIN) which was given to me by a family member. The gabapentin had given the most benefit. On day 4, the patient continue to have a full nagging pain and the muscles of her arm are fatigued from constant tension. The events resulted in doctor or other healthcare professional office/clinic visit. The outcome of the events was unknown. Since the vaccination, the patient had not been tested for COVID-19.
923901	1/6/2021	WI	54	F	1/5/2021	1/5/2021	LEFT SIDED CHEST PAIN, SHORTNESS OF BREATH, FELT WARM AND FLUSHED

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923411	1/6/2021	WA	23	F	1/5/2021	1/5/2021	Received the vaccine around 9:15 pm PST. Arrived home and went to sleep. Around 11:15 PM PST, was awoken with extreme chest pains, nausea, and headache. Attempted to get up to get to the bathroom, and was unable to make it there prior to fainting. Was able to come to cognitively but was unable to move or get up. Had an overwhelming feeling of extreme muscle weakness. Was getting muscles spasms in the legs and extreme fatigue. Husband was able to get her up and dressed and took her to ER for a full work up. Was there from 12-3am PST.
923011	1/6/2021	KY	45	F	1/2/2021	1/6/2021	Patient had chest pain post administration of vaccine. Patient attributed this to heartburn after eating a large meal just before getting her vaccine (though she didn't typically get heartburn). Since the pain continued to persist her BP was taken and was 160/110. Patient said it may also be nerves but she didn't feel particularly anxious. She also stated she hadn't had her BP medication that morning. Patient took a couple of Tums and her BP was rechecked a few times. Each time the BP stayed above what the patient said was her normal even without BP medication. Due to the persistence of her hypertension and chest discomfort she was taken to the ED to be evaluated. Once patient was in ED she had an EKG, CBC with diff, CMP, and troponin. Provider eventually ruled it as an anxiety reaction (not cardiac related).
922904	1/6/2021	NJ	36	M	1/6/2021	1/6/2021	Patient A&Ox3. After patient received Pfizer 0.3mL COVID-19 vaccination on left deltoid, patient reported 7 minutes post vaccination, itchy burning on left eye spreading to right eye, minor headache. Patient denies SOB, chest pain, trouble breathing. Upon assessment, noted of left deltoid was warmth, swelling, and redness. Swelling also noted on left eye with slight redness at conjunctiva. Patient was medicated with 50 mg benadryl right deltoid.

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922858	1/6/2021	ME	50	F	12/21/2020	1/3/2021	Presented in ED with a reddened and swollen area of her left deltoid region.. The patient states that she received the Moderna vaccine on 21 December in the left deltoid. She states that she had no problem with the vaccine initially. She states that she even hiked this last weekend and felt fine. She states that she developed a reddened area of the skin 3 days ago that has been increasing in size. It is now tender and somewhat warm to the touch. She states that she also felt some itchiness of her upper chest. She is not sure if she has any true hives in this area. She denies facial, tongue, or lip swelling. She denies difficulty breathing. She denies chest pain. She denies abdominal pain, nausea, vomiting. ASSESSMENT and PLAN Erythematous, hive-like region of the left deltoid that began 12 days after the Moderna vaccine. This is likely a localized delayed type IV hypersensitivity reaction. Bedside ultrasound performed by myself. I do not note any pocket of fluid to indicate an abscess. However, there is a small possibility that this could be cellulitis. A cellulitis would be much more concerning. From an allergic perspective, she has no evidence of anaphylaxis based on the timeframe and her current symptoms. As a result, she will continue on Benadryl for now at 50 mg every 6 hours and will be placed on doxycycline 100 mg twice a day for 10 days. May use prednisone taper but she should wait for 48 hours. If she has improvement with doxycycline and Benadryl, she should continue with this. The Benadryl is truly as needed and if it is improving, she does not need to continue on it. She will.
922796	1/6/2021	TX	35	F	1/4/2021	1/5/2021	Coughing,chest pain, congestion, trouble breathing
922591	1/6/2021	NM	50	F	1/5/2021	1/5/2021	Vaccinated 1510. Observed until 1530. at 1540 it was reported that she had chest tightness. no trouble breathing but substernal chest pain 8/10. Vital signs- Temp-97.9 Pulse-95 BP- 162/100 Resp- 22 oxygen saturation- 95 @ room air. 1600- transported to ER for evaluation and treatment.
922537	1/6/2021	IA	39	F	12/23/2020	12/25/2020	Severe numbness tingling in all extremities, numb tongue, left side of face numb, chest pain, hip Pain,

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923977	1/6/2021	NY	48	F	1/6/2021	1/6/2021	I got the vaccine today. Unfortunately I did have a reaction, and had to cancel my patient load at work for the day. They said if you have food allergies you might have one, but I was willing to risk it. They observed me for 30 min after. After 15 min it felt like I was having a mild panick attack, but I?m used to that so I just breathed through it. Coughed a few times. After 30 min got up and was whoozy/dizzy, but shrugged it off, got my card and walked slowly to my car, drove 5 min home. By then my hands were shaking hard. It was like being shot with a crapload of adrenaline. I called my sister and when I talked I started sobbing. I don?t know, I just couldn?t stop. But I knew it was just the adrenaline and if I could calm down, I?d get thru it. She was awesome bc she kept her voice soft and low when she spoke, which helps. After 3 hours it has calmed down and I?m just really cold and exhausted and nauseous and only a little shaky. Being quiet and calm is helping. Also sitting on a heating pad bc it?s 74 in my apartment and I?m freezing cold. I?ll be ok by end of day. I got the Moderna vaccine and I?m still glad I did and thankful I could get it....but to those who are getting it...symptoms are that it feels like being shot full of adrenaline, you get a panic attack, but my O2 actually went up, not down. Chest pain, panting, high anxiety, shaking, nausea, dizziness.
924213	1/6/2021	NY	29	F	1/4/2021	1/4/2021	1/4/21 12 hr after vaccine fever of 101.3 bodyache and chills . On 01/05 Joint pain ,chest pain hot sweat chills and diarrhea
922711	1/6/2021	NM	33	M	12/31/2020	1/4/2021	Sore arm, chest pain, back pain runny nose and cough
924603	1/6/2021	IL	28	M	1/6/2021	1/6/2021	Patient returned about 2 hours after receiving vaccine complaining of chest tightness, shortness of breath and arm and chest pain. Patient declined rapidly and could not breath. Called 911 and administered 1 dose of EpiPen 0.3mg. Patient's breathing improved immediately. Patient went to ER for further workup.

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927827	1/6/2021	MS	43	F	1/5/2021	1/5/2021	01/05/2021 @ 15:41 Received COVID-19 Vaccine (moderna) IM to L deltoid 1543: Patient c/o "anxious feeling" and dizzy. pt placed supine with legs elevated. BP 106/60, patient reports is a normal BP for her; HR 74, RR 20. Denies SOB, denies Chest pain, 1545: Patient reports "feeling better," assisted to sitting position. Denies any further complaints, refuses need for EMS/ER refused to contact family member for transport. Report she has never had a reaction to a vaccine in the past. She reports hx of anxiety and feelings of anxiety "in these situations." Patient is A&O x4. VS stable. Patient reports "feeling ok to drive." No further s/sx.
924173	1/6/2021	MI	41	M	12/23/2020	12/25/2020	I started having intermittent chest pain moderate in intensity and palpitations.
924613	1/6/2021	OH	72	F	1/6/2021	1/6/2021	Chest pain, itching . Pt transported to ER per EMS
923978	1/6/2021	KS	36	F	1/6/2021	1/6/2021	Chest pain, dizziness, lightheadedness
924597	1/6/2021	CA	48	U	1/4/2020	1/4/2020	I received the vaccine at 7:30 am on 1/4. At 11 pm, I had electric tingles in my lips and my throat felt ice cold and like mental. At 11:30pm I developed significant tachycardia. My base line resting heart rate is 68-87. I heart rate was 120-130. My rate was pounding out my chest. At 3 am on 1/5, I went to the ER because of the persistent tachycardia and developing chest pain. I has SVT and PVCs. Took tylenol 1 g and benadryl 50 mg. By 7am by symptoms resolved. Exhausted the whole rest of the day.
924550	1/6/2021	WI	58	M	12/16/2020	12/17/2020	Patient reported a fever and tingling to his face in the morning on 12/17/20. EHS followed up with him at 11:30 am on 12/17. He reported that the fever had resolved, and he was no longer having tingling to his face. He denied paralysis to his face, shortness of breath, and chest pain.

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924528	1/6/2021	IN	61	F	1/4/2021	1/4/2021	dizziness within minutes. was told by nurse onsite this was not an adverse reaction. the paperwork they gave stated otherwise. after about 30-40 mins the dizziness subsided. no treatment. chest pain. not sure if heart or lungs. was not due to eating as symptom was steadily getting worse across 3 days whether I ate or not. was difficult to eat due to the pain. didnt matter if was sitting, standing or laying down. felt like saran wrap around my heart...squeezing it...with pain. pain stayed centered in chest. behind sternum. still there, but tonight does seem a little better. was not intermittent but was more pain sometimes and less pain sometimes. longterm outcomes unkn.
924508	1/6/2021	CA	44	F	12/23/2020	12/23/2020	15 minutes after the injection, I got some itching on my right shoulder near the injection site. I waited around a bit longer and the itching and heat started to grow down my arm and across my chest and back. I was asked to go to the ER as it was not resolving. At about one hour, I started to get some mild chest pain, My BP was 173/101 and around 100+ for heart rate. O2 was 100% . ER staff did an EKG. The ER DR gave me Pepcid, Benadryl and Prednisone and 1 liter of normal saline. I was observed for about 3 hours. I went home and was feeling much better. The next 3 days I had a moderate headache and sore arm. I took Tylenol. I had some hot flushes and mild spikes of temperatures 100-101F, through the next couple of days.
924385	1/6/2021	OH	30	F	12/26/2020	12/26/2020	3 hours after vaccine had chills, fatigue, flush face, and body aches- only lasted about 4 hours. But the next day had chest pain and heart palpitations

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924072	1/6/2021	GA	25	M	1/6/2021	1/6/2021	The patient was administered the vaccination, observed for 15 minutes following the vaccination, after which he left to return to work at a pharmacy. The patient came back into the store about an hour later to pick up some things for his pharmacy and reported feeling a little chest pain. The patient was then informed to keep monitoring the pain and if it got any worse to go to the doctors office. About 2 hours later, the patient called when on the way to the emergency room and reported chest pain and a fever of 102 degrees (at the highest). Around 3pm, which was about 6 hours after the vaccination was administered, the patient reported chest pain was alleviated and that the emergency room treated him for a migraine/nausea with Tylenol #3, Fioricet and Zofran.
925669	1/6/2021	MS	36	F	1/5/2021	1/5/2021	01/05/2021 at 1451: Received Covid-19 Vaccine (Moderna) IM to L deltoid, during drive-thru 1512: Patient c/o feeling hot/flushed, confused/light-headed, states "heart racing." Appears pale in color. Patient was placed supine with legs elevated. BP 164/100, HR 94, RR 24, unable to determine O2sat, patient with gel manicure, would not register. Denies SOB. Denies chest pain. Patient remained A&O x4. Assisted and monitored by RN; second RN; third RN; and Fire Department. EMTs contacted. 1523: BP 142/86, HR 82, RR 20, color returned, A&O x4. Assited to sitting position. Reports "feeling better". Refused to go hospital/ER for further observation. 1523 patient contacted her father to come to Health Dept. to pick her up and take her home to avoid driving. Patient remained with RN until arrival of father. Fire Department remained with patient as well. 1545 Patient's father arrived to take her home, RN reports to writer that patient became SOB and light headed, and pain upon transfer to her father vehicle. EMS contacted, unable to obtain IV access x1 attempt. EMS placed patient on non rebreathing and transported to Emergency Department.

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924320	1/6/2021	CA	55	M	12/24/2020	12/24/2020	<p> ~~EE reviewed contraindications and verbalized ~~"non~~" to all contraindications. Vaccine administrd at 1045. 1100 EE stated ~~"I feel weid~~". EE complained of SOB and dizziness. RN and LVN assisted EE to floor and elevated lower extremities. EE was taking deep breaths, pulse normal. RN, Called ED to notify them of EE situation. 1110 EE breathing normal and EE verbalized, ~~" no feeling of dizziness~~" and was assisted to sit in chair. 1113 RN escorted EE wo security golf cart and was transported to ED by Manager of security. EE was stable. ED Note 55-year-old male presenting with dizziness and anxiety after vaccination. This is a potentially seriously ill patient with significant medical complexity and risk who was assessed emergently on arrival given their concerning story. Differential includes but is not limited to orthostatic hypotension, cardiac dysrhythmia, atypical presentation of myocardial infarction, allergic reaction, adverse effect of medication. Fortunately, the patient denies any chest pain his troponin is not elevated with no ischemic findings on his EKG. He is nonfocal neurologically make me doubt stroke. He has no findings at this time to suggest an anaphylactic reaction and his vital signs are within normal limits. Orthostats were checked and negative. He has no anemia, leukocytosis or emergent electrolyte derangements that could be participating in his symptoms. Patient is tolerating oral intake and asymptomatic at this time. He was monitored and on serial reassessment developed no no recurrence of symptoms. He is safe for discharge at this time but ED read precautions were given and the patient was discharged from the emergency department in good condition. Impression: Acute dizziness anxiety, suspect adverse medication reaction~~ </p>

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924070	1/6/2021	MN	21	F	1/6/2021	1/6/2021	Patient was administered the first dose of the Pfizer vaccine 0.5mg IM Rt Deltoid this AM in the Covid-19 Vaccine Clinic. Patient waited 12 min went to change her clothes and come back to the clinic with complaints of hives and feeling warm. Patient had raised red welts on right upper arm. Patient has a history of Anaphylaxis reaction with a Meal Ready to Eat (MRE) in the past, other allergies to grapefruit seed extract with reaction of edema. Pt has no c/o of SOB or Chest pain, no other swelling at this time. Dr. notified, 0.3mg Epinephrine 1mg/mL (1:1000) given IM Left Deltoid, 25mg Benadryl IM given Rt Deltoid per MD verbal order and anaphylactic protocol. Pt transferred by wheelchair to the ER for further evaluation. Report given to ER RN.
924161	1/6/2021	KY	23	F	1/6/2021	1/6/2021	About 15 minutes after receiving vaccine, patient started to have chest pain and high blood pressure. Her blood pressure was 170/110 at 2:30 and then at 2:40 it was 130/110. She was feeling better and pulse was good around 2:45pm. She did take a Benadryl that was offered. She was not having any trouble breathing or dizziness. Patient went by EMS to get checked out and was cleared by the hospital staff.

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924212 1/6/2021 51 F 1/6/2021 1/6/2021 Progress Notes APRN (Nurse Practitioner) ? ? Nurse Practitioner Cosign Needed Expand All Collapse All COVID VACCINE CLINIC 1/6/2021 Date: 1/6/2021

Subjective Patient is a 51 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience dizziness, flushing and HA. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, skin changes, tongue swelling and vomiting. Hx: pt has history of breast CA and is on oral chemotherapy. ALLERGY REVIEW OF SYSTEMS: All other systems negative Objective Vitals Vitals: 01/06/21 1415 01/06/21 1427 01/06/21 1443 BP: (!) 168/89 (!) 154/94 (!) 154/84 Pulse: 87 85 72 SpO2: 99% 98% 99% Physical Exam Vitals signs and nursing note reviewed. Constitutional: Appearance: Normal appearance. HENT: Head: Normocephalic. Right Ear: External ear normal. Left Ear: External ear normal. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: General: No focal deficit

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present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: no therapy. Follow up response to treatment: no side effects. Patient discharge: Stable to go home and follow up with PCP. Pt was given Food and water and started to feel better. For her headache she was given Tylenol 1000 mg orally. Pt left clinic at 2:45 pm. Electronically Signed 1/6/2021 2:44 PM

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924274	1/6/2021		60	F	1/6/2021	1/6/2021	<p>Progress Notes APRN (Nurse Practitioner) ? ? Nurse Practitioner Cosign Needed Expand All Collapse All COVID VACCINE CLINIC 1/6/2021 Date: 1/6/2021</p> <p>MRN: 3274958 Subjective Patient is a 60 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience dizziness and flushing. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, skin changes, tongue swelling and vomiting. Pt reports she saw an allergist this am for runny nose, SOB, and sneezing. He determined her symptoms was a neurological response. Previous COVID infection November 30, 2020 PREVIOUS REACTION: Pt reports first Pfzier covid shot she had symptoms of Chills, HA, nausea and fever of 102 that occurred 12 hours afterwards. She states her symptoms lasted 6-8 hours. ALLERGY REVIEW OF SYSTEMS: Patient complains of dizziness Objective Vitals Vitals: 01/06/21 1235 BP: (!) 152/82 Pulse: 57 Temp: 99.2 °F (37.3 °C) SpO2: 100% BS 94 at 12:38 Physical Exam Vitals signs and nursing note reviewed. HENT: Head: Normocephalic. Left Ear: External ear normal. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are dry. Eyes: Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal</p>

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breath sounds. Abdominal: General: Abdomen is flat.
Skin: General: Skin is warm and dry. Capillary Refill:
Capillary refill takes less than 2 seconds.
Neurological: General: No focal deficit present.
Mental Status: She is alert and oriented to person, place,
and time. Psychiatric: Mood and Affect: Mood
normal. Behavior: Behavior normal. Thought
Content: Thought content normal. Judgment:
Judgment normal. Assessment/Plan Treatment
included: no therapy. Follow up response to treatment:
no side effects. Patient discharge: Stable to go home and
follow up with PCP. Pt was observed and given water
and food (peanut butter). Felt better within a few
minutes. She was released to go home 12:55pm
APRN Electronically Signed 1/6/2021 12:45 PM

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924315	1/6/2021		35	F	1/6/2021	1/6/2021	<p>Progress Notes PA-C (Physician Assistant) ? ? Physician Assistant Cosign Needed Expand All Collapse COVID VACCINE CLINIC 1/6/2021 Date: 1/6/2021</p> <p>Subjective Patient is a 35 y.o. female who was seen at COVID Vaccine Clinic today for her second dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience dizziness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality , chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea and increased work of breathing, skin changes, tongue swelling and vomiting.</p> <p>ALLERGY REVIEW OF SYSTEMS: All other systems negative Patient complains of dizziness Objective Vitals Vitals: 01/06/21 1216 01/06/21 1229 BP: 124/81 117/81 Pulse: 76 69 SpO2: 99% 100% BS not done; no diabetes or history of hypoglycemia. NO allergies. Physical Exam Vitals signs reviewed. Constitutional: Appearance: Normal appearance. She is normal weight. HENT: Head: Normocephalic. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Palpations: Abdomen is soft. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert. Assessment/Plan Treatment included: no therapy. Follow up response to treatment: no side effects. Patient discharge: Stable to go home and follow up with PCP. Patient rested on gurney with head elevated for approximately 15 minutes with symptoms resolving without intervention other than water. PA-C Electronically Signed 1/6/2021 12:29 PM</p>

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924031	1/6/2021	MD	56	M	1/5/2021	1/6/2021	15 hours after shot experianced, dizziness, feeling of fainting, difficulty breathing mild pressure chest pain. Was taken to local Er. Ekg, cat scan chest xrays all negitive. Blood work negitive. No past history of symptoms
921446	1/5/2021	PA	52	F	12/28/2020	12/28/2020	Approximately 10 minutes after vaccine administration, patient developed chest pain, skin cool and clammy. Felt like heart racing. Dizzy. Radial pulse 88 and regular. BP 116/72. Patient declined going to the Emergency Department and was observed for approximately another 30 min, Chest discomfort subsided. Her husband (an MD) came in and took her to his office for further observation.
919810	1/5/2021	CA	65	F	1/4/2021	1/4/2021	chest pain, shortness of breath, chest tightness, muscle pain. Symptoms started 5 minutes after vaccine.
921465	1/5/2021	RI	51	F	12/27/2020	12/30/2020	51-year-old female with history of intermittent asthma presented to the ED with 1 week of intermittent fevers, myalgias, arthralgias and headache. Patient reports receiving first dose of moderna vaccine last week. She initially developed arm soreness followed by chills and body aches. Subsequently developed frontal headache, photophobia, back pain, nausea and vomiting. She was seen in the ER on 1/1/21, when her work-up including labs, CT spine, chest x-ray were negative therefore she was discharged home. She continued to have symptoms and also developed bilateral intermittent ear pain. She also developed rash in her extremities and torso. Rash is pruritic but not painful. reports ongoing history of neck pain for which she sees PT. Denies sore throat, cough, chest pain or shortness of breath.
921089	1/5/2021	CO	45	F	1/5/2021	1/5/2021	Began experiencing tachycardia, dizziness, headache, and started shaking about 5 minutes after receiving the vaccine. 50 mg Benadryl given IM to R deltoid at 1000. Symptoms began to resolve. Started experiencing some chest pain. Individual states she has a pacemaker, which felt like it was "combating" the tachycardia. Was monitored for 45 additional minutes and all symptoms subsided. Individual was able to return to work.

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921253	1/5/2021	MS	49	F	12/28/2020	12/28/2020	throat sore and pain in neck; her throat is sore, feels like it may be swelling; some neck pain; it feels like muscle spasms; extremely tired; soreness in her arm; Chills; Nausea; felt weak/having some weakness; massive headache/mild headache; This is a spontaneous report from a contactable consumer (patient). A 49-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK5730) via an unspecified route of administration on 28Dec2020 11:00 on left arm at a single dose for COVID-19 immunization. The patient was positive for Covid back in Jun2020, it was a bad case that she was hospitalized for 6 days, that she did not have to go on respirator. She stated these days she still struggled with chest pains and still struggled with her taste, she went to the emergency room in Sep2020 with some issues from that. The patient concomitant medications were none. The patient stated she was retired who works security at a hospital that she got her first dose of the Pfizer Covid vaccine yesterday on 28Dec2020. She was calling to report some side effects from the vaccine. She was skeptical about shot but she went ahead and got the vaccine, she took it and waited the 15 minutes and everything was fine except some soreness in her arm, about an hour after the shot, she felt extremely tired, could not even read, by last night she was getting chills, nauseated and weak, all she wanted to do was sleep, she had a massive headache. She kept thinking she was going to have to go to the ER. She woke up this morning and her throat was sore, felt like it may be swelling, felt sick. She took two advil and her headache was better. She was taking tumeric and ginger root and honey with lemon for her throat. She knew she was not sick that it is just the vaccine and she would power through it but wanted to call. She was starting to feel better but still having some weakness, still tired, had pain in the arm of the injection site, a mild headache. She stated these side effects are still ongoing but are improved. She was also having some neck pain started this morning sometime, but does not know exact time, it feels like muscle spasms. Caller wanted to know if because she had Covid before her side effects are so bad. The patient did not do any relevant tests. The outcome of the events soreness in her arm, extremely tired, Headache was recovering, the outcome of the events Chills, Nausea was recovered in Dec2020 and the

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							other events was not recovered.
921116	1/5/2021	KY	49	F	12/30/2020	12/30/2020	Patient received Pfizer COVID vaccine and waited for 30 minutes after to observe for reaction. Within the 30 minute waiting period, she felt like her lips and tongue were tingling and her throat was scratchy. She denied shortness of breath, chest pain, difficulty swallowing or difficulty breathing. Vital signs were stable. Due to her history of anaphylaxis reaction with various medications and shellfish, she was taken to the ER. In the ER she received IV Solu-Medrol, Benadryl and Pepcid and her symptoms resolved. She was observed for 6 hours and then released to home.
921091	1/5/2021	NH	54	M	12/31/2020	12/31/2020	Pt received vaccination and left after 15 min. observation symptom free. He drove a short distance away from the clinical site when he felt profuse sweating and had syncope (seconds) crashing into curb. He was aroused from impact and was able to stop car. He then developed profuse nausea and sudden urge to defecate. He went to restroom. Given these events he returned to the clinical site in another vehicle. Upon arrival he denied chest pain, shortness of breath or ongoing nausea or abdominal pain. He reported his AM blood sugar was 72 and does not take insulin. No history of coronary disease or syncope. EMS was activated and assumed care.
920877	1/5/2021	MI	57	F	12/30/2020	12/30/2020	Shortly after vaccination developed dizziness and nausea. Within 30 minutes had low blood pressure and pulse. Taken to ER. Also developed vomiting. Treated with epinephrine. Initially improved, then after 40 minutes heart rate dropped to low 40's and developed chest pain. Treated with 4 mg solumedrol, benadryl and more IV fluids. Slow recovery and observed over 5 hours. Went home.

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920728	1/5/2021	NE	37	M	1/4/2021	1/4/2021	DEVELOPED CONTINUOUS CHEST PAIN WHEN BREATHING IN. WAS SENT TO THE EMERGENCY ROOM. WAS SEEN IN ER AND DISCHARGED AFTER OBSERVATION PERIOD. ER PROGRESS NOTE: Patient is a 37 y.o. male who arrived by Home presented to the emergency department for Chest pain. Patient states that approximately 15 this morning he received a Covid vaccine and approximately 1 hour later he started to have chest pain. Patient describing chest pain as sharp, left-sided, nonradiating, nonexertional, only occurring with taking a big deep breath, has never had similar symptoms before, not improving with home baclofen, currently a 3-4 out of 10, not occurring at rest only with deep breath. Patient states that he became concerned that it was a side effect of the vaccine and came to ED for further evaluation. Patient just denies any associated shortness of breath, nausea or vomiting. Patient states he has history of bipolar, takes no mental and has been taking as prescribed. Patient states he is otherwise healthy. Patient works at a healthcare facility, has a weekly Covid antibody test which is was been negative, denies any other associated symptoms today. Patient is a daily smoker, no history of blood clots, no recent travel or surgeries. Patient denies any headache, change in vision, nausea, vomiting, neck pain, back pain, fever, chills, shortness of breath, abdominal pain, flank pain, change in urination, diarrhea, constipation, rashes, lightheadedness, dizziness, or any other associated symptoms.
920593	1/5/2021	IL	29	F	12/18/2020	12/18/2020	Started with numbness to the whole body, palpitation, Dyspnea, and increased heart rate. This began 20 minutes after the injection. Lasted about 25 minutes. After this episode subsided, I continued to have persistent Dyspnea, chest pain, palpitations and heart racing. Was unable to speak in full sentences, exercise. Walking short distances caused extreme SOB. These symptoms lasted about a week.

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920280	1/5/2021		54	M	1/4/2021	1/4/2021	54yoM presented for a sudden-onset diaphoresis and loss of body strength. Pt had received COVID-19 vaccine this morning at the clinic and noted severe sweating all over the body while lying in bed @ approx 2030. Then pt described severe loss of body strength with dizziness as he was trying to sit up and get to his feet from the floor. Denied palpitation, chest pain, headache, N/V, LOC. His symptoms continued for 20mins until he drank a cup of water. At approx 2050, smoked E-cigarette and arrived at facility at 2100. On arrival, pt denied any symptoms, however, vitals indicated severe hypertension: BP 188/99, HR 56, T 97.6 F. Pt given 81mg ASA x2 and immediately transported to hospital.
919914	1/5/2021			M		12/24/2020	Fever; Fatigue; Shortness of breath; Chest pain; Dizziness; Arm soreness; This is a spontaneous report from a non-contactable healthcare professional. This 24-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), via an unspecified route of administration, on an unspecified date (at the age of 24 years-old, as a single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. Prior to the vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. There were also no other medications taken in the last two weeks. On 24Dec2020, the patient experienced fever, fatigue, chest pain, shortness of breath, arm soreness, and dizziness. The patient was not hospitalized for the events but received treatment with acetaminophen (TYLENOL). The clinical outcome of the events of fever, fatigue, chest pain, shortness of breath, arm soreness, dizziness was not recovered. Since the vaccination, the patient has not been tested for COVID-19. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
921647	1/5/2021	WY	52	F	12/17/2020	12/19/2020	Patient described leg heaviness the following day (12/18/20), then onset on 12/19/20 of blisters to neck, chest and abdomen, chest pain, and elevated blood pressure. Patient states she is already on cardiac medications so she took an additional dose for her blood pressure and monitored herself closely.

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922776	1/5/2021	PA	29	F	12/30/2020	12/30/2020	Vaccine received at 215pm on 12/30/20. Arm pain 8PM. Chills and aches at 10PM. Awoke at 115AM on 12/31/20 with heart rate of 150 beats per minute and chest pain persisting for 30+ minutes. Went to ER at 2AM. Heart rate recorded at ER was 124. Hydroxyzine and fluids given. Patient sent home from ER.
920442	1/5/2021		51	F	1/4/2021	1/5/2021	Patient reports fever, body aches, headache, and small/mild amount of chest pain
922231	1/5/2021	TX	22	F	12/30/2020	12/30/2020	First day 10 mins after injection my left ear popped then at 10PM I started to feel body aches and had a low grade fever of 99.8 at 10:09PM. At 10:28PM my temperature went up to 101.5. Took Tylenol and fell asleep woke up at 3AM fever of 102.3 . Fell asleep and woke up again with a fever of 102.6. I had chills nausea weakness body aches headache. Took Tylenol again and fell asleep only to wake up again at 6:30Am still with a fever of 102. Nothing was making it go away I had no appetite extremely fatigued and nauseous it felt like I had covid again. I also felt swollen lymph nodes under my arm. By Sunday I was feeling way better and my fever was gone. Monday my ear popped again lasting a minute that?s never happened before. Monday today 01-05 still having headaches and now chest pain. I felt so bad I wanted to go to the hospital but did not it really did feel like I had covid all over again I would not want to put my self through that again. Also I did have covid back in October I believe just wanted to put that out there.
921661	1/5/2021	MO	23	F	1/4/2021	1/4/2021	After receiving the vaccine I had some left arm soreness. The pain increased throughout the day. About 12 hours after receiving the vaccine the pain in my left arm became severe. I experienced nausea, fever of 100, body aches, chills, headache, diarrhea, chest pain, and left hand numbness throughout the night and into the day following
922255	1/5/2021	PA	33	M	12/29/2020	1/2/2021	Weakness, dizziness, lightheaded, cramps, chest pain, shortness of breath, headache.
922772	1/5/2021	FL	50	F	1/2/2021	1/2/2021	headache, right arm to leg sore, sweating dizzy, hot & cold, want to throw up, loss of appetite, some chest pain, feel woosy, felt confused right after vaccine,

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922225	1/5/2021	IA	28	F	1/4/2021	1/4/2021	Moderna COVID-19 EUA Mild lower back muscle pain began around 12 pm on 1/4/2021. Symptoms of headache, severe body aches, chills, nausea, shortness of breath, chest pain lasting 5 hours began around 7 pm on 1/4/2021. Headache and muscle pain remains present 36 hours after receiving vaccine
922165	1/5/2021	TX	38	F	12/30/2020	12/30/2020	Moderna COVID-19 Vaccine EUA consistent elevated bpm 80-147, chest pain, shortness of breath, dizziness, fatigue day 1 to current day 6. Severe body aches on day 1. Bilateral axillary lymph node swelling and tenderness day 2 to current day 6.
922104	1/5/2021	AK	38	F	12/31/2020	1/3/2021	Runny nose at least one episode of chest pain and palpitations lastong one hour nausea
922056	1/5/2021	NY	22	F	12/31/2020	12/31/2020	Moderna COVID-19 Vaccine EUA Chills, headache , fatigue on night of vaccine only 12/31/20 Tired, headache, muscle pain, lymph node in left armpit swollen/painful 1/1/21 Lymph node pain gone 1/2/21 *Shortness of breath/chest pain 12/31/20 - currently
921934	1/5/2021	AZ	41	M	12/29/2020	12/30/2020	Left sided pleuritic chest pain developed about 24 hours after vaccination and continued to get worse for 2 days after which it is now slowly resolving. Used ibuprofen and tylenol PRN to help with pain symptoms.

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921912	1/5/2021	TX	31	F	1/5/2021	1/5/2021	At 1020 patient c/o feeling hot, sore throat w/difficulty swallowing, dizziness & lightheadedness. BP 144/98, P 77, R 20, SpO2 99%. At 1025 c/o sm. amt. of chest pain, numbness to tongue& no longer feels hot. BP 144/84, P 76, R 20, SpO2 100%. At 1029 Gave pt. Benadryl 50mg oral solution as directed by doctor. Doctor assessed patient. Pt. c/o of increase in chest pressure, numbness to left side of face. At 1036 BP 130/85, P 82, P 20, SpO2 100%. At 1042 BP 123/85, P 84, R 20, SpO2 100%. Chest pressure continues @ 4/10 on Wong pain scale. Continues w/throat pain & numbness to (L) side of face, the dizziness has lessened. At 1053 BP 118/80, P 72, R 20, SpO2 100%. Reports chest pressure is gone No change in other symptoms & is lightheaded. At 1055 pt. pt. to have coworker to drive her back to clinic w/pt.'s dad meeting them to take pt. home/ER. At 1100 Pt. very dizzy and not feeling well upon standing. Pt. agreed w/nurse to have EMS assessment. EMS notified to respond. At 1115 BP 123/77, P 76, R 20, SpO2 100%. Throat remains and (L) side of face numb, cont. to feel lightheaded. EMS on site @ 1119 to evaluate patient. At 1126 pt. transported to ER via EMS.
921796	1/5/2021	TN	49	F	1/2/2021	1/2/2021	Started out vague. Started with headache at the base of her head and then it felt like a web that covered her entire head. By 10:00 she did not feel good. Went to sleep instantly. Slept for about an hour. Began to have nausea. Sunday headache got worse. Started ringing , buzzing sound in her head. Took Zofran because of nausea. Sunday night chest discomfort. Monday had horrible chest pain, headache was horrible, then vomiting. went to ER, doctor felt it was a reaction to the vaccine. was give medicine for nausea and Decadron for the reaction. Gave fluids for dehydration. Got medicine for headache. Keep taking Zofran for nausea. Still has headache. Has appointment with pcp in the morning.

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921676	1/5/2021		56	M	1/5/2021	1/5/2021	<p>Patient is a 56 y.o. male who was seen at COVID Vaccine Clinic today for his first dose of the COVID 19 vaccination. He denied any history of previous adverse reactions to vaccines. He was given the Moderna vaccination in the left deltoid muscle. During his 15 minute waiting period after the injection, the patient began to experience nausea and feeling hot. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, skin changes, tongue swelling and vomiting. Pt drank water and got to feeling better within a few minutes.</p>

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921716	1/5/2021		35	F	1/5/2021	1/5/2021	<p>Patient is a 35 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience throat tightness and scratchy throat. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, skin changes, tongue swelling and vomiting. Hx of allergy to flu shot 2013. Had extremity weakness within 12 hours of shot. Resolved within a few days. No medications given. Seen by ER. Hx of 2010 allergy shots to food allergy, corn, wheat and citrus.</p>

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921712	1/5/2021		35	F	1/5/2021	1/5/2021	Patient is a 35 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Moderna vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience throat tightness and scratchy throat. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including but not limited to abdominal pain, blood pressure abnormality, chest pain, collapse, drooling, hypotension, increased swelling, rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, skin changes, tongue swelling and vomiting. Hx of allergy to flu shot 2013. Had extremity weakness within 12 hours of shot. Resolved within a few days. No medications given. Seen by ER. Hx of 2010 allergy shots to food allergy, corn, wheat and citrus.
922039	1/5/2021	CA	51	M	12/28/2020	12/31/2020	headache, body aches, cough, chest pain when deep breathing, was tested for COVID-19 on 1/04/2021 and it was Positive
918554	1/4/2021	MI	42	F	12/26/2020	12/26/2020	Tongue swelling after receiving COVID-19 vaccine. No difficulty breathing, no rash. Claims posterior aspect of tongue is swelling and causing her a gagging feeling. No chest pain.
919003	1/4/2021		57	F	12/29/2020	12/29/2020	10 minutes after injection, patient reported numbness of bottom of the feet, hands, and is experiencing hot/cold episodes, shaking, and pallor of lips. She also reported intermittent nausea. No changes in mental status. Patient was transferred to the ER. In the ER, she denied shortness of breath, facial swelling, hives, vomiting or diarrhea. No chest pain or voice changes. Her EKG was unremarkable. Her symptoms resolved with time, and was discharged on prednisone 20 mg PO for 4 days

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918811	1/4/2021	OH	25	F	12/30/2020	12/31/2020	Sore arm, sore throat, post nasal drip, congestion, chest pain
918788	1/4/2021	CA	45	F	12/22/2020	12/23/2020	High blood pressure 187/95; Heart rate at one time 210 bpm; chest pain; Shortness of breath; This is a spontaneous report from a contactable pharmacist (patient) reported for herself that a 45-years-old female patient received first dose of BNT162B2 (lot number: EH9899), via intramuscular in left arm on 22Dec2020 07:00 AM at single dose for COVID-19 immunization. The patient was not pregnant. No known allergies. No allergies to medications, food, or other products. No other vaccine was received within 4 weeks prior to the COVID vaccine. No other medications were received within 2 weeks of vaccination. The patient was not diagnosed with COVID-19 prior vaccination and patient was not tested for COVID-19 since the vaccination. There were no medical history or concomitant medications. The patient experienced high blood pressure 187/95, heart rate at one time 210 bpm, shortness of breath and chest pain on 23Dec2020 10:00 AM. The events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. Treatment was received for heart rate at one time 210 bpm which included lab works and medication given propranolol to decrease heart rate. The outcome of the event was recovering.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the events hypertension, heart rate increased, chest pain and dyspnoea cannot be excluded. The information available in this report is limited and this case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.

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918755	1/4/2021	KS	58	F	12/21/2020	12/21/2020	patient began to experience dizziness/shakiness.; patient began to experience dizziness/shakiness.; This is a spontaneous report from a non-contactable other hcp reporting for a patient. A 58-year-old female patient received first dose of BNT162B2 (Pfizer product, lot number: EH9899), intramuscular on 21Dec2020 16:00 at single dose on left arm for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. It was reported that during her 15 minute waiting period after the injection (21Dec2020 16:15), the patient began to experience dizziness/shakiness. This provider was notified of patient reaction and she was then transferred to the emergency bay via wheelchair where she was assessed. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with dyspnea, increased work of breathing, persistent cough and cyanosis, vomiting, hypotension, dysrhythmia, chest pain and collapse. Treatment included no therapy, but did continue with vital checks at approximately 5 minute intervals. Patient discharge: stable to go home and follow up with PCP. The outcome of the events was unknown. No follow-up attempts are possible. No further information is expected; Sender's Comments: Based on the compatible time association, the dizziness and shakiness are possibly related to suspect BNT162B2 administration. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
918671	1/4/2021	WY	44	F	12/22/2020	12/23/2020	Fever (102.5 - 103.9), Pulse - 118, O2 - 94, Stabbing chest pain, Mediastinum tightness

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918479	1/4/2021	NH	37	F	12/28/2020	12/28/2020	<p>The patient is a 37-year-old female presenting to the emergency department with an allergic reaction after receiving a Covid vaccine. Began having palpitations and flushing 5 minutes after the injection. Reported a heaviness in her throat. This has not improved but not worsening. Reports some difficulty swallowing. Denies any difficulty breathing. Denies rash. Has never had similar symptoms previously. Denies fever chills nausea vomiting lightheadedness or dizziness. Symptoms have been constant since onset. Has not taken anything to alleviate her symptoms. Review of Systems</p> <p>Constitutional: Negative for activity change, chills and fever. HENT: Negative for congestion and rhinorrhea. Throat swelling trouble swallowing Eyes: Negative for pain and visual disturbance. Respiratory: Negative for chest tightness and shortness of breath. Cardiovascular: Positive for palpitations. Negative for chest pain. Gastrointestinal: Negative for abdominal pain, nausea and vomiting. Endocrine: Negative for polydipsia and polyuria. Genitourinary: Negative for dysuria and flank pain. Musculoskeletal: Negative for back pain and myalgias. Skin: Negative for rash and wound. Neurological: Negative for weakness and headaches. Psychiatric/Behavioral: Negative for confusion and suicidal ideas. All other systems reviewed and are negative. BP 114/69 Pulse (!) 106 Temp 36.9 °C (98.5 °F) (Oral) Resp 21 Ht 162.6 cm (5' 4") Wt 84 kg (185 lb 3 oz) SpO2 98% BMI 31.79 kg/m²</p> <p>Physical Exam Vitals signs and nursing note reviewed. Constitutional: General: She is not in acute distress. Appearance: She is well-developed. HENT: Mouth/Throat: Comments: Uvula slightly edematous, tongue does not appear swollen, lips are not swollen, no stridor, breathing comfortably and speaking in full sentences Eyes: Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No stridor. Abdominal: Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness. There is no guarding or rebound. Skin: General: Skin is warm and dry. Capillary Refill:</p>

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918585	1/4/2021	TX	43	F	12/16/2020	12/16/2020	<p>Capillary refill takes less than 2 seconds. Findings: No rash. Comments: No obvious rash Neurological: Mental Status: She is alert and oriented to person, place, and time. Cranial Nerves: No cranial nerve deficit.</p> <p>First day I had muscle ache. Second day worst muscle pain on my left arm. Fourth Day at 9pm sever chest pain I took Ibuprofen to relive the pain the next morning I had to see the doctor because I had sever pain but not related to the heart .</p>

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918491	1/4/2021	ME	40	M	12/30/2020	12/30/2020	<p>This is a 40 y.o. female who presents with abrupt onset of nausea vomiting, diarrhea, myalgias, headache about 2 hours after receiving her 1st Moderna COVID-19 vaccine at 1300 hrs.. She describes myalgias extending from the area of her left deltoid injection site over her shoulders and over her entire upper body. No neck or back pain. She describes diffuse throbbing headache with no positional component. She has had relentless nausea vomiting and retching. She has been up vomiting stomach contents to bile multiple times. She has had loose watery brown diarrhea multiple times. She describes diffuse abdominal crampy pain with increased tearing retching and vomiting. She denies any shortness of breath cough or wheezing. Voice is normal. No swallowing dysfunction or pain. No intraoral or facial swelling. She denies rash or pruritus. No arthralgias. Patient reports prior anaphylaxis with shortness of breath and tight airways, difficulty speaking and swallowing, and relationship to coconut ingestion few years prior. No other known food/nut reactions. Patient is a CNA for care at home. Last Covid test was 2 weeks ago which was negative. She reports she has been tested every 2 weeks routinely. Review of Systems Cardiovascular: Negative for chest pain and palpitations. Gastrointestinal: Positive for abdominal pain, diarrhea and nausea. Negative for vomiting. Musculoskeletal: Positive for myalgias. Negative for arthralgias, back pain and neck pain. Neurological: Positive for headaches. Negative for dizziness, weakness and numbness. Physical Exam BP 126/73 Pulse 120 Temp 37.1 °C (98.8 °F) Resp 18 Ht 1.575 m (5' 2") Wt 68 kg (150 lb) SpO2 100% BMI 27.44 kg/m² ED Course as of Dec 30 2340 Wed Dec 30, 2020 2128 Reevaluation: Nausea improved. Abdominal cramping resolved. No further diarrhea or vomiting. Still complains of headache and muscle cramping through her upper shoulders and arm. Will medicate with steroid and acetaminophen 2258 Reevaluation: Patient improved. Pain/myalgias improved. Headache now mild and dull. Continues with no further nausea vomiting or diarrhea. She would like to try fluids at this time. Assuming toleration we will plan on discharge home. 2326 Reevaluation: Patient feels improved. Headache essentially gone. Taking p.o. fluids well. Discharge instructions discussed. She is very familiar with an EpiPen because of her daughter's prior</p>

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use. Discharge instructions discussed. ASSESSMENT and PLAN This is a 40 y.o. female who presents with nausea vomiting diarrhea, myalgias, diffuse abdominal cramping, severe global headache, onset about 2 hours after first dose Moderna COVID-19 vaccine. Exam with intact mental status, neurologic system. Abdomen with some diffuse tenderness but no evidence of peritoneal sign. She had diffuse palpable soft tissue muscular type tenderness through her upper extremity shoulder and bilateral paraspinal back. She had no meningeal signs. She had no cardiorespiratory signs or symptoms. Her chest was clear. Voice normal. Swallowing normal. Oropharyngeal region normal. Initial ED ED management focused on rehydration, antiemetics and subsequent treatment for presumptive anaphylaxis with likely system involvement gastrointestinal and neurologic. She was treated with Solu-Medrol, famotidine and acetaminophen. She improved during ED course and did not require epinephrine. Symptoms at ED reevaluation/discharge were resolved. Clinical impression favors anaphylaxis over medication side effect given time course and abrupt onset of symptomatology and signs. She has a distant history of anaphylaxis to coconut-based product in her past. She has no history of ongoing allergic chronic history otherwise. Other organ systems appeared stable at onset and through ED course including cardiovascular and pulmonary. Plan is for discharge home with rest fluids. She will have a course of steroids/prednisone and famotidine. She was sent home with an EpiPen and understands use and precautions. Discussed ED "return immediately if" parameters with patient. Ongoing FOLLOW UP evaluation/care coordination via PCP recommended. Patient voices good understanding of current evaluation, follow-up & return recommendations and discharge instructions. Encounter Diagnosis Anaphylaxis due to vaccination, initial encounter Plan: - d/c home. No work next 2 days. Off work note provided - COVID-19 testing pending -rest with activity as tolerated - diet as tolerated & increased fluids as discussed - acetaminophen PRN -Prednisone 40 mg daily to finish 4 more days -Famotidine 40 mg daily to finish 4 more days - Zofran as needed (patient has at home) -Loratadine 10 mg OTC as needed -PCP f/u -ED return for interval worsening -instructions discussed & as documented

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919260	1/4/2021	CO	26	F	12/23/2020	12/23/2020	12/23/2020 I had diarrhea for two hours at 5pm, abdominal pain, I went to the ER and had a consult for the 24th and see if I could get my gallbladder out for previous problems, I had chest pain, they did emergency surgery that same day and they removed my gallbladder. I have a rash on my injection site, I think it's a christmas tree rash .
918613	1/4/2021	OH	50	F	12/31/2020	1/1/2021	Severe Lumbar Pain, fever (highest 100.2), body aches, chills, rigors, headache, pain and soreness at vaccination site, decreased range of motion of left arm, tachycardia, tachypnea, chest pain, bilateral arm numbness and tingling into fingers, warm sensations shooting down upper legs.
919282	1/4/2021	AZ	39	F	12/29/2020	12/29/2020	12/29/20 ~1115 Received Pfizer COVID-19 vaccine. Only issue within the 15minute wait time is tenderness in injection site. No adverse effects until 2 pm (dizziness, headache, fatigue, nausea, chills). Got home by 5pm. Worsened symptoms. Temperature hit 40C. Myalgias and joint pain started. Took Tylenol 1gm. Recurrent fever and chills. Symptoms did not get better. 12/30/20 started having pressure and stabbing chest pain. Went to ED for dehydration and nausea. Negative chest xray and troponin. COVID PCR also negative. As of 1/4/2021, writer is still experiencing same symptoms to a lesser extent.
919322	1/4/2021		33	F	1/2/2021	1/2/2021	Elevated heart rate in 110-130s approximately 12 minutes after injection given. Pt states feeling ?jittery and racing heart..?Denies shortness of breath, chest pain/tightness. Denies any tingling in throat. SpO2 99% on room air. Bp 120/72. No other symptoms. During period of monitoring heart rate decreases to 80s for few minutes then elevated to >110s. After 30 minutes pt returns home. For next 4 hours following occasional periods of elevated heart rate 110-130s. Only 3 episodes the next day. Mild headache during this day but no other symptoms.

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919350	1/4/2021	NY	41	F	12/31/2020	12/31/2020	First Headache at approx 10:00pm then later that night at approx 02:00 am left armpit pain, left upper chest pain, left humerus pain, left elbow pain, left wrist pain, left radius and ulna pain, fatigue, lethargy, insomnia, fever 99.9 was highest taken with 2 extra strength Tylenol taken, chills, excessive sweating, decreased appetite until evening of the next day. arm pain decreased but arm pit remains swollen and painful for 2 days so far. Headache gone after 36 hours.
919421	1/4/2021	UT	38	F	12/29/2020	12/29/2020	Employee started having symptoms 5 hours after administration of vaccine. Had headache and chills. Slept through the night. Woke with fever, chills, body aches and tics, chest pain, headache, nausea, difficulty breathing, lethargy and decreased level of responsiveness. Was admitted to the ED on 12/29/2020 at 11:37 am. Temp 37.7, HR 88, RR 22, BP 122/86, SaO2 98%. Glasgow coma score was 15. She was oriented to person, place and time but responses were short and slow. Work up in the ED included, EKG, chest x-ray, CT of brain, and Labs(CBC & chemistries). She was also given Acetaminophen 650mg for head ache, Ketorolac 30 mg for pain, Ondansetron 4mg for nausea, and 2 liters of LR. Observed for 5 hours with some improvement in symptoms and discharged at 5:10 pm
919527	1/4/2021	UT	42	F	1/4/2021	1/4/2021	Shortness of breath and tremors with Pfizer-BioNTech covid-19 vaccine 25 minutes after 0.3 mL IM for right deltoid after first dose. Hemodynamically stable and afebrile. Differential diagnosis includes but is not limited to allergic reaction, anxiety, panic attack, asthma attack, sequelae of hyperthyroidism. After resting comfortably in the room for approximately 15 minutes, she reported that her symptoms were starting to subside. She happily excepted diphenhydramine (dose not documented). She was observed for 2.5 hours and had no worsening of symptoms. Her vital signs were stable and she had appropriate SPO2 on room air throughout her stay in the emergency department. We discussed strict return precautions for evidence of allergic reaction, chest pain, worsening shortness of breath, altered mental status or fever. She will follow-up with her primary care doctor. Discharged in stable condition to the care of her husband.

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919644	1/4/2021		55	F	12/28/2020	12/29/2020	Dec. 29: she developed arm soreness and joint pain. Dec. 30: she developed pain in chest area radiating towards the back Jan. 01: she noticed a rash in the mid abdomen radiating towards the back. She has been experiencing pain in the affected area.
919691	1/4/2021	RI	40	M	1/4/2021	1/4/2021	Pt entered observation around 1950. Around 2010, stated that "his body felt warm and tingling, throat was sore, and he had a flush feeling". Denies SOB or chest pain when asked. Continued to remain in observation. Stated that he felt somewhat better around 2015. Still had the same symptoms but they were letting up some. Around 2025, he stated that he felt better and the symptoms had stopped. Pt left observation @ 2027
919760	1/4/2021	NY	52	M	1/2/2021	1/2/2021	I tested positive for Covid-19 on 8/10/20. Symptoms were moderate (No hospitalizations/oxygen/interventions. Just flu like symptoms with significant chest pain. MI & PE ruled out in two ED visits, symptoms last about a month). Moderna Covid-19 Vaccine on 1/2/21 at 7:45 am. Developed significant chills at about 8:00 pm that evening. By 10:30 pm, chills, rigors, bodyaches, & fatigue (no fever). 1/3/21: Significant fatigue, chills, bodyaches, and now headache. Essentially stayed in bed the whole day; completely useless. Symptoms improved throughout the day. Was about 45% better by bed time. Severe diaphoresis in the middle of the night. 1/4/21: 75% better. Went to work and completed my shift. 95% better by the end of my shift.
919798	1/4/2021	TX	42	F	1/4/2021	1/4/2021	30 minutes after vaccination: numbed left side of face Around 4 pm started with ringing ears, lightheaded . Light chest pain but not too bad to go to the ER.

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919211	1/4/2021		41	F	12/30/2020	12/30/2020	41 y.o. female presents to the ED with concern for possible allergic reaction to Moderna COVID-19 vaccine that she had received approximately an hour prior to arrival. Patient reports that shortly after receiving her vaccine in her left arm she developed the sensation of her throat closing and a "film "in the back of her throat. Patient has also reported feeling nauseated and having a throat clearing cough. No chest pain, headache, abdominal pain or development of a rash. Injection site appears to be unremarkable. Patient is given some antihistamine medications as well as steroids and observed here in the ED. The patient has improvement in her sensation of her throat closing and is able to be discharged. I discussed with the patient the usefulness of continued antihistamines over the course of the next few days and would likely advise on not receiving the second COVID-19 vaccine based on her reaction to the first. Discussed with the patient the use of epinephrine and EpiPen as needed. See discharge instructions. Patient is discharged home with her sister in improved condition.
919097	1/4/2021	MN	46	M	12/30/2020	12/30/2020	He stated he was fine for 20 minutes after the administration, but noticed driving home that the left side of his face felt funny/tingly. He says it progressed that evening to numbness and states his spouse noticed slight swelling to his face. He also complained of pain to his teeth and gums. He voiced concerns about bell's palsy, but stated he didn't notice any asymmetry or paralysis in his face and his symptoms have resolved entirely as of today 1/4. He was never seen or evaluated while he was having symptoms, unfortunately, and was able to continue working. Denied chest pain or difficulty breathing, no rash. He reports self-medicating with prednisone on sat/sun with improvement and as mentioned, is now asymptomatic.

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918007	1/3/2021	WI	52	F	1/2/2021	1/2/2021	Pfizer-BioNTech COVID-19 Vaccine EUA Slight chest pain and slight difficulty taking deep breath for a few seconds it - did not go past 15 minute observation. Felt nauseated for a brief time - did not go past the 15 minutes. About 25 minutes after the tip of my tongue, section of my bottom lip and sides of my tongue were tingly. The tip of my tongue continues to be like that day #2 after and there is a small blood blister underneath the tip of my tongue. Parts of my body feel a little itchy an hour after vaccine and continues very infrequently at this time and it disappears in seconds.
917835	1/3/2021	MN	18	M	12/30/2020	12/31/2020	Tactile fever ,arm pain, headache and malaise in 24 hrs following injection Next day generalized achiness ,retrosternal chest pain and bilateral forearm tingly pain similar to Nov 2019 and went to Hospital UC,CXR and EKG normal but with short PR interval on EKG ,elevated troponin 3.5 Transferred to hospital troponin 12.1 ng/ml IVIG given SARS IGG positive on admission PCR negative
917952	1/3/2021	CA	49	F	1/3/2021	1/3/2021	2:37 pm 10 minutes after receiving vaccine pt reports feeling dizzy and nervous. She has a history of anxiety and has been seen before for anxiety attacks. Pt denies chest pain, shortness of breath or pain. 2:45 pm pt evaluated by EMS BP 138/78, Pulse 98. pt reports feeling better. 2:55 pm pt declined transport to ED, signed out AMA. Pt was escorted out to car.
917873	1/3/2021	MA	29	F	12/18/2020	12/18/2020	Approximately 5 hours after administration, I developed severe pleuritic chest pain and tachycardia that self resolved after about an hour. This was followed by about 2 days of fatigue and myalgias that interfered with my daily activities that also self resolved. Had a large tender reaction on my left bicep for about 5 days after the injection.
917559	1/2/2021	NY	49	F	12/27/2020	12/28/2020	Approximately 24 hours after administration, developed sudden onset of severe headache, nausea, severe abdominal cramps, followed by generalized body aches, pallor, 'brain fog', and approximately 4 hours later had stabbing chest pain on inspiration. Majority of symptoms passed within 8 hours. Brain fog, headache and fatigue lingered through 12/30/20.

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917527	1/2/2021	NY	35	F	12/30/2020	12/31/2020	Chest pain, chills, headache, sore throat, weakness, joint pain, muscle pain (at the site of injection). Treatment: Acetaminophen 1000 mg (1 g)
917497	1/2/2021	GA	30	F	12/29/2020	12/29/2020	Vaccine given at 7:05am 12:00noon, 5 hours later, I started experiencing severe chest pain, jaw pain and shortness of breath in which EMS was called and I was taken to the hospital. Since then, I lost feeling in my hands and feet, numbness and tingling. I've improved however, during my recovery suffered with spinal pain, shortness of breath, very winded, muscle pain and loss of appetite to especially meat.
917379	1/2/2021	GA	36	F	12/31/2020	1/1/2021	I HAVE SEVERE ASTHMA AND BRONCHITIS AND GET PNEUMONIA 2 OR 3 TIMES A YEAR. I HAVE TROUBLE TAKING A DEEP BREATH AND CONSTANTLY TAKING MY INHALERS DAILY TO BREATHE, I ALSO TAKE STEROIDS. I TOOK THE VACCINE AFTER GETTING OFF WORK ON 12/31/2020. THE NEXT DAY ON 1/1/2021 AND WOKE UP BEING ABLE TO TAKE A DEEP BREATH WITH NO PROBLEMS AND NO CHEST PAINS OR COUGHING. IT IS 1/2/2021 AND I HAVEN'T TOOK NONE OF MY INHALERS OR STEROIDS SINCE I TOOK THE VACCINE. IT IS AN AMAZING FEELING TO BREATHE WITHOUT PAIN OR TAKING ANYTHING.
917375	1/2/2021	CA	60	F	12/30/2020	12/30/2020	Within 5 minutes of the vaccine, patient had wheezing, shortness of breath and chest pain. patient given epi x 4, decadron, fluids with some improvement and then hospitalized. IN the hospital, patient continued to have chest pain and satting well but with protracted course and is still in the hospital.
917155	1/2/2021	WA	40	F	1/1/2021	1/1/2021	Terrible dizziness, lightheaded, overall feeling like something isn't right in my body almost a nervousness ,chest pain, tingling to right hand and right side of my head, also have nausea, headache unrelieved by Tylenol or ibuprofen.

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916611	1/1/2021	NC	33	F	12/29/2020	12/29/2020	12pm Received shot 1 pm Sore arm at injection site 8pm loss of appetite, whole arm hurting 11pm fever 101, severe chills, body ache, tiredness 11:30pm-3am fever 103.6, chills, body ache, tiredness, headache, confusion, sore on right side of body, high blood pressure161/96, high heart rate 120?s while resting, slighty sob (O2 low 90?s) slight chest pain on right side under Rib front and back, nausea, tingling lips for about 5 mins maybe. 12-30-20 3am still had fever 101 after taking Tylenol, blood pressure and heart rate decreased a little, chills stopped, was able to sleep 7am fever was 102 nausea headache sore right arm Headache and Fever 102 continued all day, fever was a little lower taking Tylenol 12-31-20 Had headache/pressure in head all day temp 98.6-100 all day, felt a lot better, right arm still a little sore
916966	1/1/2021	TX	51	F	12/21/2020	12/28/2020	*12/21-22-increased soreness at site of injection...resolved Onset on 12/28 of Swollen lymph nodes, with pain, on Right side of body with increased sensitivity at Left Axillary/side of breast area. Onset on 12/30 Fever, Severe Body aches/joint pain, dry cough, chest pain with min SOB, Headache. *Exposure to 4 people on Sat 12/26 who have tested positive for Covid on 1/1/20 but their symptoms began 12/28 through 01/30.
916839	1/1/2021	NM	44	F	12/21/2020	12/29/2020	Pleuritic chest pain, seen in ED, 12/31/2020, had elevated ddimer, CT negative for PE, EKG and troponin normal, Covid swab negative, diagnosed with pleurisy

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916836	1/1/2021	MD	55	M	12/24/2020	12/30/2020	<p>Patient is a 55 year old male with no past medical history who presents with complaint of sudden onset of left-sided nonradiating chest discomfort of sudden onset approximately 1 hour prior to presentation while doing administrative work at rest. He describes the pain as a dull heaviness sensation and approximate 3/10 pain severity. Chest discomfort was associated with a feeling of flushing that was quite transient but chest discomfort was persistent. Patient immediately presented to the ED for further evaluation. He denies experiencing any chest pain upon waking up this morning. Does note that he did have a transient episode of epistaxis on his way to work for which he had to pull over and apply pressure to his nose but this subsequently subsided and he attributed this to dry air as he has experienced epistaxis in the past but with less severity previously. In the ER, vital signs noted for BP 133/76, pulse ranging 91-114, respiratory rate 16-20, 96% on room air. Initial laboratory parameters were completely normal including normal CBC, CMP, LFT, lipase, UA, and normal D-dimer. Initial troponin was negative x1. EKG with sinus tachycardia, heart rate of 115. Noted Q waves inferiorly. No acute ST or T wave changes appreciated. Chest x-ray with mild increased density in the left lower lobe. Given this, patient was tested for rapid Covid which was negative but PCR was positive for COVID. CT of the chest noted for focal subsegmental groundglass infiltrate at the superior segment of the LLL, likely infectious versus inflammatory. Also noted small nonspecific groundglass attenuation with focal septal thickening at the right upper lobe which could be infectious or inflammatory, bibasilar atelectasis. Patient was treated with aspirin 324 mg in the ED. Of note, patient actually just received the COVID-19 vaccination on 12/24/20. He denies any shortness of breath, no cough, denies any nausea or vomiting, denies any change in taste or smell nor change in appetite. Does note 1 single episode of loose stool but otherwise denies any diarrhea. Does report that he had approximate 48 to 72-hour period of fatigue and soreness at the site of the left deltoid injection following the vaccination but otherwise no further symptoms. It is also noted that he does have a positive family history of coronary artery disease as his dad had an MI at the age of 49. Patient has never undergone a cardiac catheterization in the past but does report having a</p>

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							negative stress test at the age of 42. He is being admitted under the hospitalist service for further management. Patient was initially admitted under observation for chest pain obs. However patient's Covid test came back positive and patient also had dynamic EKG changes concerning for possible unstable angina. Patient was treated with aspirin Plavix full-strength Lovenox along with beta-blocker and a cardiology consult. Serial troponins were negative. Echocardiogram revealed normal EF of 55 to 60% with no hemodynamically significant valvular disease. Cardiology felt that patient likely has underlying coronary artery disease have recommended discharge home with aspirin and Plavix with outpatient stress testing given his positive Covid testing. At the time of discharge patient denied any chest pain or shortness of breath. Patient was borderline diabetic with a hemoglobin A1c of 6.1. Patient was discharged home with Metformin along with glucometer, glucose strip, lancets. Given patient's tachycardia patient's Metformin 25 mg twice daily was changed to Toprol 25 mg daily. (Please note clarification in comparison to discharge home med list. Toprol XL 25 mg daily was called to pharmacy in place of the metoprolol.)
915398	12/31/2020	WI	44	M	12/29/2020	12/30/2020	Moderate to severe sharp, pleuritic chest pain, associated with dyspnea, lasting approximately 16 hours. No associated vital sign abnormalities.
916554	12/31/2020		81	M	12/30/2020	12/31/2020	Severe abdominal pain, chest pain, body aches
915246	12/31/2020	LA	44	F	12/27/2020	12/27/2020	Chest pain with shortness of breath
915400	12/31/2020	NY	28	F	12/24/2020	12/26/2020	Fever, headaches, vomiting, diarrhea, chest pain and difficulty breathing, coughing, fatigue, and muscle pain all through the body not just the injection site.
915445	12/31/2020		57	F	12/16/2020	12/16/2020	Received a Covid vaccine 30 minutes prior to arrival to ED. Started having tingling sensation to her face and throat while driving home. No dyspnea. No dysphonia. No dysphagia. No headache. No dizziness. No chest pain. No itching. No rash. Given diphenhydramine HCl 50 mg and famotidine 20 mg. Arrived 1831 and discharged at 2016.

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915464	12/31/2020		29	F	12/28/2020	12/28/2020	10 minutes after receiving vaccine, patient reported numbness across upper lip which progressed to her tongue. Felt tingling and dryness of tongue and swelling. No difficulty breathing or swallowing, no chest pain, no wheezing, no rash, no itching. Taken to ED and given methylprednisolone 125mg IV, diphenhydramine 50mg IV, famotidine 20mg PO. Patient improved and monitored x 4 hours with resolution of symptoms. Prescribed prednisone 50mg po x 4 days.
915603	12/31/2020	NJ	22	F	12/30/2020	12/31/2020	Moderna COVID-19 Vaccine EUA. Nausea, diarrhea, fatigue, headache, muscle aches, chills, chest pain/pressure.
915625	12/31/2020	WV	44	F	12/23/2020	12/23/2020	Tachycardia: 30 minutes after injection: resting pulse >100 BPM, with minimal activity up to 160 BPM, light headedness, woozy (lack of coordination), heart palpitations, unexplained anxiety, left arm heaviness, left arm soreness, intermittent diarrhea, fatigue, shortness of breath with activity, 1 episode of ears ringing & feeling as if I was going to pass out. Improved with sitting with head between knees & slow breaths. Day 2: chest pain/fullness, intermittent sweating at rest (hands, feet, groin), indigestion, pain/fullness between shoulder blades, sharp stomach pain, decreased appetite, intermittent diarrhea, unexplained anxiety, fatigue minimal activity, resting pulse: 80-90 BPM, pulse with standing: 120+ BPM, 1 episode of feeling as if I was going to pass out "ears ringing, weakness, light headedness", "woozy" when turning head, standing. Symptoms resolving slowly over following 7 days. Beginning to feel more like myself. Fatigue with activity improving but not back to pre-vaccination.
915656	12/31/2020	TX	34	M	12/30/2020	12/30/2020	Shortness of Breath - Tachycardia - Chest Pain described as 5/10 - Tingling sensation to vaccinated arm
915720	12/31/2020	AR	47	F	12/29/2020	12/30/2020	Fever, chest pain, chills, headache. Took Tylenol. All symptoms have resolved.

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915753	12/31/2020	OH	46	F	12/30/2020	12/30/2020	Moderna COVID-19 Vaccine EUA S/S started with sore arm that progressively got worse. By 5 pm underarm was tender, pain radiated from shoulder to back shoulder blade area and around the front to breast. Temp 99.5. took 800mg Ibuprofen went to bed. 6am 12/31/20 pain still in arm shoulder worse when lift up arm. pain in back sharp with deep breath. took 1000mg Tylenol. 12pm pain still sharp in back occasional sharp pain in chest on left above breast.
916354	12/31/2020	WA	33	F	12/30/2020	12/30/2020	Immediate itching at injection site which lasted about 3 minutes. Following that I felt slightly dizzy and anxious. about 20 minutes after injection I developed mild chest pain and mild chest tightness and a slight cough. 2 hours after injection, continued chest pain and worsening cough. I took a Zyrtec and albuterol and my symptoms resolved at 1430, 3.5 Hours after injection.
916101	12/31/2020	CA	41	F	12/31/2020	12/31/2020	15 minutes after injection patient reported feeling lightheaded and nervous. Patient denies chest pain, difficulty breathings, itchiness or pain. Patient was evaluated by EMS at 11:19 am Blood Pressure 168/95 at 11:29 am Blood pressure 148/92 O2sat 100% Patient is drinking water and feeling better. 11:35 am Patient reports her symptoms have resolved, and wishes to leave. Patient was advised to follow up with her PCP or to ED if symptoms return.
916220	12/31/2020	OK	35	F	12/29/2020	12/29/2020	Chest pain, elevated heart rate, fatigue, headache. Took Ibuprofen. Symptoms have resolved.
916238	12/31/2020	LA	79	F	12/31/2020	12/31/2020	Patient received the vaccination at around 10:15am. As she was being transported from the facility, she complained of chest pain. Her transporter called 9-1-1 and the patient was taken to the ER at around 11:22am.

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916271	12/31/2020	TN	34	F	12/31/2020	12/31/2020	Patient got the vaccine and shortly afterwards started feeling different with sweating and redness/rash developing at injection site. She sat down and then noticed rash spreading to chest, arms and neck areas. She took two Benadryl capsules and remained seated. Then her eyes began watering and turning red followed by subtle eyelids swelling. She notified her dr and was told if no improvement, go to ER. She needed to finish her shift and decided to wait it out. I called to check in at 4pm and she still felt bad with intermittent chest pain. Her shift ended at 6 and she was going to still wait it out. She was able to drink water and informed me that her mouth/throat felt a little puffy. I advised to go to ER and she said she would if it didn't go away. We ended our phone call at that point.
916295	12/31/2020	VA	59	F	12/31/2020	12/31/2020	Patient felt dizzy, shortness of breath and chest pain around 10minutes after receiving the vaccine.
916301	12/31/2020	IL	31	F	12/18/2020	12/19/2020	Chest pain started 12/18/20 at 6pm and continues through today 12/31/20. I have been to the ER twice on 12/19/20 and 12/27/20 for chest pain, shortness of breath, and tachycardia. On 12/27/20 my right side of my chest swelled up and caused increased chest pain which resulted in a second ER visit. Now I have been diagnosed with sinus tachycardia and inflammation of the chest wall as a result of the vaccine.
916320	12/31/2020	IL	40	F	12/19/2020	12/19/2020	Patient received Covid-19 Pfizer vaccine on 12/19 @0932 - reported to ED ~ 1030 am with complaints of scratchy throat, tongue swelling and coughing . Symptoms started about 30 minutes post vaccine. Patient DENIED SOB/chest pain during ED visit. Although no rash there was some redness of the torso. Patient was treated with the following. and observed additional 3 hours in the ED before discharged. (total 4 hours since vaccine administration) Onset - 30 min Duration - 4 hours Treatment - epinephrine 0.3mg IM, diphenhydramine 50mg IV, Methylprednisolone 80mg IV. Also given IV fluids 0.9% NS Outcome -at 1328 symptoms were documented as resolved. Discharged with instructions for prn Benadryl at home as needed and Prescription for prednisone 40mg daily x3 doses and epipen if needed.

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916519	12/31/2020	TN	58	F	12/29/2020	12/29/2020	I have headache, fever of 102.8 , mild chest pain, and chills.
915214	12/31/2020	MI	26	F	12/29/2020	12/30/2020	Currently have shortness of breath, chest pain, fatigue, nausea, body aches, joint pain, and injection site pain.
916553	12/31/2020	WA	57	F	12/31/2020	12/31/2020	Approximately 20 minutes after vaccine administration patient noted that she had some lightheadedness and chest pain after the vaccine, but that it had already completely resolved. She stated that she got lightheaded shortly after administration, and noted that it lasted approximately 10 minutes before resolving. She stated that she had an episode of mild chest pain that lasted approximately 2 minutes before completely resolving. She expressed anxiety related to vaccine administration noting history of anaphylaxis after influenza vaccine and PPD testing. Patient monitored for another 15-20 minutes without incident. Patient noted that she was feeling well and had no concerns upon leaving. She verbalized understanding to call EMS or go to ER if symptoms change or worsen. Follow up call placed to patient 12/31 @ 1720. She states that she is feeling fine and had no other symptoms after leaving. She denies any concerns at this time.
915910	12/31/2020	MA	38	F	12/22/2020	12/25/2020	3 days after receiving Covid 19 vaccine I experienced shortness of breath, chest pain, light headedness, and fatigue. Symptoms lasted 6 days.
914166	12/30/2020	PR	54	F	12/30/2020	12/30/2020	PARESTECIA BOTH ARM AND FEET. SOB,DIZZINES AND CHEST PAIN. LABIAL CYANOSIS.
914169	12/30/2020	FL	33	M	12/21/2020	12/21/2020	15 MINUTES AFTER SHOT- DIZZINESS, BLURRY VISION, SHORTNESS OF BREATH, SOME CHEST PAIN, INTENSE ANXIETY

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914179	12/30/2020	NY	48	F	12/22/2020	12/22/2020	lips were tingly and swollen; lips were tingly and swollen; fatigued; allergic reaction; passed out; breathing fast; her brain felt like a rock, like she was there but not there; head was so heavy,wouldn't open her eyes; her throat started to tighten up; chest pain; nauseous; headache; felt a little lightheaded, a little wobbly; palpitations; sweaty; This is a spontaneous report from a contactable consumer (patient) via Pfizer Sponsored Program. A 48-year-old female patient (no pregnant at the time of vaccination) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/lot number: EH9899) via an unspecified route of administrationon 22Dec2020 on left shoulder at single dose for COVID-19 immunization. The patient's medical history included pernicious anemia and She had problems with B12 and Vitamin D like 10 years ago, she had none in her body, everyone said she was deficient and this year with her new primary care, they sent her to do some antibody tests, and found out she has pernicious anemia, allergy to MRI and CT contrast. MRI and CT contrast NDC, lot, expiry unknown. Her CT contrast allergy happened when she was 9 and 12 years old. It turns out to be her dad has an allergy the same way, his airways close. Whenever she needs a CT, they do without contrast, if she does need, they prep and give her Benadryl and keep an eye on her. This only happened once, that she needed with contrast, and with prep she was ok. With the MRI, this happened 4 or more years ago, maybe like 5 years ago. She needed an MRI, they said she would be fine, they injected contrast, she felt pretty hot, then she doesn't know, 20 minutes into it, she couldn't handle her gown, she looked at her chest, her whole chest was red like a burn. They gave her the IV Benadryl, she guesses, and it went away, now she knows, she doesn't know if her dad is allergic to MRI dye, but she knows she got the allergy from him for the CT contrast. The concomitant drugs was not reported. The patient was taken to ER with a severe allergic reaction. She had an allergic reaction on 22Dec2020: she passed out, said her brain felt like a rock, like she was there but not there, she then received an Epi Pen shot, when she got to the ER, her throat started to tighten up, lips were tingly and swollen, she was breathing fast, she had chest pain, she scaled it from a scale of 1-10, as about a 3 to 4 for chest pain, she felt nauseous, sweaty, and had a

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headache. She went to bed last night, and woke up, feeling better but a little fatigued on 23Dec2020. She is wondering if she should take the second dose, and wants to be in the clinical trial for this type of reaction. She needs transfer to Regulatory Authority. Caller confirmed details. Caller states she works in a hospital, and all this happened at the hospital, and her doctor was not involved. Outcome of allergic reaction: asks what does lasting effects mean? Right now she has a little fatigue and headache, but she knows they are regular symptoms she can have with the vaccine, are those lasting effects? She was discharged from the ER to home. She mentioned to the nurse she has, she went to get the shot, she told the registration nurse, she said she has a severe allergic reaction to CT contrast, her airway closes and she has a severe reaction to MRI contrast, her skin burns, it turns red and feels like a horrible burn, she cannot handle anything to contact her skin, it burns, and she mentioned that to the nurse, she said, instead of staying 15 minutes, said to stay 30 minutes there to observe just in case. She got the vaccine, and 10 minutes after the vaccine, she felt a little lightheaded, a little wobbly, but she didn't think much, it was mild, and on the mark at 30 minutes, the nurse asked her to stand, and that is when she started feeling, like her head was so heavy, the only way to describe, was like her brain was like a rock, she had to lay down, and when they laid her down, she wasn't there, she was there but wasn't, and they didn't wait at all to give her the Epi Pen, she had a feeling of heaviness that got worse, she wouldn't open her eyes, she was able to answer questions, but it was not her there, it was weird, then she didn't have. she breathed fast, had palpitations, chest pain, so they called a Rapid Response team, they were keeping an eye on her breathing, which was super fast, and they rushed her to the ED, and the doctor did what they were doing, giving her IV of whatever medication, and she was also very nauseous, then at one point in the ED, she started feeling, like imagine if fists were on throat, pushing her throat, a little bit, and she tried to tell to the ED doctor, but guessed she was calling everyone to give her things, and didn't catch it, but it didn't last long, at the same time, she started to feel her lips tingly, so she thinks that, because they gave the Epi Pen so quickly, they wasted no time, she didn't have the airways closing like she does

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914278	12/30/2020	AR	22	F	12/29/2020	12/30/2020	when she gets the CT contrast, they were quick. NDC/lot/expiry: She reads from the card they gave her: states first dose COVID-19 EH9899, states it doesn't specify lot, but she can find that out, they just gave her a vaccine record card. Epi Pen: NDC, lot, expiry unknown, states everything happened so quickly, she didn't think to get this information before calling, but she can get it. There at the hospital, she went to see the occupational health doctor, and based on guidelines from the CDC, he read supposedly she cannot get the second dose, but the doctor said because it is so new, and she has to wait the 3 weeks she guesses, things can change, and she wanted to be proactive. The outcome of the events, allergic reaction, passed out, throat started to tighten up, lips were tingly and swollen, chest pain, nauseous, headache, lightheaded, palpitations, sweaty was recovering. The outcome of other events was unknown.
914316	12/30/2020	OH	34	F	12/28/2020	12/30/2020	Chest pain, nausea, and fatigue. Chest pain has resolved. Currently has nausea and fatigue. Has not taken any medications.
914351	12/30/2020	IN	21	F	12/28/2020	12/30/2020	Given injection 12/28 at 2:36. Extreme arm soreness immediately. That night I noticed random bruising all over my body. Next day I had a major headache all day. Today, woke up with a major headache, full body aches, joint aches, chest pain, heart palpitations, and extreme fatigue.
							Rash on forearm of arm that received injection family doctor told me to take Benadryl. Also have a headache and mild chest pain.

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913943	12/30/2020		55	F	12/23/2020	12/23/2020	D-dimer was positive; Racing heart rate/Rapid heart rate; palpitations; This is a spontaneous report from a non-contactable other health professional. A 55-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EH9899) via an unspecified route of administration on 23Dec2020 on right deltoid muscle at single dose for COVID-19 immunization. Medical history included episode of chest pain 6 weeks before unspecified date and was seen in ER. The patient's denied any history of previous adverse reactions to vaccines. The patient's concomitant medications were not reported. During her 15 minutes waiting period after the injection on 23Dec2020, the patient began to experience racing heart rate. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Patient presented with rapid heart rate and palpitations. Monitored patient for severe reaction symptoms, including respiratory distress with stridor, wheezing, dyspnea, increased work of breathing. Lab test included D-dimer was positive and CT negative. No FU since. The outcome of the events was unknown. No follow-up attempts are possible. No further information is expected.
914377	12/30/2020		63	F	12/22/2020	12/22/2020	Associate complained of dizziness; BloodPressure was 189/94; HR 111; Associate denied chest pain or SOB; Blood Pressure was rechecked at 195/90; HeartRate was 87; ambulated and denied any symptoms; observed for 35 minutes; was evaluated by Dr. approved to leave facility and went home

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914397	12/30/2020	RI	50	M	12/30/2020	12/30/2020	Patient reported to RN when needle withdrawn that he felt "tingly". A/O x 33, color pink, mild SOB, denies anxiety history with vaccines. EMS staff notified and responded to patient who RN maintained in chair. Staff escorted patient to med eval area. Pt on initial evaluation began to feel symptomatically improved. Initial vitals inc HR 90, SBP 177. Pt denies SOB, nausea, throat tightening or tongue swelling sensation, chest pain. Pt had felt lightheaded but this has resolved. Pt observed for over 30 minutes, with repeat SBP of 156. 12 lead performed showed NSR, no ST changes. Pt taking PO, feels resolution of symptoms at end of obs time. Pt verbally instructed on strict return precauti
914322	12/30/2020	AR	44	F	12/29/2020	12/29/2020	Facial swelling, Rash to lower body, itching, headache, chest pain. All side effects have resolved at this time. Took Benadryl and extra Lasix.
914114	12/30/2020	VA	54	F	12/29/2020	12/29/2020	I received my first Covid vaccine 12/29/2020 around 1 PM. 14 minutes after injection I had a major dizzy spell and I almost passed out. My blood pressure was 184/101. No hx of HTN. They watched me for a while. My blood pressure/HR stayed up all evening and I felt just horrible. Did not have a good night. Bodyaches, low-grade fever, headache, nausea. A lot of pain at the injection site. I have to keep taking Tylenol every four hours in order to control symptoms. Blood pressure improving but still elevated based on my norm. I feel like my immune system is in overdrive. No airway and breathing difficulties, chest pain or shortness of breath or rash. Nausea but no vomiting or diarrhea. Drinking a lot of fluids. It was verified prior to vaccine administration that there was no counterindication receiving the vaccine with a history of having Covid. No timeline was given in between the dose and Covid recovery.
914109	12/30/2020		48	F	12/29/2020	12/29/2020	Patient felt chest pain, dizziness, lightheadedness approx 15 minutes after vaccination. She was taken to the ED on site and patient had normal ECG. Patient also complained of arm droop (opposite arm from vaccine site) so CT performed which was negative. Approx 1.5 hours into ED visit, patient complained of nausea, wheezing which was treated with IM epinephrine, methylprednisolone and diphenhydramine IV.

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913969	12/30/2020	MN	59	F	12/22/2020	12/22/2020	Body aches all over from neck to legs; severe back pain; headaches; sore ribs; a little out of breath; a little chest pain; very tired; This is a spontaneous report from a contactable consumer (patient). A 59-year-old female patient (non-pregnant) received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: elo140), via an unspecified route of administration on 22Dec2020 at single dose for covid-19 immunisation. Medical history included COPD, emphysema, type 2 diabetic, arthritis in hands and knees from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient experienced body aches all over from neck to legs, severe back pain, sore ribs, headaches, a little out of breath, a little chest pain and very tired on 22Dec2020 with outcome of unknown.
913927	12/30/2020	AZ	44	F	12/18/2020	12/18/2020	Elevated BP and HR; Elevated BP and HR; dizziness; tingling to feet; chest pain; chills; nausea; This is a spontaneous report from a contactable nurse (patient). A 44-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EH9899) via intramuscular on 18Dec2020 13:15 on left arm at a single dose for COVID-19 immunization. The patient medical history included hypertension and no allergy to medications, food, or other products. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine but receive any other medications within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19 (PENDING CLARIFICATION) and post vaccination, the patient did test for COVID-19 via nasal swab called Rapid covid on 18Dec2020 and result was negative. The patient Elevated blood pressure and heart rate, dizziness, tingling to feet, chest pain, chills, nausea on 18Dec2020 14:30. The adverse events result in emergency room/department or urgent care. The patient received IV benadryl, zofran, solumedrol, pepcid, fluids for the adverse events. The outcome of the events was recovered in Dec2020.

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913912	12/30/2020	AK	29	F	12/18/2020	12/18/2020	BP of 176/126mmhg/persistent severe hypertension/continued severe elevation of BP of 178/130mmHg; intermittent chest pains; severe nausea; rash and hives on left side of arm where injection site was, as well as left side of face; rash and hives on left side of arm where injection site was, as well as left side of face; rash and hives on left side of arm where injection site was, as well as left side of face; rash and hives on left side of arm where injection site was, as well as left side of face; mild progressive headache; body aches; chills; fatigue; fever of 100 degree F; This is a spontaneous report from a contactable Other Health Professional (patient). A 29-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number: unknown, intramuscular in the left arm, first dose on 18Dec2020 12:30 at a single dose for immunisation. Medical history included ongoing gestational hypertension in 2016 that never recovered, with controlled hypertension, asthma/COPD, and seasonal/animal allergies. Concomitant medication included sertraline hydrochloride (ZOLOFT) and losartan. The patient is not pregnant. The patient previously took and had allergies to erythromycin and nitrous oxide. It was reported that within 20-30 minutes of receiving covid vaccine on 18Dec2020, the patient developed mild progressive headache, body aches, chills, fatigue, fever of 100 degree F. At approximately 8:00 p.m. same day of vaccination, she developed rash and hives on left side of arm where injection site was, as well as left side of her face. Immediately following this, she had intermittent chest pains in which she took a BENADRYL 25 mg with some relief. Next day (19Dec2020), progressive headache persisted to a severe headache, severe nausea, persistent chest pains and a BP of 176/126mmhg. Reported to a place for evaluation with persistent severe hypertension and severe headache treated by toradol, compazine, and Benadryl. She was released from the ER with improved blood pressures and reduced headache. The following day Sunday Dec2020, progressive and severe headache occurred with continued severe elevation of BP of 178/130mmHg. Current treatment of losartan 50 mg was increased to 100 mg to attempt control. She was then placed on chlorthalidone/amlodipine. The events resulted in doctor or other healthcare professional office/clinic visit,

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913764	12/30/2020	NM	47	M	12/20/2020	12/21/2020	Emergency room/department or urgent care. The outcome of the events mild progressive headache, body aches, chills, fatigue, fever of 100 degree F, rash and hives on left side of arm where injection site was, as well as left side of face, intermittent chest pains, severe nausea, and BP of 176/126mmhg/persistent severe hypertension/continued severe elevation of BP of 178/130mmHg was not recovered (reported as symptoms persist). The patient was not diagnosed with Covid 19 prior to vaccination and she had not been tested since vaccination. Information on the lot/batch number has been requested.; Sender's Comments: Based on the compatible time association, the hypertension aggravated is possibly related to bnt162b2 administration. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
914446	12/30/2020	AR	33	M	12/29/2020	12/29/2020	About 3 am after the injection I woke up with severe chest pains and headache and went to the ER. I was admitted for 2 days and was released with a prescription of Isosorb Monoer, Metroprol, aspirin which is used as a blood thinner. The diagnosis and prognosis was severe migranes and cardioartery disease.
914791	12/30/2020	IL	54	F	12/29/2020	12/29/2020	High blood pressure, light headed, dizzy, minor chest pain, hematoma and pain to injection site. No medications taken. Side effects have resolved except for hematoma/pain at injection site.
							1:15pm Benadryl 25mg, PO for complaints of left neck tightness and flushed feeling. Denies shortness of breath or chest pain/tightness. 1:27pm States left neck discomfort is subsiding. 1:35pm Denies any symptoms. 12/30/2020 10:00am phone call to patient, who states no symptoms since 1:30pm on 12/29/2020.

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913746	12/30/2020	PA	60	F	12/30/2020	12/30/2020	hx of "anaphylaxis at 3yo due to pcn so patient was observed post covid vaccine for 30 min. At about 40 min post vaccine she reported some itching in scalp only. No chest pain, SOB, lightheadedness, No oral/facial swelling; ; hx of asthma on meds but no wheezing now. evaluated in emp health - BP 122/70; P80; NAD; Lungs clear; Skin clear Given 50 mg Benadryl po (has taken this "many times before") Mild scalp itching at 10 am ; back to work and rechecked at 11:50 am - "only very mild scalp itch" Advised ED if worse.

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913991	12/30/2020	WY	44	F	12/22/2020	12/23/2020	temp of 101.7-102.9; chest tightness; stabbing chest pain; pulse was 118; This is a spontaneous report from a contactable other HCP (healthcare professional) who reported for herself. A 44-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE) via an unspecified route of administration on 22Dec2020 at 15:45 (at the age of 44-years-old) as a single dose in the right arm for COVID-19 vaccination. Medical history included high blood pressure from an unspecified date and unspecified if ongoing. It was reported that the patient had no known allergies to medications, food or other products. The patient was not pregnant at the time of vaccination. The patient was tested for COVID-19 on 21Dec2020, the day prior to vaccination, and received a positive test result on 23Dec2020, the day after vaccination. The COVID test name was reported. Concomitant medications included celecoxib (CELEXA), trazodone, potassium citrate and hydrochlorothiazid, all taken for unspecified indications from unspecified dates. The patient did not receive any other vaccines within four weeks prior to the vaccination. On 23Dec2020 at 15:00, the patient experienced temp of 101.7-102.9, pulse was 118, chest tightness and stabbing chest pain. The clinical course was reported as follows: "I was tested (mandatory) on Monday. I got the 1st vaccine on Tuesday. I found out my test was positive on Wednesday morning. I had no symptoms until 24 hrs. after my vaccine. I had a temp of 101.7-102.9, O2- 94-95, pulse was 118. I also had chest tightness and stabbing chest pain. My fever broke Wednesday at 11:00pm. I woke up today, Thursday, feeling a lot better. O2 is 97, pulse is 85. No chest issues today." It was reported that the events were non-serious and did not require hospitalization. The patient did not receive any treatment for the events. The clinical outcome of the event temp of 101.7-102.9 was recovered/resolved on 23Dec2020 at 23:00 and the clinical outcomes of the events chest tightness, stabbing chest pain and pulse was 118 were recovered/resolved on 24Dec2020. It was also reported that since the vaccination, the patient had not been tested for COVID-19. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.

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914664	12/30/2020	NY	59	F	12/29/2020	12/29/2020	Hives noted on chin, cheeks and forehead , swelling noted on areas , tingling sensed on lips and flushing expressed by the patient . Patient was slightly hypertensive and tachycardia. No SOB noted , patient denied chest pain .
913593	12/30/2020	CO	23	F	12/19/2020	12/19/2020	Pfizer-BioNTech COVID-19 Vaccine EUA: One day after receiving vaccine patient presented to the emergency department reporting fever (up to 100 degrees Fahrenheit), nausea, vomiting (resulting in sore throat), diarrhea, fatigue, and body aches that started one day after after vaccine administration. Patient took acetaminophen prior to coming to the emergency department. Vital signs were blood pressure 131/85 mmHg, pulse 93 beats per minute, respiratory rate 16 breaths per minute, temperature 35.9 degrees Celcius, and oxygen saturation 95% on room air. On exam patient was awake, alert, and oriented times three, speaking in full sentences, and without respiratory distress or chest pain. The patient had no known COVID-19 positive contacts. Intravenous fluids and one dose of ondansetron were administered with significant symptom improvement and patient tolerated oral fluids. Patient was discharged from the emergency department to home ambulatory in stable condition. Provider stated most likely etiology of symptoms was gastroenteritis.
915201	12/30/2020	UT	36	F	12/28/2020	12/28/2020	Covid 19- Pfizer vaccine I experienced vertigo about 10 minutes after administration. About 3-4 hours later I began having severe chest pain, and tachycardia. My HR is normally 65- but was 120?s. I was extremely fatigued the past few days- and have had palpitations on and off.
915194	12/30/2020	TX	55	F	12/29/2020	12/29/2020	1. Increased heart rate 2. Chest Pain 3. Headache Onset 2.5 hours post vaccine administration
915105	12/30/2020	CA	45	F	12/30/2020	12/30/2020	Patient with chest tightness, chest burning sensation and SOB experienced approximately 1 hour after vaccine administration. Patient self medicated with Benadryl 50 mg PO and EPI PEN prior to calling 911. Emergency room evaluation and workup for chest pain complaint including IV placement, labs (CBC, Chem 7, Troponin and repeat Troponin), observation period s/p EPI PEN administration until 1845 on 12/30/2020.

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914878	12/30/2020	TX	56	F	12/1/2020	12/29/2020	Chest pain, redness to the face and hives to neck. 25 mg Benadryl PO by Paramedics, EMS called Signs/symptoms subsided. Person refused EMS transport to hospital
914842	12/30/2020	CA	59	F	12/30/2020	12/30/2020	Pt vaccinated 1031am- was observed for 15 minutes. Departed from clinic, per pt she went down to 1st floor then returned to vaccination clinic to report symptoms at 1055, pt was transferred to gurney. 10:58am VS: 138/91 hr: 76 O2sat:100% Complaint of headache, 4/10 central chest pain, lightheadedness like she was going to pass out. -Employee informed to call rapid response with symptoms of chest pain. 11:02am 140/74 HR 73 o2sat: 100 pt taken to ED via Wheel chair with rapid response nurse
914808	12/30/2020	OK	60	F	12/18/2020	12/18/2020	I received the 1st vaccine on 12/18/2020 in my left arm. I experienced chest pain in the left side of my chest for at least 4 days. I took Bayer baby aspirin to ease the pain. I had swelling and redness and rash, the worst about 2 inch in diameter from the injection site, extending down to my elbow. I had intense throbbing pain for 3 days, which lessened on day 4.

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914798	12/30/2020	CA	54	F	12/18/2020	12/20/2020	On Dec. 20, 2020 around 11:30 PM, 2 days after patient received her COVID-19 vaccination, she was found on the bathroom floor , obtunded, very pale, diaphoretic, nauseous, and complaining of severe chest pain. Paramedics was called and patient was transported to the nearest emergency room. According to paramedics, on the way to the ER while patient was in the ambulance, she was noted with a sudden drop in heart rate about 19 beats/minute and have to be given Atropine IV Push, oxygen and was connected to transcutaneous pacing which improves her heart rate. In the ER patient continued to have chest pain and she was given Morphine, Oxygen, Nitroglycerine and Aspirin. IM had an EKG which showed Sinus Bradycardia with a Right Bundle Branch Block. She had serial ekgs, a chest x-ray, laboratory testing which included Troponin. Her first Troponin level came back elevated prompting her hospital admission to Telemetry. Her next 2 Troponin level improved and return to normal range and her chest pain has resolved.. She underwent a Stress Test which came back negative. Patient was admitted for a total of 20 hours in the Telemetry unit with Cardiology consultation before being discharged home last . She was re-evaluated by the cardiologist yesterday which diagnosed her a chest pain of unknown origin.
914703	12/30/2020	AL	62	F	12/30/2020	12/30/2020	Patient received 0.5ml of Moderna Coivd 19 vaccine in left deltoid at 3:15pm. Patient observed for 15 minutes following injection. At approx. 3:30pm patient c/o tingling in bilateral fingers. Vital signs taken at 3:30. Blood pressure 110/70, pulse- 69, O2 sat- 98%, temp- 97.3. Patient denied any c/o shortness of breath, dizziness, chest pain, difficulty breathing or edema. Vital signs retaken at 3:35 pm. Blood pressure 105/62 ,pulse- 62, O2 sat- 99% . Patient continued to c/o tingling in fingers. continued to observe patient. Patient also c/o tingling in bilateral legs. Vital signs retaken at 3:42. Blood pressure 117/70, pulse-62, O2 sat 98%. Patient continued to deny any c/o shortness of breath, dizziness, difficulty breathing, edema or chest pain. Patient observed for 30 minutes post injection.

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914695	12/30/2020	PA	56	F	12/30/2020	12/30/2020	Patient reports that she received the 1st dose if the COVID-19 vaccine approximately 2 hours ago. She reports that she started to feel flushed about 10 minutes after the administration. After about 30 minutes started feeling better and was able to tolerate some juice. Started to drive home and became very flushed again and lightheaded. Reported back to Occupational Health and was evaluated and found to be significantly hypertensive. After further observation, patient continuing to have elevated blood pressure. Sent to the emergency department for further evaluation. Patient notes that she has had some intermittent issues with hypertension, but does not currently take medications, most recent blood pressures have been within normal limits to borderline. No prior significant allergic reactions to immunizations. Patient does note that she had an episode earlier this year of near anaphylaxis to unknown substance. Has not had recurrent issues since. No prior known history of COVID-19. No chest pain or shortness of breath. No sore throat. No difficulty swallowing. Patient medicated with IV Benadryl and normal saline. Feeling better following medication. Blood pressure improved. Return instructions provided. Patient follow up with primary care.
914447	12/30/2020	AR	33	M	12/29/2020	12/29/2020	High blood pressure, light headed, dizzy, minor chest pain, hematoma and pain to injection site. No medications taken. Side effects have resolved except for hematoma/pain at injection site.
914663	12/30/2020	NY	59	F	12/29/2020	12/29/2020	Hives noted on chin, cheeks and forehead , swelling noted on areas , tingling sensed on lips and flushing expressed by the patient . Patient was slightly hypertensive and tachycardia. No SOB noted , patient denied chest pain .
914603	12/30/2020	PA	56	F	12/30/2020	12/30/2020	approx 30 min after vaccine, c/o tingling lips and dry throat; No itching, rash, trouble swallowing; No SOB, chest pain or lightheadedness; eval in emp. health: NAD; BP 149/72; P100; PO2 99%; Skin with no redness/rashes; No lip swelling; no edema oropharynx Lungs clear; Given 50 mg Benadryl po/ observed/ 2:25 pm symptoms resolved /no drowsiness; returned to work ; Fup ED or PCP prn.

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914591	12/30/2020	IL	53	M	12/17/2020	12/19/2020	Thirty six hours after vaccine I developed the most excruciating myalgias that continued for about a week. This was followed by 4 days of severe malaise, mild chest pain and generalized weakness requiring me to go to the ER for labs and fluid resuscitation. ER docs as well as my partners were unable to find any specific abnormality on exam. Had no muscle weakness. Test for orthostasis did show mild orthostatsis
914558	12/30/2020	ND	59	F	12/30/2020	12/30/2020	PATIENT WAS OBSERVED FOR 15-20 MINUTES IN THE PHARMACY POST INJECTION, AND HAD NO SYMPTOMS. PATIENT ALSO HAD BROUGHT ALONG HER EPI-PEN TO THE APPOINTMENT AS SHE WOULD BE PREPARED IF SHE HAD ANY PROBLEMS. ON HER WAY HOME, APPROXIMATELY 30 MINUTES AFTER HER VACCINATION, SHE HAD SOME MILD CHEST PAIN AND FELT SOME THROAT TIGHTNESS. SHE DID ADMINISTER 1 DOSE OF HER EPI-PEN 0.3 MG INJECTION AT THAT TIME. SHE EXPERIENCED RELIEF OF HER SYMPTOMS, AND APPROXIMATELY 1 HOUR AND 30 MINUTES LATER WHEN I CALLED HER, SHE WAS STILL FEELING UNUSUAL SENSATION IN HER THROAT, BUT WAS MUCH BETTER. I ENCOURAGED HER TO TAKE SOME HYDROXYZINE , WHICH SHE HAD AVAILABLE AT HOME, AND TO CONTACT THE EMERGENCY ROOM IF HER SYMPTOMS DID NOT RESOLVE COMPLETELY OR SEEM TO BE GETTING WORSE.
914530	12/30/2020	MD	43	F	12/30/2020	12/30/2020	about 5 to 10 mins after receiving vaccine pt felt dizzy, felt like she was going to pass out, seemed like everything was moving in slow motion. gradually developed some shortness of breath, nausea, (gagged but without vomiting), and within 30 mins lips felt numb , mild headache, no chest pain, felt like heart rate was beating fast but was 70bpm. 30 mins after receiving vaccine gave pt 1 25mg Benadryl had reaction to flu shot 2-3 years ago with shortness of breath, itchy throat, and went to hospital via ambulance with symptoms resolving. after 2hr pt was given one more dose of 25mg Benadryl , husband pick pick up with instructions to continue to monitor and if symptoms get worse call 911.

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914529	12/30/2020	MN	23	F	12/27/2020	12/27/2020	About 3 hours after injection, patient noticed a red, circular area at the site of the injection. The red area increased in size to larger than a quarter but smaller than a baseball. patient stated that the circular area is elevated, warm to the touch, and itchy. patient has only tried warm packs and this was not effective. patient stated that she also worked out later that day - run and abdominal work. After the abdominal work, patient noticed a racing heart rate, dizziness, and chest pain that radiated down her left arm that went away after less than 5 minutes. patient stated that she works out often and has never had this type of reaction before.

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914494	12/30/2020	MT	46	M	12/18/2020	12/18/2020	<p>46-year-old male in the ED between 1 and 2 hours after receiving a COVID-19 vaccine, Pfizer, in the left deltoid with concerns for an allergic reaction. His vital signs notable only for mildly elevated blood pressure but the remainder of his vitals were in the normal range. At the time of his evaluation his symptoms had fully resolved and he had no ongoing complaints. I do not think this is an allergic reaction, no evidence of angioedema or anaphylaxis. Likely vaccine side effect perhaps with some anxiety. He was offered Benadryl, and further monitoring in the emergency department however his concern is low at the time of his evaluation and he does not feel he needs any treatment or monitoring at this time. Given his overall reassuring appearance, benign exam, and resolution of his symptoms I agree. We will have him go home, take 25 mg of Benadryl and closely monitor symptoms. If he gets any return of his symptoms get back in to the ED for evaluation. I recommend that he notify the clinic where he received the vaccine about this side effect so that it can be documented. I do not see any true contraindication to receiving his second vaccine. He could premedicate with Benadryl prior to his next vaccine. An alternative option would be to request the Moderna vaccine in place of the Pfizer brand vaccine.</p> <p>46-year-old male in the ED with concerns about a reaction to a COVID-19 vaccine. He presents with his wife today. He is generally healthy without any ongoing chronic health problems. He was in his normal state of health until that 1415, received a Pfizer COVID-19 vaccine in the left deltoid. About an hour after receiving the vaccine he started feeling poorly. Somewhat rapid onset of symptoms with dizziness, numbness and tingling in his arms and his legs which remained in the distal portions and was not associated with any weakness. He felt nauseous but without any vomiting. Developed chills which lasted for a few minutes and then resolved. He felt like his tongue was swollen but when his wife looked at it it appeared normal for her. There was no periorbital swelling, lip swelling, facial swelling otherwise. He did not develop a rash. His breathing was normal and he did not have any wheezing, shortness of breath. There is no chest pain or palpitations though he tells me he felt anxious. He called the on-call nurse line who instructed her to come to the ED. He has been in the emergency department for about an hour at the time of his evaluation</p>

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914461	12/30/2020	MA	21	F	12/23/2020	12/23/2020	and reports full resolution of symptoms at this time. The numbness and tingling has fully resolved. He no longer feels nauseous. He is without any complaints at this time and tells me he feels silly for coming in at this point. He is never previously had a reaction to vaccines. No previous history of anaphylaxis or angioedema. Differential diagnosis: Differential diagnosis to include vaccine side effect, allergic reaction, anxiety.
914745	12/30/2020	CA	44	F	12/21/2020	12/21/2020	12/26/2020 "got vaccine on Wed then started on Thursday was feeling run down, had a temp 101.8 feeling SOB with some assoc chest painwith deep breaths has a cough no loss of smell or taste" 12/29/2020"pt developed sxs with fever and cough with the first covid vaccine she still has some sxs sometimes feels heavy chest, she has a pulse ox at home now the pulse ox reads 96-97% with tachycardia (she has chronic tachy with normal TSH) she is feeling a little better than yesterday but still has sxs ~~
							Swelling, tingling of lips; chest pressure; bilateral tingling of hands. No SOB, No palpitations, No chest pain, No s/sx of angioedema. A rapid response. Patient observed x 1 hour. No worsening of symptoms. Patient went home.

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913168	12/30/2020	CA	30	M	12/17/2020	12/17/2020	Fever; chills; body aches; headaches; malaise; chest pain in side-lying; cough; diminished appetite; This is a spontaneous report from a contactable healthcare professional. A 30-year-old male (also reported as female) patient received the first dose of BNT162B2 (Pfizer-BIONTECH Covid-19 Vaccine; Lot number: EH9899), intramuscular in the left arm on 17Dec2020 at 15:45 at a single dose for immunization. The patient had no relevant medical history. The patient did not have Covid prior to the vaccination and had no known allergies to medications, food, or other products. The patient's concomitant medications were not reported. It was reported that the patient had no other medications in two weeks and did not receive any other vaccines within four weeks prior to the COVID-19 vaccine. The patient experienced fever, chills, body aches, headaches, malaise, chest pain in side-lying, cough, and diminished appetite starting at 11pm (23:00) on 17Dec2020 and gradually decreasing mild symptoms still present on 22Dec2020. The patient received no treatment for the adverse events and was not tested for COVID-19 after the vaccination. The facility where the most recent COVID-19 vaccine was administered was at the hospital. The outcome of the events was recovering. The case was reported as non-serious (did not result in death, was not life-threatening, did not cause or require prolonged hospitalization, was not disabling/incapacitating, and did not result to any congenital anomaly/birth defect).
913632	12/30/2020	OK	34	F	12/29/2020	12/29/2020	Light head, nausea, "hot flash", flushes, chills, numb tongue, chest pain, shortness of breath, headache, hematoma to injection site, difficulty extending left arm. Took Benadryl and is currently in the emergency department.

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913182	12/30/2020	CA	45	F	12/22/2020	12/1/2020	<p>woke up with Chills, body/ joint pain, chest pain with mild difficulty to breath; woke up with Chills, body/ joint pain, chest pain with mild difficulty to breath; woke up with Chills, body/ joint pain, chest pain with mild difficulty to breath; woke up with Chills, body/ joint pain, chest pain with mild difficulty to breath; take smaller breaths because Rib cage hurts every time she took a deep breath; An hour after the vaccine developed a headache; woke up with Chills, body/ joint pain, chest pain with mild difficulty to breath/mild body aches; back also had moderate pain.; This is a spontaneous report from a contactable other healthcare professional (HCP) reporting for herself (patient). A 45-years-old female patient started to the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), lot number unknown, intramuscularly on 22DEC2020 13:45 (at the age of 45-years-old) as a single dose in the left arm for COVID-19 immunization. Medical history included drug allergy to vancomycin. Concomitant medication included nebivolol hydrochloride (BYSTOLIC), duloxetine hydrochloride (CYMBALTA), hydrochlorothiazide, levothyroxine. The patient previously took vancomycin and experienced drug allergy. The most recent COVID-19 vaccine was administered in the hospital. The patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. An hour after the vaccine the patient developed a headache and mild body aches on 22Dec2020 14:45. Two days after (24Dec2020) she woke up with chills, body/ joint pain, chest pain with mild difficulty to breath. She had to take smaller breaths because her rib cage hurts every time she took a deep breath. Her back also had moderate pain on unspecified date in Dec2020. The events an hour after the vaccine developed a headache, woke up with chills, body/ joint pain, chest pain with mild difficulty to breath/mild body aches, take smaller breaths because rib cage hurts every time she took a deep breath and back also had moderate pain did not result in death, were was not life-threatening, did not cause/prolonged hospitalization, was not disabling/incapacitating and did not cause congenital anomaly/birth defect. No treatment was received for the events an hour after the vaccine developed a headache, woke up with chills, body/ joint pain, chest pain with mild</p>

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							difficulty to breath/mild body aches, take smaller breaths because Rib cage hurts every time she took a deep breath and back also had moderate pain. Outcome of the events an hour after the vaccine developed a headache, woke up with chills, body/ joint pain, chest pain with mild difficulty to breath/mild body aches, take smaller breaths because Rib cage hurts every time she took a deep breath and back also had moderate pain were unknown. After the vaccination, the patient has not been tested for COVID-19. Information on the lot/batch number has been requested.
913348	12/30/2020	PA	54	M	12/21/2020	12/21/2020	Pt. is MD at our facility. Was walking to his office 20 min after vaccine and had onset of lightheadedness and diaphoresis. Walked to ED and was evaluated. No chest pain, SOB, wheezing, NO rash/hives/ no facial or oral swelling. Initial BP 158/46; P 130 Po2 100%; Exam otherwise normal Given IV fluids and IV solumedrol in ED; all sx resolved and he returned to work approx one hour later I saw him 4 hours later - no further sx; vital signs stable
913364	12/30/2020	AR	34	F	12/29/2020	12/29/2020	Chest pain, headache, facial numbness. No medications taken. Chest pains and facial numbness have resolved. Headache continues.
913395	12/30/2020	AR	24	F	12/29/2020	12/29/2020	Pain at injection site, chest pain, dizzy, headache, cough, high blood pressure, sore throat, chills, body aches, weakness. Is going to see PCP. Current symptoms include sore throat, cough, chills, and body aches. Not taking any medications at this time.
913432	12/30/2020	OK	30	F	12/29/2020	12/29/2020	~~Hot flashes", nausea, dizzy, tingling lips, chest pain, difficulty breathing. Went to the emergency room. She states she waited in the lobby for several hours and left because chest pains resolved. She states she went home and took 3 Benadryl 25mg by mouth. Currently has headache, dizzy, nausea, and feeling of heat.

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913604	12/30/2020	LA	49	F	12/17/2020	12/18/2020	Arm soreness , mild muscle aches, and headache on day one. On day 2, started having chest pain in middle of chest at sternum. Muscle aches and moderate headache persisted. On day 3 , Saturday, after no relief, presented at ER for chest around 4 pm. Discharged a few hours later. On day 7, Tuesday, went to follow up with primary physician at clinic. Chest pain was persisting. New development in noticing very swollen lymph nodes under each arm. Received steroid injection and follow up appointment for the next Tuesday. On day 14, chest pain has fully resolved. Lymph nodes only minor sensitivity. Told by primary physician to plan to take second dose but will monitor side effects very closely.

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911302	12/29/2020	CO	35	F	12/20/2020	12/20/2020	Flushing and Dizziness within 10 minutes of administration that resolved after drinking water.; Flushing and Dizziness within 10 minutes of administration that resolved after drinking water.; Injection site tenderness; Tiredness; headaches/headaches were markedly increased; muscle aches; fever to 101.1; Slight chest discomfort; chest pain/chest pain and headaches were markedly increased; This is a spontaneous report from a contactable nurse. This nurse reported for a 35-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), (Lot number: EK5730) via intramuscular route on 20Dec2020 10:30 at single dose on the right arm for COVID-19 immunization. Medical history included COVID in Apr2020, post COVID syndrome and migraines. No allergies to medications, food, or other products. Concomitant medications included topiramate (TOPAMAX), topiramate (TROKENDI), gabapentin, magnesium, vitamin b complex (VITAMIN B), all received within 2 weeks of vaccination. Facility that the most recent COVID-19 vaccine was administered in Hospital. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient hasn't been tested for COVID-19. On 20Dec2020 10:30, the patient experienced flushing and dizziness within 10 minutes of administration that resolved after drinking water. Injection site tenderness. Tiredness, headaches, muscle aches, fever to 101.1. Slight chest discomfort (patient had COVID in April 2020. She had all these symptoms with in the acute phase and still have intermittent chest pain/headaches. With the vaccine, the chest pain and headaches were markedly increased on the day after receiving it). Outcome of the events was recovered in Dec2020. No treatment received for the adverse events. The events were assessed non-serious.

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911755	12/29/2020	TX	63	F	12/16/2020	12/16/2020	Pain both right and left arms and left side of neck with tingling of the lips, palms of hand and soles of the feet. Mild headache. Mild chest pains at 1900 same day. Performed breathing exercises and yoga. Took a 1.5 mile walk. Took 1000mg of Tylenol and 12.5mg of Benadryl at 1900. Pain was relieved but tingling around the mouth persist even today 12/29/20 with leg muscle tingling and stiffness in the left neck . I had to take off work 12/28/20 due to severe pain left neck. Same symptoms I have when I take the tetany vaccine.

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912165	12/29/2020	CA	36	F	12/28/2020	12/28/2020	<p>She arrive at 3:43 and she was nervous before the vaccination for COVID19 (Morena) because has had anaphylactic reactions to Flonase. She was feeling well up to 15 min post vaccination when she felt she is going to pass out w/o loosing consciousness. She felt weak and feeling fainted when we transferred her to the stretcher. Her BP was 163/106 P=112, Pulse Ox 100% at 16:09. She was resting, received O2 lit per min, she was feeling chest tightness when she used her inhaler Albuterol 2 puffs X2 within 5 min. She was feeling weak and stating "I am going to pass out." Her repeat BP=152/110, P=94 with pulse Ox 100% at 16:12 repeat at 16:30 BP=139/100, P=99 pulse OX 100% She then C/O chills later. Paramedics were called and transferred in to ED. She takes AMLODIPINE 5 MG DAILY FOR HTN. She has family HX of HTN. Negative for headache, + palpitations, + presyncope, + shortness of breath, slight difficulty brathing. She did not experience any loss of consciousness. Never had any chest pain, angioedema, rash, pruritus, throat swelling, hoarse voice. The patient has had no recent illnesses, fevers, chills, nausea, vomiting, diarrhea, or flu-like illnesses. She has had no cough, rhinorrhea, or congestion. She denies any recent vaginal bleeding, or abdominal pain. Denies any history of cardiac disease, or history of arrhythmias. Denies any history of prolonged immobility, recent travels, or history of clots. In ED: 36 year old female presents with dizziness and presyncopal like symptoms approximately 15 minutes after receiving the Medina vaccine at this hospital the patient who is mildly tachycardic mildly hypertensive but otherwise normal and stable vital signs and is overall nontoxic appearing. Of note the patient's oxygen saturation was 97% while I was in the room and not the 2% that is documented here. EKG notable for a rate of 87 normal axis normal sinus rhythm T-wave inversion in V1 otherwise no evidence of Brugada interval abnormality or evidence of electrolyte abnormality that would require further workup at this time. Patient counseled to follow up with her primary care. Patient given EpiPen given her EpiPen has expired. Patient requested to go back to work I feel this is fair given patient will be on campus and can return to the emergency department should she develop any further symptoms. Patient states her symptoms have completely resolved and she has normal vital signs</p>

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912138	12/29/2020	CA	32	F	12/28/2020	12/28/2020	currently heart rate in the 80s blood pressure 138 systolic feeling well and requesting to be discharged. She arrived at 12:30 and was vaccinated shortly after while waiting 15 for observation within the 1st 10 min she C/O tingling of her throat and lower lips, felt palpitation. No chills, No headache, + palpitations, and No presyncope. Tells me that she did not experience any loss of consciousness. Never had any chest pain, shortness of breath, or angioedema, rash, pruritus, throat swelling, hoarse voice, or difficulty breathing. The patient has had no recent illnesses, fevers, chills, nausea, vomiting, diarrhea, or flu-like illnesses. She has had no cough, rhinorrhea, or congestion. She denies any recent vaginal bleeding, or abdominal pain. Denies any history of cardiac disease, or history of arrhythmias. Denies any history of prolonged immobility, recent travels, or history of clots. In ED:32 year old female with PMHx as listed in HPI presents with concern for allergic reaction to mod chair and a COVID-19 vaccine, felt tingling in the back of her throat and lower lip, no swelling, wheezing, shortness of breath, throat tightening, rash, nausea vomit or dizziness. Vitals reviewed found to be within normal limit. Physical exam as per above, no signs of mucosal or oral swelling, no hives or rash and no wheezing on exam. Given above findings, low suspicion for allergic reaction this time but plan to observe patient in the ED for any delayed reaction.
911993	12/29/2020	FL	47	F	12/22/2020	12/22/2020	lightheaded, left lower arm pain chest pain with burning sensation , increase heart rate to over 190 and High blood pressure lasting for 2-3 hours

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911899	12/29/2020	CA	27	F	12/24/2020	12/24/2020	<p>Pt came in for vaccination for COVID-19 at 4:03 . She received Moderna vaccine at 4:15. She experienced palpitation, worsening chills, headache, and presyncope. No loss of consciousness. Denies chest pain, shortness of breath but feels heavy to push air in and pulse OX 100%, No angioedema, No rash, No pruritus, No throat swelling, denies hoarse voice, or difficulty breathing. She traveled to MD on 12/14/20 to receive antibiotics. She was treated with Erythromycin dose for 6 days from MD.</p> <p>The patient was +COVID19 on 12/11/20 with fever, scratchy throat, congestion, cough, and SOB and was seen in urgent care on 12/13/20 where was DX + for COVID19. She was quarantine for 10 days when she was returned to work on 12/22/20. Her Chest X-ray was negative on 12/13/20. She was negative for nausea, vomiting, diarrhea. She denies any recent vaginal bleeding, or abdominal pain. Denies any history of cardiac disease, or history of arrhythmias. Denies any history of prolonged immobility, or history of clots.</p>

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911795	12/29/2020		38	F	12/28/2020	12/28/2020	38 y.o. female who arrived by Clinic/physician office presented to the emergency department for Concern for possible allergic reaction. Patient was receiving the Covid vaccine today and while waiting during the observation. She felt some palpitations and was found to have some tachycardia. She was sent here for further evaluation. Currently she says she feels fine and denies any swelling, rashes, difficulty breathing or wheezing. She has not had any allergic reactions in the past and has never had any issues with shots or vaccinations before. She does not have any pain or swelling at the injection site. She was initially heart rate in the 120s but during exam is 100-105. She denies any shortness of breath, chest pain, lightheadedness and does not think she is feeling anxious at all. o ECG (My read): Sinus tachycardia, normal intervals, no ST elevations or depressions and no T wave inversions or signs of right heart strain o Patient did start to feel palpitations again, her heart rate periodically drops into the 90s and then jumps back up into the 1 teens. Considering this, did obtain basic labs all of which were completely normal. Her heart rate has improved, did order Zio patch for monitoring over the next 7 days and recommend she follow-up with her PCP for results on this. Otherwise appears well with no signs of allergic reactions or other emergent concerns. Discharged in stable condition with return precautions given
911770	12/29/2020	MO	57	F	12/18/2020	12/18/2020	Approximately 1 and 1/2 hours after the injection, her tongue became thick, lips swelled, chest pain, short of breath and headache. Injections site was red and swollen. She was traveling out of town and called an urgent care and was advised to take 50 mg of Benadryl q 4 hours till swelling was gone. She took it for 4 days. She saw here PCP on 12/21/2020.

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912222	12/29/2020		45	F	12/22/2020	12/22/2020	localized tingling at the injection site that radiated into her 4th and 5th digits and proximally along the sternomastoid muscle; localized tingling at the injection site that radiated into her 4th and 5th digits and proximally along the sternomastoid muscle; This is a spontaneous report from a non-contactable healthcare professional. A 45-year-old female patient received bnt162b2 (BNT162B2; lot number: EH9899; expiration date: unknown), intramuscularly left arm on 22Dec2020 11:15 at single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. During her 15-minute (22Dec2020 11:30) waiting period after the injection, the patient began to experience localized tingling at the injection site that radiated into her 4th and 5th digits and proximally along the sternomastoid muscle. The patient denied rash, hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This reporter was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, vomiting, hypotension and chest pain. The patient was observed for approximately 30 minutes post injection with no evolution of symptom. Injection site tingling that extended along the ulnar nerve distribution was improving at the time of discharge. The outcome of the events was recovering. No follow-up attempts are possible, information about batch number cannot be obtained. No further information is expected.
911722	12/29/2020	IL	26	M	12/19/2020	12/19/2020	Diarrhea, headache, chills, body aches, chest pain, shortness of breath, finger on hands and toes get cold. All the symptoms happened at 4:30pm.
911605	12/29/2020	NC	46	F	12/28/2020	12/28/2020	C/O of right sided numbness and tingling. No SOB, NO Diaphoresis, No Chest pain. Pt transferred to the ED in no distress.

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911486	12/29/2020		47	F	12/21/2020	12/21/2020	I have like muscle pain; I am having like chest pain, pain in my chest; This is a spontaneous report from a contactable consumer (patient). A 47-year-old female patient received BNT162B2 (Pfizer-BioNTech COVID-19 Vaccine, lot number EJ1685) on 21Dec2020 for COVID-19 immunization. The patient's medical history included high blood pressure and asthma. Concomitant medications were not reported. On 21Dec2020, the patient reported that she had like muscle pain, and had like chest pain/ pain in her chest. The outcome of the events was unknown.
912228	12/29/2020	CT	53	F	12/22/2020	12/22/2020	I feel weird, kind of spacey; metallic taste; Blood pressure 133/90.; This is a spontaneous report from a contactable nurse. A 53-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot/batch number: EJ1685), intramuscular on the left arm on 22Dec2020 14:15 at SINGLE DOSE as COVID-19 vaccination at the hospital. Medical history included reactive airway disease, attention deficit hyperactivity disorder (ADD) and asthma. The patient also had allergies to sulfa. Concomitant medications included losartan potassium (LOSARTA), methylphenidate hydrochloride (CONCERTA) and unspecified inhaler for asthma. On 22Dec2020 14:25 (10 minutes after injection), the patient felt weird, kind of spacey and had metallic taste. The patient also had blood pressure of 133/90 (unit of measure not reported) on 22Dec2020 but denies urticaria, itching, pain, shortness of breath, and chest pain. The patient was brought to the emergency room/department or urgent care further evaluation due to the events. It was unknown if treatments were received for the events. Outcome of the events were unknown. No follow-up attempts are possible. No further information is expected.

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911354	12/29/2020	HI	32	F	12/19/2020		<p>Dizzy; I felt really weak; Shortness of breath in getting up the stairs; The shortness of breath freaks me out, I think that's where the anxiety comes in; I think the midsternal chest pain was my anxiety but like a little bit; started feeling very like flu; Headache; Weakness; Fatigue; Muscle ache; I also have like really swollen lymph nodes, my lymph nodes feels like draining right now; The shortness of breath must have pain and issue for me; This is a spontaneous report from a contactable nurse (patient). A 32-years-old female patient received bnt162b2 (BNT162B2), via an unspecified route of administration on 19-DEC-2020 07:30 at single dose for covid-19 immunisation. The patient medical history was not reported. Concomitant medication included buspirone hydrochloride (BUSPAR), omeprazole (OMEPRAZOLE), lithium (LITHIUM), doxycycline (DOXYCYCLINE) for infection right now in her toe. The lithium cause 'sinus' reflux asthma. Nurse reported an adverse effect, was kind of confuse if it is related or not. She felt good for first 15 minutes and when she was about to leave. she was not afraid of shot. she felt dizzy and then she had to go upstairs and she felt really weak and Shortness of breath getting up the stairs, to get to her car. The shortness of breath freaks her out, she think that's where the anxiety comes in. she started driving home and she had bad shortness of breath. she think the midsternal chest pain was her anxiety but like a little bit. she am not sure. In '12' hours later she went to work she started feeling very like flu, she started flu like with headache, weakness, fatigue, muscle ache. she was working in ER and it is hard to work and then 20Dec2020 she was still feeling bad but little bit better than first day and shortness of breath that was still there like all day the day before. she also had like really swollen lymph nodes, her lymph nodes feels like draining right now. Nurse stated she was taking Omeprazole. That was wired because she have 'sinus' (Further not clarified, hence not captured in tab) reflux asthma, so the shortness of breath must have pain and issue for her but Omeprazole have stopped it, so before taking the vaccine she thought she was completely fine but then after taking the vaccine, it was like she have the issue again like it was controlled before the vaccine. Result of lab test: TSH was 8. So it was elevated but that was because of lithium and then she reduced the dose so it should be better now. So every</p>

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911188 12/29/2020 CA

64 F

12/18/2020

12/18/2020

result was normal." Results of tests and procedures for investigation of the patient: Test: CBC, CMP, Lithium level, TSH: Thyroid panel unknown result.

felt her heart pounding and took her pulse and it was 158; took her pulse and it was 158; feels fatigued currently; took her blood pressure (BP) and it was 151/113; This is a spontaneous report from a contactable other healthcare professional. A 64-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot# EH9899), intramuscularly in right arm on 18Dec2020 14:05 at single dose for Covid-19 immunisation. Medical history included allergies to penicillin, allergy to mussels (bronco constriction and itch), figs allergy (nausea, vomiting, dizziness, elevated heart rate), allergy to grass (welts), ongoing asthma (asthma environmental triggers (Flowers, perfume, chemicals, soil, grass)), breast cancer left (had radiation and tamoxifen) from 2005 and ongoing, radiotherapy from an unknown date and unknown if ongoing. Concomitant medication included vitamin b complex (VITAMIN B), vitamin C, calcium (CA), Zinc, albuterol [salbutamol] and multivatamins. The patient previously took ampicillin and experienced allergy-rash, previously vaccinated with influenza and experienced weakness in 2010, and previously received tamoxifen for breast cancer female. After one hour later (18Dec2020 15:00), she felt her heart pounding and took her pulse and it was 158 and no other symptoms. Denies chest pain. Staff took her blood pressure (BP) and it was 151/113 on a machine. Recheck 10 minutes later BP 151/112, P 126. EE was brought to the Occupational Medicine Dept, Recheck at 20 min BP 125/68 and an apical pulse of 88. Heart rate (HR) regular, rate and rhythm. Employee states she feels fatigued currently, denies shortness of breath, chest pain, itching, swelling on oral cavity. The outcome of events was recovered on 18Dec2020.

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911292	12/29/2020		33	F			hypoglycemia; dizziness; This is a spontaneous report from a non-contactable Other HCP. A 33-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number HE9899, intramuscularly in the left arm on unspecified date at single dose for COVID-19 immunization. Patient medical history and concomitant medications were not reported. The patient previously took spironolactone and experienced drug allergy. During her 15-minute waiting period after the vaccination, the patient began to experience feelings of hypoglycemia. She checked her blood glucose with her own monitor and had 77 at 11:04. She chewed 1 glucose tab that she had in her purse. She noted some difficulty with swallowing it and notified clinic staff. The patient also experienced dizziness and was escorted by clinic staff to the emergency bay. This provider was notified of patient reaction and she was then assessed in the emergency bay area. She denied difficulty breathing and chest pain, history of adverse reactions with prior vaccinations or allergies to medications with the exception of spironolactone. Patient had already been given a bottle of water by clinic staff and reported that the glucose tablet went down easier following the water. She took a second glucose tab sometime before 11:13. The event was assessed as non-serious. Outcome of the events hypoglycemia and dizziness was unknown. No follow-up attempts are possible. No further information is expected.

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911198	12/29/2020			F			<p>anaphylactic reactions; throat and lip swelling; throat and lip swelling; mild chest pain; This is a spontaneous report from a non-contactable pharmacist. A 34-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration, on an unspecified date at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient previously took terbinafine (MANUFACTURER UNKNOWN) and experienced allergy. The patient experienced anaphylactic reactions, throat and lip swelling, and mild chest pain on an unspecified date. The patient was observed for five hours. The clinical outcome of anaphylactic reactions, throat and lip swelling, and mild chest pain was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: There is a reasonable possibility that the events anaphylactic reactions, throat and lip swelling, and mild chest pain were related to BNT162b2 based on known drug safety profile. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.</p>

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911163	12/29/2020	IL	35	M	12/16/2020	12/16/2020	<p>Approximately 3 to 4 minutes after injection site I started to get hot with a feeling of an elevated heart rate; Approximately 3 to 4 minutes after injection site I started to get hot with a feeling of an elevated heart rate; This is a spontaneous report from a contactable consumer (patient). A 35-year-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot/batch number and expiration date not provided), via an unspecified route of administration on 16Dec2020 at 12:00 on left arm deltoid at single dose for COVID-19 immunization. The patient medical history included anxiety, depression and prior to vaccination, patient was diagnosed with COVID-19. No known allergy. The patient's concomitant medications received within 2 weeks of vaccination included escitalopram oxalate (LEXAPRO) and cetirizine hydrochloride (ZYRTEC), both on 16Dec2020. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient reported that approximately 3 to 4 minutes after injection site he started to get hot with a feeling of an elevated heart rate on 16Dec2020 at 12:00. Took off his hat and noticed his hair was sweaty. Was not clammy anywhere else. Symptoms improved around minute 10 to 12. After sitting in car in parking lot for an additional five or 10 minutes started to feel more baseline. He never experienced any chest pain, shortness of breath, angioedema, hives, difficulty breathing, swelling, he had a history of anxiety, which seemed to coincide with the symptoms. Since the vaccination, patient had not been tested for COVID-19. No treatment was received for events. The outcome of the events was recovered on 16Dec2020. The report was reported as non-serious. Information on the Batch/Lot number has been requested.</p>

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911389	12/29/2020	FL	52	M	12/17/2020	12/18/2020	Headache- lasted 12 hours; 24hrs after injection Tachycardia at rest (hr 106); chest pain; flushing/feeling very warm; flushing/feeling very warm; elevated BP 136/96; This is a spontaneous report from a contactable Nurse reporting for himself. A 52-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EH9899), intramuscular on 17Dec2020 10:45 AM at single dose for covid-19 immunization. Vaccine location was Right arm and it was the first dose. The COVID-19 vaccine was administered at Hospital. Medical history included mild coronary artery disease (CAD), Migraine, Psoriasis, and allergy to Sulfa Medications. Concomitant medication included atorvastatin (LIPITOR), finasteride, cetirizine hydrochloride (ZYRTEC), aspirin, melatonin, biotin, zinc, ergocalciferol (VIT D), ascorbic acid (VIT C), ubidecarenone (COQ10), fremanezumab (AJOVY), and adalimumab (HUMIRA). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced headache- lasted 12 hours, 24hrs after injection tachycardia at rest (heart rate (HR) 106), chest pain, flushing/feeling very warm, elevated blood pressure (BP) 136/96 on 18Dec2020 10:30. Symptoms lasted for about 2 hours. No treatment received for the events. Prior to vaccination, the patient was not diagnosed with COVID-19 and since the vaccination, the patient was not been tested for COVID-19. The outcome of the event headache was recovered on 18Dec2020 22:30 (lasted 12 hours), the outcome of the other events tachycardia at rest (heart rate (HR) 106), chest pain, flushing/feeling very warm, elevated blood pressure (BP) 136/96 was recovered on 18Dec2020 (lasted about 2 hours).

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913002	12/29/2020	OR	42	M	12/21/2020	12/21/2020	Immediately after receiving the dose, I developed lightheadedness, nausea, sweating. This worsened for 15 minutes, then slowly subsided over several hours. The next day, I was a little fatigued, but returned to baseline by the evening. On the 2nd day after vaccination, I developed uncontrollable violent rigors and PACs, along with fatigue and vertigo. These symptoms improved on days 3-5 after the vaccine, but returned on day 9 with worsening rigors and PACs. I also developed substernal chest pain on day 5. Now, day 9 post vaccination, and I'm feeling unwell. Main symptoms are chest pain, PACs, intermittent rigors, vertigo.
912350	12/29/2020	MN	31	M	12/28/2020	12/28/2020	Patient reported chest pain and tingling/numbness to face. HR 60 Respirations 18. Monitored and chest pain resolved - did have evaluated in Emergency Room and was discharged home and advised to return if symptoms worsen. 12/29/2020 spoke with patient and feeling good, no symptoms at all.
913092	12/29/2020	TN	51	F	12/29/2020	12/29/2020	Shortness of breath Chest pain Tachycardia Cardioversion
913112	12/29/2020	ID	57	F	12/29/2020	12/29/2020	Shortness of Breath, difficulty breathing, chest pain,

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913081	12/29/2020	PA	45	F	12/29/2020	12/29/2020	Patient received her Pfizer COVID vaccine at approximately 11:40 a.m.. She stated immediately after she received her shot she had headache and felt shaky She waited afterwards felt ok and so drove back to work (about 45 min drive). Approximately 1 hour after shot she developed generalized itching especially around the head neck and arms. She developed a red fine rash of her bilateral upper arms and blotchy rash on her chest and neck, similar to her prior reaction to Sulfa drugs in past. She called employee health and was directed to be seen in clinic. Pt walked down and notified me and she was immediately placed in room and was evaluated. She did take PO Benadryl 50mg about 145pm. Patient feels a little nauseous. A little jittery. No fever no chills no chest pain or shortness of breath no lip swelling or tongue swelling no difficulty breathing. She had some loose stool yesterday. Headache is improved no vision changes. No prior history of anaphylaxis. No other new exposures (lotions, foods, pets, meds etc) other than COVID 19 vaccine today. She appeared uncomfortable. Solumedrol 125mg IM was given in office. patient was observed > 1 hour. no change in symptoms. vitals stable. discharged home with prednisone taper.
912957	12/29/2020	OK	42	F	12/29/2020	12/29/2020	Received vaccine at 13 15. At 1351 c/o mild chest pain. 1353 c/o throat fullness and anxiety; 1354 bp 148/81 HR 99 O2 sat 100% c/o difficulty swallowing, SOB and itching. Rapid response called. Benadryl 50 mg IVP given at 1355. 1356 Solumedrol 125mg given IV; 1357 Epinephrine given; 1358 Pepcid 20 mg given. 1400 Normal saline 250 mg IV; 1415 transported by ambulance to local ER. In waiting area in local ER no attention. Came back to Hospital and admitted to observation

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912891	12/29/2020	CA	40	M	12/19/2020	12/22/2020	Received the COVID-19 vaccine 12/19/2020 and felt great the next few days with zero symptoms. About 3-4 days later I felt some chest discomfort especially when taking a deep breath in. This occurred on both the front side and back side of chest. This continued for the next 5-7 days. Kept experiencing pain with deep breaths and my exercise tolerance was diminished. When I would hike up a small incline I felt I was not getting enough air and was a bit winded. Finally made an e-visit with my healthcare provider on 12/28/2020 after 5-7 days of symptoms. Knowing I work in healthcare my provider asked if my pain felt like, "pleuritic chest pain" and I think that is a spot on description of how it felt. Based on my symptoms he told me the most likely diagnosis is a mild case of pericarditis and prescribed me ibuprofen 400 mg by mouth 3 times daily for a few days. After ~36 hours of ibuprofen I'm feeling 80-90% better but still have some discomfort with deep breaths or exertion.
912864	12/29/2020	FL	23	M	12/29/2020	12/29/2020	Nausea, Fatigue, Minor Chest Pain
912839	12/29/2020	PR	48	F	12/29/2020	12/29/2020	After vaccine started with chest pain, dizziness and dry mouth Tx: Solumedrol 125mg Benadryl 50mg
912811	12/29/2020	AR	64	F	12/28/2020	12/28/2020	Chills, Shortness of Breath, Chest Pain, Arm Pain

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912399	12/29/2020		34	F	12/22/2020	12/22/2020	<p>anxiety; chills; generalized feelings of not feeling quite right; nausea; nervousness; This is a spontaneous report from a non-contactable other hcp. A 34-years-old female patient received first dose bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Lot number: EH9899), intramuscular on 22Dec2020 13:45 (vaccine location: Right arm) at single dose for covid-19 Vaccination. Past medical history includes anxiety for which she took venlafaxine (Effexor) on a daily basis as well as type 2 diabetes, diagnosed approximately seven or 8 years ago during a pregnancy, she was on oral medication during the day and insulin at nighttime. Concomitant medications were not reported. She did take her oral medication today (22Dec2020) and last ate a pasta lunch right before arriving to the vaccine clinic. Last A1c was 6. During her 15-minute waiting period after the injection, the patient began to experience generalized feelings of not feeling quite right as well as anxiety/nervousness, nausea and chills. She denied difficulty breathing, throat tightness, dizziness, chest pain, or other GI complaints. This provider noticed her raising her hand from across the waiting area and tended to her where she noted the above complaints. she was then assessed in the emergency bay area. She was monitored for severe reaction symptoms, including rapid progression of symptoms, vomiting, hypotension, chest pain, collapse and Respiratory distress. The action taken in response to the events for bnt162b2 was not applicable. The outcome of the events was unknown. No follow-up attempts are possible. No further information is expected.</p>

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913086	12/29/2020	WA	44	F	12/29/2020	12/29/2020	Patient noted sensation of "slightly swollen tongue" approximately 10-12 minutes after administration. Tongue not visibly swollen. Airway patent. Patient also noted a slight "tightness" to her chest. No acute distress noted. Patient denied any shortness of breath or difficulty swallowing. No drooling noted. Patient denied chest pain, noting some general "tightness" while pointing up and down both rib cages with her hands. Patient was speaking clearly and in full sentences. Skin warm and dry and color within normal limits. Patient stated that she has had this same sensation of tongue swelling and chest tightness after eating citrus fruit in the past. She stated that after eating citrus this sensation resolves within minutes of not eating the fruit. Advised that I was going to call EMS, but patient adamantly denied need. She stated that she was in no distress and would rather wait to see if sensation resolved. She verbalized understanding that if symptoms changed or worsened in any way EMS would be called. Patient monitored closely for additional 15 minutes, after which patient stated that she had to leave to meet one of her own patients. Patient stated that chest tightness and tongue swelling was greatly improving. No swelling of tongue, lips or throat noted. No acute distress noted. Patient was speaking clearly and in full sentences. Discussed after care instructions with patient noting to call 911 or go to ER if she had any further concerns after leaving. She verbalized understanding. Follow up call placed to patient 12/29 @ 1745. Spoke with patient regarding concerns. She stated that she felt complete resolution of symptoms after approximately 2 hours. She denied any current symptoms and verbalized understanding to call or go to ER if symptoms change or worsen.
912695	12/29/2020	GA	32	F	12/29/2020	12/29/2020	Chest pains and short of breath within one hour of vaccine

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912391	12/29/2020		72	F	12/22/2020	12/22/2020	dizziness; This is a spontaneous report from a non-contactable healthcare professional. A 72 year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, lot number: EH9899), intramuscular on the right leg (right deltoid muscle) on 22Dec2020 17:30 at a single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. The patient experienced dizziness on 22Dec2020 17:45, during her 15 minute waiting period after the injection. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. The patient was monitored for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with wheezing and dyspnea, vomiting, abdominal pain, hypotension, dysrhythmia, chest pain and collapse. On an unspecified date, the patient underwent lab tests and procedures which included blood sugar: 108 and vital signs measurement: normal. No therapeutic measure was taken as a result of the event. Clinical outcome of the event was unknown. No follow-up attempts are possible. No further information is expected.

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912402	12/29/2020		63	F	12/22/2020	12/22/2020	dizziness; This is a spontaneous report from a non-contactable healthcare professional (HCP). A 63-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (lot number EH9899) on 22Dec2020 17:30 intramuscularly at a single dose in the left arm (in the left deltoid muscle) for COVID-19 vaccination. No relevant medical history. The patient denied any history of previous adverse reactions to vaccines. The patient's concomitant medications were not reported. During her 15 minute waiting period after the injection, the patient began to experience dizziness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. She was then assessed in the emergency bay area, monitored for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, vomiting, abdominal pain, hypotension, dysrhythmia, chest pain and collapse. Vitals were normal, glucose was 100. The event dizziness was non-serious. The outcome of the event was unknown. No follow-up attempts are possible. No further information is expected.

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912389	12/29/2020		21	M	12/22/2020	12/22/2020	dizziness; This is a spontaneous report from a non-contactable healthcare professional. A 21-year-old male patient started to receive bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, lot number: EH9899, expiry date not reported), intramuscular on the right arm (right deltoid muscle) on 22Dec2020 18:15 at a single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. The patient experienced dizziness on 22Dec2020. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. The provider was notified of patient's reaction and he was then assessed in the emergency bay area. The patient was monitored for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, vomiting, abdominal pain, hypotension, dysrhythmia, chest pain and collapse. Therapeutic measures were taken as a result of dizziness that included water and rest. The patient was stable to go home. Clinical outcome of the event was unknown. No follow-up attempts are possible. No further information is expected.

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912471	12/29/2020		40	F	12/23/2020	12/23/2020	Dizziness; Headache; chest pain; This is a spontaneous report from a non-contactable physician (patient). A 40-year-old female non-pregnant patient received BNT162B2 (Pfizer-BIONTECH Covid-19 Vaccine), intramuscularly on 23Dec2020 13:00 at a single dose in arm for COVID-19 immunization. Medical history included known allergies: roasted chestnuts. Concomitant medication included ascorbic acid, betacarotene, biotin, calcium carbonate, calcium phosphate, chlorine, colecalciferol, cupric oxide, ferrous fumarate, folic acid, iodine, magnesium oxide, manganese sulfate, molybdenum, nickel sulfate, nicotinamide, pantothenic acid, phosphorus, potassium chloride, pyridoxine hydrochloride, retinol acetate, riboflavin, selenium, silicon, thiamine, tin, tocopherol, vanadium, vitamin b12 nos, zinc oxide (MULTIVITAMINS & MINERALS PLUS LUTEIN) within two weeks of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced dizziness, headache, chest pain, all on 23Dec2020 21:30. No treatment received for the event. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The outcome of events was recovering. This is a non-serious report. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
912539	12/29/2020		37	M	12/18/2020	12/18/2020	Lightheadedness an dyspnea after receiving COVID 19 vaccine. Patient states that 5 minutes after receiving the vaccine, he felt "out of it." He felt like he was "in a dream." He reported feeling palpitations, shortness of breath, and chest pain. He denies feeling overly anxious. He states that the chest pain is substernal with no radiation. He reports it is pleuritic in nature. He states it is currently a 4/10, feels like a pressure on this chest; He received 50mg Benadryl and 0.3mg epi x2 by EMS and was brought to the ED for further evaluation. Admitted from ED for observation on 12/18/2020 and discharged on 12/20/2020.

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912549	12/29/2020	CA	47	F	12/20/2020	12/20/2020	Describes left face, arm, leg felt numbness/tingling Had first COVID shot on 12/20/2020 19:36 then while driving home felt L face numbness at 20:37 Went to ED, BP 167/107 "...driving home she states that she developed a strange, difficult to describe sensation when she was swallowing in her car, this started around 8:37 p.m.. She states that her numbness generalized to involve the entire left side of her face on the left side of her body including her left upper and left lower extremity. She denies any weakness. She denies any dysarthria or noticeable facial droop, she does not feel like she is walking differently. She denies any headaches or visual changes, denies any dizziness, chest pain, shortness of breath, palpitations. She states she has never had anything like this before." ED notes had a normal neuro exam POCT glucose was normal at 83 resolved after minutes to hours in ED
912669	12/29/2020	GA	58	F	12/22/2020	12/23/2020	Chest pain, short of breath. Morphine, sublingual Nitro, IV Nitro drip & Heparin drip
909821	12/28/2020	TX	21	M	12/20/2020	12/28/2020	Developed cough, fever, body aches, and chest pain

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910315	12/28/2020	CA		F	12/18/2020	12/18/2020	Anaphylactic Reaction; felt like something was in throat; felt tingling on both hands and fingers; voice started to change; face turning red to white to purple; everything in mouth as tongue felt like it was growing; having chest pain radiating to left scalpel, and jaw; couldn't think of the words to say as it was hard to breath; chills; heart rate is racing; This is a spontaneous report from a non-contactable nurse via internet source via Pfizer Sales Representative. A female patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: EH9899) via an unspecified route of administration on 18Dec2020 at single dose for covid-19 immunization. Medical history included had a lot of food allergies. The patient's concomitant medications were not reported. The nurse told that her manager (patient) had an anaphylactic reaction shortly after receiving Pfizer's COVID-19 BNT162b2 vaccine on 18Dec20. Patient stated via Social Media indicated that she received the Covid-19 vaccine right after work. Easy breezy didn't feel a thing. She was asked to wait for 15 minutes, 5-10 minutes of waiting, she felt like something was in throat, so she kept clearing it. Patient felt tingling on both hands and fingers. Her voice started to change. She informed the ER team there, the ER nurse described her face turning red to white to purple. ER nurse started an IV right on patient's right AC, gave her a shot of Benadryl, steroids and the epi pen right through pants. Patient felt everything in mouth as tongue felt like it was growing, but she can breath. Patient was route to the ED via wheelchair, everything started to look hazy, she was having chest pain radiating to left scalpel, and jaw. Patient couldn't think of the words to say as it was hard to breath. When got to the ED they gave her another dose of Benadryl, solumedrol, decadeon, HHN tx with epi and that worked. Patient felt her throat opening up and started talking but then came the chills. It took almost 3 hours to clear the symptoms, even though her heart rate is racing (prob due to the meds), she opted to go home. The outcome of "heart racing" was not recovered, of other events were recovered on 18Dec2020. No follow-up attempts are possible. No further information is expected.; Sender's Comments: A possible causal association between administration of BNT162B2 and the onset of anaphylactic reactions with tongue swelling/voice alteration/hard breath/tingling/something in

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							throat/skin discoloration, chill and chest pain cannot be excluded, considering the plausible temporal relationship and the known adverse event profile of the suspect product. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
910532	12/28/2020	MO	52	F	12/27/2020	12/27/2020	Employee has history of anaphylaxis and was in the 30 min observation. C/O dizziness. Sits on gurney at 45 degree angles. No SOB, chest pain or hives. VS obtained and employee hypertensive. Under observation of RN. Able to sip on water, but continues to have HTN and dizziness. Taken to the ED for further evaluation of symptoms.
910408	12/28/2020	UT	26	F	12/28/2020	12/28/2020	Patient presents to the ED with complaints of an allergic reaction that started approximately 5 minutes after receiving the COVID-19 vaccine. Patient states that she started to experience throat swelling, tingling on her nose and lips, as well as feeling a little dizzy. Patient denies any trouble breathing but states that she has slight chest pain on inspiration. Denies any other symptoms, denies any significant medical history, has not ever had a reaction to a vaccine before.
910332	12/28/2020	NJ	42	F			Arthralgia, sore throat, dry cough, congestion, pain to back of head and neck, leg pain, lower back pain, fatigue, fever 100.7 on 12/23/20 12/26/20- developed chest pain neck pain left shoulder pain lightheaded and nausea at night-resolved next morning
910581	12/28/2020	IL		F	12/27/2020	12/27/2020	After vaccine my mouth started to get dry while I was driving home. 1/2 body sore and chest pain felt like heart burn and I was having a hard time breathing. injection site started hurting all the way up to my shoulder. I started getting chills and tired. I started feeling better last night but I did not sleep well. I still have body aches and my chest is feeling better. If I do not feel better in the next 24 hours I will be contacting my HCP.

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910270	12/28/2020	TX	66	F	12/16/2020	12/16/2020	12/17/2020 at About 2pm pt complained of some blurry vision, slight jitteriness and some queasiness; pt requested water. Nurse assisted pt to Overflow Observation Room. Pt A/O x4, Nurse provided pt water, crackers. Nurse continued to monitor pt: Continuous monitoring; and asked if she need anything periodically/ every 8-10 minutes. Pt refused any further care or assistance from Nurse; Pt stated she is feeling better and will continue to be in observation ; pt continued to be monitored by Nurse. Pt talked on phone during observation time; A/O x4. Pt monitored for about 40 minutes. Pt stated she feels better and fine; pt stated she was going to leave. A/O X4, denies chest pain, SOB, has steady gait.
910251	12/28/2020	KY	41	M	12/17/2020	12/27/2020	41-year-old male who presents to the ED today with a complaint of weakness in his bilateral arms and legs. He states he fell slightly weak yesterday but this morning when he woke up around 6 AM he was not able to get out of bed because he was so weak. He states he feels like he has no muscle strength in his arms and legs. He denies any fever. He denies any cough or shortness of breath. He denies any chest pain or abdominal pain. He denies any nausea, vomiting or diarrhea. He denies any numbness in his extremities. He denies any neck or back pain. He did receive the first Covid vaccination on December 17.
910217	12/28/2020	IL	38	M	12/21/2020	12/21/2020	According to Hospital ED record: This is a 38 yo male present to ED with complaint of tingling sensation and reaction after receiving COVID-19 vaccination. Symptoms started approx 30 min after he received the initial shot. Patient was on his way home when he noted some tingling in his tongue and strange sensation to the mouth. Pt denies chest pain SOB, LOC, AMS, neurological deficits. No abdominal pain, nausea or emesis.

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910057	12/28/2020	CO	29	F	12/23/2020	12/23/2020	About 8 hours post vaccine, at 2300 as I was going to bed I felt what I would describe as breathing resistance. I would not describe it as chest pain/pressure/tightness or SOB. It was just upper chest resistance to inhalation when lying down for bed. 12/24 started with intermittent gnawing epigastric during the day. Persisted through the night with gnawing epigastric pain radiating through to my spine, i was unable to sleep due to the pain. Attempted tums (I do not have GERD), motrin & tylenol however, nothing was helpful. 12/25 & 12/26 same symptoms persisted both day and night 12/27 asymptomatic 12/28 cramping/twisting epigastric pain returned, much more mild
911552	12/28/2020	CA	35	M	12/20/2020	12/22/2020	Started with lower back pain in the morning when I woke up. Then my back and hamstring muscles tighten up. All that went away as the day went on. Just a lingering discomfort remained. That night I was awoken by 10/10 dull pain in both my hips. I don?t have arthritis, but I imagine that is what the pain must feel like. That eventually subsided over the course of the night and then the following morning I woke up with a stronger lower back pain and major stiffness in my hamstrings, but the hip pain was gone. Throughout the day the pain would come and go and move up and down my back and along my spine. It was the strongest on the night of the 22 and has since gotten weaker and the tightens in my back and hamstrings has since left. Now I just get random aches throughout my back that come and go during the day. Yesterday, the 27th, I was hiking down a hill and the impact from that caused instant discomfort in my spine, it felt like it was compressing like an accordion. Never had this happen before. After that my back was sore for hours. Today, the 28th, I tried jogging and the spinal discomfort was instantly there. Went about thirty yards before I stopped and my back has been aching down my spine for hours. Also been experiencing a couple mild headaches through the day since the 22nd. This also has fired up the endothelial dysfunction in my heart which causes some strong chest pain throughout the day. I?ve gone back in my heart medication, so hopefully that will fix that issue. I will be contacting my cardiologist in regards to this and seeing if the vaccine can affect that.

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910710	12/28/2020	PA	44	F	12/26/2020	12/26/2020	approximately 3 hours after injection subject developed rapid irregular heart rate consistent with recurrence of her atrial fibrillation which she had not had for at least one year prior. Also noted chest pain and weakness. Took an extra dose of atenolol with some improvement. Symptoms completely resolved overnight without any recurrence since.
910216	12/28/2020		21	F	12/22/2020	12/22/2020	21 y.o. female normally healthy who arrived by to the emergency department for Post COVID-19 vaccination reaction. Patient states approximate 5 minutes after the vaccine, she started to feel lightheaded and nauseated. She does notice the sensation of throat irritation, but denies any shortness of breath or difficulty breathing. Denies any tongue/lip/airway swelling, abdominal pain, new rash/pruritus, diarrhea, emesis, fever/chills, chest pain. She has no history of anaphylaxis or use of EpiPen. No significant allergic reactions in the past Initial reevaluation approximately 30 minutes after arrival, patient status unchanged. She still felt lightheaded and nauseated with a sore throat. No new rashes, shortness of breath, difficulty breathing. Her voice was normal, and did not report any new GI symptoms. Heart rate was 109 with one half fluids given thus far. On reevaluation 2 and 3 hours after arrival, patient's heart rate normalized into the 60s-70s, she was asymptomatic. She was slightly fatigued from the Benadryl. She felt safe to go home. Follow-up call a few days later and patient was doing fine with no symptoms.
910976	12/28/2020	SD	61	F	12/17/2020	12/17/2020	She began to experience body wide tingling, headache and nausea. She did not have lightheadedness, chest pain, shortness of breath, pain at the injection site, rash or wheezing. She went to urgent care in the facility to be evaluated. Patient was placed on a monitor and observed. Vital signs remained stable. She never developed rash. For her nausea she was given Zofran 4 mg as a disintegrating tablet which was helpful. She received 650 mg of Tylenol for her headache pain. Observation continued during which time she was entirely stable. She requested to go home.

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910690	12/28/2020	HI	58	M	12/23/2020	12/23/2020	Reported "funny taste in throat." Stated it was "metallic" and occurred five minutes after injection. No unusual foods in the morning prior to vaccination. No food allergies. Upon assessment by onsite MD, patient had mild heaviness in eye and frontal head area that began 15 minutes post-administration of vaccine. Had "wooziness/lightheadedness" 15 min after injection as well that resolved. Chest heaviness in left area that lasted 2 minutes, resolved. Reported some anxiety/nervousness. No history of cardiopulmonary disease. Negative EKG and stress test in 2006 that was conducted due to chest pain after walking. No history of GERD. Denied other signs and symptoms.
910705	12/28/2020	MS	46	M	12/22/2020	12/22/2020	Started having chest pain and shortness of breath approx. 10 hours after injection. Symptoms kept worsening. Taken to the ER. Cardiac workup performed. It was negative. Diagnosed with Pleurisy.
910996	12/28/2020	CA	64	F	12/24/2020	12/24/2020	Patient reports taking Pfizer Covid vaccine and 2 hours after that she reports feeling not well. She recorded that one of the side effects was heart arrhythmias and hence she had her coworker checked her rhythm and she reported that her heart rate was in 180s and hence she was brought to the emergency department for further evaluation. She reports at the time she had palpitations and felt mild lightheadedness and dizziness. She was found to be in SVT with heart rate in the range of 1 80-220 and she received 1 dose of 6 mg Adenoscan after which she converted to normal sinus rhythm. At the time of my evaluation she is in normal sinus rhythm with heart rate in the range of 90-100. She denies any further palpitations. She reports she had chest tightness for the last 3 days which was assumed to be secondary to asthma and for which she was prescribed prednisone. Currently with the prednisone she does not feel any further chest tightness. She denies any chest pain shortness of breath, fever or chills. She reports remote history of arrhythmia following her foot surgery in the past however does not recall what arrhythmia she had at that time.

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910943	12/28/2020	CA	38	F	12/21/2020	12/21/2020	Patient reports 2 minute episodes of numbness to hands and feet occurring every 5 minutes s/p receiving COVID-19 vaccine. She further reports associated heart pounding and difficulty breathing General ROS: (-) chills, fever, (-) unusual fatigue or weight loss ENT ROS: (-) nasal discharge, (-) cough, (-) sore throat Respiratory ROS: (+) shortness of breath CV ROS: (-) chest pain, (+) heart pounding Gastrointestinal ROS: (-) abdominal pain Genito-Urinary ROS: (-) dysuria Musculoskeletal ROS: (-) joint/bone pain Neurological ROS: (-) headache, (+) numbness to hands and feet Dermatological ROS: (-) rash Psychiatric: ROS: (-) SI/HI, (-) psych hx Patient improved her symptoms, discharged home
910941	12/28/2020	CO	27	F	12/19/2020	12/20/2020	Pfizer-BioNTech COVID-19 Vaccine: One day after receiving vaccine patient awoke with myalgias, fatigue, fever (maximum temperature: 100 degrees Fahrenheit), headache, and rhinorrhea. Patient was evaluated via telehealth two days after vaccine administration and denied throat pain, chest pain, chest tightness, or wheezing. No difficulty swallowing or breathing. Patient was instructed to follow-up with a health care provider immediately for worsening, persistent, or concerning symptoms.
910922	12/28/2020	CT	60	F	12/28/2020	12/28/2020	Moderna COVID-19 Vaccine EUA Severe sinus reaction - sneezing, congestion, runny nose, chest pain from excessive sneezing.
910794	12/28/2020	AK	29	F	12/18/2020	12/18/2020	I started with a mild headache with chills body aches and fever of 100 degrees, rash and hives and chest pains. Into the next day I had a sever headache, chest pains and BP 176/126 that caused my cardiologist to add two additional meds to try and get me out of the hypertensive episode.
910755	12/28/2020	CA	27	M	12/28/2020	12/28/2020	Nausea, lightheaded, chest pain, vasovagul

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910721	12/28/2020	UT	34	F	12/18/2020	12/18/2020	After receiving the vaccine I was immediately nauseated. I went back to my desk to work and was dizzy and felt like I would vomit. This went away after an hour or so. My arm felt totally normal right after the vaccine, but later in the evening it worsened and I had a dead arm for about 24 hours. The next morning when I awoke I felt there was an elephant sitting on my chest. I couldn't catch my breath or take in a deep breath. I tried to walk down the stairs to get my inhaler, but was so dizzy I had to hang on to the railing in order not to fall. When I got to my medication cabinet I had difficulty opening the cupboard. I took my inhaler and the chest pain seemed to ease up as the day progressed. I had such terrible body aches that I tried to open a bottle of Ibuprofen and had extreme difficulty with my fingers. Throughout the day my fingers were cramped up and I was unable to hold on to anything, even the steering wheel of my car to drive. My hands were so sore that I tried massaging them but nothing helped. I took ibuprofen and Tylenol every 4 hours to help and after about 48 hours the intense burning, aching, and cramping somewhat subsided. Over a week later, I am still struggling to use my cell phone and text messaging. My fingers are not working right so I am hoping that will go away. In addition, I have been achy with chills since the morning after getting the vaccine. I can not seem to warm up. I have tried warm baths and sleeping with hot pads, but I have terrible chills and aches. My joints and muscle hurt all over my body to the point that now I have made an appointment with a doctor to see if the vaccine caused some kind of autoimmune reaction. My fingers, hips, and knees are the areas that hurt the worst still. I am a marathon runner and was currently training and doing well. After the vaccine, my joints and muscles have been so painful that I haven't been able to maintain what I was currently doing with running. I have ended up icing or heating different parts of my body daily and gone through a lot of ibuprofen, naproxen, and Tylenol trying to find relief. My entire body is covered in medicine as that seems to help a little. I am unable to sit for more than a few minutes without pain.

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910720	12/28/2020	UT	34	F	12/18/2020	12/18/2020	After receiving the vaccine I was immediately nauseated. I went back to my desk to work and was dizzy and felt like I would vomit. This went away after an hour or so. My arm felt totally normal right after the vaccine, but later in the evening it worsened and I had a dead arm for about 24 hours. The next morning when I awoke I felt there was an elephant sitting on my chest. I couldn't catch my breath or take in a deep breath. I tried to walk down the stairs to get my inhaler, but was so dizzy I had to hang on to the railing in order not to fall. When I got to my medication cabinet I had difficulty opening the cupboard. I took my inhaler and the chest pain seemed to ease up as the day progressed. I had such terrible body aches that I tried to open a bottle of Ibuprofen and had extreme difficulty with my fingers. Throughout the day my fingers were cramped up and I was unable to hold on to anything, even the steering wheel of my car to drive. My hands were so sore that I tried massaging them but nothing helped. I took ibuprofen and Tylenol every 4 hours to help and after about 48 hours the intense burning, aching, and cramping somewhat subsided. Over a week later, I am still struggling to use my cell phone and text messaging. My fingers are not working right so I am hoping that will go away. In addition, I have been achy with chills since the morning after getting the vaccine. I can not seem to warm up. I have tried warm baths and sleeping with hot pads, but I have terrible chills and aches. My joints and muscle hurt all over my body to the point that now I have made an appointment with a doctor to see if the vaccine caused some kind of autoimmune reaction. My fingers, hips, and knees are the areas that hurt the worst still. I am a marathon runner and was currently training and doing well. After the vaccine, my joints and muscles have been so painful that I haven't been able to maintain what I was currently doing with running. I have ended up icing or heating different parts of my body daily and gone through a lot of ibuprofen, naproxen, and Tylenol trying to find relief. My entire body is covered in Icy Hot as that seems to help a little. I am unable to sit for more than a few minutes without pain.

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911004	12/28/2020	TX	65	M	12/19/2020	12/20/2020	65 YEAR OLD MALE PRESENTS TO THE EMERGENCY ROOM COMPLAINING OF COUGH WITH CLEAR PHLEGM AND SHORTNESS OF BREATH ONSET 8 DAYS. HE REPORTS SOME CHEST PAIN WITH COUGH. PATIENT REPORTS HE WENT TO SEE HIS PCP ON 12-DEC AND WAS PRESCRIBED PROVENTIL AND PREDNISONE. HE HAD A NORMAL CHEST X-RAY AT THAT TIME. HE STATES HIS SYMPTOMS WORSENERD ON 17-DEC AND HE WAS THEN GIVEN LEVAQUIN. PATIENT REPORTS HIS WIFE TESTED POSITIVE FOR COVID-19 ON 05-DEC, BUT HE TESTED NEGATIVE AT THAT TIME AND HAD NO SYMPTOMS.
909680	12/27/2020	MT	27	F	12/23/2020	12/23/2020	Patient reported she had been feeling anxious about receiving the vaccine all day due to its newness. About 10 minutes after receiving the vaccination she reported an elevated heart rate per her watch. Her hands were shaking mildly. She denied chest pain, shortness of breath and/or dizziness. Palpated radial pulse was 130s-140's. BP was 150's/70's. She was taken to hospital emergency room; she declined any medications. Through use of meditation techniques and calming practices, her heart rate lowered to 90's, then returned to 120's then lowered again to normal heart rate.
909629	12/27/2020	NY	41	F	12/21/2020	12/21/2020	patient reports "chest pain after 5 minutes of receiving the vaccine"; then in the past 6 days, body aches and intractable headache
909512	12/27/2020	MA	57	F	12/26/2020	12/26/2020	Patient reported having reaction to flu shot in past so was being monitored closer. Upon her completion of 30 min observation, patient felt lump on throat, slight pain to touch on upper chest, slight headache, some redness to chest area and arms. Patient came prepared and took 25mg of chewable Benadryl at 10:13am, two minutes after symptoms began. 20 minutes later lump on throat was gone and redness to skin had disappeared. Symptoms resolved, patient was monitored for an extra 15min, asymptomatic upon leaving, had husband waiting outside to drive her home. Patient has EpiPen and understands if any sx return, chest pain, trouble breathing, should go to ED.

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909515	12/27/2020	MA	37	F	12/26/2020	12/26/2020	Patient began reporting of a tingling sensation in right arm approximately 15 minutes after vaccine administration in the right arm. Patient denied shortness of breath, chest pain, palpitations. Patient encouraged to wait in observation room for another 10-15 minutes with enhanced monitoring by MAs and RNs, patient agreed and complied to plan. Patient reported continuation of tingling sensation in right arm with noticeable tingling sensation beginning in left arm and lips as well. Vital signs taken on patient at 1300: BP: 165/84, HR 78, O2 100% on RA. Proceed out called, team arrived and transported patient to ED for further evaluation. In ED, patient was observed for few hours, and was discharged home.
909563	12/27/2020	FL	20	F	12/26/2020	12/26/2020	Chest pain followed by Syncope approximately 5 minutes after injection.
909582	12/27/2020	TX	60	F	12/27/2020	12/27/2020	Vaccine administered at 0924; 30 minute observation due to past history of allergic reaction to tetanus vaccine; 0948, pt notified RN of tickle in the back of her throat; 0951 VS taken and WNL, remained with tickle in throat. 1016 pt reports having muscle cramps on back of neck, radiating to shoulders; VSS 1026 pt reported new onset chest pain; pt agreed that symptoms were progressing and epi pen was administered at 1031, 911 called. 1034, pt reported improvement; 1036, 911 arrived and pt transferred to ED

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909591	12/27/2020	CA	30	F	12/25/2020	12/25/2020	Covid vaccine received, was instructed to go to ?observation area? for 15 minutes. While walking, started to feel faint, sat down and started to feel okay. After 5 minutes, I started to feel faint again and felt my heart rate go up. My Apple Watch showed my heart rate at 144. I asked staff to check my vitals and I was instructed to go to the nurse area. Vitals showed heart rate of 140s-150 (Apple Watch registered my highest heart rate during that period was 160). Blood pressure about 135/90 (my normal is 115/80), SPO2 of 99%. After 5 minutes, heart rate down to 90, BP 120s/90s. Every 5-10 minutes I would feel faint, a sense of ?impending doom,? mild nausea, and my heart rate would go up to 140s, it would last about 2 minutes then go down to 90s. This cycle of heart rate going up and down kept repeating for 30 minutes. No chest pain, no shortness of breath. Prior to going home, heart rate was 90, blood pressure was 125/98. Total time being observed was 40 minutes from time of vaccine to leaving observation.
909632	12/27/2020	HI	44	F	12/26/2020	12/26/2020	approximately 1.5 hrs after my vaccine I started to feel lightheaded and flushed all over my body. My heart rate was 120's and my temperature was 100.2F. No difficulty breathing, SOB, chest pain or rash. I was checked into the clinic and monitored in the Nurse Treatment Center. I was placed on a bedside cardiac monitor, an EKG was done, labs drawn and IV fluids administered. I was there for approx 1 hr and discharged to home. Temp was 99.1 HR 100's.
909673	12/27/2020	TX	42	F	12/26/2020	12/27/2020	Fever on/off up to 101. Tylenol makes temp go down to 98-99. Chills, sharp pain in face, chest pain, muscle pain, joint pain, hx of covid in June, aching, headache, chest feels hot, HR up to 140
909691	12/27/2020	FL	20	F	12/26/2020	12/26/2020	Shortness of breath, chest pain, itching, near syncope, blood pressure spike

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909770	12/27/2020	CA	43	M	12/22/2020	12/22/2020	Chills, shivering, migraine , body aches, painful tinnitus, fever, elevated resting HR of 90 (normal is 46), bounding heart beat, tightness in chest, elevated resting BP 150/80 (normal 124/72) 600mg ibuprofen & 500mg acetametaphine made me comfortable to get about an hour and half worth of sleep. Went to ED for elevated HR, BP and chest pain. ED took EKG and monitored vitals. ED discharged with 975mg acetametaphine and 800mg ibuprofen with 24hrs quarters. I was able to get about 3 hours of sleep.
909775	12/27/2020	WA	45	F	12/27/2020	12/27/2020	Received the vaccine at 1038a. 1045 developed minor tongue tingling. Called the RN she gave me 25mg Benadryl. By this time whole tongue became tingly and the roof of my mouth started to feel numb. A minute later throat started to feel full and it became hard to swallow. This feeling of it being hard to swallow, came with a painful headache and some chest pain. Once in ER, was given more Benadryl, Epi, Lorazepam, and Protnox. The feeling in my throat and the difficulty swallowing slightly improved 25min after the oral Benadryl. It took about a little over an hour from the onset of symptoms to start to feel they were resolving.
909163	12/25/2020	CO	22	F	12/18/2020	12/19/2020	Pfizer-BioNTech COVID-19 Vaccine EUA: Patient reports fever, body aches, chills, headache, and chest pain one day after receiving the vaccination. Patient had COVID before (November2020) and reports "this felt very similar to one of my worst days with symptoms". Patient reports only persistent symptom was feeling more tired than usual. On 12/22/2020, patient noticed a rash on back and under arms.
909143	12/25/2020	NV	48	F	12/17/2020	12/17/2020	Patient presented to ED states was sleeping when awoke with feeling of rapid heart. Has pulse oximeter at home and states HR was 150s felts sharp chest pain and sweat. Had husband bring her to Emergency room. Emergency room physician states patient is mildly anxious and mildly diaphoretic. Blood pressure 155/83 and pulse rate in 120 upon arrival. Patient was given Ativan 1 mg IV and 1 liter of normal saline HR in 90s upon discharge form ed. Admitted at 2134 discharged at 2353

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909111	12/25/2020	OH	28	F	12/23/2020	12/24/2020	The evening of the 24th, I felt lightheaded, sore, and extremely fatigued. Waking up on the 25th, I had diarrhea, vomiting, headache, coarse cough, asthma exacerbation, chest pain. Chest pain subsided but other symptoms remained. Around 11am, I developed cervical neck pain in the back of neck, and lower pack pain. I started to experience loss of vision upon standing, tachycardia, tactile fevers, chills, and loss of appetite with extreme fatigue.
909107	12/25/2020	OH	45	F	12/24/2020	12/24/2020	Client began feeling flushed approximately 10-15 minutes following vaccination with COVID-19 vaccine. Client stated her "chest had a heavy feeling" and she was experiencing heart palpitations (which she also reports are normal for her). She was concerned as the heart palpitations were occurring along with chest pain. EMS on scene at clinic site (precaution) and escorted client to area where EKG was completed. Normal sinus rhythm was noted along with possible infarct age undetermined (as reported on strip)and client was asked if she would like to go to ER for additional evaluation which she refused. (Client signed refusal of medical treatment, transport and/ or evaluation form). Client was advised by EMS and health district staff to seek medical treatment or call 911 if symptoms persist or become worse. Client voiced understanding.
908599	12/24/2020	LA	52	F	12/18/2020	12/18/2020	diarrhea, shortness of breath, chest pain, headache
908592	12/24/2020	NM	47	F	12/23/2020	12/23/2020	The COVID vaccine was given at 2046. At approx. 2050 patient complained of tingling to her left leg and a headache. Her vitals were obtained at 2050. They are as follows; B/P 146/86, HR 111, Spo2 98 on RA. She denied any SOB, chest pain or discomfort, no difficulty swallowing. She was able to ambulate to the wheelchair without any issues. I called house supervisor at 2049. He came up to asses her and she was transported to the ED by 2 MA's and a nurse. She was transported via wheelchair on the monitor. She did not require supplemental O2

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908263	12/24/2020	CT	45	F	12/18/2020	12/18/2020	started to feel a warmth in her chest and abdomen; She felt like her heart was racing; Developed chest pain; This is a spontaneous report from a contactable other HCP (healthcare professional). A 45-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot #: EJ1685), intramuscularly in the left arm on 18Dec2020 at 15:30 (at the age of 45-years-old) as a single dose for COVID-19 vaccination. Medical history included known allergies to apple, cantaloupe, peach, avocado and IV contrast dye; all from unspecified dates. The patient was not pregnant at the time of vaccination. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included ongoing famotidine and salbutamol (ALBUTEROL HFA) as needed (PRN); both for unknown indications from unknown dates. The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient previously received hydromorphone (DILAUDID) and triamcinolone acetonide (KENALOG); both from unknown dates to unknown dates for unknown indications and experienced allergy. The patient also previously received diphtheria vaccine toxoid/pertussis vaccine acellular/tetanus vaccine toxoid (TdaP) vaccine on an unknown date for immunization and experienced allergy. On 18Dec2020 at 15:45, the patient started to feel a warmth in her chest and abdomen, she felt like her heart was racing, and developed chest pain. It was reported that "patient started to feel a warmth in her chest and abdomen. She felt like her heart was racing. Developed chest pain. No shortness of breath or difficulty swallowing". It was unknown whether the patient received any treatment for the events. It was reported that the adverse events resulted in emergency room/department or urgent care visit. It was also reported that the events were non-serious and did not cause or prolong hospitalization. The clinical outcomes of the events started to feel a warmth in her chest and abdomen, she felt like her heart was racing and developed chest pain were all unknown. It was unknown whether the patient had been tested for COVID-19 since the vaccination.

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908908	12/24/2020	WA	59	F	12/23/2020	12/23/2020	Was scheduled for 3:10 yesterday and received it at 3:25 ish. Did fine at first ? a little flushing/burning around neck and chest about 35 minutes after but then around 10:00 pm I had a full on inflammatory response throughout the entire body. Thankfully it was evening/bedtime but it was an awful night with significant pain everywhere with any kind of movement. Mild headache that has been intermittent. I wouldn't call it true chest pain but did have intermittent, weird stabbing pains in chest at times. I dosed up on gallons of water and Tylenol and certainly felt better by around 7:00 a.m. but if that was my response to round one I am hesitant to go back for seconds.
908883	12/24/2020	TX	29	F	12/23/2020	12/23/2020	EE states that she started feeling dizzy and fatigued but it quickly resolved. Today, 12/24/2020 at 1:20pm EE states that she was driving and started having chest pains, sternum area, pain 3 out 10, the pain comes and goes, it happens when she is moving and resting, when asked about other symptoms, EE states that the chest pain is her only symptom at this time, tested negative for Covid, no travel history. I advised the EE to go to the ER immediately for further evaluation. The EE stated that she prefers to go the Urgent Care.
908603	12/24/2020	TX	61	F	12/19/2020	12/20/2020	Headache: 2/10, global/ diffuse, responds to excedrin & getting, worse in the morning. +R Foot went numb and the resolved. No tingling, weakness, or numbness, dysphagia, slurred speech, seizures, blurry vision. Thirst: Very thirsty. ALtered Mentation: Slower in responding, Having to really think before she speaks Muscle Spasms +hot flashes no fever, chills, chest pain, or sob. hyper-emotional (Spontaneous crying).
908954	12/24/2020	TX	45	M	12/18/2020	12/20/2020	12/24@5:00pm EST-Caller stated that on Sunday 48hrs after vaccine he was chills, lost of taste and smell, fatigue with fever. Nose and throat dryness with chest pain. Today caller has been spitting up dark green mucus with red streaks. Caller is taking doxycycline for strep. Caller keeps having elevated temps of 102.0 and chills. Dry cough has been persistent since 12/23/20. Vaers report completed over the phone.
908977	12/24/2020	OH	61	F	12/23/2020	12/23/2020	Fatigue, chills, fever, headache, body ache, right sided chest pain, neck pain, left arm pain at site of injection.

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908626	12/24/2020	KS	58	F	12/21/2020	12/21/2020	<p>Progress Notes PA-C (Physician Assistant) ? ? Orthopedics Cosigned by: MD at 12/22/2020 9:46 AM Expand All Collapse All 12/21/2020 Patient: Date: 12/21/2020</p> <p>Subjective Patient is a 58 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience dizziness/shakiness. This provider was notified of patient reaction and she was then transferred to the emergency bay via wheelchair where she was assessed. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with dyspnea, increased work of breathing, persistent cough and cyanosis, vomiting, hypotension, dysrhythmia, chest pain and collapse. She denied difficulty breathing, throat tightness and tongue swelling, nausea. She reports a history of atrial fibrillation and states that she had a procedure in the past and the anesthesia provider questioned her about this diagnosis. She reports taking metoprolol and methimazole on a daily basis. She took all of her am medications today, including an 81 mg aspirin. Reports history of watery eyes and blurred vision, takes Zyrtec daily. Denies any worsening of these symptoms outside of her baseline. Denies use of anticoagulant use or diabetes. Last ate and drank about 1130 or noon. Review of Systems Constitutional: Negative for diaphoresis. HENT: Negative for congestion, drooling, facial swelling, rhinorrhea, sneezing and trouble swallowing. Eyes: Positive for discharge. Negative for redness. Respiratory: Negative for chest tightness and shortness of breath. Cardiovascular: Negative for chest pain and palpitations. Gastrointestinal: Negative for nausea and vomiting. Skin: Negative for color change, pallor and rash. Neurological: Positive for dizziness and headaches. Negative for syncope. Psychiatric/Behavioral: Negative for agitation and confusion. The patient is not nervous/anxious. Objective Vitals There were no vitals filed for this visit. Physical Exam</p>

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Constitutional: General: She is not in acute distress.
Appearance: Normal appearance. She is obese. She is not toxic-appearing or diaphoretic. HENT: Head: Normocephalic and atraumatic. Nose: No rhinorrhea.
Eyes: Comments: Watering of both eyes
Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Comments: At right radial pulse
Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Skin: General: Skin is warm and dry. Coloration: Skin is not pale. Findings: No rash.
Neurological: Mental Status: She is alert and oriented to person, place, and time. Assessment/Plan Stress reaction following vaccine administration. Patient was transported to the emergency bay via wheelchair.
Treatment included no therapy, but did continue with vital checks at approximately 5 minute intervals. 1603-blood pressure using the large adult cuff was 154/60 with large adult cuff, heart rate 69 with regular rate and rhythm at right radial pulse, 96% O2 sat on room air. Patient continues to feel slightly dizzy and shaky though denies any chest pain, shortness of breath, swelling of the lips or tongue. 1611 vital signs reassessed with blood pressure of 150/63, heart rate 64, 97 percent on room air, continues to feel slightly dizzy/shaky, though, reports not nearly as bad. Patient continues to answer questions appropriately and is talking without any signs of further decompensation. 1618-reports feeling better. Vital signs rechecked with BP of 121/55, 59 hearty rate and 96% RA. No new complaints. 1624- patient reports a slight headache, but denies chest pain, shortness of breath, chest tightness, lip or tongue swelling. Discharge vitals obtained at 1626-with blood pressure of 135/55, heart rate of 58, 95% on RA. No new complaints, except feeling a bit cold. Patient reports feeling better and feels that she can safely discharge. Discussed need for urgent evaluation at the emergency department or to call 911 if symptoms of chest pain, shortness of breath, angioedema present. Patient expresses understanding and all questions were answered to her satisfaction today. Follow up response to treatment:excellent.
Patient discharge: Stable to go home and follow up with PCP. Orders Placed This Encounter Procedures ? COVID-19 MRNA PA-C Electronically Signed
12/21/2020 4:05 PM

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908663	12/24/2020	CA	26	F	12/23/2020	12/23/2020	Within minutes I had lower chest pain and wired sensation in my lungs. My throat was swelling. I was very hot and red. I the gurney my right arm was tingling. Opposite arm from vaccine.

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907815	12/23/2020	KS	55	F	12/22/2020	12/22/2020	<p>Progress Notes APRN (Nurse Practitioner) ? ? Nurse Practitioner Cosign Needed Expand All Collapse All COVID VACCINE CLINIC 12/22/2020 Patient: Date: 12/22/2020</p> <p>Subjective Patient is a 55 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience Racing heart rate. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, lightheadedness, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Pt presented with Rapid heart rate and palpitations. Had episode of chest pain 6 weeks ago and was seen in ER. D-dimer was positive and CT negative. No FU since. Monitored patient for severe reaction symptoms, including respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis. Review of Systems Cardiovascular: Positive for palpitations. All other systems reviewed and are negative. Objective Vitals Vitals: 12/22/20 1453 12/22/20 1505 12/22/20 1526 BP: 133/87 133/85 123/81 BP Location: Right arm Right arm Right arm Patient Position: Sitting Sitting Sitting Pulse: 95 96 96 SpO2: 100% 99% 95% Physical Exam Vitals signs reviewed. HENT: Head: Normocephalic. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are moist. Eyes: Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion. Cardiovascular: Rate and Rhythm: Regular rhythm. Tachycardia present. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal.</p>

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							Assessment/Plan Treatment included: no therapy. Follow up response to treatment: no side effects. Patient discharge: Stable to go home and follow up with PCP. Pt released to go home at 3:25 pm. No symptoms at that time. 12/22/2020 3:30 PM
907236	12/23/2020	IA	42	F	12/20/2020	12/20/2020	~~Patient was given their first COVID-19 vaccine dose. Patient was given VIS sheet and informed of all potential side effects and when to seek emergent care. Patient was given a follow-up plan and scheduled for administration of second dose. Patient tolerated procedure well. At 15 minutes post vaccine 1147 patient reports that she had just experienced chest pain sharp on left side of chest followed by nausea and slight sensation of tightness in her throat. She reports this lasted about 30 seconds and then subsided and went away. Vitals taken BP 118/76 HR 66 R 16 pulse ox 100% on room air. Patient denies any cardiac history and no history of allergic reaction in past to any medications or injections. Vaccine was given in right deltoid. She was monitored an additional 15 minutes with during which time she was asymptomatic. I consulted with ARNP provider across the hall in care clinic prior to letting patient leave clinic and she was agreeable with plan of care. Patient was advised is symptoms chest pain, tightness in chest, any shortness of breath she needs to seek emergent care by calling 911. She communicated understanding. Patient discharged to home.~~
907341	12/23/2020	MD	28	F	12/23/2020	12/23/2020	Employee had tongue tingling after injection denies swelling, SOB, chest pain. She waited 30 minutes and declined ED evaluation there were no further symptoms after observation.
908117	12/23/2020	ME	25	F	12/23/2020	12/23/2020	After about 7 minutes after the vaccine she started having palpitations and generalized feeling unwell. Felt as though she had low blood sugar but did not feel lightheaded or faint. She had this reaction similar prior when she had anxiety surrounding getting TB testing. Felt anxious and did have elevated BP to 144/86. No shortness of breath, rash, nausea, chest pain, dizziness. Resolved with observation, deep breathing, crackers and water.

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907373	12/23/2020	GA	41	M	12/17/2020	12/17/2020	Employee felt totally fine before getting the COVID vaccine but then within 5-10 minutes of getting the vaccine while sitting, he felt extremely lightheaded, warm, flushed, and diaphoretic. He did not have a true syncopal event but felt near syncopal. He was rushed to the emergency department. He states that he felt immediately better after he was laid supine. He does not have any known medical problems he does not have a primary care physician. He denies any chest pain or shortness of breath, denies any neurologic deficits, no fevers chills or sweats. He has no history of allergies to any vaccines, he does have a documented history to fire ants.
907381	12/23/2020	TN	35	F	12/22/2020	12/22/2020	Received vaccine aprox 0745 am 12/22/2020, aprox 09:00pm 12/22/2020 while at work onset tachycardia at rest 140's-150s, , chills, flushing, and light headiness. Employee continued to work through her 12 hr shift, she advised tachycardia persisted throughout the night 140s. She reported taking Tylenol at 3am, and chills resolved. She reported to Employee Health at 0730am 12/23/2020, vitals HR 142, BP 103/72 (she advised that was her normal BP), resp 14, Temp 97.2. She denies chest pain, shortness of breath, weakness, headache, cold symptoms, n/v/d. Advised the chills, flushing and light headiness had resolved, but the tachycardia continues. Employee denies any medical history, takes no daily meds, reports recovered from COVID early November. Discussed with Employee the need to seek higher level of care, she was escorted to the ED.

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907426	12/23/2020	NM	48	F	12/22/2020	12/22/2020	48 y.o female with history of atrial tachycardia who presents to the ED via EMS for a possible adverse reaction to Covid vaccine. Patient received her Covid vaccine around 1600 today, and soon became diaphoretic, shaky, and lightheaded. She had presented to the emergency department. Currently she denies any chest pain, difficulty breathing, throat swelling, tongue swelling, or any other symptoms currently except for palpitations. Allergic Reaction The primary symptoms are shortness of breath. The primary symptoms do not include cough, abdominal pain, vomiting, dizziness or rash. The current episode started 1 to 2 hours ago. The problem has not changed since onset. The onset of the reaction was associated with a new medication. Significant symptoms also include flushing. 48-year-old female with a history of atrial septal defect, status post atrial septal defect repair in 1980. She works as a nurse at Hospital and has been experiencing increasing rapid palpitations associated with chest pain, and hypertension. With her episodes, she experiences marked lightheadedness, dyspnea, and feeling marked anxiety, as well as chest tightness. She received the COVID-19 vaccine today and while waiting in the observation room, she started feeling unwell, with rapid palpitations, associated with lightheadedness and dyspnea. She last had a sustained episode 2 - 3 weeks ago and had presented to ER and Hospital. No syncope. No orthopnea, PND or increased lower extremity swelling. Active Hospital Problems Diagnosis ? Atrial paroxysmal tachycardia ? History of repair of atrial septal defect 1. Paroxysmal atrial tachycardia in setting of prior atrial septal defect repair - she is having breakthrough episodes through flecainide/digoxin - it is likely her atrial tachycardia is related to her ASD patch. Will hold flecainide/digoxin for now, and try to schedule an ablation during her hospital admission due to highly symptomatic episodes resulting in multiple ER visits. 2. Acute renal insufficiency - most likely pre-renal - iv fluids started. 3. Possible COVID-19 vaccine reaction - she probably had an incidental atrial tachycardia episode post vaccine administration, rather than an actual adverse reaction. Continue to monitor.

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907805	12/23/2020	FL	52	F	12/15/2020	12/16/2020	First night following after vaccine I woke up with chest pain (i though pleuritic) which went away. I had mild body aches and fatigue, chills. next day I experienced chest(again I thought pleuritic) discomfort especially when taking a deep breath. i felt better then had mild fatigue and body aches again. day 3 post vaccine I woke up with discomfort when taking a deep breath with continued discomfort. i felt tired through the day. Then that evening i developed SOB, severe palpitations and chest pain and went to ER. Diagnosis New onset rapid A fib. I was hospitalized and once my work up was finished and I had normal sinus rhythm I was discharged home the next evening.
908144	12/23/2020	CA	43	F	12/18/2020	12/18/2020	hot all over her face, followed by itchiness on her face, tongue and throat. denies any shortness of breath or chest pain. She denies any difficulty speaking or swallowing
908076	12/23/2020	PA	31	F	12/22/2020	12/23/2020	Fever 101, chills, aches, chest pain
907427	12/23/2020	TN	43	F	12/22/2020	12/22/2020	COVID vaccine admin 1645 around 1715 sudden onset heart palpitations feels like heart racing, employee heart rate was noted to be 170s, employee was escorted to the ED. 12/23/2020 1030 spoke with Employee she advised d/c from ED last pm, this am resting heart rate 90s, but 140's-150's with ambulation. Denies chest pain, shortness of breath, palpitations, cold symptoms, n/v/d. Has reported moderate fatigue this am.
908160	12/23/2020	ID	28	F	12/23/2020	12/23/2020	10 min after inj. started with tingling at inj site, progresses down arm then to other arm and across chest, started to feel tingling in throat. Initial BP was high at 152/86 P94. Pt asked to defer Benadryl as was driving and symptoms were already lessening. No flush no chest pain denied other symptoms. Next BP 115/78 P85. Then 10 min later 113/81 P80. After watching, pt discharged to home with instructions.

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907851	12/23/2020	KS	21	M	12/22/2020	12/22/2020	<p>Progress Notes MD (Physician) ? ? Endocrinology Date: 12/22/2020</p> <p>Subjective Patient is a 21 y.o. male who was seen at COVID Vaccine Clinic today for his first dose of the COVID 19 vaccination. He denied any history of previous adverse reactions to vaccines. He was given the Pfizer vaccination in the right deltoid muscle. Vitals: 12/22/20 1838 12/22/20 1839 BP: 129/81 Pulse: 90 Temp: 97.4 °F (36.3 °C) 97.4 °F (36.3 °C) Vitals are normal Checked his blood sugars- normal at 96 98% o2 sat During his 15 minute waiting period after the injection, the patient began to experience dizziness. He denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and he was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, vomiting, abdominal pain, hypotension, dysrhythmia, chest pain and collapse. Objective Physical Exam Constitutional: Appearance: Normal appearance. He is normal weight. HENT: Head: Normocephalic and atraumatic. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are dry. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: He is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content</p>

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907983	12/23/2020	CA	32	F	12/22/2020	12/22/2020	<p>normal. Judgment: Judgment normal. Assessment/Plan Treatment included: water, rest. Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. MD Electronically Signed 12/22/2020 6:39 PM</p> <p>Patient presents to Emergency Dept with sudden onset of palpitations and "lump in my throat" that started approximately 5 mins after receiving Covid vaccine. Denies SOB. Denies chest pain. Afebrile. No focal neuro deficits.</p>

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907981	12/23/2020	KS	46	F	12/22/2020	12/22/2020	<p>Progress Notes 12/22/2020 Subjective Patient is a 46 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. Pt has h/o hypothyroidism on LT4- last lab a few months ago Started feeling lightheaded and warm Doing a temp check 135/94- repeat BP check Pulse between 72-90s on rechecked Blood sugar was just checked and normal at 76--repeat also normal at 86 She is eating a snack and having some water. She was given the Pfizer vaccination in the right deltoid muscle. She said she has a h/o vasovagal episodes with shots, mammograms, etc. During her 15 minute waiting period after the injection, the patient began to experience dizziness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, vomiting, abdominal pain, hypotension, dysrhythmia, chest pain and collapse. Objective Physical Exam Constitutional: Appearance: Normal appearance. HENT: Head: Normocephalic and atraumatic. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are dry. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment:</p>

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Judgment normal. Assessment/Plan Treatment
included: rest, snack. Follow up response to treatment:
excellent. Patient discharge: Stable to go home and
follow up with PCP. Discharge time 5:51pm
12/22/2020 5:19 PM

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907944	12/23/2020	KS	34	F	12/22/2020	12/22/2020	<p>Progress Notes PA-C (Physician Assistant) ? ? Orthopedics Cosigned by: MD at 12/22/2020 9:48 AM Patient: Date: 12/21/2020</p> <p>Subjective Patient is a 34 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience generalized feelings of "not feeling quite right" as well as anxiety/nervousness, nausea and chills. She denied difficulty breathing, throat tightness, dizziness, chest pain, or other GI complaints. This provider noticed her raising her hand from across the waiting area and tended to her where she noted the above complaints. she was then assessed in the emergency bay area. She was monitored for severe reaction symptoms, including rapid progression of symptoms, vomiting, hypotension, chest pain, collapse and Respiratory distress. Past medical history includes anxiety for which she takes Effexor on a daily basis as well as type 2 diabetes, diagnosed approximately seven or 8 years ago during a pregnancy. She is on oral medication during the day and insulin at nighttime. She did take her oral medication today and last ate a pasta lunch right before arriving to the vaccine clinic. Last A1c was 6.5. Patient states that she generally runs a postprandial blood glucose following a heavy meal of about 180. She reported a previous history of anxiety and nervousness following vaccinations in the past. Most recently, she experienced a 30-minute period of anxiety and nervousness following her flu vaccine this past October. These feelings passed without further incidents. Review of Systems Constitutional: Positive for chills. HENT: Negative for drooling, facial swelling, hearing loss, rhinorrhea, sneezing and trouble swallowing. Eyes: Negative for redness and visual disturbance. Respiratory: Negative for cough, chest tightness and shortness of breath. Cardiovascular: Negative for chest pain. Gastrointestinal: Positive for nausea. Negative for vomiting. Skin: Negative for color change, pallor and rash. Neurological: Negative for dizziness, speech difficulty and light-headedness. Psychiatric/Behavioral: Negative for agitation and confusion. The patient is nervous/anxious.</p>

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Objective She ambulates into the emergency treatment bay under her own power and without difficulty. She is seated on the gurney, and continues to answer questions appropriately. Physical Exam Constitutional: General: She is not in acute distress. Appearance: Normal appearance. She is not toxic-appearing or diaphoretic. HENT: Head: Normocephalic and atraumatic. Nose: No rhinorrhea. Cardiovascular: Rate and Rhythm: Regular rhythm. Tachycardia present. Pulmonary: Effort: Pulmonary effort is normal. No respiratory distress. Skin: General: Skin is warm and dry. Coloration: Skin is not pale. Findings: No rash. Neurological: Mental Status: She is alert. Gait: Gait normal. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal.

Assessment/Plan Stress reaction secondary to vaccine administration and history of anxiety and nervousness following vaccinations. Vital signs obtained at 1352 with blood pressure at 154/95, mild tachycardia at 109 and 97% O2 saturation on room air. Patient denies any chest pain, shortness of breath time. She is given a bottle of water and assisted to lie down with the head of the bed slightly elevated. She continues conversating appropriately without any acute distress. Vitals reassessed at 1359 with blood pressure of 133/76, heart rate 97% on room air. Dr. at the bedside now. Suggested obtaining a blood glucose. Blood glucose obtained at 1405, elevated at 234. She continues to deny any chest pain, shortness of breath, chest tightness, swelling in the throat, nausea/vomiting or other GI complaints. Vital signs checked again at 1406 with blood pressure 133/77, heart rate 107 and 97% on room air. Vital signs last checked at 1415 to reveal a blood glucose of 219, blood pressure 127/82, heart rate 100 and O2 saturation of 97% on room air. Patient has no additional complaints at this time and reports feeling well. Her mother has driven her to the clinic today. She felt that she was able to safely walk out with any issues. She was assisted by nursing staff and ambulated out of the treatment bay independently. Treatment included routine surveillance of vital signs at about a 5-minute intervals following notification of her feeling poorly. Vital signs continued to normalize and remained stable through the duration of her 30 minutes following her vaccination. Follow up response to treatment: excellent.

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Patient discharge: Stable to go home and follow up with PCP. Recommend to patient that she present to the ED or call 911 should she develop any symptoms up to and including but not limited to chest pain, shortness of breath, chest tightness, signs or symptoms of angioedema, or syncope. She expresses understanding the above and has no further questions today. Orders Placed This Encounter Procedures COVID-19 MRNA PA-C Electronically Signed 12/21/2020 1:51 PM

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907902	12/23/2020	KS	42	F	12/22/2020	12/22/2020	<p>Progress Notes MD (Physician) ? ? Endocrinology COVID VACCINE CLINIC 12/22/2020 Patient: Date: 12/22/2020</p> <p>Subjective Patient is a 42 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. Afebrile 98.6 She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience dizziness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with wheezing and dyspnea, vomiting, abdominal pain, hypotension, dysrhythmia, chest pain and collapse. Vitals were normal Checked her blood sugars-normal at 108 Offered her snack/water-she declined. Repeat BP normal at 112/72 Vitals: 12/22/20 1737 BP: 126/82 Pulse: 87 SpO2: 100% Objective Physical Exam Vitals signs reviewed. Constitutional: Appearance: Normal appearance. She is normal weight. HENT: Head: Normocephalic and atraumatic. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and oriented to person, place, and time. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content</p>

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907885	12/23/2020	LA	49	F	12/17/2020	12/18/2020	<p>normal. Judgment: Judgment normal. Assessment/Plan Treatment included: no therapy. Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. MD Electronically Signed 12/22/2020 5:38 PM</p> <p>12/18/2020 Day after injection chestpain that was progressive day before visit to ER on 12/19/2020.Described pain as pressure in middle of chest, radiated to upper left chest under armpit, with associated nausea, feelings of Heart Palpitations, EKG shows 98bpm, normal intervals, t wave inversion lead III, normal sinus rhythm. BP 151/83, sats 100% temp 98.4 HR 99. labs cardiac enzymes negative, Ddimer elevated,CT chest negative for pulm embolism and chest xray no acute process. scheduled to see her PCP on 12/22. diagnosed with lymphadenopathy and chest pain, the lymph nodes noted after injection of covid #1 vaccine. 12/22/2020 was given a steroid shot in the PCP office,</p>

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907998	12/23/2020	KS	63	F	12/22/2020	12/22/2020	<p>Immunization 12/22/2020 COVID Vaccine Clinic Need for vaccination Dx Referred by MD Reason for Visit Progress Notes MD (Physician) ? ? Endocrinology COVID VACCINE CLINIC 12/22/2020 Patient: Date: 12/22/2020</p> <p>Subjective Patient is a 63 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. Arrived at 5:50pm She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience dizziness. She denied rash, hives, welts, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with stridor, wheezing, dyspnea, increased work of breathing, persistent cough and cyanosis, vomiting, abdominal pain, hypotension, dysrhythmia, chest pain and collapse. Vitals were normal Glucose was 100 Felt better right away Normal BP is 110s per pt Objective Vitals: 12/22/20 1759 BP: (!) 164/83 Pulse: 82 Temp: 98 °F (36.7 °C) SpO2: 95% Physical Exam Vitals signs reviewed.</p> <p>Constitutional: Appearance: Normal appearance. She is normal weight. HENT: Head: Normocephalic and atraumatic. Nose: Nose normal. Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light. Neck: Musculoskeletal: Normal range of motion and neck supple. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses. Heart sounds: Normal heart sounds. Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. Abdominal: General: Abdomen is flat. Bowel sounds are normal. Palpations: Abdomen is soft. Musculoskeletal: Normal range of motion. Skin: General: Skin is warm and dry. Neurological: General: No focal deficit present. Mental Status: She is alert and</p>

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906646	12/22/2020	IL	37	F	12/17/2020	12/17/2020	<p>oriented to person, place, and time. Mental status is at baseline. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Thought Content: Thought content normal. Judgment: Judgment normal. Assessment/Plan Treatment included: no therapy. Follow up response to treatment: excellent. Patient discharge: Stable to go home and follow up with PCP. MD Electronically Signed 12/22/2020 6:01 PM</p> <p>About 20 minutes post vaccine, right sided chest pain, intercostal. Injection was in right arm; This is a spontaneous report from a contactable nurse and a non contactable physician. A 37-year-old female patient received bnt162b2 (reported as COVID-19 Vaccine, Pfizer, Solution for injection, lot no. and expiry date was unknown), via an unspecified route of administration (right arm) on 17Dec2020 13:30 at a single dose for COVID 19 immunization. The patient medical history was not reported. No allergies to medications, food, or other products. Prior to vaccination, patient was not diagnosed with COVID-19. Since the vaccination, patient has not been tested for COVID-19. Not pregnant at the time of vaccination. The hospital was where the most recent COVID-19 vaccine was administered. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Concomitant medication included sertraline, fish oil, colecalciferol (VITAMIN D), lactobacillus acidophilus (PROBIOTIC), and unspecified vitamin. About 20 minutes post vaccine, the patient experienced right sided chest pain, intercostal. The injection was in right arm on 17Dec2020 13:45 with outcome of recovered. There was no treatment received for the event. The event was considered as non-serious (did not result in death, was not life threatening, did not cause/prolong hospitalization, not disabling/incapacitating, congenital anomaly/birth defect. Information on the lot/batch number has been requested.</p>

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907096	12/22/2020	CT	35	F	12/22/2020	12/22/2020	Patient was okay when she came in. After getting the shot for about 15 minutes she stated that she did not feel good. She had the feeling of chest pain. The nurse got called in to monitor her blood pressure. After that about an hour or two hours, she mentioned to the supervisor that the chest pain did not go away but it did not get worse either.
906074	12/22/2020	CO	33	F	12/21/2020	12/21/2020	Pfizer-BioNTech COVID-19 Vaccine EUA: Shortly after receiving Pfizer-BioNTech COVID-19 vaccine patient experienced dizziness and "shakiness" in extremities. No hives, no swelling, no shortness of breath, no chest pain, no loss of consciousness, no numbness, and no tingling noted at any time. Initial vital signs: blood pressure 140/78 mmHg, temperature 98.7 degrees Fahrenheit, pulse 106 beats per minute, respiratory rate 20 breaths per minute, oxygen saturation 98% on room air. Repeat vitals 14 minutes later: blood pressure 125/88 mmHg, temperature 98.6 degrees Fahrenheit, pulse 110 beats per minute, respiratory rate 18 breaths per minute, oxygen saturation 98% on room air. Thirty minutes after repeat vitals assessed patient stated they felt much better and able to leave clinic ambulatory with a steady gait. Patient was awake alert and oriented the entire time.

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906318	12/22/2020	TX	57	F	12/21/2020	12/21/2020	57-year-old female history of hypertension, hyperlipidemia, type 2 diabetes, COPD, subsegmental PE is not on anticoagulation, multiple cardiac stents presenting with greater than 12 hrs of worsening left-sided chest pressure, headache and shortness of breath. Patient takes a daily aspirin and had no improvement of symptoms with her at-home nitroglycerin. Here afebrile, HTN, remaining vitals wnl. Non-toxic, in moderate distress 2/2 to pain. EKG with minimal ST depressions in leads II and III. Will plan for CXR and labs. Pt given zofran and morphine for pain control. Will give additional aspirin for total 324 mg in last 24 hrs. On re-evaluation, pt with mild improvement in pain. Troponin elevated at 0.18, remaining labs wnl. At this time concerned for NSTEMI, pt treated with 1 mg/kg of lovenox and MOD consulted for admission. MOD evaluated pt and cardiology was consulted. Given concerning PMHx and current hx of chest pain with findings consistent with NSTEMI, cardiology at recommended likely transfer for cardiac cath. Will pend repeat troponin and EKG for dispo decision.
906403	12/22/2020	NY	44	F	12/21/2020	12/21/2020	chest pain, across bottom of rib cage, pain with deep breathing, Motrin did not help
906461	12/22/2020		20	F	12/16/2020	12/17/2020	Severe headache for four days after vaccine, trouble keeping temperature below 100, extreme fatigue, shortness of breath, chills, nausea, loss of appetite, body aches, chest pain.
906510	12/22/2020	TX	28	M	12/17/2020	12/17/2020	0755 Pt notified other Nurse that he is feeling nausea; slight dizziness. He reported to Nurse that he did eat light breakfast this AM prior to COVID #1 Injection. Pt resting with eyes closed. Nurse spoke with pt, DOB, pt works in, Nurse offered pt Water, Crackers, snack. Pt offered to be taken to ER or to call Rapid Response so vitals can be taken and closer monitored. Pt refused ED and Rapid Response. Pt stated he will just sit longer and complete his Observation time. Nurse provided Continuous Monitoring; checked on Pt symptoms every 5-8 minutes. Pt stated he is fine and symptoms are subsiding. After 15-20 minutes of Observation; Pt was ready to leave. Pt stated he is well, symptoms have resolved, he is fine; per pt. Pt left Observation at 0808; steady gait, denies chest pain, SOB, any further Dizziness, or any further Nausea.

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906676	12/22/2020	CA	38	F	12/18/2020	12/18/2020	diaphoresis; rigors; chest pain; This is a spontaneous report from a contactable nurse. A 38-year-old female patient received first dose of BNT162B2 (Pfizer-BioNTech COVID-19 mRNA vaccine, lot number: elo140), via an unspecified route of administration at right arm on 18Dec2020 09:45 AM at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient has known allergies to flu vaccine. On 18Dec2020 at 10:15 AM, the patient experienced adverse events of diaphoresis, rigors, and slight chest pain. The adverse events resulted in emergency room/department or urgent care. It was unknown if treatment was received due to adverse events. The outcome of the events was unknown. The events were considered non-serious.
906758	12/22/2020		45	F	12/22/2020	12/22/2020	She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience localized tingling at the injection site that radiated into her 4th and 5th digits and proximally along the sternomastoid muscle. She denied rash, hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, hoarseness, stridor, itching, dizziness, facial swelling, lip swelling and tongue swelling. This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, vomiting, hypotension and chest pain. Patient was observed for approximately 30 minutes post injection with no evolution of sx. Injection site tingling that extended along the ulnar nerve distribution was improving at the time of discharge.
906889	12/22/2020	NC	41	F	12/15/2020	12/16/2020	On the first day shortly mild pain in left arm around 08:00pm exp brief pain in chest that occurred twice and went to bed. I woke up on 12/16 after resting on right side and tried to rollover upon waking up was in excruciating pain. arm around 5am woke up for work couldn't move my arm, barely could dress to put my shirt on on a scale 1-10 rate 7. As a result it was hard to due my daily activities or hygiene. The following day 12/17 pain felt mild and on 12/18 felt no more pain.

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906902	12/22/2020	IL	25	F	12/21/2020	12/21/2020	Chest pain, shortness of breath, tongue numbness and tingling
906984	12/22/2020	WA	47	F	12/22/2020	12/22/2020	pt had reaction of mouth and BIL cheek numbness, SOB, chest pain, sore throat irritated throat , chest pain approx 20 mins after vaccine was given. Pt was monitored and EMS called, pt was stable after 45 mins EMS directed her to return home.
906668	12/22/2020	AZ	29	F	12/17/2020	12/1/2020	pretty strong chest pain; heart pain; some kind of back pain, behind her heart; This is a spontaneous report from contactable consumer (reporting for her daughter). A 29-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on 17Dec2020 at 10:00 AM at a single dose for COVID-19 immunization. The patient's medical history were not reported. Concomitant medications included unspecified bipolar medications. The patient experienced pretty strong chest pain on 18Dec2020 at 07:00 and heart pain and some kind of back pain, behind her heart in Dec2020. The pretty strong chest pain lasted about 10 minutes and then went away. The outcome of pretty strong chest pain was recovered on 18Dec2020 and of some kind of back pain, behind her heart and heart pain was unknown. The batch/lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.
907052	12/22/2020	UT	41	M	12/22/2020	12/22/2020	Pt with dizziness and chest pain that started about 10 minutes after getting the Moderna Covid19 vaccine. No shortness of breath, no rash, no fever, no swelling, no weakness. Feels pain in center of chest and on L side. Pt also has been having stress with work. Pain started in the R side of the chest and migrated to the L side. It improved with Nitro and Aspirin but pt states he still feels, "fussy." He has no symptoms of allergic reaction or anaphylaxis. Pt has no known hx of cardiac dz, nonmoker, nondrinker. His Mom has a cardiac murmur but no other known history of heart disease.

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907060	12/22/2020	MI	27	M	12/21/2020	12/21/2020	1015 c/o chest heaviness, scratchy throat, heart racing states injection site feels warm. taken to cot to monitor VS 173/86 P 126 RA100 States worked last night, drank Monster drink, tired and little anxious. 1020 states sx are decreasing VS 143/85 94 100 RA sitting up drinking juice and eating granola no distress noted 1035 states throat is little scratchy still given Bendadryl 25 mg PO per VO Dr. no distress noted, very calm states some chest heaviness 1/10 pain scale denies any other sx at this time sitting on edge of bed 1048 BP130/73 87 100RA pain 1/10 chest discomfort decreased, denies HA, SOB, states throat still little scratchy but not bad at this time denies any pain at site. Site is warm to touch denies any pain at site no redness noted at this time 1100 BP 125/79 82 100 RA denies pain 0-1/10 sitting up states feeling much better denies pain in chest, minor scratchy throat but relieve 1115 Monitored for 60 minutes released to girlfriend given instruction to go to ER if any other sx.
906045	12/21/2020	NJ	27	F	12/21/2020	12/21/2020	30 minutes after receiving the vaccine, I (the patient) felt tingling in my lips, nose, and feet. I then developed a non-itchy, macular rash on my chest and back, associated with flushing. No fevers, chest pain, shortness of breath, nausea, vomiting, or diarrhea, I was taken to the emergency department, where I had normal vital signs. I was given Benadryl 25 mg PO with complete resolution of rash and tingling sensation within one hour.
905839	12/21/2020	DC	46	U	12/19/2020		Chest pain and diffuse, severe myalgias, as well as persistent tachycardia to 110's and hypertension resulting in ER evaluation. No abnormalities found on basic labs and studies. Symptoms started one hour after injection and worsened over the next 24 hours.

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905300	12/21/2020	TX	39	F	12/20/2020	12/20/2020	39-year-old female with history of ADHD, anxiety, melanoma presents with palpitations. Patient received a Covid vaccine today and started having palpitations, lightheadedness, shortness of breath and feeling flushed a few minutes afterwards. Rapid response called and patient taken to ED for assessment. Patient denies facial or oral swelling, rash. patient denies any recent fever, nausea, vomiting, cough, diarrhea. Denies chest pain, abdominal pain. Last menstrual period end of November. Has allergies to Bactrim and clarithromycin. Presentation concerning for possible vaccine reaction, no anaphylaxis. EKG and labs within normal limits. Patient was rehydrated in the ED. Patient was discharged home on same day (12/20/2020). Pt alert and oriented x 4. Pt ambulated out of ED with a steady gait in no apparent distress.
905845	12/21/2020	SD	66	F	12/18/2020	12/19/2020	Received COVID-19 vaccine the afternoon on 12-18-2020 on 12-19-2020 developed chest pain and "heart racing" intermittently. Lasted approximately 1 hour . Patient did take Nitroglycerin 2 times .

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905861	12/21/2020	KS	72	F	12/18/2020	12/18/2020	<p>Patient is a 72 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the right deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience lightheadedness and tingling to right upper and lower arm. Also c/o pain to mid forearm. She denied hives, difficulty breathing, difficulty swallowing, wheezing, throat tightness, itching and tongue swelling. When walking to the emergency bay reports some lightheadedness and generalized weakness Denies facial drooping or weakness. No loss of strength and normal ROM to hand and arms This provider was notified of patient reaction and she was then assessed in the emergency bay area. Monitored patient for severe reaction symptoms, including: rapid progression of symptoms, respiratory distress with dyspnea and increased work of breathing, hypotension and chest pain</p> <p>Review of Systems Objective Vitals Vitals: 12/18/20 1023 12/18/20 1025 BP: (!) 175/93 (!) 182/85 BP Location: Left arm Left arm Pulse: (!) 115 (!) 112 Physical Exam Constitutional: General: She is not in acute distress. Appearance: She is not ill-appearing. HENT: Head: Normocephalic. Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Cardiovascular: Rate and Rhythm: Normal rate. Pulses: Normal pulses. Pulmonary: Effort: Pulmonary effort is normal. Comments: Initially with slight shortness of breath After 3-4 min was able to return to normal rate of breathing SpO2 remained 99-100% for duration of observation Musculoskeletal: Right shoulder: She exhibits tenderness (where identified). She exhibits normal range of motion, no swelling, no effusion, no deformity and normal strength. Arms: Comments: C/o generalized tingling and mild weakness to right arm. Point tenderness where identified. Grip strength equal bilaterally Full ROM Injection site to right deltoid covered with bandaid Skin: General: Skin is warm. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: She is alert. Assessment/Plan Treatment included antihistamines. Zyrtec given po at 1025 Follow up response to treatment:no change Patient discharge: Transported by</p>

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							ambulance Report provided for Medical Record Patient reports some improvement in arm tingling, but pain to forearm and weakness remains APRN Electronically Signed 12/18/2020 11:31 AM
905950	12/21/2020	NY	42	F	12/21/2020	12/21/2020	Burning pain in site, starting to get numb down my arm, pain on side of breast going down to rib, chest pain in the middle ..
906008	12/21/2020	GA	60	F	12/17/2020	12/17/2020	While sitting in chair in observation area after vaccine was talking on phone to friends and suddenly felt very weak with tachycardia to the 120s, SOB, pre-syncopal, very lightheaded. Weakness. No chest pain or tightness. Waved to the staff,. wanted to lay flat. They raised my legs and as there was no stretcher available. Felt heart racing and a sense of doom. HR settled down after about 3-5 mins. Tried to stand so staff could get orthostatic BP but could not support my weight. Remained under observation by the staff for about 45 min. symptoms improved. Was directed to go to ED for evaluation. My husband picked me up.
906448	12/21/2020		51	M	12/17/2020	12/17/2020	following vaccine administration, patient verbalized dizziness and became pallor. rapid response team notified for further disposition. patient denies chest pain, SOB, N/V. patient remain AAOX3 with no LOC. treatment resolved with no ED escalation. Patient exited vaccination area ambulatory with no concerns.

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905805 12/21/2020 KS

33 F

12/21/2020

12/21/2020

Date:
12/21/2020

Subjective Patient is a 33 y.o. female who was seen at COVID Vaccine Clinic today for her first dose of the COVID 19 vaccination. She denied any history of previous adverse reactions to vaccines. She was given the Pfizer vaccination in the left deltoid muscle. During her 15 minute waiting period after the injection, the patient began to experience feelings of hypoglycemia. She checked her blood glucose with her own monitor and had 77 at 1104. She chewed 1 glucose tab that she had in her purse. She noted some difficulty with swallowing it and notified clinic staff. Associated dizziness and was escorted by clinic staff to the emergency bay. This provider was notified of patient reaction and she was then assessed in the emergency bay area. She denied difficulty breathing and chest pain, history of adverse reactions with prior vaccinations or allergies to medications with the exception of spironolactone. Patient had already been given a bottle of water by clinic staff and reported that the glucose tablet went down easier following the water. She took a second glucose tab sometime before 1113. She rechecked her sugar and had slight increase of 79. She did eat breakfast this morning about 0800 and had a protein bar right before her arrival today. Monitored patient for severe reaction symptoms, including rapid progression of symptoms, respiratory distress with dyspnea and increased work of breathing, vomiting, abdominal pain, hypotension and chest pain. Review of Systems HENT: Positive for trouble swallowing. Negative for facial swelling, hearing loss, rhinorrhea and voice change. Eyes: Negative for redness. Respiratory: Negative for cough, chest tightness and shortness of breath. Cardiovascular: Negative for chest pain. Skin: Negative for color change, pallor and rash. Neurological: Positive for dizziness. Negative for syncope and speech difficulty. Psychiatric/Behavioral: Negative for agitation and confusion. The patient is not nervous/anxious. Objective Vitals There were no vitals filed for this visit. Physical Exam Constitutional: General: She is not in acute distress. HENT: Head: Normocephalic and atraumatic. Nose: No rhinorrhea. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulmonary: Effort: Pulmonary effort is normal. No

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respiratory distress. Skin: General: Skin is warm and dry. Coloration: Skin is not pale. Findings: No rash. Neurological: Motor: No weakness. Psychiatric: Mood and Affect: Mood normal. Behavior: Behavior normal. Assessment/Plan Patient is a 33-year-old female who has a 15-year history of type 2 diabetes, and experienced a hypoglycemic event without complaint of chest pain or shortness of breath. Vital signs obtained at 1105 with blood pressure within normal limits at 132/88, heart rate 83 and 98% O2 saturation on room air. Patient continued to compensate appropriately and reported feeling slightly better. Glucose checks repeated by patient at 1117 was 84, vital signs were blood pressure 116/80, heart rate 89, O2 saturation of 98% on room air. She continues to deny chest pain, shortness of breath or difficulty swallowing at this time. At 1117 a 10 mg cetirizine was administered by mouth. Patient was able to swallow this with a small sip of water without any difficulty. 1121, patient continues to deny chest pain or shortness of breath. She continues to be compensating appropriately and sitting at the edge of the bed. She states that she is feeling better. Vital signs obtained at 1123 with blood glucose per the patient's own meter, continuing to elevate at 103, blood pressure within normal limits at 116/91, heart rate at 85 and 100% O2 saturation on room air. At 1126, the patient continues to feel better. She is provided a granola bar to eat. She does note feeling sleepy though attributes this to this being the first day she has had off after working 4 days last week. She notes that she has been sleepy even prior to her arrival at the vaccine clinic today. She is able to eat the granola bar and continues conversing appropriately without difficulty. She continues taking small sips of water without issues. Continues to deny chest pain or shortness of breath. Blood sugar is rechecked at 1138 and continues to elevate to 116. She reports that her meter says her sugar is "stable." Final set of vital signs obtained at 1138 revealed blood glucose within normal limits at 116, blood pressure of 119/84, heart rate 83 and 100% O2 sats on room air. Patient denied complaints of chest pain, shortness of air, nausea, dizziness or blurred vision at this time. She felt much improved and we discussed her leaving the clinic and heading home to have lunch. She had no further complaints. She was able to rise to standing on her own

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905960	12/21/2020	MO	38	F	12/21/2020	12/21/2020	without any further issues and ambulated out of the clinic without difficulty. She was advised with strict return precautions should she develop chest pain or shortness of breath to present to the ED or call 911. She expressed understanding of this. LPN, RN, PharmD present through this encounter and assisted as asked of the, by this provider. Follow up response to treatment:excellent. Patient discharge: Stable to go home and follow up with PCP. Orders Placed This Encounter Procedures ? COVID-19 MRNA LNP-S PF PA-C Electronically Signed 12/21/2020 11:17 AM
905633	12/21/2020	MA	33	F	12/19/2020	12/19/2020	Sustained HR 130's for 20 minutes, no chest pain, no SOB, taken to ED for evaluation.
							Patient felt some dizziness 15min post vaccination, itchiness behind both ears, some nausea, tingling feeling all over body. Pt denies worsening of symptoms 10 minutes later, reports itchiness behind ears feeling slightly better. Does report an area on abdomen feeling itchy as well as random spots on both legs. Pt agreed to 50mg of Diphenhydramine, tabs, PO 20 minutes after first sx developed. Lot# 205355, exp. 05/2023, NDC 0904-5306-61. Patient was monitored for an extra 15 minutes post medication, was feeling better and had her husband outside waiting for her to drive her home. Advised to continue to monitor sx and call PCP with new sx or for emergent sx, go to ED. Patient denied trouble breathing, chest pain/tightening, trouble swallowing throughout whole event.

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905592	12/21/2020	MI	41	F	12/16/2020	12/16/2020	Started with slight headache and sore arm, felt tired and diarrhea about 5 hours past vaccination - 3 bowel movements within 1 hour. That night around 1:30AM (next morning) I felt a little itchy all over with a throat irritation and I took some Benadryl. Just itchiness and sore throat, no fever. Had pretty bad fatigue on the 17th and had nasal congestion, cough, chills, sneezing. I worked on the 17th but felt terrible throughout the day. Got home and I could not eat anything , could not hold anything on my stomach. On the 18th at night woke up with sweats, no fever, dry cough, nausea. Chest discomfort (minor chest pain - was sure was not cardiac, could be acid reflux). Woke up with nausea and irritation and intermittently felt fatigued and would feel better, throughout the day. Also felt back pains on the 18. That same evening I felt a little better and then on the 19th I had some shortness of breath. I then decided to go to the UC on Saturday the 19th and got a COVID test. Sore throat was gone but still feel back pain and nausea. Around 11PM on the 19th I got itchy again in my arms and chest. Also got chest pains and took a Pepcid and Benadryl. On the 20th I am feeling a little better, still have a cough and some stomach upset and headache (in the AM). About 1:30PM diarrhea came back again. Had it 2X and low back pain and abdominal pain and also chills. There was a time I could not take care of my kids I just had to stay in bed (19 and 20th - I spent in bed most of the day). My heart rate has been good. The evening of the 20th I felt a little bit better and able to eat a little bit easier. This morning felling a little better. Had diarrhea this morning and a headache that I can't get rid of. Took Tylenol but it has not helped. Also low back pain.

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905302	12/21/2020	TX	39	F	12/20/2020	12/20/2020	39-year-old female with history of ADHD, anxiety, melanoma presents with palpitations. Patient received a Covid vaccine today and started having palpitations, lightheadedness, shortness of breath and feeling flushed a few minutes afterwards. Rapid response called and patient taken to ED for assessment. Patient denies facial or oral swelling, rash. patient denies any recent fever, nausea, vomiting, cough, diarrhea. Denies chest pain, abdominal pain. Last menstrual period end of November. Has allergies to Bactrim and clarithromycin. Presentation concerning for possible vaccine reaction, no anaphylaxis. EKG and labs within normal limits. Patient was rehydrated in the ED. Patient was discharged home on same day (12/20/2020). Pt alert and oriented x 4. Pt ambulated out of ED with a steady gait in no apparent distress.
905122	12/21/2020	AR	46	F	12/15/2020	12/15/2020	runny nose, chills, diarrhea, shortness of breath, HA tiredness and chest pain
905117	12/21/2020	IA	28	M	12/15/2020	12/17/2020	left sided non positional chest pain. seen in ER . Was treated with Toradol and resolved. Negative work up in emergency room. for cardiogenic or pulmonary causes.
904641	12/21/2020	NY	38	M	12/20/2020	12/20/2020	Approximately 14 minutes post vaccination -- developed numbness and tingling in L arm and "swelling" in throat. Denies antecedent illness, allergies, medication use. Member was observed for 1 hr and 45 minutes. No dyspnea, wheezing or chest pain. BP 142/100, P 98, SpO2 98% on RA. Released to home after symptoms largely resolved.
905756	12/21/2020	FL	30	F	12/18/2020	12/18/2020	chills, body ache, sore throat, sever cough with chest pain

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905463	12/21/2020	CO	42	F	12/17/2020	12/17/2020	Pfizer-BioNTech COVID 19 Vaccine 42 y.o. female had just received her vaccine when she became very lightheaded, was placed on a stretcher and brought to ED further evaluation. Patient has hx of rheumatoid arthritis. Stated that she has not eaten since earlier this morning, did have some nausea vomiting earlier that is now resolved, feels that it was related to "an adrenaline rush just prior to her vaccination. Upon arrival to ED she is denying any headache, fever, sweats, chills, cough, shortness of breath, angioedema, chest pain, palpitations, vomiting, edema, claudication, urticarial. Diagnosed with near syncope.
904563	12/20/2020	NY	41	F	12/17/2020	12/18/2020	Left sided chest pain Lasted for 10 min Awoke me from sleep
904339	12/20/2020	CO	43	M	12/18/2020	12/19/2020	Pleurisy and pleuritic chest pain..sharp stabbing pain in left chest with every breath.
904346	12/20/2020	IL	35	M	12/16/2020	12/16/2020	Approximately 2-4 minutes after injection I began to get hot. Once sitting down I noted my hair under my hat was sweaty. Noted elevated HR at this time (did not check). No sweating anywhere else. Not clammy. I have a history of anxiety...was thinking that maybe I got hot due to room temperature / size and then my mind reacted. Symptoms started to settle around minute 12 - 15. Sat in my truck for a few minutes after the 15 minute holding time. Started to feel back to baseline. I have had no issues since. Again, thought it was anxiety however I did talk to my Aunt who experienced similar symptoms after her injection. Decided to report. No chest pain No SOB No angioedema No rash or hives No swelling
904356	12/20/2020	TX	56	F	12/19/2020	12/19/2020	Patient received COVID 19 vaccine at 1636 12/19/2020. Patient returned to clinic at 1733 complaint of throat closed and hard to clear. Patient had declined observation period and returned to work. Vitals 131/79, HR 90, 97.7 F, 98%, RR30. Complaint of dyspnea and palpitations and occasional chest pain. Patient states history of asthma and hypertension.

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904488	12/20/2020	WI	38	F	12/17/2020	12/17/2020	12/17/2020; 1158 am had injection. at 2pm, noticed trunk itching around waist, abdomen, back. No visible rash. mild soreness and redness to injection site on left deltoid. 530/6pm developed SOB, rash is now visible, non raised, very itchy trunk. Took 10 mg Zyrtec. Went to ER nausea, vomiting, moderate to severe abdominal pain, flared angina and chest pain with the shortness of breath. ER; DR. CONTINUED WITH BENADRYL 50MG 4-6 HOURS, DUE TO ONGOING ITCHING. FAMOTIDINE 20 MG 2X/DAILY Had flu shot between 09-10/2020
904580	12/20/2020	IL	31	F	12/18/2020	12/18/2020	Pfizer-BioNTech COVID-19 Vaccine EUA Chest pain starting evening after vaccination and continued through 12/19/20. The chest pain is described as dull/heavy and continued to get worse so was advised to go to the ER. I went to the ER at 7pm on 12/19/20 and had 2 EKGs and blood drawn. It is 12/20/20 today and I still have constant mild chest pain with times that it feels moderate.
904385	12/20/2020	TX	83	F	12/16/2020	12/16/2020	Patient is a pleasant 83 y.o. female pediatrician with history of Sjogren's, hypothyroidism, hyperlipidemia, hypertension who had been at Hospital to get her Covid vaccine. 30 minutes after doing so she reports being in the lobby and about to walk upstairs and feeling fine. The next thing she knows she wakes up on the stairs with her nose and face bleeding surrounded by healthcare team. She denies any precipitating symptoms such as chest pain, shortness of breath, fevers dizziness, headache. She reports feeling well otherwise in the last few days. I did a thorough bony palpation exam including spine and he only point of tenderness besides on her face was the area above her right ankle. She does not have a history of syncope or collapse

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904076	12/19/2020	LA	40	F	12/17/2020	12/17/2020	Immediately throat tingling (thought it was me being nervous) by an hour later started to get slight headache. By two hours I was losing my voice and exhausted, coughing, chills, dizziness. Jaw pain, throat lymph nodes swelling and painful to swallow, my knees and neck hurt to bend and move, weak and bilateral ear pain. Left work by 2pm and by the time I got home last night I was unable to breath well and extremely chilled with no voice and extreme headache. Took Benadryl and headache medicine and went to sleep. This morning voice still gone, jaw still tender to move, headache is slightly better, congestion, chest pain and cough, still weak, lymph nodes are no longer swollen. Neck and joints still painful to move.
904050	12/19/2020	PR	29	M	12/16/2020	12/17/2020	10/17/2020 after the injection on Thursday I had a sore body, sore throat ringing ears joint pain, my self esteem was very low, my boss sent me home because my voice sounded so rough, I checked my temp around 100 and 101 and I took Panolol and it went down to 99. Fri I woke up with sore throat every time I take a breath I have chest pain sore body ringing in ears, chills and I went to the ER Friday 12/18/2020 they gave me some anti inflammatory injection and I went back home that day, they gave me a medical order to take a covid test today 12/19/2020. ER Dr gave me good results on tests. I have a headache and sore my body feels heavy but other than that I'm trying to avoid contact and staying at home until the results come through
904026	12/19/2020	MD	39	F	12/18/2020	12/18/2020	left side chest pain, warm feeling on the inside, dizziness, feeling that she couldn't stand up without getting lightheaded, nausea. Gave patient a bottle of water and a chocolate bar. Sent to ED FROM ED NOTE: She states about 10 minutes after the injection she felt a warm feeling. A bit of nausea. She had a little chest tightness. She describes this as similar to IV contrast studies. This is resolving. She denies trouble breathing. Did have a little chest tightness on this persist. On the monitor patient has pulse ox of 100%. Respiratory rate of 18.

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904101	12/19/2020	CA	35	M	12/18/2020	12/18/2020	Within minutes of getting the vaccine I experienced warm facial flushing followed by shortness of breath and palpitations. Symptoms lasted less than 5 minutes. No chest pain. Some mild dizziness during event. I was able to breathe through the event and I still drove myself home 30 minutes after receiving vaccine. I took 1000mg Tylenol before bed and went to work later that day. I admit I initially thought I was just having some anxiety but I have never had any history of anxiety or adverse reactions to vaccines.
904195	12/19/2020	SC	63	F	12/16/2020	12/16/2020	Headache, dizziness, nausea, chills, chest pain, fatigue, injection site pain. Started about 2 hours after injection. Took Tylenol. Symptoms resolved within 36 hours
904263	12/19/2020	CA	52	F	12/18/2020	12/18/2020	Within 5-10 minutes after vaccine given, patient started feeling tingling of the hands and fingers. Shortly after, she felt the need to clear her throat because she felt like there was a furball in her throat. She drank some water, which didn't help. She then started feeling hot and became flush. She then felt her inner ear and tongue swelling. Shortly later, she felt chest pain and felt like she couldn't breathe. She was given IV Benadryl 50mg, IV dexamethasone 4mg, and IV Pepcid 20mg without symptom resolution. Epipen was administered by vaccine clinic staff, and the patient felt a little better. Her shortness of breath continued and her chest felt heavy as she was transported to the ED. She also complained of blurred vision, which could have been due to Epipen administration. In the ED, the patient still felt that her throat was tightening up. She was given IV Pepcid 20mg, IV Benadryl 25mg, IV SoluMedrol 125mg, racepinephrine & albuterol nebulizer. By 2150, she felt better. By 2257, she did not have any more tingling in hands or weakness and she stated she felt she was back to normal. Patient discharged home in stable condition at 2336.

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904333	12/19/2020	AK	38	F	12/18/2020	12/18/2020	Reports sharp, frontal chest pain worse with deep breathe/movement. began 25-30 minutes after receiving Pfizer's COVID-19 vaccination. 11:20am Vts: BP 109/54, P83, Sat 98%on RA. Exam: Alert, in NAD. airway no swelling, wide open. talking and sitting comfortably. No dyspnea. Hrrt RRR no murmur. CTA c/l. Left sternal border around rib 5 tender point reproduces her pain. Laughing and talking. Repeat bp at 11:30 109/63, P 79. Respirations 12 and normal.
904084	12/19/2020	TX	31	M	12/17/2020	12/17/2020	Chest pain, dizziness, headache. Received fluid and pain meds via IV at Hospital ER. Not admitted.
904025	12/19/2020	MD	26	F	12/18/2020	12/18/2020	12/18/2020 Patient developed a rash on forehead, burning sensation in the back of throat, and chest heaviness. Patient stated that she had similar reaction to a previous vaccine that she received. Patient was reluctant to go to the ED and refused to ride in wheelchair, but was walked assisted by staff. ED RN reported patient was feeling better approximately 1 hour after injection. FROM ED REPORT 12/18/2020 Had a vaccine about 10 minutes later she states she felt a little warm. A little tingly. Had some blotchiness to her forehead and chest. She reports that she also had some similar symptoms after receiving vaccines. These were short-lived. She presents now for evaluation. She denies any chest pain abdominal pain. No trouble breathing. Pulse ox on arrival is 100%. No abdominal pain Patient does have some papules to the forehead. She states this is chronic. It is little red. Cheeks are little red. I see no urticaria on inspection
903800	12/18/2020	PR	40	F	12/17/2020	12/17/2020	sob, nausea, malaise, vomit, chest pain, throat tightness
903342	12/18/2020	GU	46	F	12/18/2020	12/18/2020	Event happened outside of the ER at a clinic and not witnessed by any hospital staff. Patient reported dizziness, shortness of breath, headache, chest pain, sore throat, hoarse voice and tightening in the throat and chest minutes after vaccine administration. Treated with IM epi on scene by EMS. In the ED abt 30-45 minutes after event, given IV normal saline, solumedrol, benadryl, and famotidine. Given PO potassium after labs for mild hypokalemia. She was monitored for about 4-5 hours total in the ED with complete resolve of symptoms.

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903357	12/18/2020	FL	50	F	12/17/2020	12/17/2020	Chest pain and tightness, generalized with stabbing pain intermittently elevated blood pressure 180/95
903413	12/18/2020	MS	30	F	12/16/2020	12/16/2020	On 12/16/2020, approximately two hours after administration of Pfizer BioNTech Covid-19 vaccine, patient developed SOB and chest pain. Patient reported to ED where she was given fluids, diphenhydramine, ipratropium/albuterol nebulizer treatment, magnesium, famotidine, and epinephrine. Of note, patient has anaphylactic reaction to corticosteroids. On 12/17/2020, around 3:00 pm the patient reports to the ED at a different facility (one closer to her home) with difficulty breathing and sensation of her airway closing. Patient again was given epinephrine, fluids, ipratropium/albuterol nebulizer, diphenhydramine, famotidine, and was also given a dose of lorazepam. The patient now has stated that she had an anaphylactic reaction to a prior flu vaccine, however this was not listed as an allergy prior to administration of the Pfizer BioNTech Covid-19 Vaccine.
903532	12/18/2020	TX	35	F	12/16/2020	12/17/2020	on 12/16 i was given the vaccine at noon and finished my day as usual, I had a beer before bed and fell asleep at 9pm, at about 1am on 12/17/2020 I woke up with severe chest pain like something was crushing me, like a car being crush it felt like. I went to the ER at 3am and I was told I had a severe reaction to the vaccine. I had a weird taste in my mouth, cough, watery eyes, pain in all limbs, jaw pain and neck pain. I am going to get tested today 12/18/2020 for covid
903537	12/18/2020	NM	41	F	12/18/2020	12/18/2020	Metallic taste, chest pain, coughing or throat clearing, bilateral arm numbness
903605	12/18/2020	NY	23	F	12/18/2020	12/18/2020	Headache and increased HR followed by dizziness (room spinning), and throat tightening. Evaluation in vaccination clinic revealed tachycardia and elevated BP. Brought to ER to monitor throat tightening. Upon trip to ER (roughly one minute), experienced nausea. Experienced chest pain after being admitted to ER, roughly 20 minutes after vaccination. Chest tightness and throat swelling lasted for roughly about 30 minutes. All symptoms subsided with the exception of the headache about an hour after injection. Discharged from ER and went back to work. Headache continued into the afternoon, along with general weakness.

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903668	12/18/2020	NE	22	F	12/17/2020	12/18/2020	Fever 101, Headache, body aches, increased heart rate 140-160, chest pain.
903676	12/18/2020	MI	28	F	12/17/2020	12/17/2020	28 year old female complained of feeling flushed and ?foggy? at 2:06 pm. Patient was placed on stretcher in the Fowler?s position. Vital signs taken: BP 141/91, HR 71, RR 16, O2 99% on room air. PERRL. Lung sounds clear, CV- regular rate and rhythm. Was directed by MD to give patient Diphenhydramine 50 mg IM. Medication was given in the left deltoid at 2:11 am. Patient tolerated well. VS re-checked at 2:13 pm- BP 134/92, HR 72, RR 16, O2 98%. Patient stated she was feeling drowsy and dizzy after diphenhydramine injection. Patient requested water and was given water at 2:15 pm. She then complained of feeling feverish. Temperature 99.4. VS re-checked at 2:16 pm BP 134/73, HR 72, RR 16, O2 98%. Patient continued to be monitored with improvement in her symptoms, vital signs as follows: VS at 2:22 pm BP 133/91, HR 72, RR 16, O2 98% VS at 2:28 pm BP 129/96, HR 72, RR 16, O2 98% At 2:34 pm patient stated that she was having some difficulty taking deep breaths. Stated she was not short of breath. Denied chest pain. MD was called over to assess patient as well. MD evaluated patient and patient?s symptoms improved. Was instructed to continue to monitor patient. VS at 2:35 pm BP 129/96, HR 73, RR 16, O2 98% VS at 2:58 pm BP 124/90, HR 70, RR 16, O2 98% At 3:04 patient stating she was feeling better, but was drowsy from the Benadryl. VS at 3:05 pm BP 117/80, HR 69, RR 16, O2 98% 3:10 pm Dr examined patient with ok to leave for home. Patient agreeable with plan. Educated on red flag s/sx and when to call 911. Instructed patient that provider will call her tomorrow for follow-up. Patient left clinic in stable condition with boyfriend driving her home.
903757	12/18/2020	CA	49	F	12/18/2020	12/18/2020	Dizziness, numbness and tingling bilateral legs and arms, developed after 5 minutes of vaccination. Vaccine at approx 1:00 PM, 1:05 dizziness, 1:07 numbness and tingling legs, spreading to arms. Denied SOB, chest pain.
903846	12/18/2020	NM	32	F	12/16/2020	12/16/2020	chest pain on right side immediately after vaccine administered. nausea, headache, right side neck stiffness

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903884	12/18/2020	CA	64	F	12/18/2020	12/18/2020	Employee states that after one hr she felt her heart pounding and took her pulse and it was 158 and no other symptoms. Denies chest pain. Staff took her R BP and it was 151/113 on a machine. Recheck 10 minutes later BP 151/112, P 126. Patient was brought to the Occupational Medicine Dept. Recheck at 20 min BP 125/68 and an apical pulse of 88. HR regular, rate and rhythm. Employee states she feels fatigued currently, denies shortness of breath, chest pain, itching, swelling of oral cavity.
903894	12/18/2020	CA	38	F	12/18/2020	12/18/2020	diaphoresis, rigors, chest pain, slight sob.
903910	12/18/2020		54	F	12/18/2020	12/18/2020	pt had c/itchiness at the injection site quick onset of HA Diaphoretic numbness upper and lower lips dry throat Monitored vitals vitals stable fluid provided Sx continued advised assessment at the ER pt agreed pt escorted to the ER denied SOB or chest pain
903919	12/18/2020	AZ	35	F	12/18/2020	12/18/2020	A 35 year old FEMALE who presents to monitoring station after getting Covid 19 vaccine, after a few minutes c/o lightheadedness, no other accompanying symptoms. Discussed with patient current symptoms, only lightheaded, no other accompanying symptoms. Initially HBP. Provided PO hydration. Patient recovered after a few minutes. Discharged to her working area w/o symptoms. Advised to return to ER if any headache, increased lightheadedness, chest pain, asthma exacerbation, abdominal pain, N/V. Employee agreed understanding instructions.
904149	12/18/2020	KS	22	F	12/18/2020	12/18/2020	Patient reports she received at 1330 than was working and had a sudden onset of chest pain and became diaphoretic and skin appeared red/blotchy
903694	12/18/2020	AL	37	F	12/18/2020	12/18/2020	5 min into the vaccine my heart began to beat faster. 30-40min later I began to have heart burn (mild midsternal chest pain) that lasted 3 hrs. I also have mild body aches and pain at the insertion site.

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902995	12/17/2020	NC	37	F	12/16/2020	12/16/2020	pt developed chills, nausea and vomiting. Reports > 10 episodes of vomiting total. Went to lunch and continued to have chills and vomiting. Also developed chest pain - described as burning and heaviness. Denies any shortness of breath. CT negative for any changes. Chest X ray normal.
903269	12/17/2020	MO	45	F	12/17/2020	12/17/2020	Said she felt hungry at 15 minutes prior to leaving the post vaccination area, offered crackers...stated she was well enough to leave. Came back stated she was unwell... 16 minutes post vaccination. She complained of palpitations, flushing & shortness of breath, little chest pain that resolved with vagal maneuvers and encouragement. Initial vitals: BP 186/96, initial hear rate by palpitation 180, on monitor 170, RR 26, O2 sat 92% on room air EMS called & patient transported to ED department Vitals at departure with EMS: BP 176/96, HR 120, RR 20
903249	12/17/2020	IL	47	M	12/17/2020	12/17/2020	End of monitoring period, when staff asked how he was feeling he said he was having palpitations. Nursing checked his HR and associates HR was 100-120BPM. But denied chest pain and SOB.
903201	12/17/2020	OK	61	M	12/17/2020	12/17/2020	During COVID vaccine administration being held at Medical Center, vaccine was administered by Health Department staff on 12/17/2. At 1:30 pm, during observation, patient stated he was having mild chest pain that was not there prior to vaccine. Client walked to observation room, blood pressure taken 169/89. Patient rated chest pain 1/10, described it as random sharp pain. In ER observation room, client was offered EKG which was declined. Patient was then offered to check in through ER for monitoring, patient also declined. Continued to monitor patient until 2:00 pm, at which point patient stated chest pain had subsided and he requested to go home to relax. Encouraged to return to ER if chest pain returns.
903004	12/17/2020	NH	29	M	12/16/2020	12/16/2020	17 minutes after vaccine, suddenly had a , crushing squeezing chest pain, very severe lasted 45 seconds. after 45 seconds continue to have moderate chest pain, light headiness, diaphoretic, very hot. NO fever, elevated BP. Mild to moderate chest and light headiness for about 3-4 hours and it self solved.

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902925	12/17/2020	TX	35	F	12/16/2020	12/16/2020	02:45 PM walking , dizzy, rapid heart rate, mild chest pain. Directed to ER in hospital, CT Chest -- normal, EKG -- normal, Lab test-- normal. Xray Chest results -- basilar atelectasis, Hyperinflation of lungs. Blood pressure 171/109. No treatment given in ER -- f/u with PCP 12/18/20. 08:00PM nausea, headache, vomit 1x. 10:00PM fever 104.00; Tylenol extra strength dose. 12/17/20 6:00am temp 99.00, Tylenol dose extra strength; body aches, fatigue, mild headache.
903030	12/17/2020	DC	54	F	12/16/2020	12/16/2020	~30 minutes after vaccination, patient reported lightheadedness, difficulty swallowing, SOB, feeling flushed, pallor, bilateral arm tingling, brief chest pain and tremors. Symptoms lasted approximately 30 minutes and then resolved. Benadryl given after resolution of acute symptoms. Reported a metallic taste in her mouth immediately after receiving the COVID vaccine (dose #1). Had uneventful 15 minute recovery period immediately after vaccination.

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902791	12/16/2020	KS	51	F	12/16/2020	12/16/2020	:1039: Responded to notification of potential adverse reaction after receiving COVID-19 vaccination. Pt had been escorted from observation area to emergency area with PA with c/o tightness in throat. On my arrival, pt was eupneic, p/w/d, ambulatory, NAD. Vitals @ 1039: P72, 100% pulse ox on RA Vitals @ 1056: P72, 98% pulse ox on RA, 112/78 seated. Administered 25mg diphenhydramine po per PA @ 1050, pt swallowed with water. Called 911 for EMS response @ 1103 per instruction from provider. Vitals @ 1103: 98% pulse ox on RA, P74, denies shortness of breath or pain. Off phone with EMS @ 1108, en route. EMS on site @ 1115, report given to medic. Pt left with EMS en route to ED @ 1116. Report called to ED Charge Nurse @ 1121. Patient presented to vaccination clinic. Patient received her vaccination at approximately 1021. Patient reports symptoms onset at approximately 1038 with tightness of the throat and difficulty swallowing. She described it as a swelling of the throat sensation. She states she had a sensation moving from her head to her toes as in a "wave ". Patient denied shortness of breath, chest pain denies nausea. Patient denies hives or rashes or pruritis. Patient was assessed and moved to the emergency area. Her symptoms continued with some improvement. At this point time 25 mg of Benadryl was administered orally. Approximately 10 to 15 minutes after administration the patient developed numbness tingling around the upper lip, the right upper extremity. She denied shortness of breath or chest pain. She denied increasing severity of the throat sensations. Pertinent past medical history: Reactions bee stings currently carries EpiPen. She is not had any previous reactions to vaccinations. Allergic reaction. The patient symptoms seem to continue with the numbness tingling around the lips after administration of the Benadryl. Hand tingling of the right upper extremity also continued although it was decreasing. Her symptoms of the tightness of the throat remain the same. She did not develop shortness or breath or chest tightness or pain. At this time I feel be prudent to evacuate the patient to higher level care. Patient was evacuated at 11:16 by ambulance service.

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902479	12/15/2020	KS	46	F	12/14/2020	12/14/2020	rPfizer-BionNTech COVID-19 Vaccine EUA 5-7 minutes after the vaccine Associate stated she did not feel right, mentioned chest pain. "My chest feels funny. It feels like when you have really bad heartburn coming on". "I feel flushed like when you get contrast for a CT". Pulse 90 BP 160/90 checked later 130/90
902492	12/15/2020	AR	44	M	12/15/2020	12/15/2020	About 25 minutes after receiving vaccine complained of dizziness and being hot and nauseated. No difficulty breathing. No chest pain. B/P was 130/90 and was monitored. It went down to 124/80 after he started feeling better. He was wearing sweater over shirt and it was warm in building. Took sweater off. Cool wet cloth applied to back of neck. States he had only had a donut and cup of hot chocolate before receiving vaccine. Sprite and peanut butter crackers given. Became nauseated after eating peanut butter crackers Blood pressure monitored monitored. He laid on exam table for about 15 minutes. He felt better. Stood up and walked to conference room for another 15 minutes. Stated he felt much better and was ready to leave. Coworker drove him back. Received email from him letting us know he had made it back and they had stopped and eaten pizza on the way. Received text from coworker that he was dizzy and seeing spots and that his blood pressure had been 120/80 and then spiked to 160/100. Coworkers taking him to ER at Hospital for evaluation.