

COVID-19 Vaccine Drug Reactions: Child Asthma & Breathing Problems

Preliminary Notes – Reactions Listings Start on Page 2 Below

1. Child Asthma and Breathing Problem cases Reported through June 4, 2021 in the United States to the Vaccine Adverse Event Reporting System (VAERS).
2. In the United States, it is very rare for children to be given COVID-19 vaccine drugs. As children are tested with experimental drugs, there may be a significant increase in child asthma and breathing problems.
3. In February and early March, 2021, there were articles published related to the large number of deaths linked to COVID-19 vaccine drugs, including pieces by Reuters and International Business Times. Shortly after these publications, there appeared a small number of *fake cases* submitted in order to try to discredit VAERS. This included a death of a 2-year-old child. Submitting a false case to VAERS is against U.S. federal law. Fake cases only benefit the drug manufacturers and do not benefit people who experience serious short-term reactions such as death and blood clots or reactions from long-term, repeated injections.

COVID-19 Vaccine Drug Reactions: Child Asthma / Breathing Problems

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1374009	6/4/2021	FL	15	6/3/2021	6/3/2021	Patient stated feeling hot after vaccination. Mother states patient anxious before vaccine. Transported to observation with help from paramedic. 1st vitals: BP 152/109, P 121, Resp. 19, O2 95%, 15 years old BS 85. Shaking and crying. No complaint of pain or difficulty breathing. Second vitals: BP 138/86, P 107, T 98.7. Mother decided to call for transport and observation.
1373108	6/3/2021	CA	13	6/3/2021	6/3/2021	Client received the 2nd COVID vaccine of Pfizer (Lot# EW0182, expiration 06/28/2021). At 1729, Client reports nausea and wants to vomit. RN, RN, RN, RN, and RN respond to this event. The registered nurses placed Client in an anti-gravity chair and provided an emesis bag. RN responded to this event at 1730. Client appears pale, diaphoretic, states being nausea, wants to vomit, and dizzy. At 1730, vital signs are heart rate 89, oxygen saturation 99%. At 1733, vital signs are blood pressure 110/82, heart rate 62, oxygen saturation 99%. Client is offered supplemental nutrition and fluids. Client accepted both. At 1735, heart rate is 61 and oxygen saturation is 99%. At 1735, PHN responds and speaks to mother to educate her about ED precautions and common adverse effects. Client's mother reports Client has a history of ADHD, takes medications as needed, no known allergies, had a long day, as not ate much today, and was nervous prior to vaccination. At 1736, vital signs are blood pressure 110/78, heart rate 66, oxygen saturation 99%. Client reports no chest pain, no blurred vision, no headache, no shortness of breath, nausea is improving, and skin tone is returning to appropriate coloration of ethnicity. At 1742, vital signs are blood pressure 117/82, heart rate 82, oxygen saturation 99%. Client reports no new symptoms and improvement of nauseousness. At 1753 vital signs are blood pressure 112/68, heart rate 86, oxygen saturation 99%. Client reports all symptoms has resolved and is now hungry. Client stood up with no complaints at 1754. At 1754, Client walked out of facility with a steady gait accompanied by his mother.

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1372356	6/3/2021	CA	15	6/3/2021	6/3/2021	RN vaccinated client and within 30 seconds noticed client started moving to the side. RN held client at chair, RN responded while two other RNs set up anti-gravity chair. Between all nurses, lifted client and laid in chair. PHN joined, client oriented to self and situation, pale, diaphoretic. Vitals at 1412: blood pressure 100/60 pulse 76, oxygen 97%. Client stated feeling dizzy, denied headache, blurry vision, nausea, shortness of breath, chest pain. Client given water and juice. Father present stated no reaction to first vaccine, allergies to peanuts and seafood. Vitals at 1414: blood pressure 106/70, pulse 79, oxygen 98%. Client alert and oriented x4, stated felt dizzy but did not lose consciousness. Per client same thing happened years ago when having blood drawn. Father informed we would observe for 30 mins. 1417: blood pressure 108/72, pulse 81, oxygen 98%. Client stated feeling better. Vitals at 1422: blood pressure 106/74, pulse 79, oxygen 97%. Client stated symptoms resolved. Alert and oriented x4, color normal for ethnicity. Per Father, client's blood pressure is on the lower end. Vitals at 1427: blood pressure 100/70, pulse 85, oxygen 99%. No complaints. Vitals at 1437: blood pressure 100/70, pulse 85, oxygen 98%. Per client feeling fine, everything resolved. Client and Father given ER precautions and advised to follow up with provider. Last vitals before client leaving blood pressure 106/78, pulse 87, oxygen 97%. Client able to stand up with no complaints. Client left facility with steady gait at 1444.44.
1372329	6/3/2021	WA	16	5/21/2021	5/24/2021	Fatigue on day 1-2. Chest pain and shortness of breath on day 3-4. No fevers. Symptoms fully resolved by day 5 without therapy.
1371569	6/3/2021	MO	13	5/20/2021	5/23/2021	Sharp chest pains, difficulty breathing and passed out for about 30 seconds.
1371348	6/3/2021		16	4/7/2021	4/22/2021	Myocarditis (with chest pain, shortness of breath, dizziness) starting after first dose, worsening after second
1371136	6/3/2021	OH	15	5/15/2021	5/15/2021	had a light fever and sore arm after vaccine, started complaining of chest pain the night after vaccine , a few days later started complaining about not being able to breath and face was swollen, mom rushed to hospital and they said his oxygen level was low and he was having a asthma attack which he hasn't had since he was a baby. hospital had to give him 8 treatments of albuterol. my son is still not completely back to his normal self

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1371004	6/3/2021	ME	15	6/2/2021	6/2/2021	Patient felt like a lump in his throat. No difficulty breathing or swallowing. VS 110/70 P. 56 Patient drank water and felt a little better. He went outside and felt better after removing mask. He felt it was starting to go away but was still there on one side. Both parents were with him and he went to the ER with them in their vehicle. This was dose 2 of Pfizer and he had no difficulty with the first dose.
1367895	6/2/2021	OR	16	6/1/2021	6/1/2021	Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Chills-Mild, Systemic: Dizziness / Lightheadness-Mild, Systemic: blurry vision-Mild, Systemic: Shakiness-Mild, Systemic: Weakness-Mild, Additional Details: Patient reported leg weakness and blurred vision and dizziness/slight difficulty breathing upon getting ready to leave observation area. Said she hadn't eaten in a while and felt cold due to A/C in the store as well. BP was low and HR high, so called 911 to get her emergency help as she didn't feel like she could walk out of store safely. Felt strange and that her legs might give way. EMS arrived, vitals looked good, pt refused ambulance.
1366595	6/2/2021	MI	12	5/26/2021	5/27/2021	Next day and every day thereafter he started getting more symptoms of feeling sick. The arm pain began the next day after injection. Followed by runny nose, sore throat, croup sounding cough, shortness of breath, gasping, chest pains, vomiting, back of the skull pain. He described the head pain as a square from the base of the back of his skull to the crown of his head and back down. Felt more like a pressure in the bones of his skull and less like a standard headache. The chest pains are sharp and come on sporadically. At first they were accompanied by hacking cough but then progressed to sharp chest pains at random times especially when lying down. He has difficulty sleeping and staying asleep. Also, lower abdominal pain but no vowel issues.
1367693	6/2/2021	CA	14	5/28/2021	5/29/2021	The day after his first Covid-19 shot, patient complaint of itchy face. No swelling, no rashes, no difficulty breathing. Mild and lasted 2 days. On 3rd day after the vaccine, symptoms resolved.

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1367905	6/2/2021	NJ	14	5/26/2021	5/27/2021	Patient received the Pfizer COVID-19 vaccine 3 days prior to admission, and felt weak with complaints of headache the following day, and the symptoms have since resolved. Mother mentioned that he has been complaining of intermittent midsternal chest pain that worsened after eating since the day prior to admission. She had been giving him peptobismol, thinking it was gas related pain. However, due to him persistently complaining of the pain after eating, she brought him to. She denied any fever, shortness of breath, weakness/fatigue. Of note, mother had COVID in march 2020 and she believed he might have been sick around that time as well. Patient is still in the hospital and continues to receive pain medication and treatment for myocarditis (NSAIDS and opioids)
1367914	6/2/2021	NV	13	6/1/2021	6/1/2021	Systemic: Dizziness / Lightheadness-Mild, Additional Details: Vaccine given at 4:05pm. Pt's dad reported dizziness at 4:10pm. Pt appeared pale/had pale lips, was otherwise alert & oriented. Rx called 911. EMS arrived ~10 mins later. EMS check vitals & asked pt to go to the ER, however pt was feeling better and pt's dad refused. Pt's dad stated he'll take her to the ER if symptoms do not improve. Pt denied any pain, shortness of breath, palpitations, nausea/vomiting, or rash. EMS escorted pt and dad out of pharmacy.
1368079	6/2/2021	WI	16	5/18/2021	5/25/2021	Client received 1st dose in series of Pfizer on 5/18/2021. Client started with itching and hives on 5/25/2021 and treated by parent with OTC ibuprofen and benadryl. No improvement noted and symptoms progressed on 5/26 and 5/27. On 5/27 symptoms worsed with swelling of lips and tongue and finally difficulty breathing. Parent took client to Hospital ER on 5/27 where she was treated with IV benadryl and steroids. Symptoms have not re-occurred. Client given EpiPen and has not used. Parent denies any other ideas of what could have triggered this allergic response.

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1369790	6/2/2021		14	6/1/2021	6/1/2021	Client received his 1st Pfizer vaccination (Lot# EW0187, EXP 08/31/21) in his left arm at 19:15 from RN. Client?s parents and sister were with him. Client?s parents only spoke Spanish and an interpreter was present. After receiving his shot, client sat in a chair next to his sister while RN administered a shot to her. Five minutes later client stated he felt nauseous. RN immediately called out to Vaccine Runner RN and Check-in Nurse who were in the hallway to get an EMT. Check-in Nurse radioed for an EMT to come to station 3 while Vaccine Runner RN rushed to the EMT room to ensure an EMT got the call. Check-in Nurse stayed with the client and placed a trash can next to him in case he vomited. RN stated the client looked pale and clammy. At 19:26 EMT1 arrived at station 3 and collected the client?s medical history. Interpreter was also translating the EMT?s questions and statements to the client?s parents. Client stated he had no known allergies, no underlying conditions, and is not currently taking any medications. Client also stated he was not experiencing shortness of breath, chest pain, or having trouble breathing. EMT2 arrived at station 3 at 19:27 and brought the client a vomit bag. The client had not vomited, but still felt nauseous. EMT1 gave the client a bottle of water and juice, and took client?s vitals at 19:28 (HR: 64, BP: 120/70). Client stated he felt a lot better. While walking out of station 5 Lead RN saw individuals grouped together at station 3 with the EMT and arrived at station 3 at 19:28. Lead RN was updated on client?s status. Lead RN observed that the client was mildly pale and clammy and asked client?s mother if his current coloring was normal for the client. Interpreter translated to both parents and client?s mother stated that the client did look a little pale. Client stated he felt better and was just nervous about getting the shot. At 19:30 Lead RN asked client to try and stand up. Once client was standing, Lead RN asked client if he felt dizzy and client stated no. Client stated he felt just fine. Lead RN and EMT?s directed the client to the observation room to sit in a zero-gravity chair for additional monitoring of 30 minutes. EMTs walked the client and his family to the observation room and sat him in the zero-gravity chair. Client stated he felt much better and at 19:47 EMT1 took client?s vitals (HR: 66, BP: 100/70, SpO2: 98). EMT1 stated client?s color was returning. EMT1 took client?s vitals again at 20:04 (HR: 67, BP: 104/78, SpO2: 99). Lead RN arrived in observation room at 20:10 with Lead Ancillary to check on client who stood up and stated he felt good. Lead RN observed that client was no longer pale or clammy. Lead RN educated parents and client on potential

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1368243	6/2/2021		17	6/2/2021	6/2/2021	side effects vs adverse effects of the vaccine. Lead RN further instructed client and parents to see the client's HCP or visit urgent care if client started to experience additional common side effects for more than 24-48 hours and to call 911 if the client began to experience trouble breathing, shortness of breath, or chest pain. Lead Ancillary translated all the information to the client in Spanish. Lead RN observed the client leaving with his family at 20:15. Client left walking with a steady gait.
						Difficulty breathing, dizziness. Evaluated by EMS-Cleared

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

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1367692	6/2/2021	CA	17	4/25/2021	5/26/2021	Follow up report - The symptoms - severe headaches; shortness of breath; difficulty breathing; chest pain and throat pain with activities - even if he walked across the room he had this pain along with the shortness of breath; body aches and fatigue. He is an athlete and not able to do any of the sports - he starts breathing heavily when he walks across the room. He couldn't attend school for over a month. Has been to several physicians - a pulmonologist several times; cardiologist; gastroenterologist; his pediatrician. He got a steroid shot - 24th, given to him for the headaches. Last Monday, the 24th of May (the pulmonologist gave this to him). It (the headaches pain) was really bad on Tuesday, Wed, Thursday and he started feeling better with the headaches on Friday. He has been given an inhaler and Pepcid for acid reflux (gastroenterologist). These have given him a little relief - but he don't know if it's the steroid shot or the inhaler that is helping. Yesterday he tried to go to his Sports class and he couldn't do it - there was a problem with breathing; a lot of shortness of breath. The headaches and the breathing issues are still what are debilitating him the most.
1368062	6/2/2021	OH	16	5/28/2021	5/30/2021	Patient received second dose of Pfizer COVID-19 vaccine on 5/28/21. Within 12 hours patient experienced chills and subjective fever. The follow day patient reported developing fever. The day prior to admission (admitted 5/31/21) patient developed chest pain but worsened to 8-9 out of 10. Pain described at pressure in the center/sternal area of chest or like bricks on his chest. No pleurisy or radiation of pain, pain worsened when supine. Negative for shortness of breath, syncope, palpations. Did no improve with acetaminophen or ibuprofen at home. Patient presented to outside hospital where troponin was 0.37 and EKG showed ST abnormalities. Patient received 30 mg of ketorolac and 4 mg of ondansetron and was transferred to this facility. In our ED, pain improved to 4-5 out of 10. Diffuse ST elevations on EKG, troponin elevated to 7.38. Chest X-ray and rapid covid test were negative. Patient was started on naproxen sodium 500 mg enteral BID 5/31/21 through discharge on 6/2/21.
1365282	6/1/2021		16	4/15/2021	4/15/2021	Difficulty breathing Difficulty swallowing Drove POV to hospital - denied ambulance transport -mother denied ambulance

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1364915	6/1/2021	WA	15	5/25/2021	5/26/2021	Per parent, patient experienced chest and back pain along with shortness of breath and fever (did not take actual temp with thermometer but felt warm) for 2 days starting one day after his first dose of Pfizer vaccine. They did not take the patient to the ER, just self monitored at home. Symptoms have resolved.
1365181	6/1/2021	MD	15	5/15/2021	5/16/2021	Developed chest pain radiates to spine shortness of breath due to chest pain
1365374	6/1/2021	CA	12	6/1/2021	6/1/2021	~~Pt feels throat closing, reports mild shortness of breath. Patient is alert and able to communicate clearly- Speech is clear. No stridor. Lungs clear. Patient is not in apparent distress. Patient is accompanied by her father. 11:14 am patient reports slight improvement of throat swelling. Reports resolution of dyspnea. Discussed after care with patient and father-- follow up with PCP and ask for referral to allergist to clear patient for 2nd dose of Pfizer vaccine. 11:22 patient left via wheelchair with her father. Patient reports "less tightness of throat~~" and resolution of dyspnea.~~
1366336	6/1/2021	MA	14	5/29/2021	5/29/2021	Shortness of breath. Was not made aware of reaction until mother submitted a survey/feedback. I opened and read the feedback this evening.
1366359	6/1/2021	CA	14	6/1/2021	6/1/2021	overall body aches, lightheadedness, shortness of breath, headache
1365056	6/1/2021	AZ	12	5/15/2021	5/16/2021	Patient started to develop a cough on the second day of the vaccine around 6 pm. The cough was accompanied by shortness of breath, given his asthma we assumed this was some asthma related reaction to the vaccine. Nonetheless, that evening he started to complain about chest pain every time he laid back on his bed. This symptom is not common in previous asthma attacks. Sitting up alleviated the symptom, chest pain and shortness of breath lasted for 2 nights (Sunday and Monday evening), by Tuesday he felt better. We assumed this was an asthma episode, but recent reports of Myocarditis leads us to believe he had a mild myocarditis episode, given the chest pain while lying down. He also had typical COVID vaccine symptoms such as low grade fever (100F), pain in the vaccination site, congestion, and itchy throat.

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1362653	5/31/2021	TX	17	4/6/2021	4/10/2021	Chest Pains Shortness of Breath Costochondritis - Per the Doctor These conditions were present after the first vaccine shot on April 6th and then again after the second shot on April 27th. Doctor initially thought it could be a simple case of Acid Reflux and gave her Nexium. Once that didn't work, she had her Chest X Ray done that came back all clear. She then had her blood tests done and that too came all clear except for Vitamin D3 that came in at 15 so doctor gave her a 50,000 unit Vitamin D3 dose. That also didn't do much to relieve the chest pains and shortness of breath so he had her EKG and Echo done and those were all clear as well. Finally, he gave her a day steroid course of Prednisone at 40 mg/day which is where she is currently. It is helping her a bit but she is still complaining of original two issues - chest pain and shortness of breath. She is also doing cold and warm compressions throughout the day that helps her temporarily.
1362616	5/31/2021	OR	14	5/24/2021	5/24/2021	Patient complained of shortness of breath after receiving the Pfizer vaccine.
1362368	5/31/2021	NY	14	5/30/2021	5/30/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Hyperventilation-Medium, Systemic: Hypotension-Medium, Systemic: Shakiness-Medium
1362286	5/31/2021	WA	12	5/22/2021	5/22/2021	Significant chest pain started around 10 pm. He indicated it was sharp and intense and seemed to have some difficulty breathing at first. For the first 30 seconds the open mouth struggling look for breath had me thinking he was choking. Breathing improved but chest pain stayed intense for about 20 minutes. He went to sleep and the next morning said ?it kind of hurt but not much?. After the morning of May 23rd he hasn't reported any other pain.
1361627	5/30/2021		14	5/30/2021	5/30/2021	AE: patient had shortness of breath 15 minutes post vaccine administration. Treatment: no medication was given. patient was under observation. laying down improved symptoms Outcome: symptoms resolved and patient was sent to POV/Home.

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1361880	5/30/2021	KY	14	5/30/2021	5/30/2021	Patient fainted after vaccine given and fell from the exam table onto the floor landing on her left side bumping the left side of her head and left shoulder. An ambulance was called. She quickly regained consciousness after approximately 10 seconds. She was alert and oriented to place, date and her birthday. She was able to move all extremities with 5/5 strength; no misalignment, asymmetry, or defects noted in head, neck, spine and major joints. She had full range of motion in all extremities and neck. Pupils equal and react to light. Left side of head above ear was slightly tender without any defects. Left shoulder was slightly tender to palpation anteriorly without difficulty with full range of motion. There were no bruises noted. She denied any difficulty breathing. BP was 88/60 and HR 125. After evaluation and assessment, patient was stable and the ambulance was cancelled per father's request. Patient remained in clinic and drank approximately 8 oz of water without difficulty. Patient's blood pressure was checked standing after 45 minutes and patient became slightly light headed again. Patient was instructed to remain in the clinic for 15 more minutes. Patient's blood pressure was re-evaluated and was 84/60 after standing for 2 minutes; she was asymptomatic and denies feeling like she would faint. HR 100. Discussed signs and symptoms of a concussion, warning signs to monitor (sleepiness, difficulty moving, headache, or vomiting), and when to go to ER. Father verbalizes understanding. Patient was able to walk out of the clinic with father and brother in a stable condition. Patient instructed to f/u with doctor in two days or ER sooner if worsening
1361418	5/30/2021		17	5/29/2021	5/29/2021	Patient was asymptomatic 4 hours after vaccination given at 10a, then in the evening started to develop chest pain, shortness of breath, nausea, and abdominal pain. Patient came to ED for evaluation. She received epinephrine IM 0.3 mg, Benadryl 25 mg, Pepcid 20 mg, 1 L NS bolus, Toradol and PO Tylenol for pain management. Patient is now feeling better.

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1361861	5/30/2021	WI	14	5/29/2021	5/29/2021	Pt received her 1st dose of the Pfizer vaccine in the right arm at approximately 2:45 PM on May 29 at pharmacy. Pt was recommended to sit for 15 minutes in the waiting area after vaccination for observation, but she and mom opted to go shopping in the store. At approximately 3:37 PM, pt and mom came back to the pharmacy to tell me (the pharmacist) that she had hives and showed me red bumps on her left arm. I had the pt sit while mom went to go buy Benadryl. After 5 minutes, I checked on the pt. She had taken one dose of Benadryl and stated that she was dizzy and feeling itchy all over. After chatting with mom for 5-10 minutes, the pt stated that she felt like her symptoms were not worsening and were stabilizing. The pt then said she wanted to rest at home. I recommended she sit for a little longer, but mom stated she would keep a close eye on the pt and had an epipen at home. They then left the pharmacy. I followed up with mom on May 30th at approximately 4:00 PM to see how the pt was doing, and she stated that they were at the ER because the symptoms were not getting any better, and the pt "felt like she was having an asthma attack." Pt's mom states that the pt is doing much better after receiving IV meds.
1362008	5/30/2021		16	5/19/2021	5/28/2021	16 yo M w/ no known chronic medical conditions (but s/p ASD and mitral valve repair in 2015), presents w/ constant R-sided CP since yesterday; woke up w/ R shoulder pain that radiates to his R pinkie. The CP is worse w/ movement of the torso, specifically while bending forward. No shortness of breath, DOE, leg swelling, LH, diaphoresis, n/v/d, abd pain. No recent illnesses, fevers/chills, cough, nasal congestion. No h/o similar sx. No family h/o cardiac disease. He had congenital mitral prolapse and ASD that were repaired in 2015; he was told by his interventional cardiologist that the repairs were successful and that he does not need regular follow-up. Worked out heavily 2 days ago (mostly chest/arms weightlifting
1361812	5/30/2021	UT	15	5/29/2021	5/29/2021	Developed anaphylaxis with abdominal pain, nausea, vomiting, shortness of breath, chest pressure, hypotension and urticaria. Required IM epinephrine -> epinephrine drip as well as steroids and antihistamines.

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1361302	5/29/2021		16	5/29/2021	5/29/2021	Pt. with parent for second pfizer vaccine. Pt. had no reaction with first vaccine. After 20 minutes, pt noted hives on his legs and chest. EMS alerted. No SOB, no difficulty breathing. No hx of anaphylaxis from vaccines. Pt. given 25mg benadryl at 1657. After rest of allotted wait time pt. states hives are decreasing and pt. has no worsening symptoms. Pt. exited facility with parent.
1361060	5/29/2021	WA	16	5/15/2021	5/15/2021	Patient reports immediately after receiving the vaccine she developed chest tightness and pain that has continued to wax and wane the past two weeks. Has some intermittent difficulty breathing and fast heart rate that each last about 20- 30 minutes. Also accompanied by dizziness or lightheadedness. Reports her whole right leg feels tingly and her joints hurt, but denies weakness, redness or swelling of the joints or right foot. Also has a continuous headache that started within an hour of receiving the vaccine and worsened over the next few days. This too has waxed and waned.
1359871	5/29/2021	MN	15	5/21/2021	5/23/2021	On 5/23 two days after vaccine he was irritable, tired, fatigued, not sleeping well. He could not complete his track meet . He had abdominal pain, felt bloated, and he felt this nausea & discomfort. He thought he might be constipated, so he took MiraLAX and then he had diarrhea all day yesterday. on 5/26 he had a temperature of 99.2, he had acute chest pain retrosternal and feeling of compression on the chest, head fullness as if he is going to explode. He had nausea, insomnia. Ibuprofen was given to him by his mother and this helped a lot But he woke up on morning of 5/27 , but the chest pain returned with increased pressure, very nauseous, agitated, unable to be comfortable. No fever,, the pain was a sharp pressure. He had no syncope or chest shortness of breath He was seen at Hospital ER where a chest x-ray was normal. Echocardiogram was done, ,noted to have EKG changes. Troponin was elevated. He had a cardiac catheterization done emergently at hospital through the right radial artery and was noted to have normal coronaries. He also had a chest x-ray done which was negative for pulmonary lesions, and his abdominal pain he says was relieved after the MiraLAX and the diarrhea. His twin sister who received the vaccine 15 minutes after him is completely asymptomatic.

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1358013	5/28/2021		12	5/28/2021	5/28/2021	Nausea, headache 5 mins post vaccination, minimal epigastric tenderness No shortness of breath, no rash Patient drank water, no vomiting. Patient felt better, no more abdominal pain. Patient craved for fried chicken.
1357756	5/28/2021	WI	14	5/25/2021	5/25/2021	Dizziness reported ~5 minutes after injection. Water and juice provided, LE elevated. Shortness of breath reported ~45 minutes after injection. After 1 hour of observation at Vaccine Clinic, patient transferred to Urgent Care per family request.

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1358047	5/28/2021	CA	12	5/27/2021	5/28/2021	Client received her first dose of the Pfizer Covid-19 Vaccine (lot # EW0185 exp. 08/2021) at 11:28 AM. The client was brought to the EMT station by lead RN stating that the client was feeling "dizzy?" at 11:46 AM. The client was a 12-year-old female alert and tracking with her eyes and appeared anxious. The client had a chief complaint of lightheadedness. The client stated that she "began to feel lightheaded?" after her initial 15-minute observation had completed. This was the client's first dose of the Pfizer Vaccine and she stated reluctance to receive her first dose. The client denied any allergies and her parents stated that the client had a history of unspecified behavioral disturbances that require her to see a therapist. The assessment revealed no hives, swelling, discoloration, shortness of breath, or other signs and symptoms of anaphylaxis. The client denied a headache or wanting to throw up. The client refused to have her vitals taken by EMT but agreed at 1150 to remain lying down until she felt better. The client was encouraged to drink water while she waited. After 15 minutes and drinking a bottle of water, the client stated "I feel all better" but "I think I'm overthinking this" and stated that she was now experiencing a "headache?". RN asked the client's parents' permission to speak to the client. RN came over to reassess the client and that client finally agreed to have her vitals taken at 1208: 148/84 blood pressure, Pulse 94, 100% O2 on room air, Respirations 16, alert and oriented to person, place, date, and event. The client revealed to RN that she was experiencing anxiety from her vaccination but became much calmer after discussing her concerns further. Client also revealed that she engages in acts of self-harm but has no intent to end her life. The client's last set of vitals at 1216 were 128/76 BP, HR 96, O2 100%, Resp. 16. The client then stated that she was "ready to go?" after her last set of vitals. Lead RN asked to speak to client's mother in private. Lead RN provided mother with crisis hotline. Mother informed lead RN that client was in therapy and already seeking help. The client's parents were instructed to seek emergency care if a significant allergic reaction occurred later in the evening and were provided with all relevant vaccine-related information by RN. The client departed at 1220 in a positive disposition with her parents.

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1358312	5/28/2021	HI	15	5/14/2021	5/17/2021	He received the Pfizer BioNTech vaccine (Lot Number: EW0177, Exp.: 8/31/2021). During a routine doctor's visit on May 17, Patient's pediatrician noticed an elevated heart rate. A cardiologist diagnosed him with asymptomatic supraventricular tachycardia (SVT) (abnormal ECG, heart rate around 150) on May 20. Patient has no other cardiorespiratory symptoms (dizziness, shortness of breath etc.).
1358823	5/28/2021	CA	14	5/26/2021	5/27/2021	Chest pain, shortness of breath
1359048	5/28/2021	NY	15	5/28/2021	5/28/2021	Moments after the vaccine administration, pt started to experience difficulty breathing, lightheadedness, flushing of the face, swelling of lips. Epinephrine 0.3 mg IM was administered, 911 contacted. A few minutes after the epinephrine administration, pt started to breath better. EMT came in within 5-10 minutes. Checked pt's vitals, administered required care and took the pt to the ER.
1359262	5/28/2021	WA	13	5/28/2021	5/28/2021	Pt. here for first dose of pfizer vaccine. Requested to sit by aid post vaccination for anxiety. Pt. complaint of chest pain without difficulty breathing. EMS contacted and pt. cleared to finish observation without incidence.
1359268	5/28/2021		16	5/23/2021	5/27/2021	shortness of breathe, chest pains
1359543	5/28/2021	GA	13	5/28/2021	5/28/2021	Patient was given the Pfizer vaccine intramuscularly in her left arm. As soon as the needle was withdrawn her eyes rolled over and she slumped in her chair. We (myself, her mother and her father) where in the process of placing her on the floor when she indicated that she wanted to get up. We placed her back into her seat and her mother proceeded to rub her back. I asked her if she needed anything but she declined. I kept her for observation for 30 minutes monitoring for any signs of shortness of breath, wheezing or swelling of the tongue or throat. No symptoms were observed. I advised her mother to notify patient's pediatrician of the incident and then released the patient.

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1359014	5/28/2021	NM	13	5/14/2021	5/15/2021	She had an upset stomach and was feeling really tired. Then the next morning, she had a rash - itchy and bumpy - torso, back arms and face. Went to the Doctor and she said it looked like an allergic rash. She told us that based on my daughter's genetics and her asthma - (I (her mother) had an anaphylaxis with my second Moderna shot - my entire body was giant hives.)- That he did not recommend her to have the 2nd shot. My daughter still has some of the rash - a little on her left cheek, stomach and back still. The itching is gone. She did take Benadryl for it.
1356539	5/28/2021	CA	14	5/27/2021	5/27/2021	Patient complaints of dizziness and shortness of breathing. Provider on-site assessed the condition of the patient and was experiencing cold clammy skin. Provider recommended to give EPIPEN 0.3 and called 911
1355803	5/27/2021	OR	13	5/18/2021	5/22/2021	Patient awoke from a nap with chest tightness, difficulty breathing, and nausea, symptoms have continued intermimittently, and are associated w/fatigue.
1354502	5/27/2021	IL	13	5/26/2021	5/26/2021	Systemic: Allergic: Anaphylaxis-Severe, Systemic: Allergic: Difficulty Breathing-Severe, Systemic: Allergic: Difficulty Swallowing, Throat Tightness-Severe, Systemic: Fainting / Unresponsive-Severe, Systemic: Flushed / Sweating-Medium, Systemic: Headache-Medium, Systemic: Weakness-Severe, Additional Details: pt was mostly unresponsive and turning white and motionless; throat closing up; no other choice but to give the epi-jr shot; after administering the shot the patient started to feel better but we decided to still call 911 to be on the safe side
1354694	5/27/2021	CA	12	5/27/2021	5/27/2021	Ringing in ears, blurry vision, difficulty breathing, tingling in left foot. Denies headache, chest pain/tightness. VSS. RR 16. O2sat 98%. HR 79. Symptoms improved with rest. Discharged with parent in stable condition.
1354976	5/27/2021	MO	15	5/27/2021	5/27/2021	muscle spasms and weakness to the arm in which the injection was administered, shortness of breath and chest discomfort
1355159	5/27/2021	IL	12	5/27/2021	5/27/2021	Patient stated was having blurred vision and couldn't see. Skin appeared pale, denied trouble breathing, no sign of swelling, rash, shortness of breath, cough. Patient layed down on the floor, with feet elevated. EMTs arrived, evaluated patient, patient began to feel better and was walking around okay.

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1355605	5/27/2021	CA	13	5/20/2021	5/20/2021	Pt got the COVID vaccine, felt sore right away and itchy all over -itchiness on right arm and left arm and then felt chest tightness and shortness of breath. Was monitored in ED and treated with benadryl, pepcid and then course of prednisone x 5 days. She seems better today but still having lower energy than normal. No vomiting or hives. She felt itchy on right arm, no rash.. Took some benadryl for this. She had COVID last November.
1356069	5/27/2021	CA	13	5/27/2021	5/27/2021	Approximately 10 minutes after vaccine she reported she felt hot and was 'having a hard time breathing'. Advised her to take off mask and she vomited on floor. Had her lie down on gurney. She denied SOB or breath or difficulty breathing BP 118/84 HR 73 O2 sat 94% RR 16. After resting for 5 minutes she reported improved nausea, BP 118/84, HR 73, O2 sat 97%, RR 16. Offered small sips of water. Patient rested for 30 minutes with VS monitored every 5 minutes. Patient reported feeling better and denied dizziness, SOB, or with position change. parent instructed to follow up at ER or urgent care if symptoms returned or if concerns.

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1356343	5/27/2021	CA	15	5/27/2021	5/27/2021	Client received the 1st dose of Pfizer COVID vaccine lot #EW0185 and expiration date 6/24/21 at 5:52PM. Per vaccinator, reports that client was saying, "Wow that was aniclimactic" after getting vaccine. Per vaccinator, she notices within 1-2 minutes client got quiet and then reported "I am not feeling well." Client received vaccine in left deltoid. RN requested PHN 1 to get gravity chair. PHN grabbed gravity chair and asked RN to get BP cuff and pulse ox. PHN arrive to assess client and found client alert and oriented x 4 in chair at 5:53PM. Client was already drinking water given by vaccinator when PHN arrived. Client reports he was experiencing "dizziness and slight shortness of breath." PHN ask client if he thought he was steady enough to switch to gravity chair. Client stood up slowly and sat in the gravity chair. RN 1 asked client if his throat felt tight-client responds-"No" and coached client to take deep, slow breaths. At 5:55PM vitals are: blood pressure: 130/90, pulse: 55 and oxygen: 98%. At 5:57pm client reports no longer feeling shortness of breath. Client is speaking in full sentences and able to answer all PHN questions about chest pain and headache and client reports having neither. At 6pm vitals: blood pressure:125/90, pulse:75, and oxygen:100%. PHN instruct RN to get Lead PHN or Co-Lead. Client reports he has slight dizziness and feels lightheaded and reports that earlier he had blurred vision but now is seeing clearly. At 6:03PM vitals are: blood pressure:160/100, client appears pale and heart rate:140, and oxygen: 100%. Lead PHN arrives to take over assessment and PHN starts calling 9-1-1 at 6:04PM as blood pressure is repeated by co-lead :180/90, oxygen100% and pulse 129 and upon auscultation hears clear lungs and heart palpitations. Client is then reports shortness of breath and dizziness, no headache and no blurred vision. Parent reports that client has a history of asthma but rarely needs inhaler so she does not have it on her and that client recently had been on antibiotics for Gastrointestinal history and a bad cough (not COVID)-all symptoms had been resolved before receiving vaccine. At 6:07pm Vitals: blood pressure: 170/90, pulse:100%; no change in symptoms. At 6:08pm vitals: blood pressure:170/90, pulse: 94, and oxygen: 100%, client reports experiencing tightness in chest and unable to complete breath. Client reports no chest pain. Vitals taken again by RN due to new symptom, blood pressure: 122/70, pulse:93 and oxygen: 100%. RN auscultate again and hears palpitations have slowed and lungs clear. At 6:10PM, vitals are blood pressure:124/74 and pulse: 96. Client reports feeling "shaky, tightness on chest" and could not take full breaths.

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1356504	5/27/2021	CA	16	5/27/2021	5/27/2021	<p>Paramedics assumed care at 6:12pm. Client and parent left on stretcher with paramedics to be transported to Hospital. Tell security that mother is leaving blue pathfinder in parking lot. Security assures he will not tow vehicle.</p> <p>Shortly after receiving vaccine (about 5 minutes), pt complained about difficulty breathing. I went to check on her and she appeared pale and seemed very drowsy and unresponsive to questions. She continued to complain about dizziness and nausea. Her parents grabbed some water for her and still there was no improvement. I called 911 to report the symptoms and was advised to administer EpiPen. When asked if her breathing improved, she nodded yes, but she did not appear to have improved. She continued to be unresponsive to questions and appeared extremely drowsy. Within 15 minutes, the ambulance arrived.</p>
1355189	5/27/2021	HI	17	5/10/2021	5/10/2021	<p>Headache, stuffy nose, body aches , swollen glands under his throat, pain when swallowing, hard to swallow. No difficulty breathing, no wheezing, no cough, no rashes. Mother gave Benadryl. Mother reports symptoms started the day the vaccine was given. Resolved within 3 days.</p>

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1350767	5/26/2021	TX	13	5/22/2021	5/23/2021	The day after my daughter received her vaccine, she began to feel congested and tired. This was on Sunday, May 23. We got up for school on Monday, May 24, but she was complaining about a really bad sore throat. The school nurse called and I picked her up from school because she was also getting more congested. She began to cough and sneeze constantly and took a long nap. When she woke, she was saying that she was getting short of breath and it felt like her heart was racing, even though she was just sitting. The next day her throat felt better, but the congestion was the same - still coughing and sneezing but her shortness of breath started getting more obvious. I emailed her pediatrician to ask about bringing her in, and they said to report this to the CDC and bring her if if she's not better in the next few days. Today is Wednesday, May 26 and she is still congested, short of breath and overall feels lousy. She is coughing up lots of mucus - greenish and thick. Yuck. I just gave her one pill of a mucus reducer to see if that would help. My biggest worry is about the shortness of breath because that is exactly what I experienced after my first dose of the vaccine. Mine was Moderna and I have seen dr's about it - and actually ended up in the hospital, but they do not believe it to be connected to the vaccine. I will contact them and let them know about my daughter's shortness of breath and perhaps they will think differently. Oh, she's had a slight fever of 99 F on occasions during this.
1350381	5/26/2021	LA	17	5/17/2021	5/19/2021	Two days after receiving the vaccine, the patient fainted at the home. Has had intermittent shortness of breath, and dizziness
1348877	5/26/2021		17	5/24/2021	5/25/2021	shortness of breath, back pain, cough, sore throat

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

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1351588	5/26/2021	HI	15	5/15/2021	5/15/2021	Prior to arrival, the patient received her first COVID vaccine at the clinic, after which she suddenly felt dizzy, described as lightheadedness, and felt warm. She was noted to be hypotensive with SBP at 67. She subsequently drank water with some improvement. No syncope, severe headache, numbness, tingling sensations, or focal weakness. Mother was concerned and brought the child to the ED for further evaluation. Currently the patient feels better. No similar symptoms in the past. The patient denies any chest pain or pressure, shortness of breath, or abdominal pain. No recent fever or cough. She is otherwise healthy and has a normal cardiopulmonary exam and reassuring EKG. The description of her symptoms and the environment which happened is very consistent with vasovagal syncope and she does not have any stigmata, and acute neurologic or cardiac emergency. I believe she is safe and stable for discharge home and she was discharged with return precautions and follow-up instructions.
1352133	5/26/2021	WV	16	5/21/2021	5/25/2021	5 days after vaccination- loss of smell and taste, shortness of breath, sneezing, coughing, ear infections, fatigue, and headache.
1351952	5/26/2021	FL	15	5/24/2021	5/26/2021	Sudden onset severe excruciating upper body pain including back, abdomen, chest, throat, neck causing difficulty moving, difficulty breathing, difficulty speaking, nausea. Severe pain lasted 20-25 minutes then slowly diminishing over next hour. After severe pain diminished, ongoing symptoms included severe fatigue, lack of fine motor coordination, brain fog, weaknesses.

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1351345	5/26/2021	IN	15	5/26/2021	5/26/2021	Event: About 2-3 minutes after the vaccine was administered, the patient had an erythematous warm rash, initially to the left deltoid and left antecubital fossa area (vaccine was administered in the same arm). The rash was flat and blotchy, some areas were slightly raised. After about 5-7 minutes, the rash had spread to the patient's upper chest/ torso, clavicle areas, and upper back. Patient stated the rash was not pruritic, just that the areas felt hot. No respiratory distress or wheezing, patient did not seem anxious. She denied previous similar reactions to medications, food, vaccines, or blood draws in the past. Treatment: an ice pack was applied to the vaccine site on the left deltoid and left arm area. Since patient did not have any rash to the face/ lips, and no respiratory distress, it was determined that she was not in need of IM Benadryl or Epi. We do not currently have PO Benadryl pills on site. Patient was instructed that she could take 50mg of Benadryl when she gets home. Education was provided to the patient that if she feels any throat closing, difficulty swallowing, tongue or lip swelling, or difficulty breathing at home, she should call 911 immediately. I also discussed with the patient that she could consider taking 50mg Benadryl prior to her second COVID-19 vaccine appointment if she prefers. I discussed with her that if the rash was persistent tomorrow, she should consult her family/ primary care physician. Patient's mother speaks another language, and patient translated this information to her mother, and patient and mother had no additional questions or concerns. Patient's mother was present with the patient in-person during the vaccine visit, as patient is a minor. Outcome: patient was observed in the observation area for 30 minutes to monitor for worsening of rash, and to monitor for any new developing symptoms. Rash was largely resolved after 30 minutes with the ice pack, just a faint area of flat erythema to the left upper arm area around the biceps.
1348101	5/25/2021	NM	12	5/25/2021	5/25/2021	Approximately five minutes post vaccine administration patient complained of chest tightness/pain. Patient verbalized that he pain was a 2/10. Patient's vital signs were within normal ranges. Patient denied shortness of breathe or swelling of the toungue/throat. Doctor evaluated patient and took patient to urgent care for further observation. Patient was discharged from urgent care with instructions to report to ER if symptoms come back or worsen.

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

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1346485	5/25/2021	VA	17	4/29/2021	4/29/2021	<p>Patient received the Pfizer vaccine in the morning, then woke at about midnight. He went to get a drink of water, and was holding a glass of water in his hand. He started to feel as if the room was spinning, became very sweaty, had ringing in both ears, and lost consciousness, striking his head on the counter. The event was unwitnessed. He reports waking approximately 1 hour later with a bad headache. He had a headache and felt disoriented. He denies urinary/bowel incontinence or tongue biting. He was able to walk back to his room without difficulty, took ibuprofen, and went back to sleep. He woke the next morning with nausea and vomited, but this did not impact his headache. He has not had any notable neurologic symptoms since that time, but continues to have a minor headache. He has not had any further vomiting. Headache has not subsequently woken him from sleep and does not worsen with recumbent positioning. He denies visual changes, memory changes, difficulty swallowing, shortness of breath, ringing in his ears, or dizziness. He says his headache is located mostly around his forehead and at the top of his head that is now mild and feels like pressure ?like a tension type headache.? His mother is a nurse, and evaluated him the next day. The family did not feel that he needed to be seen in the emergency department, or prior to this visit. He has not had any previous episodes that were similar. Patient was evaluated in my clinic. Complete neurologic exam was within normal limits. He has been referred to neurology for further assessment.</p>
1346691	5/25/2021	NY	14	5/25/2021	5/25/2021	<p>8:50AM- patient started exhibiting symptoms of anaphylaxis (difficulty swallowing, difficulty breathing, lip tingling and tenderness. 9:30AM- Benadryl was administered (25mg chewable POx1) 9:30AM vital signs: HR 115, RR 22, O2Sat 98% on room air, BP 123/95, 9:33AM- EMS arrived 9:34AM- Epi pen administered . Patient tolerated well, school nurse notified. 9:45AM- Breathing appears better, still having difficulty swallowing 9:45AM vital signs: HR 120, RR 22, O2sat 95% on room air, BP 132/74 9:53AM EMS administered 10mg dexamethasone IM left deltoid, tele monitor placed on patient</p>

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1347513	5/25/2021	NY	16	5/20/2021	5/21/2021	<p>Patient developed chest pain and difficulty breathing when lying down; symptoms started at 7pm on 5/21/2021. Seen in the emergency room at Hospital for chest pain, found to have elevated troponin level of 11.6 ng/mL (normal <0.05). CT chest negative for pulmonary embolism. Patient transferred to Medical Center. Initial high sensitivity Troponin-T level 1224 ng/L (normal <15), BNP 805 pg/mL (nl <300). EKG with diffuse ST segment changes. Echocardiogram (5/23 AM) with normal systolic and diastolic function, LVEF 58%; no pericardial effusion, no pathologic valve regurgitation. Patient admitted to telemetry monitoring bed (no arrhythmias noted during hospitalization). Patient treated initially with Ibuprofen 400 mg PO q6 hours and famotidine 20 mg PO q12 hours for presumed myopericarditis. Workup sent for viral causes of myocarditis: Respiratory viral panel negative. Infectious Myocarditis workup sent: CMV, Cocksakievirus A and B antibody, CMV IgG/IgM, Echovirus antibody, Infectious Mononucleosis Screen, Lyme C6 AB IgG/IgM, Mycoplasma IgG/IgM, Parvo IgG/IgM, Varicella IgG/IgM. Follow-up echocardiogram on 5/23 (PM) and 5/24 (AM) demonstrated no change in LV systolic or diastolic function. Cardiac enzymes, including high-sensitivity troponin T, CK and CKMB, were trended. Cardiac MRI was performed - preliminary results show evidence of myocarditis Lab Trends (earliest to most recent, as of 1 pm on 5/25/2021): High sensitivity Troponin T: 1224, 732, 664, 1058, 1332, 1141 CKMB: 65.6, 41.6, 19.3, 11.4, 6.3, 3.2 Pro-NT-BNP: 803,493, 392, 293 CRP: 58.2, 32.8, 28.6, 14.9. At the time of submission of this report, the patient remains in the hospital. Further results will be communicated to VAERS.</p>
1348304	5/25/2021	CA	16	5/12/2021	5/19/2021	<p>One week after 2nd dose, developed extreme fatigue, numbness and weakness in both legs, aching/pain in legs, loss of feeling in feet and occasional pins and needles feeling in feet. Some numbness/tingling in hands as well. Difficulty walking, just needs to sit. Difficulty raising arms. Complaints of legs and arms feeling very heavy. Shortness of breath.</p>

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1348327	5/25/2021	VA	14	5/20/2021	5/20/2021	Patient felt itchy throat (discomfort at a 4 out of 10 scale) and difficulty breathing (discomfort at a 5 out of 10 scale) with 5 minutes of being vaccinated. Vaccine administering pharmacist gave Patient a 25 mg Benadryl tablet , which provided no relief 10 minutes later. Pharmacist then injected .3 MG Epinephrine shot in Patient's left quadricep which provided instant relief for about 30 minutes. Patient then proceeded to the ER where he was given a 20 MG Pepcid tablet, Two 20 MG Prednisone tablets and discharged a few hours later with the instructions to: take One 25 mg Benadryl tablet every 6 hours as needed; One 20 MG Pepcid tablet twice a day and Two 20 MG Prednisone tablets for Five days with a follow up visit to Patient's allergist.
1348620	5/25/2021		12	5/15/2021	5/16/2021	Patient received vaccine at outside institution so lot number is not available. PCP is also at outside organization so limited information available. Below is information from Emergency room visit. 12 y.o. male who presented to the emergency department for Rash that the patient noticed around noon today while at his friends house after a sleep over. Patient received his first COVID vaccine yesterday at outside retail pharmacy at 1030am. Mother states it was Pfizer. Patient states "noticed the rash last night when they went to and has no other symptoms such as fever, chills, runny nose, head congestion, difficulty breathing, swelling of the lips, tongue, mouth, throat. Denies nausea, vomiting, abdominal pain. Patient states that is very itchy and they have been spreading and more been popping up since he noticed them. He denies any history of eczema, sensitive skin, food allergies. Mother does state that 2 years ago, the patient had a severe to the influenza vaccine in which she describes it as 8 inch area of redness, hot to touch, swelling around the injection site. No anaphylaxis reaction at that time either. Discharged with oral decadron and benadryl. Follow-up with PCP next day.

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1348637	5/25/2021		15	5/25/2021	5/25/2021	Female 15-year old client received her first Pfizer shot (Lot# EW0185) at 15:02. She was accompanied by her mother and 12-year-old sister, who was also vaccinated at the same station with her. Client received her shot first and waited while her sister received her shot. After both girls were vaccinated, they were walking with their mother down the hallway to the observation room. RN1 stated that from the opposite end of the hallway she saw client?s knees buckle. RN1 walked toward client to ask if she was OK. Client straightened herself out, slumped onto her mother?s shoulder, and rolled onto her mother, who guided client to the floor. At 15:09 Lead RN heard client fall to the floor, went out to the client, and radioed for EMT assistance. Client was conscious and turned her face up. Client?s mother stated client passed out for 2-3 seconds and that her head did not hit the floor. Client?s mother stated that she cushioned her fall. Client was breathing adequately, appeared pale in face and lips, and stated she was OK. Lead RN and RN1 kept client lying on the floor and elevated her legs on a chair. EMT1 & EMT2 arrived at 15:10 and checked client?s pulse (HR: 74). Client denied head, neck, and back pain. Client was alert & oriented times 3 (person, place, & event). Client stated she was OK to stand up and sit in a wheelchair. Wheeled client to extra vacant breakroom where client vitals were taken by EMT2 at 15:17 (BP: 124/60, HR: 96). EMT1?s assessment found the client exhibited good circulation, sensation, and motor function in all 4 extremities. Client denied chest pain, shortness of breath, and nausea & vomiting. Client was leaning forward in the wheelchair resting her elbows on her lap. She stated she does not remember becoming nonresponsive and that she felt dizzy when lying her head back. Client stated she has a history of anxiety and panic attacks and is currently taking Prozac. Client stated she felt hot. Client?s mother stated client ate a full lunch at 12:35. At 15:20 Lead RN provided client with a bottle of water. Lead RN & EMT also observed client?s color returning to her face at that time. Client sat upright and stated that she felt better and was alert & oriented times 4. Client and mother declined going to the hospital and calling 911 for evaluation. At 15:23 client was wheeled to the observation room with her mother and sister where she remained seated in the wheelchair for 30 minutes for additional observation by EMT1. At 1600 EMT1 took client vitals while she was seated (BP: 116/82, HR: 68, RR: 16). EMT1 took client vitals again while having client stand (BP: 120/86, HR: 72, RR: 16). Client and mother stated they were OK to go home. Client and mother were instructed by Lead RN

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1346733	5/25/2021	FL	14	5/18/2021	5/22/2021	<p>to follow up with HCP if client experienced any additional symptoms after going home and to call 911 if client experienced SOB or any difficulties breathing. Lead RN and EMT observed client leave the facility walking with a steady gait with her mother and sister.</p> <p>Patients mom stated her son got the vaccine on Tuesday 5/18/21 and about 4 days later he ate seafood and then started to get an allergic reaction about 2 hours later. Patient started to feel that his lips swelled up along with a rash all around chin, neck and around mouth, on forehead between eyes. He took Benadryl which helped symptoms subside. He also complained of a little chest pain that lasted less than an hour but no shortness of breath. As of Monday 5/24/21 he feels fine no other symptoms. No c/o fever, fatigue, nor headache, body aches. Pain at injection site from vaccine was also reported but that subsided.</p>

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1343890	5/24/2021	MO	13	5/24/2021	5/24/2021	His mother was present and told us he had multiple allergies to foods and sulfites, as well as asthma. He used to carry an epi pen but does not currently, also has a history of asthma for which he carries a rescue inhaler. He received the Pfizer vaccine at approximately 9:15am in his left deltoid, and about 2 minutes later Mom notified me and the school nurse that he was starting to get "hives". I noted a localized, small area of erythema on his left upper arm around the bandaid, approximately silver dollar sized, not raised. School RN removed the bandaid. He did not complain of itching and at that time stated he felt like he was breathing fine. The school RN gave him 50mg of Benadryl PO per the mom's request at 0920. The patient was in no distress, breathing and speaking normally. At 0922 he stated he felt like his throat and tongue were swelling, so I had him remove his mask, and asked mom if his lips looked swollen to which she responded "yes". He stated it felt like it was hard to swallow. We placed a pulse ox on the patient and his oxygen saturations were 96-100%, HR 85-90, RR 30. We administered an adult epi pen (0.3mg of epinephrine) into his left lateral thigh at 0923 and had the school office call EMS. The patient remained in no acute distress, and said the swelling in his tongue felt better after the epi, but that his throat still felt swollen. Lungs clear bilaterally, RR remained 24-30, HR 110-115, pulse ox 98-100%, erythema on left upper arm resolved. Fire department arrived at 0935-report given and they checked a pulse ox as well. Patient walked to parking lot to ambulance for transfer to Hospital with mother following behind.
1342917	5/24/2021	LA	15	5/23/2021	5/23/2021	Site: Pain at Injection Site-Mild, Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Abdominal Pain-Mild, Systemic: Chills-Mild, Systemic: Dizziness / Lightheadness-Mild, Systemic: Flushed / Sweating-Mild, Systemic: Hypotension-Medium, Systemic: Shakiness-Medium
1343094	5/24/2021	IN	13	5/17/2021	5/20/2021	Fatigue, shortness of breath, trouble catching her breath, red face, lump in throat, dizziness, when exercising. Took rescue inhaler 5x , but did not see any improvement. Symptoms went away after an hour of rest.

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1343229	5/24/2021	SC	13	5/21/2021	5/21/2021	Friday, 5/21 around 11:55 she received her first dose. 20 minutes later she complained that it felt like someone punched her in the face, and her left cheek was swelling. She looked woozy, with her eyes closing, and the nurses laid her down on the floor on a mat. Her tongue and throat began swelling, and she was having extreme difficulty breathing. She then could not feel anything from her neck down, like she was paralyzed. The nurse administered an Epipen and EMS showed up minutes later. In the ambulance, EMS administered another Epipen, gave her a steroid and Benadryl and rushed her to the hospital. Once at the ER, she was still having a hard time breathing, and could not feel anything from the waist down and could not move her legs. She also complained about her spine being in extreme pain around the mid to lower back. When her symptoms did not resolve, she was admitted to the hospital for observation and treatment. She had extreme pain in her joints - spine, hips, knees, ankles and toes, if someone tried to move them, she could not move on her own. She also had tingling and numbness that would travel up and down her body - weakness in her arms and legs. The medical staff continued with Bendryl - switched to Adderax, and Motrin and steroids (Prednisone?). She was discharged from the hospital Sunday, 5/23/21 in the afternoon. This morning (Monday 5/24/21) she is still experiencing back and leg pain, weakness and cannot walk with out assistance and it is extremely painful.
1343435	5/24/2021	MN	12	5/21/2021	5/21/2021	Patient is here today for a covid vaccination. It was noted by RN that he was complaining of a headache. At 14:23, call placed to outside EMS. History of: Asthma Nursing Assessment: Airway: Open Breathing: Spontaneous Circulation: Pulse present Mentation: Alert Skin: Normal Patient monitored., Vital signs obtained and recorded. and Oxygen saturation level obtained. BP 118/70, pulse 88, O2 100. He was transported to the emergency department at Clinic via ambulance at 1423. Call type: Minor Time event completed: 1450

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1343848	5/24/2021	VA	17	5/20/2021	5/22/2021	17-year-old male with no medical history, no allergies and no surgeries presented to the ER on 5/22 at 11 PM with concern for chest pain. The patient received his 2nd COVID-19 Pfizer vaccine on Thursday, 05/20/2021 in his left arm. The patient developed a temperature of a 102.5° with aches, chill, and pain overnight. The symptoms subsequently dissipated. Around noon on 5/22 he began to experience an achiness and pressure beneath the sternum and it has been constant since. The pain does not radiate into the back. No associated ripping or tearing sensation. No shortness of breath or difficulty breathing. In ED, EKG showed normal intervals, no ST changes and no STEMI. The patient underwent a CT angio of the chest and abdomen and did not show any dissection of the aorta. The left and right proximal coronaries are visible, however their path could not be seen on the studies performed. No pneumomediastinum both pneumothorax was observed. He had an elevated troponin of 3.1 and it increased to 7.3 prior to transfer to the ICU. VS were stable with HR 80 - 90 and normal BP. Repeat ECG was normal but his troponin increased x 2 with maximum of 16. His CRP was mildly elevated and BPN upper limits of normal. Echo was normal. Cardiologist consulted and pt diagnosed with myocarditis. As of 5/24/21, patient remains hospitalized as troponin was 13.1 at 9:00 am.
1343933	5/24/2021	CA	17	5/11/2021	5/18/2021	Symptoms of heart beating faster, louder and harder with mild pleuritic chest discomfort starting about 5 days after second COVID vaccine, ongoing but improving. Got his second COVID vaccine on 5.13.2021. Feels like heart is beating out of his chest, constant throughout the day, worst when laying down. Heart rate up to 100 at home. intermittent shortness of breath. No chest pain. After the vaccine, he developed a high fever for 2 days, a sore arm and tiredness. vitals normal at time of clinic exam today, May 24, 2021 RX: slow breathing, albuterol inhaler, reading recommendation: Breathe by hcp

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1343775	5/24/2021	TX	16	4/24/2021	4/26/2021	Vaccine administered at outside facility. Pt. is a 16 yo male with no significant PMH admitted on 4/26 with myocarditis, elevated troponin, and abnormal EKG. Pt. states that he was feeling his usual self until the day that he received his 2nd dose of the COVID vaccine on 4/24. On 4/24, he started to have a headache and subjective fevers. On 4/26, he reports having substernal chest pain at rest, non-radiating, associated with shortness of breath. Patient took tylenol with minimal relief. Patient denies cough, congestion, abdominal pain, nausea, vomiting, diarrhea, rash. No sick contacts. Since admission, troponin has been rising (up to 16), BNP normal, CRP to 87, ESR normal, CBC and electrolytes unremarkable. Clinical course and findings consistent with myocarditis. ID consulted for infectious workup and management. In my prelim recs upon admission, I recommended a dose of IVIG and holding off on steroids and antibiotics.
1342297	5/23/2021	NJ	13	5/23/2021	5/23/2021	Cough then throat pain and trouble breathing, started about 1.5 hour after vaccine given. Hx of asthma, but no symptoms prior to vaccine given

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1342071	5/23/2021	CA	14	5/23/2021	5/23/2021	Client was feeling "cold." Client was a 14-year-old female sitting upright in her observation chair, alert and tracking with her eyes. Client had a chief complaint of dizziness and feeling cold. Client stated that she began to feel cold and dizzy a few minutes after her observation had begun. This was the client's first dose of the Pfizer vaccine. Client denied any medical history or known allergies. Assessment revealed no swelling, hives, discoloration, shortness of breath or other signs and symptoms of anaphylaxis. Client stated that she felt "cold" and "dizzy." Client stated that her only meal was the snacks provided at the vaccination site. Airway, breathing and circulation were intact. Client's initial set of vitals at 1006 was 116/78 blood pressure, 80 heart rate, respirations 16, alert and oriented to person, place, date and event. Temperature 97.8*f. EMTs present were unable to obtain an O2 sat due to client's nail but client was negative for signs of shortness of breath. Client was asked to lie down until her complaint was resolved. Client was provided with food and was able to eat without difficulty. Client was reassessed every 15 minutes due to her stability. Vitals were as follows: 1011 - 108/78, 84, resp. 14 1021 108/78, 88, resp 14 1029 - 108/78, 80, resp 16. After approximately 10 minutes, the client denied any symptoms and was asked to sit up in an observation chair for the remainder of her observation. Client and her mother were instructed to seek emergency care if signs or symptoms of an allergic reaction occur later this evening.

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1342002	5/23/2021	CA	17	5/23/2021	5/23/2021	On 05.23.21 client received her second dose of the Pfizer Covid-19 Vaccine (LOT # EW0185 EXP. 08/2021). Client approached EMT and stated that they felt "nausea." Lead nurse and Co-Lead nurse also responded. Client was a 17-year-old non-binary individual alert and tracking with their eyes. Client had a chief complaint of nausea. Client stated that they noticed their nausea a few minutes after beginning their observation. This was the clients second dose of the Pfizer vaccine. Client denied any medical history and stated they only take melatonin at bedtime. Assessment revealed no swelling, hives, discoloration, shortness of breath or other signs of anaphylaxis. Client was complaining of nausea that came on abruptly after their vaccination. Client stated they had breakfast this morning but not very much water. Client also stated they felt nervous after their vaccination. Airway, breathing and circulation are intact. Client's initial vitals at 0915 were: 92/64 blood pressure, 68 heartrate, respirations 14, O2 100% on room air, alert and oriented to person, place, date and event. Temperature 97.8*f. Client consented to an additional 30-minute observation and was asked to lie down for at least 15 minutes. Client was provided with water and was reassessed every five minutes until their complaint was resolved. After lying down for 15 minutes, the client stated that their nausea had resolved. Client sat up in an observation chair for the last 15 minutes and stated that their nausea was all gone at the completion of their observation. Clients remaining vitals were 0920 - 110/74, 84, 100%, resp. 14. 0925 - 110/74, 84, 100%, resp 14, 0925- 110/74, 84, 100%, 0930 - 110/74, 88, 100% resp. 14, 0940- 120/78, 88, 100%, resp. 16, 0945 - 118/78, 80, 100% resp 14. Client was provided with relevant vaccine information and instructed to seek emergency care if a severe reaction happened later. RN and EMT worked together to educate client about possible symptoms they could experience. Client acknowledged what they were told and departed facility at 0947 with their mother in positive disposition with steady gait.

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1341640	5/23/2021	VA	15	5/21/2021	5/21/2021	Site: Redness at Injection Site-Mild, Systemic: Allergic: Anaphylaxis-Medium, Systemic: Allergic: Difficulty Breathing-Severe, Systemic: Allergic: Difficulty Swallowing, Throat Tightness-Severe, Systemic: Allergic: Itch (specify: facial area, extremities)-Severe, Systemic: Allergic: Swelling of Face / Eyes / Mouth / Tongue-Severe, Additional Details: pt's tongue felt funny, then her throat felt tingly, progressed to throat beginning to close. given 50mg benedryl and 20mg pepcid at pharmacy and she went by ambulance to ER. she will undergo further testing this week at allergist to see if she is allergic to polysorbate and peg.
1341193	5/22/2021	OK	13	5/22/2021	5/22/2021	Patient received her 1st dose of the Pfizer Covid vaccine around 11:20am, and started feeling bad within about 5-7 minutes of administration. Her grandmother came to the counter to alert me that she wasn't feeling well, patient was lightheaded and just "felt bad". She did say she was nauseous, but was very agitated and had trouble verbalizing what was wrong. She was very hot and clammy, her mother reported that she looked very pale. I went to get a cuff to take her blood pressure, but by the time I got it on her arm, she was slumping significantly in the chair, so we decided to move her back to the clinic room to lay her down and elevate her feet. Her mother and I each took an arm to move her. I thought she may have briefly lost consciousness, her legs were not holding any of her weight, but her head was down, so I couldn't tell if she was alert. We moved her a few more feet into the room and her mother moved to set her down in a chair, she was talking and alert. At this time, her bladder evacuated and she vomited, her mom moved her the rest of the way to the chair. I immediately went back to the room with them and dialed 911 at 11:34am. She was more alert at this time, did not report any difficulty breathing or any swelling or itching of the mouth or throat. She was very anxious/agitated, but she did say that she felt a little better after vomiting. EMS arrived at 11:52, I believe she vomited again before they got here, she did take a few sips of water. EMS left at 12:06pm, the patient and her mother left at 12:07, she was walking on her own, with support from mom.
1340815	5/22/2021	OH	12	5/21/2021	5/21/2021	Sudden nausea, diaphoresis, lightheaded, shortness of breath, injection site pain for approx 10 min

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1340629	5/22/2021	TX	16	5/20/2021	5/20/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Confusion-Medium, Systemic: Hypotension-Severe, Additional Details: Blood pressure dropped 94/33, heart rate 43. Epi-pen 0.3mg wgiven. Personnel (911 team) confirmed patient recovered, vital stable, Ok for parents take patient to ER or home. Doctor confirmed patient had vagal response on 7/12/2019 after vaccinated HPV.
1340628	5/22/2021	TX	16	5/20/2021	5/20/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Confusion-Medium, Systemic: Hypotension-Severe, Additional Details: Blood pressure dropped 94/33, heart rate 43. Epi-pen 0.3mg wgiven. (911 team) confirmed patient recovered, vital stable, Ok for parents take Pt to ER or home. Dr confirmed patient had vagal response on 7/12/2019 after vaccinated HPV.
1337759	5/21/2021	CA	14	5/1/2021	5/21/2021	Pt. c/o tingling in right arm approx. 15 minutes after receiving vaccine. Denies shortness of breath or lightheadedness. BP 106/66, 97%O2 P-60, repeat 98%O2, P-62. Pt. advised slow deep breaths, drink H2O2, massage hand and arm. Pt. reports normal sensation after 20 minutes. Pt advised home, rest, ice on vaccination site PRN, tylenol or ibuprofen prn, call 911 if shortness of breath, swollen lips & tongue & eyes, or tightening in throat develop. Pt & her father verbalize understanding.

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1336933	5/21/2021	MA	12	5/16/2021	5/16/2021	12 yo male presenting with bilateral lower extremity paresthesias and confusion. Admitted to the hospital. Pending discharge to rehab facility. ED Note 5/19/21 Patient is a 12-year-old male with hypogammaglobulinemia, asthma, IBS who presents with weakness in his lower extremities. 6 days ago, patient had seafood and later that night vomited once, nonbloody, nonbilious. 4 days ago, he received the first dose of the Pfizer SARS-CoV2 vaccination. That day, he also felt some burning over the anterior parts of his bilateral ankles. Over the past 3 days, he has been sleeping a lot and had a headache. He has not had a fever or other muscle aches, no subsequent N/V, abdominal pain. Last night, he reported ankle pain to his mom. Today at school, he was playing kickball when he had the sensation that his ankles were not working/gave out and he fell to the ground. He had difficulty getting up and required a wheelchair. He did not lose consciousness, denied CP, palpitations, SOB, headache, vision change during or before that episode. He was not incontinent of urine/stool and had no abnormal movements noted at the time. Since then he has noted twitching in his thighs, calves and toes. He reports weakness throughout both lower extremities and has difficulty with intentional movements at the toes/ankles/knees, weakness in hips. He reports a burning sensation over the anterior ankles/dorsum of foot b/l. Denies fevers, chills, cough, SOB, CP, palpitations, abdominal pain, N/V/C. He endorses diarrhea 3x daily which is his baseline. He has panic attacks 3x daily w palpitations/SOB that self resolve. He has been on keflex for an ingrown toe nail for the last week. MRI performed with normal brain and spine. However, on repeat exam patient has diminished sensation in the bilateral feet and diminished ability to dorsiflex or plantarflex both ankles with very limited toe range of motion. Still with preserved reflexes in the patella and Achilles. Discussed at length with neurology and the family. Differential diagnosis at this point of functional neurological disorder versus Guillaine Barré syndrome. Neurology note 5/21/21 Patient is a 12yo M with hypogammaglobinemia, IBS, and poorly controlled anxiety, presenting with 4 days of lower extremity paresthesias and 1 day of hyperacute onset of lower extremity weakness and perhaps some mild confusion. History notable for covid vaccine three days prior to presentation and anixety surrounding covid and return to school. His general examination is notable for anxious affect with difficult to localize neurologic exam. Exam shows possible bilateral lower extremity weakness of TA and hamstring>quad/IP that is very

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1337499	5/21/2021		14	5/20/2021	5/21/2021	challenging to grade due to poor effort and giveaway, and decreased sensation in a bilateral stocking/glove distribution to all sensory modalities. MRI w/wo contrast brain and spinal cord normal on admission. LP performed in ED also normal. Given negative workup and history of anxiety with recent psychosocial stressors, most likely sudden onset weakness is secondary to a functional neurologic disorder. Plan for discharge to rehab pending PT evaluation.
1338099	5/21/2021	WA	13	5/21/2021	5/21/2021	Pt seen ER Dr this morning 5/21, Vaccine reaction, initial encounter, dysphagia and pain with swallowing, received Pfizer first covid vaccine yesterday, some pain in arm after vaccination, no initial issues noted, went to bed, woke up in night complaints of painful and difficulty swallowing water, no shortness or breathe or difficulty breathing, no rash, mom gave bendayl at home this morning, able to swallow food and water now, no issues with prior vaccines, pt does have seasonal allergies, pt. discharged home with mom, continue over the counter allergy med like claritin or zyrtec for next few days, follow up with PCP for recheck prior to decision about 2nd vaccine.
1338627	5/21/2021		17	5/13/2021	5/14/2021	Patient was administered vaccine at 3:20pm, symptoms started in approximately 10 minutes. (911 called and stayed on phone until paramedics arrived). difficulty breathing, shortness of breath, became less responsive, eyes closed, stopped speaking. Patient lying down with legs elevated. epinephrine 1.25mg injected into left thigh via auto-injector at about 3:25 continued to monitor patient with the help of parents. Patient started arousing in a couple minutes. paramedics arrived. paramedics transported.
						Chest pains, difficulty breathing, outcome: diagnosed with myopericarditis and costochondritis as well as inflammation in joints. Was in the hospital for 7 days and was on IV, morphine and then switched to hydro-morph for severe pain. Was given ketorlax via lv for inflammation as well and steroids. Has been put on steroids for 1 month, Colchicine for 3 months, naproxen for inflammation.

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1339031	5/21/2021	NY	17	5/21/2021	5/21/2021	Initially developed hives then swelling of lips, face and difficulty breathing with cough (anaphylaxis reaction). Treated by school nurse with epipen then ambulance paramedics arrived and administered nebulizer treatment, IM benedryl, dexamethasone and transported to ER for follow up stabilization. ER administered additional antihistamine. Patient was discharged from ER stable and in much improved condition.
1337056	5/21/2021	TX	16	5/1/2021	5/19/2021	Patient is a 16yo girl admitted on 5/19 with sepsis secondary to myocarditis and pneumonia, s/p IVIG, after presenting with fever, myalgia, sore throat, hypotension, elevated troponin, elevated CRP, and leukocytosis with left shift. Sore throat has been present for about a week and fevers began on 5/17 with a Tmax of 103. On 5/18, she began developing shortness of breath and upon evaluation by the PCP on 5/19, she was admitted. During initial workup on 5/19 upon admission, hospitalist was high concerned as she developed hypotension of 91/48 on 5/20 at 08:35am. CT of chest on 5/20 showed patchy consolidation of the posterior lower lobes bilaterally. At that point, I was contacted and recommended broadening regimen to clindamycin , ceftriaxone, and azithromycin. Upon transfer to Hospital, further serologies were collected which showed leukocytosis with left shift, highly elevated CRP, elevated troponin, elevated IL-6, elevated ferritin, negative Covid abs test, negative RVP, and negative Covid PCR. IVIG (2grams/kg) started on 5/20 at 22:57. Cardio and ID on board and all regular myocarditis infectious workup has been collected. ID consulted for workup and management. Of note, patient received the Covid vaccine on 5/1/21
1337932	5/21/2021	DC	14	5/20/2021	5/20/2021	Patient developed a headache similar to her chronic migraines (bifrontal, rated 4/10) with no associated nausea/vomiting, altered mental status, LOC, shortness of breath. She preferred to leave with mom (who agreed that her symptoms were similar to chronic headaches) and were going to take medication when she got home. Mom was going to bring her back if the symptoms worsened or were not resolved with her regular medication.

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1334629	5/20/2021	WA	17	5/7/2021	5/14/2021	17-year-old male with a past medical history notable for autism who presents with 3-day history of worsening tachypnea, shortness of breath tachycardia. Patient presents with elevated BNP and troponin as well as severely depressed LV function on echocardiogram with associated EKG changes. Echo on admission with EF 22% and severe acute LV systolic and diastolic heart failure. Now on milrinone 0.5 mcg/kg/min, Lasix 20 mg IV q8h. Repeat 5/18 today continues with severe dysfunction, EF 28%. Troponin 0.09, BNP 616. Started carvedilol 5/19.
1333955	5/20/2021	MD	15	5/19/2021	5/19/2021	patient reported itching to below arms and chest. This progressed to the upper back area. she denied shortness of breath, trouble breathing or rash. She has no previous reactions to vaccines and did not take this morning. she has allergies to Penicillins and Omnicef. No improvement to pruritus. so patient was given 25 mg of Benadryl. she was instructed , it can cause drowsiness. patient or guardian instructed to notify primary care physician of reaction to ensure safety to receive second dose. patient instructed to notify medical Doctor if situation worsen or don't improve in 5 to 10 minutes.
1333832	5/20/2021	CA	14	5/19/2021	5/19/2021	Patient was administered the first Pfizer Covid 19 vaccine per protocol and was seated for observation post administration. She became faint. Pharmacy staff broke an ammonia inhalant to help the patient recover. She responded quickly, but did require additional whiffs later. When questioned, she stated that she was having no difficulty breathing, swelling in throat, and no obvious rash. She was accompanied by her mother, who declined emergency medical care/911 assistance. The patient was not wearing constrictive clothing, so no adjustments were necessary, but she did recline further in the chair. She was also provided with cool, wet, paper towels for her forehead and neck. When she was feeling better, she had a few sips of water. Although offered a motorized cart to leave the store, she left with both parents walking with no assistance. On 5/20/21 we reached out to the family and spoke with her father. The patient did have a minor headache the evening of her vaccine administration, which has resolved. She does have a sore arm, which is a common side effect of the vaccine, Her father has reached out to her pediatrician to see whether she should get the second dose or not. He has not yet received a response.

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1333629	5/20/2021	NY	16	5/12/2021	5/14/2021	Patient developed sudden onset of chest pain and shortness of breath worse with supine position. Patient went to the ER and ECG was done which was consistent with Acute Pericarditis. Patient was treated with Ibuprofen 600mg PO TID with resolution of his chest pain and SOB. patient was discharge home from the ER with cardiology follow-up 2 days later. Patient continues to have no chest pain or SOB and continues on Ibuprofen 600mg PO TID at this time. Repeat labs are pending.
1331159	5/19/2021	CA	17	5/19/2021	5/19/2021	Client received 1st COVID vaccine of Pfizer (Lot# EW0185 expiration 05/23/2021). At 1347, RN assisted Client to stand up from vaccination chair. Client began to have unsteady gait. Both RN and RN assisted Client back to the gravity chair. At 1348, RN and PHN responded to the event. At 1348, vital signs are blood pressure 116/72, heart rate 64, oxygen saturation 100%. Client reported no blurry vision no headache, appearance is pale. Client is accompanied by mother. Per client's mother, Client has no medical history, allergies to dogs, and a history of syncope and lightheaded with needles/vaccines. At 1352, vital signs are blood pressure 118/82, heart rate 62, oxygen saturation 100%. Client reports lightheaded, feels tired, no shortness of breath, no headache. Supplemental nutrition and fluids provided to Client . Client accepted. At 1357, vital signs are blood pressure 116/76, heart rate 63, oxygen saturation 100%. Client reports no headache, no blurred vision, lightheaded improving, feels "sleepy", and skin tone returning to appropriate ethnicity. PHN educated client and mother ED precautions, common adverse effects of COVID vaccine, and emphasize a follow up with primary care provider. At 1400, vital signs are blood pressure 118/72, heart rate 63, oxygen saturation 100%. At 1402 Client stood up with no complains. At 1403 Client walked out of vaccination facility with a steady gait accompanied by mother.
1330134	5/19/2021	NJ	12	5/18/2021	5/18/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Allergic: Itch (specify: facial area, extremities)-Severe, Systemic: Allergic: Itch Generalized-Mild

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1330412	5/19/2021		15	5/15/2021	5/15/2021	At 114, patient reported feeling light headed to EMT. EMT assessed patient vitals: blood pressure (unable to obtain blood pressure), SpO2 94%, and pulse 54 beats/minute. Patient given water and rested head on mother's shoulder. Patient reported no difficulty breathing/itchiness/hives/rashes. Patient reported history of eosinophilic esophagitis. Patient reassessed at 1120. Patient vitals were blood pressure (unable to obtain), SpO2 96% and pulse 96 beats/minute. Patient reassessed at 1140. Patient vitals were blood pressure 96/80 mmHg, SpO2 100% and pulse 90 beats/minute. Patient stated she felt a lot better. Lead nurse educated patient on following up with primary care provider, signing up on v-safe, and signs/symptoms of when to seek emergency care.

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

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1331123	5/19/2021		13	5/18/2021	5/18/2021	Client received the COVID vaccine (Pfizer dose 1, lot # EW0185, expiration date 5/22/2021) at 2010. The client's father accompanied her, and reported to EMT at 2022 that the client was "hearing echoes." RN, EMT, and another EMT responded at that time. Per the vaccinating RN, the client had stated that she is afraid of vaccinations and has felt dizzy with previous vaccinations, but the client deferred using the zero gravity chair previously. The client's skin was pink, warm, and dry; she was alert and oriented. She denied dizziness, shortness of breath, chest pain, nausea, or any changes in breathing. At 2026, the client's vital signs were as follows: heart rate 66, O2 98, respiratory rate 24, blood pressure 80/50 (using an adult cuff that was too large for the client). The client's pulse was normal. The client stated that "this usually happens with shots" and endorsed feeling anxious. The client was transferred to the zero gravity chair at this time and denied any dizziness with the transfer. The client's father stated that the client has no allergies or medical conditions, and that she takes no medications. The client stated that she ate lunch but no dinner today. The client was offered water to drink at this time. The father of the client deferred taking benadryl at this time. At 2030, the client stated that all her symptoms had resolved. She appeared to be sitting comfortably in the zero gravity chair and continued to drink water. Education provided regarding recommended observation time, activation and emergency management, and primary care follow up. At 2035, the client was able to stand up without any dizziness, denied any return of the "echoes" or ringing in her ears, and ambulated around the room with a steady gait. Vital signs were as follows: blood pressure 82/60 with an adult cuff, respiratory rate 22, pulse 64, O2 99. At 2040, the client reiterated that she felt "back to normal." Both the client and her father denied any further questions. The client ambulated to her car with a steady gait, and was driven home by her father.
1330117	5/19/2021	CA	14	5/18/2021	5/18/2021	Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Confusion-Mild, Systemic: Dizziness / Lightheadness-Mild, Systemic: Fainting / Unresponsive-Medium, Systemic: Hypotension-Mild, Systemic: Shakiness-Mild, Systemic: Tachycardia-Mild, Systemic: Weakness-Mild

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1331293	5/19/2021	CA	14	5/19/2021	5/19/2021	Client received 1st COVID vaccine of Pfizer (Lot# EW0185 expiration 05/22/2021). Client has been sitting in vaccination chair for 5 minutes. RN provided supplemental nutrition and fluids. Client accepted fluids, but refused nutrition, states "I'm not hungry". At 1455, RN and PHN observed Client leaning forward with hand on his head. Client appeared to be pale. At 1456, RN and PHN assisted Client to gravity chair. Vital signs at this time are blood pressure 106/60, heart rate 78, oxygen saturation 97%. Client reports dizziness and blurred vision. Client continues to sit in gravity chair drinking fluids. Client is accompanied by his mother. Per Client's mother, there is no past medical history, no known allergies, but history of dizziness with vaccines. At 1459, Client reports no blurred vision. At 1503 vital signs are blood pressure 112/62, heart rate 77, oxygen saturation 98. Client reports no blurred vision, no dizziness, no headache, no nausea, no chest pain. RN educated Client and mother about ED precautions and common adverse effects of COVID vaccine. AT 1503, vital signs are blood pressure 110/62, heart rate 75, oxygen saturation 99%. Client reports no blurred vision, no dizziness, no shortness of breath, no nausea, no chest pain, skin tone returns to appropriate coloration to ethnicity. At 1507, Client is able to stand up without complaints. Client left vaccination facility at 1508 with a steady gait accompanied by mother
1331307	5/19/2021	CA	12	5/19/2021	5/19/2021	Client complained of itchiness to throat, right arm, left foot, abdomen, and right temple. Denied any difficulty breath or shortness of breath. Able to drink water without difficulties. Offered Benadryl IM. Vital signs stable. B/P 110/56 HR 74 RR 18 O2 Sats 100%. No distress noted.

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1331735	5/19/2021	CA	15	5/19/2021	5/19/2021	Pt received vaccine with mother present at 1419, c/o dizziness, lightheadedness, blurry vision, difficulty hearing, at 1439. Pt states she did not eat lunch. Nursing team intervened by taking vitals, placing wet towel on forehead, lying pt in supine position with legs elevated. Pt VS stable, pulse in 80s, BP(120s/80s), 99% on RA, RR 16-18, no respiratory distress, no s/sx anaphylaxis. Pt states she did not eat lunch. Gatorade offered to pt. Dizziness improves in supine position but returns upon sitting. At 1532 pt states she has facial numbness. EMS called at 1535. EMS arrived at 1557 and assessed pt. Pt?s BG is 93, VS stable. Pt reports feeling dazed, unable to focus, blurry vision and difficulty hearing. At 1602 EMS informed pt that they will take her to Medical Center, pt immediately got agitated and started crying and hyperventilating. 1604 pt stated she had difficulty breathing and a light localized rash began to appear on her chest. 1605 EMS transported pt. Pt?s mother to follow.
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1331046	5/19/2021	CA	13	5/19/2021	5/19/2021	On 5/19/2021 client received her first dose of the Pfizer Covid-19 Vaccine (lot #EW0185, expiration 08/2022) at 12:42. Client was found sitting upright in her chair with her mother and appeared melancholy. Client was a 13-year-old female, alert and tracking with her eyes. Client had a chief complaint of headache at 12:48. EMT and RN responded. Client stated that she began to have a headache a few minutes after her observation had begun. This was the client's first dose of the Pfizer vaccine. Client's mother did not report any allergies or medical history. Assessment revealed no hives, rash, discoloration, shortness of breath or other signs of anaphylaxis. Client described a generalized headache with dizziness and stated that she had eaten breakfast this morning. Airway, breathing and circulation were intact. Client denied pain throughout the rest of her body. Vitals at 12:52 were blood pressure 122/74, pulse 84, respirations 18, O2 100% on room air, temperature 97.6*f, lung sounds clear bilaterally, and client was alert and oriented to person, place, date and time. Client's mother consented to allowing the client to lie down for 15 extra minutes but refused to remain for the entire 30-minute additional observation. Client's mother was instructed to seek emergency care or medical attention if condition becomes severe after leaving vaccination site. Client's final vitals were consistent at 13:07: blood pressure 118/78, pulse 84, O2 100% and respirations 18. Client's mother was provided with all vaccine related information and acknowledged that she already knew what signs and symptoms to look for as she was already vaccinated as well. departed facility with her mother at 13:07 with client's mother stating "I have another appointment.~~
1327004	5/18/2021	IL	15	5/16/2021	5/16/2021	Patient experienced difficulty breathing and felt throat was closing within 3 minutes after administration of vaccine. Also complained of change in vision (temporary loss of vision) and skin tone changed in tone (face turned pale). Epi-pen was administered and 10 ml of liquid Benadryl.
1326483	5/18/2021	TN	17	4/16/2021	4/16/2021	Tingling sensation in tongue and face. Reports swelling to left side of face with most evident swelling being to lips, cheek and eye lid. Denies any difficulty breathing or swallowing. All symptoms resolved within 24 hours, used OTC Benedryl

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1325412	5/18/2021	HI	15	5/15/2021	5/15/2021	Patient had vasovagal event at Vaccine clinic. LOC < 10 seconds, Reported feeling dizzy, nauseous, and lightheaded. Patient was laid down on cot, VSS. Laid for 10 min, sat with legs dangling for 10 minutes. Given juice for sugar boost and water. Patient's mother present. States he has had episodes like this in the past. Patient is a vegetarian. Denies HA, difficulty breathing, SOB, CP. 1:08pm VS: BP: 84/62 O2: 98% HR: 52 - laying PERRLA, HRR, no vomiting. 1:13pm VS: 90/59, O2:98%, HR:54 Discharged at 1:30pm in stable condition in care of mother. Return/ED precautions given. -
1326494	5/18/2021	CT	17	5/14/2021	5/15/2021	Patient is a 17 yo male with no hx asthma who presented to medical center ED as transfer from facility with pleuritic chest pain and fever x1 day. Recent history of second covid vaccine on Friday (5/14). Patient reported associated fatigue, headache and muscle aches late Friday into Saturday (5/15). Sunday patient reported a fever (101 F) and chest pain with deep inspiration. No associated SOB, increased work of breathing or abdominal pain. Was seen initially at urgent care and then referred to facility for "an abnormal EKG." Pertinent findings at facility: troponin 0.31, EKG wnl, rapid covid negative, ESR 9, CK 134, D-dimer <150, WBC 12.4 w/ left shift. Transferred to medical center for further workup. While in medical center ED, troponin 1.59. EKG rSR' leads V1-V3 w/o ST segment elevation. MISC tier 1 studies drawn. Cardiology consulted - admit for observation, myocarditis infectious workup, echocardiogram and During his time in the ED, patient continued to have pain with deep inspiration as well as when he had to yawn. He other wise felt fine. Vital signs normal throughout out time in ED. His troponin continued to rise, with max of 14, so decision was made to start IVIG and steroids. His troponin fell over the next day. He remained stable from a clinical standpoint, and symptoms had resolved by the morning of 5/18. At time of filing, patient is still hospitalized at medical center, with further labs and imaging pending.
1326626	5/18/2021	CA	16	5/17/2021	5/17/2021	Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Dizziness / Lightheadness-Mild, Systemic: Fainting / Unresponsive-Medium, Systemic: Shakiness-Mild, Additional Details: 911 was called for vitals after patient passed out. Paramedics stated that patient experienced syncope when standing up. also has history of anxiety.

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1326629	5/18/2021	MI	15	5/17/2021	5/17/2021	Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Confusion-Medium, Systemic: Dizziness / Lightheadness-Severe, Systemic: Fainting / Unresponsive-Severe, Systemic: Hypotension-Severe, Additional Details: sweating profusely, EMS called and came to pharmacy, checked on pt and all clear for him to leave, parents had no problem and said they didnt need anything before they leave
1326841	5/18/2021		14	5/14/2021	5/14/2021	Pt screened to wait for 15 mins and when asked if he was feeling okay to leave, reported fatigue and tightness in throat. Father reported hx of asthma. I evaluated him and determined reaction to be anxiety-induced. HEENT and Pulm exams normal. I encouraged hydration, and calmed pt down with casual conversation and held for 40 mins
1327256	5/18/2021	MA	16	5/15/2021	5/16/2021	Briefly, patient with history of asthma and food allergies, presenting with hives, nausea, and swelling, in setting of receiving Covid vaccine 36 hours ago. Family had given benadryl and zyrtec without improvement, and symptoms were worsening to presents for evaluation. My exam (after Epipen) showed: Gen: nontoxic appearing; HEENT: no lip/tongue/uvular edema, PERRL, EOMI, normal conjunctiva, neck supple without LAN; Card: RRR, no murmur, good perfusion; Lungs: CTAB, good air entry, no increased WOB, no wheezing; Abd: soft, non-tender, non-distended, no masses; Ext: warm and well perfused, moving all extremities; Skin: hives over hands, arms, abdomen, and legs, including between fingers and on soles of feet Patient presenting with allergic reaction after Covid vaccine, could be more benign allergic reaction such as urticaria multiforme, but given constellation of symptoms and history of severe allergic reaction in past, will treat as anaphylaxis. Therefore given Epipen, steroids, and will plan for observation. Observed 4 hours and continued to be well appearing without symptoms of rebound anaphylaxis. Therefore, patient safe for discharge to home with supportive care and PCP follow up. Given Rx for benadryl and steroids, refilled Epipen. Family in agreement with plan and verbalize understanding of signs and symptoms to return to care. Final Diagnosis 1. Anaphylaxis T80.52XA

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1327345	5/18/2021	CA	16	5/17/2021	5/17/2021	On 05.17.21 patient received his first dose of the Pfizer Covid-19 vaccine (lot # EW0182 exp. 08/2022). Client's mother signaled to EMT that they needed assistance. EMT and RN responded. Client was a 16-year-old male found sitting upright and leaning forward while alert and tracking. Client had a chief complaint of ringing ears and uneasiness. Client stated that he began to notice his ears ringing a few minutes after observation began. Client's mother was unable to console the client prompting her to calmly wave for assistance. This was the client's first dose of the Pfizer vaccine. He and his mother both deny any medical history, allergies, or regular medication use. Assessment revealed no hives, rashes, discoloration, swelling, shortness of breath or other signs of anaphylaxis. Client complained of unspecified uneasiness while leaning forward but exhibited no accessory muscle use. Client denied any pain throughout his body. Airway, breathing and circulation were intact. Client stated that he was "nervous" before receiving his vaccine today due to stories he had heard from his peers. Client then stated that he felt like he "couldn't move [his] hands" despite there being no obvious range of motion compromise. Vitals at 1332 were pulse 76, O2 100%, lung sounds clear bilaterally, alert and oriented to person, place, date and event, respirations 20. Client and mother both consented to an additional 30 minutes. Client was assisted from his observation chair to a bed by EMT and mother and stayed there for the remainder of his observation. After approximately five minutes of lying down, the client stated that he felt "much better." Remaining vitals: 1337 - 118/78, O2 99%, Resp. 16, HR 76, 1349 - 110/76, HR 72, O2 99%, Resp. 16. 1402 118/78, O2 100%, HR 72, Resp. 16. Client's mother was provided with all relevant vaccine information and instructed to seek medical attention if further concerns arise in the evening. Client denied EMS transport. Client completed his observation at 1402 and departed with his mother at 1402 in positive disposition with steady gait asking his mother if he could go out and "skate".
1328022	5/18/2021	WA	17	5/17/2021	5/17/2021	Pt received 1st dose of Pfizer vaccine. Per safety officer to this writer: Pt sitting in post observation and c/o chest tightness without difficulty breathing. Pt denies other symptoms. HR and oxygen sat WNL. Pt states symptoms resolved on own after 10 min. Pt instructed to seek medical care if symptom persist. Pt exited facility in company of Pt.

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1328715	5/18/2021	CA	14	5/18/2021	5/18/2021	<p>Patient received the 1st COVID vaccine (Pfizer Lot #EW0185 expiration 05/22/2021) at 1426. Patient alerted EMT at 1503 that his palms were feeling sweaty, and he was feeling a discomfort in the right side of his chest on inspiration. PHN responded. Patient's skin was appropriate to skin tone, and warm to the touch. Patient was alert and oriented and was breathing and speaking with an even tone. Vital signs were taken at 1505 (oxygen 99% heart rate 73 blood pressure 156/102). Patient stated that he was feeling anxious about the vaccine prior to receiving it. Vital signs taken at 1510 (Oxygen 98% heartrate 67 blood pressure 138/78). Patient stated that his palms were not sweaty anymore. At 1514 patient stated that the discomfort was a "little better." Blood pressure taken at 1516 (136/78). Patient offered water. At 1523 patient stated that he took a sip of the water and the discomfort came back more intense and was a "burning" feeling traveling up his right lung. Patient pointed to his right collar bone area when asked to point to where the pain was coming from. At no time did the patient complain of difficulty breathing or shortness of breath. Vital signs taken at 1526 (oxygen 97% heartrate 68 blood pressure 150/90). Patient stated that the feeling would come and go. His stepsister who was accompanying him went to grab his mother from outside at 1530. EMS was called at 1537 by PHN. EMS arrived at 1539. Patient and mother refused transport to hospital and signed AMA at 1551. Patient and mother advised to follow up with primary care provider. Mother stated that they were taking him to the hospital as soon as they left. Patient and mother advised that if life threatening symptoms accrue on the way to the hospital to call emergency services. At 1553 the patient stated that the pain was "gone for now." Patient left at 1553 with mother and stepsister unassisted with a steady gait. Patient has no medical conditions, is not taking and medications and does not have any allergies.</p>

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1328746	5/18/2021	CA	15	5/18/2021	5/18/2021	Client received the 1st COVID vaccine of Pfizer (Lot#EW0185 expiration 05/22/21) At 4:28PM client reported dizziness, lightheaded, headache, no blurred vision, no chest pain, no shortness of breath. Client has been waiting for 20 minutes in the observation area. at 4:33PM RN responded to event. Vital signs are blood pressure 100/62, hear rate 73, oxygen saturation 99%. Client reports slight headache towards the frontal lobe. Per client and client's father, there is a history of asthma and no known allergies. At 4:38PM EMT obtain vital signs that are blood pressure 110/60, heart rate 74, oxygen saturation 99%. Client reported feeling weak, no dizziness, and no lightheaded. Provided supplemental nutrition and fluids to client. Client accepted. RN educated client and father about ED precautions and common adverse effects of COVID vaccine. At 4:47PM vital signs are blood pressure 100/60, heart rate 82, oxygen saturation 99%. Client reports not feeling symptoms. All symptoms had resolved. Client has steady gate and is waiting for other siblings to complete observation time.
1328752	5/18/2021	CA	16	5/18/2021	5/18/2021	Client received 1st COVID vaccine Pfizer (Lot#EW0185 expiration 05/22/21). At 4:28PM Client reports headache, no dizziness, no lightheaded, no blurred vision, no chest pain, no shortness of breath. Client has already completed 20 minutes of observation. EMT obtained vital signs blood pressure 116/71, heart rate 87, oxygen saturation 98%. At 4:33PM, RN responded to the event. Client and father reports history of asthma and no known allergies. Offered supplemental nutrition and fluids. Client accepted. Client reports to RN about no chest pain, lightheaded was improving, headache is going down. At 4:39PM vital signs are blood pressure 130/84, heart rate 96, oxygen saturation 99%. Client reports lightheaded, blurred vision, no shortness of breath. RN educated Client and father in regards to ED precautions and common adverse effects of COVID vaccine. 4:44PM vital signs are blood pressure 121/79, heart rate 92, oxygen saturation 98%. Client reports no chest pain, no shortness of breath, lightheaded is improving, headache is going down, no blurred vision, no dizziness. Client remains sitting in a chair and eating/drinking supplemental nutrition and fluids. At 4:49PM vital signs blood pressure 118/78, heart rate 89, oxygen saturation 99%. Client reports all symptoms has resolved. Client has a steady gate and is waiting for other siblings to complete observation.

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

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1323410	5/17/2021	MA	12	5/13/2021	5/13/2021	<p>From ED Note: 12 year old male with PMH of asthma on flovent, food allergies with epi-pen (has not required this) and pre-syncope/syncope who presents with concern for loss of consciousness and possible seizure-like activity following a COVID vaccine. Mom notes that he was in his usual state of health when he presented to COVID clinic to get his first vaccine. He got the Pfizer vaccine, seconds after getting in his left arm, mom noted that he looked very "wide eyed" and distraught. She notes that he slumped forward and had lost consciousness for approximately 5 seconds. She noticed shaking movements in his right arm and bilateral lower legs. She notes that his left arm was against her and therefore cannot comment on it. She notes that his eyes were closed. No tongue biting and no incontinence. No secondary trauma. She notes that when these 5 seconds were over he then had a period for about 30 minutes where he looked pale and was breathing heavy but was alert and answering questions. She notes that he has had presyncopal episodes and episodes of feeling faint when getting flu shots in the past. However, this time she noted that he had shaking which made her nervous for possible seizure activity. Patient denies any chest pain or headache prior to the symptoms. She came via ambulance for further evaluation. On arrival, he reports that he feels 90% back to his baseline. He notes that he does not feel quite ready to run around yet however denies any pains or discomforts, headache, weakness, numbness, or tingling. He had eaten a full breakfast prior to getting the shot. He had a normal night sleep and a normal day yesterday per mom. Medical History: as above Surgical history: none Family History: Reviewed and no pertinent related family hx pertaining to this visit Social History: Lives with family Allergies: food allergies Medications: flovent, epi-pen Immunizations: Up to date Medical Decision Making 12 year old male with PMH of asthma on flovent, food allergies with epi-pen (has not required this) and pre-syncope/syncope who presents with concern for loss of consciousness and possible seizure-like activity following a COVID vaccine. On arrival, he was alert, well-appearing, in no acute distress. His vital signs were normal for age on room air. His physical exam was very reassuring as above with a normal neurologic and cardiac evaluation. Differential includes vasovagal/syncope in the setting of a known stressful trigger vs seizure given report of shaking in his extremities. We feel the latter is significantly less likely given the timeline of the events. Has no known seizure activity nor any triggers per history (fever, trauma, etc.). He also has a</p>

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1322915	5/17/2021	FL	17	5/16/2021	5/16/2021	normal neurologic assessment. At this time we will defer neurology consults given low concern for seizure. It is possible that this represents a side effect of the vaccine however we also feel that this is less likely given the fact that his symptoms have been seconds after receiving the vaccine. Nonetheless we reported the symptoms to the pharmacist who recorded it in the database. We attained an EKG showing a known incomplete right bundle branch block (unchanged from 2013) and a slightly prolonged QTC of 477 (previously 451). I encourage patient to stay well-hydrated, well rested in the setting of his suspected syncopal episode this morning. I also suggested that for further vaccinations, that he lay down on the table and drink/eat well prior. We provided strict return to ED criteria in the setting of worsening symptoms. All questions were answered at the time of discharge. Mom verbalized her understanding and agreement of the plan. He was discharged in a stable condition with mom at side. **After patient was discharged, cardiology called the follow-up team due to the prolonged QTC to ensure that we were aware. I contacted the patient's PCP to do a follow-up EKG in 1 month's time.
						THE PATIENT, AFTER RECEIVING ONE DOSE OF VACCINE, PASSED OUT AND WAS HAVING DIFFICULTY BREATHING, SHORTNESS OF BREATH, SWEATING. SHE WAS CONSCIOUS AT THE TIME THE EMS ARRIVED.

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1323004	5/17/2021	CT	17	4/30/2021	5/10/2021	<p>17 y.o. male with non contributory PMHx presents with chest pain. Patient began not feeling well on Monday May 3rd with muscle aches, sore throat, dry cough, and headache. Received COVID vaccine on Apr 30. He woke up Friday May 7 he developed a fever to 102F. Went to urgent care yesterday was diagnosed with strep based on suspicion (negative rapid, culture pending) and started on amoxicillin. Rapid covid was negative at that time as well. Now presents for chest pain. He has woken up that last two mornings with chest pain (worse when laying flat), pain is substernal, sharp/throbbing, radiates to the left arm. Belching a lot. Palpitations and one episode of emesis prior to arrival. Suspected symptoms were from gas so took charcoal tablets prior to arrival without relief of symptoms. Has been taking ibuprofen for discomfort (400 mg every 4-6 hours for > 7 days). No shortness of breath. No abdominal pain. No diarrhea. No hematuria or dysuria. No family history of sudden cardiac death or significant for CAD. No known tick bite. Of note, received Pfizer dose 2 3d prior to symptoms starting. Presented to ED earlier tonight where exam was notable for: Low-grade temp, mildly hypertensive with otherwise stable vitals, appears uncomfortable, belching, neck is supple without meningismus, bilateral tonsils 1+ with exudate, oropharynx is erythematous, uvula midline, no trismus, no swelling, lungs clear, regular rhythm mild bradycardia, no murmurs rubs or gallops, abdomen is soft and nondistended with mild tenderness in epigastrium and right upper quadrant they did ECG, bedside Echo, Strep PCR, zofran, maalox, pepcid, IVF, tylenol, and labs which were notable for elevated troponin -> 13.58 d/w YSC Ped ED and tx</p> <p>Assessment: Patient is a 17 y.o. male previously healthy who presents with 1 week of malaise, and 3 days of intermittent substernal chest pain (now resolved), found to have elevated troponin and ST segment elevations in I and lateral leads c/f myopericarditis. Etiology is unclear at this time, likely viral vs post-vaccine. Exam notable for exudative pharyngitis, however Strep and CMV neg. EBV serology with positive EBNA only. Labs otherwise notable for elevated CRP 180, ESR 38, some transaminitis, ferritin/D-dimer wnl. COVID RNA neg, spike Ab positive c/w recent COVID vaccination. Normal function on ECHO. CRP continues to downtrend. Troponin has started downtrending again and pt remains asymptomatic. Plan</p> <p>Plan: #Myopericarditis - Repeat echo today - q8 troponin, AM CBC, CRP, ferritin - Motrin 400mg prn - steroid taper per Rheumatology recs 30mg PO BID for 7 days 30mg PO qday for 7 days 15mg PO qday for 7 days</p>

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						days 7.5mg PO qday for 7 days 2.5mg PO qday for 7 days Off - f/u ID and rheum labs - continuous telemetry: patient at high risk of arrhythmia #FEN/GI - Regular diet - strict I/O - Pepcid 20mg BID #dispo - steroid taper sent for delivery to bedside - upon d/c start ASA - f/u cardiology - If echo today reassuring and troponin continuing to downtrend will plan for discharge this afternoon
1324187	5/17/2021	CA	12	5/17/2021	5/17/2021	Patient received in RN triage area, post-COVID vaccination administration. Patient being observed for 15 minutes as recommended per CDC guidelines and facility policy on post-vaccination RN monitoring. Patient sitting in chair and reported feeling dizzy/lightheaded, blurred vision, ringing in the ears, patient noted pale, clammy, and diaphoretic, patient reporting feeling short of breath. Rapid response called. 14:05 Vitals: 75/34, HR: 54, 97% Patient placed on gurney, in the supine position. Patient and mother denies adverse reactions to vaccinations in past. Denies any medical history besides asthma. 14:10 Vitals: Bp: 105/53, Hr 83, 100% on 2L. Patient now denies any dizziness/lightheadedness, blurred vision, ringing in ears, and shortness of breath. 14:15 BP109/65, HR: 72, O2: 100%. COVID vaccination fact sheet and discharge information provided to patient on D/c from clinic, patient advised to review. Verbalized understanding. Appointment for 2nd COVID vaccination provided to patient. All questions and concerns addressed. Advised to follow up as needed. Patient departed with mother at 1435 symptom free.
1323091	5/17/2021	NC	14	5/14/2021	5/14/2021	Pt was given COVID vaccine #1. Approximately 10min after vaccine administration pt reported losing his vision, having difficulty breathing and numbness in left arm. Denied chest pain, headache, nausea. Pt pulse 59. SpO2 91-96%. Pt pupils dilated. Pt alert x2. This RN called 911 with mother's permission. EMS arrived @1800. At that time pt alert x3, no longer pale, numbness decreased, difficulty breathing resolved. Pt walked out of the office on his own. He was not taken to ED via Ambulance.
1323863	5/17/2021	FL	16	5/16/2021	5/16/2021	Shortness of breath, throat felt tight, extremely nauseous

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1325256	5/17/2021	IL	15	5/16/2021	5/17/2021	Patient received a first dose of Pfizer vaccine around 10am on 05/16/2021. Around 6pm on 05/17/2021, patient's mother called and stated that her daughter feels difficulty breathing, SPO2 at 94, heaviness in chest (she describes like an object was sitting on her chest) and chest pain (on scale 0-10, with 10 is the most intense pain, pt reported 8/10). In addition, pt has been experiencing chills since the day of the vaccination. Parent gave the child ibuprofen before calling pharmacy. Pt 's mother reported that her daughter dose not take any medication nor any herbal supplement. The daughter has a history of heart murmur. Based on the severity of the symptoms, we advised the mother to take her child to emergency care.
1325269	5/17/2021	WA	17	5/17/2021	5/17/2021	While waiting at the pharmacy after receiving the COVID19 vaccine at 6:17 pm , I have been called by the patient?s sister that her sister needs help. When I reached the patient was on the floor conscious, had pulse and reported no shortness of breath, but seemed lightheaded. Customer?s mother held customer while she?s sitting on the floor , no injury reported by customer. Pharmacy associate, was asked to call 911, and to alert Management . EMS arrived and checked patient and confirmed that the patient?s vitals were good and found out from customer that she did not eat anything since yesterday. Customer stated that she was feeling good and told EMS personnel that she did not want to be taken to the hospital. After EMS had left, customer was asked to wait at the pharmacy until she felt it's safe for her to leave. At 7:09pm , customer was asked to go home along with her mother and younger sister. Customer seemed alert, conscious and mobile.

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1323687	5/17/2021	CA	15	5/16/2021	5/16/2021	client signaled to EMT for assistance. Client was a 15 year-old male found sitting upright, alert and tracking and stating he was dizzy. Client had a chief complaint of dizziness. Client stated that he began to feel dizzy approximately "2-3 minutes" after his vaccination. Client denied falling and denied any injury. Client denied any allergies or past medical history. Assessment revealed no swelling, discoloration, hives, shortness of breath or other signs of anaphylaxis. Client stated that he felt dizzy but denied any pain throughout his body. Client appeared mildly pale but was alert and oriented to person, place, date and event. Client's airway, breathing and circulation were intact. Vital signs: pulse 78, O2 99%, Respirations 12, Blood pressure 118/82, Eyes equal and reactive to light, lung sounds clear bilaterally. Temperature 97.8. Client and his mother consented to an additional 30 minute observation. Client had a granola bar and juice while waiting and his color pallor subsided. After lying down for five minutes, client stated that he felt better. Remaining vitals were: 0945 - 99% O2, pulse 76, respirations 18, blood pressure 118/78, 1000 - 116/78, Pulse 70, respirations 16 99% O2, 1010 - 118/78, Pulse 76, Respirations 16, 99% O2. Client's mother was provided with all relevant information and instructed to seek medical care or the emergency room if signs of a severe allergic reaction occur later. No medications were administered.
1322376	5/16/2021	AZ	14	5/16/2021	5/16/2021	Pt. developed a skin rash on chest. Denied any difficulty breathing. Benedryl 25 mg was administered. Vitals were wnl. Rash diminished and pt was cleared to leave.
1321955	5/16/2021	TX	15	5/15/2021	5/15/2021	Patient stated his throat was tightening up and that he was having difficulty breathing shortly after (~20 min) receiving the vaccine. Parent stated that the patient has a known allergy to peanuts but was assured that the covid19 vaccine from Pfizer does not contain any peanuts. I checked to make sure the patient didn't have any hives or swelling in any other areas of body and face. Patient was still alert and able to speak but did display some labored breathing. I had an EpiPen ready to administer but first gave him 50 mg of diphenhydramine liquid which he showed difficulty ingesting and continued to monitor while EMS was on their way. When EMS arrived they checked the patient's O2 and it was at normal levels. EMS determined patient was okay and gave the parent the option of taking the patient home or she could have him taken to the ER in an ambulance. Parent decided to take patient home.

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1321777	5/16/2021	RI	14	5/14/2021	5/14/2021	Within 10 minutes after the vaccination, there were some body tremors and dizziness, then she lost vision, hearing and ability to speak for a few seconds, followed by difficulty breathing and a feeling of her heart ?jumping out of chest.? Eventually, she recovered, but her right hand (not the injection arm) still has involuntary tremors, which has not gone away.
1321060	5/15/2021		13	5/15/2021	5/15/2021	PATIENT REPORT ANXIETY, DIZZINESS, HEADACHE. NO SHORTNESS OF BREATH. SYMPTOM START AS THE PT PULLED UP TO OBSERVATION PT APPEARED PALE. VS ; HR 65 O2 SAT 97% PT INSTRUCTED TO HYDDRATE AND LIE DOWN IN CAR PT STARTED FEELING BETTER AFTER ABOUT 5 MINS PT LEFT SITE FEELING WELL
1320836	5/15/2021	NC	14	5/13/2021	5/13/2021	Patient received vaccine at Health dept 5/13/2021 at 4pm. Presented to our office 5/14/21. seen by Dr 3:09 pm, complaint that had facial burning 1-2 hours after first dose COVID vaccine. School nurse called and reported face swollen and throat itching took Benadryl and did not help. no cough or wheeze, throat itchy called and spoke allergist who stated did not expect allergic run to last that long and people will idiopathic urticaria can have reactivation of urticaria- VAERS Report filed yesterday Patient returned to Saturday walk in clinic today 5/15/21 and saw me- woke up at 2 AM c/o difficulty breathing but didn't want to bother parents on arrival 09:29 P130 sat 98%- nurses state not in distress at arrival at my arrival in room 10:20 AM noted to have frank stridor and fair to good air movement- patient seems to have worsened while here 0.3 mg Epi given IM and felt better sent to ER by ambulance - Hospital for additional monitoring? in case more epi needed
1321065	5/15/2021	CA	15	5/15/2021	5/15/2021	Patient reported difficulty breathing. Vital signs within limit after the initial assessment: RR 14, BP 110/60 (parent stated that the patient usually runs a low blood pressure). No swelling of the throat, face, or mouth, no signs of respiratory distress was observed. Over the course of 15 minutes patient continued to report difficulty breathing. Paramedics was called, arrived at the scene and transported the patient at 10:55 am per parents request.

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1321102	5/15/2021	PA	12	5/15/2021	5/15/2021	Prior to vaccine administration pt told her mother she was nervous. Pt's mother stated that approximately one minute after vaccine administration pt began having difficulty breathing. Reaction nurse transported pt back to Med Obs 1 and med obs one gave graham crackers, water and assessed vitals 2x times. Both V/S presented normal. Pt was released at 1609 with last set of VS being time: 1606 hrs, P: 88, R: 18, BP: 114/70, SpO2: 99.

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1321144	5/15/2021	CA	14	5/14/2021	5/14/2021	<p>Patient received the 1st COVID vaccine (Pfizer lot # EW0182 use by 5/15/2021) at 1455. The client had a history of fainting (x3) with intramuscular injections. The client reported eating lunch prior to arriving for her appointment. The client was vaccinated in the anti-gravity chair at 1455 by EMT. The client became very pale about 1 minute following the vaccination administration and she loss consciousness for 5 seconds, during this time she had 2 myoclonic contractions. RN and EMT immediately placed the patient in Fowler's position in the anti-gravity chair during the syncopal episode. The patient immediately regained consciousness and was alert and oriented to person, place, time, and situation. The patient remained in Fowler's position and vitals were taken at 1456: BP 125/95 (R arm), HR 45, RR 18, and oxygen saturation at 95%. The patient denied experiencing lightheadedness, shortness of breath, dizziness, nausea, headache, or blurry vision. The patient was given a juice box. The patient's color slowly returned. Vitals were retaken at 1505: BP 123/82 (R arm), RR 20, HR 50, oxygen saturation at 98%. The patient stated, " I usually feel really bad after I faint but this time I feel fine." Vitals at 1510 were as follows: BP 130/70, RR 18, HR 67, oxygen saturation at 100%. The patient was speaking in full sentences and laughing with her friend. Vitals taken at 1515: BP 125/ 68, RR 16, HR 68, oxygen saturation at 99%. The patient was positioned from a Fowler's position to sitting upright. The patient's color returned to her face and she denied any nausea, dizziness, blurred vision, double vision, or chest pain. Vitals were taken at 1520: BP 125/70, HR 82, RR 16, oxygen saturation at 99%. At 1524, the patient's blood pressure was 125/68 and HR was 58. The patient continued to deny any shortness of breath, dizziness, nausea, or vision changes. The patient's heart rate was taken at 1531, HR 55 and again at 1536, HR 62. The patient's mother stated her daughter was currently taking an antibiotic for acne (dosage and name unknown) and denied having any drug allergies or chronic medical conditions. RN instructed the patient and her mother about emergency precautions and to follow up with their primary care provider. RN, also educated the patient and her mother about the importance of informing the healthcare provider about her history of fainting with injections when receiving the second COVID Pfizer vaccine. Gave the patient's mother V-safe information and reported the occurrence in VAERS. The patient had a steady and even gait when leaving the site with her mother at 1537.</p>

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1321286	5/15/2021	MO	15	5/15/2021	5/15/2021	About 15-20 minutes after receiving the vaccination patient complained of numbness in throat and slight swelling. Said he had no difficulty breathing. I gave patient 50mg of diphenhydramine and observed patient for an additional 15 minutes, at the end of this time patient said numbness had resolved and the swelling was gone. I counseled both mom and patient to call 911 if patient were to experience difficulty breathing later in the day or if throat swelling/numbness returned. About 6 hours after vaccination patient complained tingling in legs and feet but no throat numbness or swelling, advised patient to go to urgent care. of Also advised patient to follow up with pcp.
1321289	5/15/2021		14	5/14/2021	5/14/2021	Attendee received first dose Pfizer vaccine at 15:30. Attendee was directed to observation area. At 15:40 voiced complaints of mild feeling like his throat was closing. Placed supine on the floor with feet elevated on a chair. Alert and oriented skin without pallor, sweating or rash. Denies any difficulty with breathing and respirations are even and not tachypneic. 15:45 – No change in symptoms. Attendee was administered epinephrine. 15:50 – Continues to deny any shortness of breath. HR: 68 BP: 134/86 O2Sat%: 99 15:53 –Starting to feel better feel of throat closing sensation almost gone. Skin continues to be warm and dry. 16:05 -No voiced complaints- skin warm and dry. HR: 70 BP: 116/80 O2Sat%: 98 16:20 - EMS arrived assessed attendee and did repeated VS and offered to take him to the Emergency Room and mom declined and said she would transport. 16:30 Attendee stated that he felt better and was released to his mother, who stated that she was going to take him to the emergency room as recommended by the paramedics. Attendee was able to walk out of clinic independently with his mother.
1321328	5/15/2021	VA	17	5/13/2021	5/15/2021	Intense headaches the day after taking the shot, back pain from the waist up. 2 days later I woke up with chest pain and the lingering headache, my chest feels heavy and maybe shortness of breath. I did a bunch of research however I did not find anything about chest pain related to the second dose of Pfizer. I am not sure if it is some type of tissue or muscle pain or something more serious. When I massage my chest it does not ache like the muscle pain from my shoulder so id assume it has to do with maybe my lungs or heart.

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1321451	5/15/2021	VA	13	5/15/2021	5/15/2021	ABOUT 10 MINS AFTER SHOT, PT'S MOTHER CAME UP TO PHARMACY COUNTER AND SAID THAT PT WAS HAVING TROUBLE BREATHING. PT HAD SHORTNESS OF BREATH AND FELT LIKE THERE WAS SOMETHING IN HIS THROAT. PT WAS GIVEN A WATER BOTTLE AND 25MG DIPHENHYDRAMINE. AFTER 15-20 MINS, PT REPORTED FEELING A LITTLE BETTER. NO SWELLING IN THE THROAT, NO RASH, NO GI UPSET REPORTED BY PATIENT. PT WAS ABLE TO GET UP AND LEAVE THE PHARMACY.
1321414	5/15/2021	CA	15	5/15/2021	5/15/2021	15 y/o F with no known prior medical conditions or NKDA presented for her first dose of Pfizer vaccine. 5-min post vaccination the patient began to feel dizzy and light-headed. The patient experienced a syncopal event resulting in an assisted fall from chair. The fall was atraumatic and the patient instantly regained consciousness. Patient was alert and oriented x3, and rapidly improved back to her baseline. Patient denied any SOB, difficulty breathing, throat swelling, itching, or HA. Parental guardian was advised to keep patient hydrated and educated on any signs or symptoms that would warrant urgent care.
1321218	5/15/2021	MD	15	5/15/2021	5/15/2021	Patient had throat swelling potentially difficulty swallowing. Patient was given Benadryl and patient improved. Reaction occurred 30 minutes after dose. Patient has history of allergies and Asthma and had similar reaction to peanut in past. Vital signs were all stable throughout the course. Patient will follow up with physician allergist this week
1316614	5/14/2021	RI	13	5/13/2021	5/13/2021	Patient began coughing uncontrollably several hours after administration. Required ED visit for asthma treatment, but did not respond predictably to therapy. Did eventually get better after many hours.
1318136	5/14/2021		13	5/14/2021	5/14/2021	Pt had a vasovagal reaction after receiving the first dose of the Pfizer vaccine. Pt was transported by wheelchair to a cot and assessed by the site paramedic. Pt reports feeling much better after eating crackers. 1448 Vitals: BP 108/64, HR 74, O2sat 99%, RR 18 Sx: pale/moist skin, re-assed 5mins later and found to be warm, dry PMH: Asthma Medications: Albuterol prn, Xyzal prn Allergies: Penicillin

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1317730	5/14/2021	NC	14	5/12/2021	5/13/2021	Pt came to my office today for evaluation of itching and swelling around mouth starting 1 hour after getting her first dose of Pfizer Covid 19 vaccine. She did not have hives but rather papules. In the office her rash had resolved with the exception of mild erythema. She also complained of an itchy throat but had onset of rhinorrhea and sneezing yesterday. She took benadryl yesterday which made no difference. She had no cough, wheezing, difficulty breathing, hives, vomiting or diarrhea.

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1317414	5/14/2021	ID	17	5/9/2021	5/9/2021	17yo otherwise healthy male presents to clinic for worsening cough, runny nose congestion, and sweats starting 4 days ago. He received the COVID vaccine 5 days ago in the afternoon and initially had what he expected to be normal side effects from the vaccine that evening. Symptoms included body aches, runny nose and general malaise. However, over the last few days he has felt worse and developed more congestion, cough, and sweating. He did improve a little bit 2 days ago but then started to feel worse yesterday and had a worsening cough that is resulting in some chest tightness. Cough is productive sounding. Mom describes it as barking. No appreciable wheezing but he sounds hoarse. He has some SOB after coughing repeatedly. He states it simply feels like it is hard to breathe for 10-20minutes after a coughing attack but then it resolves. He developed sweating yesterday as well. He states he will just start sweating for no reason. No measured fever. No chills. Today he has dried skin and cracked lips from blowing/wiping his nose all the time. No fevers. No vomiting. No diarrhea. No numbness/tingling. No redness/swelling at injection site. No rashes. No HA. EXPOSURE: No one at home is sick, No known exposures prior to vaccine CHRONIC: None, no hx of asthma or allergies, hx of eczema. PCP: None UTD on imm. Vitals: Wt 163.4, HR 60, RR 18, Temp 97.8, O2 sat % 98 Past Results: Examination: GENERAL APPEARANCE: alert, no acute distress, non-toxic, mildly diaphoretic, talking and cooperating throughout exam, sitting comfortably on exam bed, able to talk in complete sentences. HEAD: no visible lesions or abnormalities. EYES: no eye, eyelid, or orbital abnormalities identified. EARS: BILATERAL TMs pearly gray without erythema, effusion, or purulence; EAC with normal amount of cerumen bilaterally, no mastoid erythema or tenderness. NOSE: patent nares, congested, clear rhinorrhea. MOUTH/THROAT: moist mucous membranes, uvula midline, mild pharyngeal erythema without tonsillar exudate, no soft palate lesions, no trismus, no soft palate swelling or erythema, no difficulty swallowing or drooling. NECK: supple, non-tender, FROM. CHEST: normal shape, good expansion, no visible lesions/abnormalities, no tenderness, no retractions, no grunting, no stridor. HEART: no murmur, RRR. LUNGS: clear to auscultation, prior to administration of inhaler, diffuse wheezing and rhonchi throughout, post inhaler, improved air movement with focal rales in RIGHT poserior middle lung field around T5. ABDOMEN: soft, no

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1318181	5/14/2021	MA	16	5/14/2021	5/14/2021	tenderness, no masses palpated, normoactive bowel sounds, non-distended. NEURO: alert, non-focal exam. SKIN: warm, dry without rash, petechiae, or purpura. Pneumonia of right middle lobe due to infectious organism Start Albuterol (Eqv-Proventil HFA) aerosol, 90 mcg/inh, 2 puff(s), inhaled, every 6 hours, 30 day(s), 1 Start amoxicillin tablet, 500 mg, 2 tab(s), orally, 3 times a day, 10 day(s), 60 Imaging:XR CHEST 2 VIEWS PA AND LAT Notes: History and exam are consistent with Community Acquired Pneumonia. CXR final read indicates RIGHT middle lobe bronchopneumonia. Suspect that pneumonia is unrelated to COVID vaccine. Pneumonia is an inflammation of the lungs caused by infection. Antibiotics are used to treat bacterial pneumonia. Other medications may help improve breathing and relieve symptoms in bacterial and viral pneumonia. Start and complete entire course of antibiotics. Increase fluids and rest as much as possible. Patient informed to return if not improved or go to ER if worsening symptoms, SOB, or increased chest pain. Should be rechecked in 2-3 days by PCP. Discussed side effects and risks of medications with the patient. Patient expressed understanding and a willingness to participate in the plan. Patient left the UC in a stable condition with all questions answered at this time. Cough Imaging:XR CHEST 2 VIEWS PA AND LAT Notes: Discussed cough in clinic. Will plan to treat with albuterol PRN cough/wheezing every 4-6hrs and Stiolto Respimat 2 inhalations QD after discussion with Dr. First dose of Stiolto given in clinic with improvement in symptoms and improved aeration. Focal findings now appreciable. Discussed close follow-up and when to return to clinic. Will report symptoms to VAERS. All questions and concerns answered and addressed.
1314151	5/13/2021	CA	17	4/1/2021	4/26/2021	Headaches, body aches, shortness of breath, difficulty breathing, chest tightness since Apr 26th (2 weeks and continuing). ER visits on May 4, 2021 and May 10, 2021.

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1314244	5/13/2021	WI	17	5/12/2021	5/12/2021	Pfizer vaccination administered into left deltoid at 0849. Reporter, RN arrived to patient at 0855 after being notified patient had fallen off his chair. Patient found to be laying facedown and unconscious near the chair he was sitting in. No initial response by patient to verbal and physical cues. Patient was pale in color and diaphoretic. Patient was placed into right side laying position. After about a minute of being in side laying position and continued verbal/physical cueing, patient awakened. Assisted patient to supine position, cool packs placed to armpit area, Excess sweat on face wiped. Two small abrasions noted to left side of face; nose and near top of mouth. Upper and lower extremities also had small abrasions. Patient reported he started to feel dizzy and tired shortly after receiving the Pfizer vaccination. Patient does not recall falling. Mother confirmed patient had eaten breakfast, no history of low blood glucose levels. Denied experiencing shortness of breath prior to fall and while nursing staff was present, No neurological deficits noted during assessment. No rash noted. Patient continued to be diaphoretic. Reported stomach was upset. Vitals taken at 0902; blood pressure 116/74, pulse 74, respirations 18, oxygen saturation 98% on room air. Permission by parent given to treat patient with epinephrine. Patient received 0.5 mg of epinephrine at 0900 and again at 0905. EMS arrived at 0912. Patient more alert at this time and diaphoresis subsided at this point. After EMS obtained further information, patient was assisted into a sitting position on the floor. Patient complained of stomach upset again and vomited two times. Ambulance arrived at 0935 and patient placed onto gurney. Ambulance departed at 0935 to transfer patient to Medical Center for further observation.
1314268	5/13/2021	MD	16	5/13/2021	5/13/2021	Patient reported pruritus at the injection site on left arm. Denies generalized pruritus. No shortness of breath or difficulty in breathing. No swelling at the injection site., and no other cutaneous symptoms. Patient instructed to notify medical of worsening symptoms or difficulty in breathing. Patient reported feeling better after 5-10 minutes and left vaccine site.

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1314482	5/13/2021	MD	14	5/13/2021	5/13/2021	Pt c/o of dizziness as the only symptom s/p vaccination. She denied any chest pain, shortness of breath, vision loss, or pain. Pt's mother stated that she previously gets dizzy after vaccinations, and seeing needles. Pt stated that she had a "fear" of needles, but wanted the vaccine anyway. The nurse moved the pt to the private area, and helped her onto the stretcher, where she laid down. After the pt was lying down, the nurse assessed her. The nurse then took vital signs every ten minutes, listened to her lung sounds, assessed the radial pulse, assessed her vision, and mentation. After 15 minutes the pt sat upright with her feet dangled. With the nurse and the mother ten minutes later, the pt was walked down the hall. No issues were noted and the pt was stable. All the vitals were within normal limits throughout the entire time. The previous dizziness was gone, and the mother stated that she looked great. Pt stated a total of 40 minutes and then was safely discharged.
1315463	5/13/2021	VA	17	5/13/2021	5/13/2021	Patient reported feeling nauseous nearly immediately after vaccination and retreated to the store bathroom. Upon arrival, I found him profusely diaphoretic and very pale. He reported some difficulty breathing and was wheezing when speaking. He did vomit briefly. An epinephrine 0.3 mg auto injector was administered to his right thigh pending the arrival of emergency services.
1314813	5/13/2021	VA	14	5/13/2021	5/13/2021	Patient was vaccinated at 1:02 and within 5 minutes of been vaccinated, patient started complaining of headache and thirst but denies palpitation or difficulty breathing. O2 sat 98% on room air, HR 128. Although patient was alert and oriented to person, place and event, his speech was slightly slurred and he was pale, Vital signs O2 sat 98% on room air, HR 76, BP 132/70. Patient was injected with 0.15 mg of Epi at 1:10 Pm on the right thigh and again at 1:15 pm on the left thigh. At 1:20 pm patient was still oriented to person, place and event and was able to do serial math. Patient was still pale when the ambulance arrived, O2 sat remained at 98% on room air and patient was taken to the ER for observation.
1311046	5/12/2021	NY	16	5/11/2021	5/12/2021	High levels of shortness of breath and dizziness occurred the day following vaccination.

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1310098	5/12/2021	VA	16	5/12/2021	5/12/2021	Approximately 5 minutes post vaccine, mom alerts the pharmacist that patient is experience some visual disturbances. The patient states that he felt dizzy/eyes were "going black" in and out. Heavier breathing than normal. States it feels harder to breath, but no reports of swelling or itching. Also states that ears were ringing. Pharmacist attempted to check blood pressure on patients left arm with an automatic cuff, but the machine errored twice. Then attempted to check BP with a manual cuff. Reading was varied due to patient moving his arm and hard to hear. Seemed to be around 90/50, but not precise. After 10 minutes, patient stated he was starting to feel better, just felt thirsty. Pharmacist rechecked BP on right arm with a different automatic cuff and reading was 104/62, with a pulse of 101. Patient continued to improve, stating that visual disturbances were gone and hearing had returned to normal. Was able to stand and walk around without feeling dizzy. No difficulty breathing reported at that time. Patient and mom waited another 5 minutes to ensure he had no symptoms and then were able to leave approximately 25 minutes post vaccine.
1310096	5/12/2021	NC	17	4/16/2021	4/16/2021	hives along both arms and chest one hour after receiving injection. Sensation of throat swelling and very slight difficulty breathing. Did not seek medical attention. Took benadryl and symptoms resolved within 40 minutes of taking benadryl
1306598	5/11/2021	IL	16	5/6/2021	5/9/2021	Pt came to ER with nausea, vomiting, difficulty breathing. Pt was coughing up blood O2 sat 90 room air initially then down to low 80's. Put on high flow 10 L nasal cannula. Diagnosis hypoxia, dyspnea at rest, pericarditis, elevated troponin 35. Transferred to second hospital. Update from them : likely myopericarditis with cardiogenic shock, respiratory failure, diffuse ST elevation on EKG, on Inotropes

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1307924	5/11/2021	WI	16	4/29/2021	5/10/2021	<p>HPI: Patient is a 16-year-old male who was upgraded to our emergency department after blood work showed a significant thrombocytopenia. Please see walk-in clinic provider NP for presenting history and physical exam. Patient reports to me development of sore throat as well as blood from the throat last Thursday. Patient also began to notice development of bruising to his legs without any injury approximately a week ago. Denies any pain. Denies any blood in the urine or stool. No other medical complaints at this time. Chief Complaint Patient presents with ? Sore Throat was seen a few weeks ago for ear infection, also had sore throat at that time that never went away. School nurse wanted him swabbed for strep and covid PCR ? Bleeding/Bruising has large bruising to right leg for about a week, no injury. also states bruise to upper left thigh and right shoulder and scattered small bruises. School nurse wants his platelets checked. Denies pain. States mild bleeding in gums and states notices blood in back of throat ROS: See HPI above. All other 12 review systems negative otherwise specified in HPI above. ROS PMH: Past Medical History Past Medical History: Diagnosis Date ? Asthma ? GI symptoms 10/2018 with pharyngitis ? Headache ? Strep throat ? Tonsillar and adenoid hypertrophy nasal scope Past Surgical History Past Surgical History: Procedure Laterality Date ? COLONOSCOPY 12/07/2018 with biopsies ? ESOPHAGOGASTRODUODENOSCOPY 12/07/2018 with biopsies ? TONSILLECTOMY & ADENOIDECTOMY 2011 Family History Family History Problem Relation Age of Onset ? Hypertension Father ? Diabetes Mellitus Father Social History Tobacco Use ? Smoking status: Never Smoker ? Smokeless tobacco: Never Used ? Tobacco comment: no second hand smoke exposure Substance Use Topics ? Alcohol use: No Allergies: No Known Allergies Meds: No current facility-administered medications on file prior to encounter. Current Outpatient Medications on File Prior to Encounter Medication Sig Dispense Refill ? albuterol HFA 108 (90 Base) MCG/ACT inhaler Inhale 2 puffs every 4 hours as needed. 1 inhaler 1 ? Aspirin-Acetaminophen-Caffeine (EXCEDRIN PO) ? acetaminophen (TYLENOL) 325 MG tablet Take 975 mg by mouth every 6 hours as needed for Pain. ? naproxen (NAPROSYN) 220 MG tablet Take 440 mg by mouth twice daily - with breakfast and supper. Physical Exam: Blood pressure (!) 148/93, pulse 107, temperature 98.6 °F (37 °C), resp. rate 20, height 6' 5" (1.956 m), weight (!) 348 lb 8 oz (158.1 kg), SpO2 96 %. O2 flow: Physical Exam</p>
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Constitutional: He is well-developed, well-nourished, and in no distress. No distress. HENT: Head: Normocephalic. Right Ear: External ear normal. Nose: Nose normal. Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate. Mild erythema in the posterior pharynx with some bleeding. No posterior pharynx edema. Eyes: Conjunctivae are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus. Cardiovascular: Exam reveals no gallop and no friction rub. No murmur heard. Pulmonary/Chest: Effort normal. No stridor. No respiratory distress. He has no wheezes. He has no rales. Abdominal: Soft. Left upper quadrant tenderness. Musculoskeletal: General: No tenderness, deformity or edema. Cervical back: Normal range of motion. Neurological: He is alert. Gait normal. GCS score is 15. Skin: Skin is warm. He is not diaphoretic. Multiple baseball to softball size bruises to the bilateral lower extremities worse on the right than left. Mild petechiae. Psychiatric: Mood, memory, affect and judgment normal. Diagnostics: Results for orders placed or performed during the hospital encounter of 05/10/21 CBC WITH DIFFERENTIAL
Result Value Ref Range White Blood Cells 7.72 4.0 - 13.0 K/uL Red Blood Cells 3.48 (L) 4.15 - 5.30 M/uL Hemoglobin 10.8 (L) 11.8 - 15.4 g/dL Hematocrit 30.5 (L) 35.5 - 46.5 % MCV 87.7 77 - 94 fL MCH 31.0 25.0 - 32.3 pg MCHC 35.4 31.9 - 35.9 g/dL RDW 16.2 (H) 11.5 - 14.8 % Platelet Count 9 (LL) 160 - 424 K/uL MPV 11.4 (H) 6.8 - 10.5 fL Neutrophil % Pending % Lymphocyte % Pending % Monocyte % Pending % Eosinophil % Pending % Basophil % Pending % Absolute Neutrophils Pending 1.6 - 7.5 K/uL Absolute Lymphocytes Pending 1.2 - 4.9 K/uL Absolute Monocytes Pending 0.1 - 0.9 K/uL Absolute Eosinophils Pending 0.0 - 0.6 K/uL Absolute Basophils Pending 0.0 - 0.2 K/uL
COMPREHENSIVE METABOLIC PANEL Result Value Ref Range Sodium 138 133 - 144 mEq/L Potassium 4.4 3.5 - 5.0 mEq/L Chloride 101 95 - 107 mEq/L Carbon Dioxide 22 22 - 32 mEq/L Anion Gap 15 6 - 15 mEq/L BUN 14 8 - 24 mg/dL Creatinine 0.81 0.69 - 1.20 mg/dL Glomerular Filtr Rate NOT CALCULATED due to age less than 18 years. mL/min Glucose 110 (H) 70 - 100 mg/dL Albumin 4.9 3.5 - 5.2 g/dL Calcium 10.0 8.6 - 10.4 mg/dL AST 23 11 - 41 IU/L ALT 28 (H) 0 - 19 IU/L Alkaline Phosphatase 142 90 - 366 IU/L Bilirubin, Total 0.4 <1.5 mg/dL Total Protein 7.7 5.9 - 7.8 g/dL Globulin 2.8 1.8 - 3.7 g/dL A:G Ratio 1.8 1.2 - 2.7
PROTHROMBIN TIME Result Value Ref Range Prothrombin Time 18.4 (H) 12.0 - 14.6 sec INR 1.5 (H) 0.9 - 1.1 PTT,

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						<p>PARTIAL THROMBOPLASTIN Result Value Ref Range PTT 32 23 - 36 sec CRITICAL VALUE HEME Result Value Ref Range Critical Value ED Course: Patient was upgraded to the emergency department after he was noted to have significant thrombocytopenia. Patient is pleasant he has no active complaints other than some throat irritation bleeding in the throat and bruising that was nontraumatic to the legs. My physical examination reveals multiple rather large bruises to the bilateral lower extremities up to softball size worse on the right than left. Patient had some mild left upper quadrant discomfort. Very minimal bleeding in the posterior pharynx. I personally reviewed the labs and CBC revealed an anemia at 10.830.5 hemoglobin hematocrit respectively. Most notably a 9000 thrombocytopenia. CMP essentially unremarkable. INR 1.5 PTT normal. I added on Lyme disease and tick-borne illness as well as a Monospot type and screen. Patient did receive his 1st visor vaccine for COVID-19 on April 29, 2021. IV was established in the emergency department in consultation made to Pediatric Oncology. I spoke with pediatric oncology in regards to patient's history and present illness. He does agree that the patient should in fact be transferred under the pediatric care but recommended under the general hospitalist service. He did not advise to proceed with any active treatment in our emergency department such as gamma globulin, platelets or steroids. Awaited call back from pediatric hospitalist and spoke with Dr. She has agreed to accept the patient in transfer. Patient and family are comfortable disposition plan no further questions at this time. Impression: 1. ITP Disposition: Transfer ED on 5/10/2021 Revision History Detailed Report Note shared with patient Note filed date Mon May 10, 2021 12:24 PM</p>
1307603	5/11/2021	IN	17	4/9/2021	4/9/2021	<p>Immediate sever pain at injection site, immediately followed by flushed face, racing heartbeat, tingling and inching of face, watering eyes, itchy throat that felt like it was closing in, lump in throat, difficulty breathing, unable to speak. Was able to speak after a couple minutes and the other symptoms started to gradually improve at that point. Most of the above symptoms subsided within around forty minutes. The lump in the throat remained for weeks eventually coming and going.</p>
1307020	5/11/2021	CT	16	5/6/2021	5/7/2021	<p>5/7: c/o fatigue and headache 5/8: Chest pain, shortness of breath, headache and heart racing 5/9: Worsening left sided chest pain with dizziness. Presented to an urgent care and then transferred to the hospital.</p>

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1303477	5/10/2021	WA	16	5/10/2021	5/10/2021	Adverse events : PT c/o "feeling weird in [her] throat." No shortness of breath noted. Treatment: PT directed to lay down, vital signs were obtained, water was provided and consumed, aid was called at 1149 and arrived at 1150. (Vital signs at 1150: HR 90, RR 16, SPO2 100%. At 1153: BP 130/62, HR 82, SPO2 99%). Outcome: PT reported that she felt better, denied other c/o. EMS medically cleared PT. PT departed in private vehicle with mother. HCP responding: RN, RN, EMT, EMT.
1300230	5/8/2021	ID	16	5/8/2021	5/8/2021	Dizzy and sensation that she was being choked with shortness of breath approximately 15 minutes after receiving vaccine.
1299961	5/8/2021		16	5/4/2021	5/6/2021	Patient is a previously healthy 16 year-old M presenting with acute onset chest pain, shortness of breath, nausea, vomiting, malaise, fever and myalgia to ED on 5/6/2021 at 20:44. He started experiencing symptoms on 5/6/2021 morning a t06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10: AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31% . Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every hours and Famotidine 20 mg 2 times daily until his follow up.

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1299610	5/8/2021	MN	16	5/5/2021	5/5/2021	Patient developed headache and chills the evening after receiving the vaccine on 5/5/21. The following day his throat was sore and he had cough and chest tightness. He took an albuterol neb which relieved the cough and chest tightness. I saw him in clinic on 5/7/21. His COVID PCR was negative. His lungs were clear. My assessment is that most likely his symptoms were related to a respiratory virus or seasonal allergies triggering his underlying asthma. I do not suspect that his symptoms were related to the vaccine.

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1295509	5/7/2021 TX	16	4/10/2021	4/14/2021	My 16-year-old daughter, very healthy without any health conditions, got her first dose of the Pfizer vaccine on Saturday evening, April 10th, at around 5pm. On Wednesday, she started complaining of shortness of breath, chest pains, which she described as a feeling of someone stubbing her heart. By Thursday, she began blacking out repeatedly throughout the day, each blackout lasting about a minute. These progressed and whenever she blacked out, she would not remember what happened. At first, she and I brushed it off as maybe lack of calcium since she rarely drinks milk. But as they intensified, I began to become more concerned. I told her I cannot leave her by herself in the house as I prepared to go pick up her young siblings from school then schedule an appointment with her doctor. On our way back home, she blacked out again, however, it was for more than a minute. Straight away, I drove to the ER close by. The doctor came back to inform me that her heartbeat was irregular and concerning based on her age. In that same moment, she began complaining of excessive pain like someone punching her heart out, and then she passed out again. Still with my two other children, the whole ordeal began to frighten them and illicit some heavy tears. Being that this ER was general admission, the doctors insisted they call in the paramedics to transport her to another ER for children. However, after being transported to the other ER, her condition began to intensify rather quickly and the pediatric doctor at the second ER informed us we would have to be transferred to Childrens intensive care unit where the cardiologists could check her heart, find the ultimate cause, and monitor her closely. In that moment, as a mother, I was speechless and extremely terrified. Seeing my daughter being transferred from ER to ER, made it even tougher on me so much that I could no longer hold myself together. Here she was in terrible pain and being moved around with no clear diagnosis and treatment. From there on, we spent a couple days in the Cardiac ICU waiting and praying with friends for answers and the best treatment she could get to ease the pain. By about the third day of being in the ICU, the cardiologists informed me, she had Acute Myocarditis. This was so shocking in a sense that both sides of the family have no history of heart issues. Secondly, she is a very healthy child.
1292554	5/6/2021 TX	17	5/6/2021	5/6/2021	Pt started having nausea and then had difficulty breathing and hyperventilating. Pt was transported by EMS.

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1291626	5/6/2021	PA	17	4/7/2021	4/14/2021	Fever; Cough; Fatigue; Congestion; Body aches; Nausea; Shortness of Breath; Acetaminophen (TYLENOL) tablet 650 mg Ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet 4 mg.
1292705	5/6/2021	PA	17	5/6/2021	5/6/2021	Isolated nausea about 8 minutes after her shot. No emesis. No other symptoms to suggest a vasovagal reaction. No SOB, CP, dizziness, or sense of asthma attack. No wheezing. Nausea spontaneous resolved within about 5 minutes. VSS throughout. No orthostasis. Initial BP- 110/81, Pulse - 68, O2 sat - 100%
1290655	5/5/2021	CA	16	5/5/2021	5/5/2021	16 yo female came into our injection site today 05/05/21 to receive her first pfizer vaccine. She was accompanied by her father. Pt received vaccine IM to her left deltoid. Pt completed vaccine at 2:55pm at which she sat down for her 15 minute observation period. As soon as she sat down she called over the staff that administered the vaccine. She explained to her that she felt nausea and was breathing heavily. I then walked over to them and the attendee was very pale and breathing heavily. By that time I had RN getting attendees history from her father, She has no history of allergic reactions, not taking any medications and no current illness. She is "slightly asthmatic" but is not taking any rx. RN was helping me by putting cold pack behind attendees neck. Pt then proceeded to explain that she felt nauseas and starting dry heaving. RN then brought over trash can and attendee started to vomit. I then started to proceed and take her vitals. first set of vitals were taken at 2:58pm BP: 90/60 HR: 132 RR: 24 O2: 100%. Attendee at this point was diaphoretic, pale, breathing heavily and vomiting. We continued to monitor attendee in which she started to feel better by 3:08 pm. She was no longer pale, diaphoretic or vomiting and was breathing normally. We provided attendee with water and continued to monitor her. Now that pt was calm, I was able to ask her some questions. She stated that she had a smoothie and an avocado toast about an hour prior to vaccine. She explained to me that she does have a phobia to needles and was feeling very anxious prior to appointment. I then repeated her vitals at 3:16pm BP: 98/60 HR:89 RR: 20 O2: 99%. I had attendee stand up off chair and walk at 3:22pm. She felt fine and did not feel dizzy at all. No signs of distress noted. She was then discharged and walked out with her dad at 3:25pm.

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1286798	5/4/2021	CA	16	5/4/2021	5/4/2021	Client c/o "chest hurting and hard to breathe" approx. 15 mins. after 2nd Pfizer dose. EMS was called for transport to local hospital. V/S @ 12:35: AOX3, BP 118/90, HR 72. At 12:42pm, client reported increased difficulty breathing and rated chest pain 7/10. V/S @ 12:42 BP 122/82, AOX3, HR 66, RR 22. At 12:50 medics arrived on scene and assumed care of client.
1285814	5/4/2021	CA	17	5/3/2021	5/3/2021	Patient complaints of mild/moderate asthma during the observation period.
1285718	5/4/2021	NY	15	4/24/2021	4/24/2021	Patient was registered in database by her parent to receive a Pfizer Covid 19 vaccine, even though the system clearly stated that the vaccine was indicated for ages 16 years and older in two places. Facility attempted to contact the parent prior to date of vaccination, however parent never responded to messages left. Volunteers at large community clinic checked patient in and patient proceeded to receive vaccine, Patient's age was discovered when the volunteer registering recipients for their second dose attempted to register her. Mother was informed that vaccine was indicated for 16 years and older and she stated she had a note from the patient's primary care provider to receive the vaccine due to her severe asthma. Patient was scheduled to receive second dose after her 16th birthday.
1284476	5/4/2021	WA	16	4/30/2021	5/1/2021	16 year old male who got first Pfizer Covid vaccine 4/30, then by the next morning experienced non-bilious emesis for a few hours, as well as fever, chills, body aches, and HA. The body aches and HA continued through today when he began experiencing chest pain while lying down. Chest pain improved on sitting up, standing, sitting forward. No shortness of breath.

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1283185	5/3/2021	WA	16	4/30/2021	5/1/2021	Previously healthy 16 year old young man presenting with chest pain admitted for myopericarditis. He was in his usual state of good health until 2 days ago when he experienced fever, chills and myalgias after receiving his 2nd dose of COVID pfizer vaccine. He improved until 5/2 when he developed a crushing, non-radiating, substernal chest pain which was waxing and waning in nature without specific alleviating factors. He had shortness of breath, but no palpitation, dizziness, or changes in pain on exertion vs rest. Family activated EMS who gave 325 mg of aspirin en route to the ED. In the ED, he was afebrile and hemodynamically stable. He was mildly diaphoretic, but otherwise, unremarkable on physical exam. STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending. Cards also recommended starting Ibuprofen 600 mg q8 hrs and admission to cards for further management.
1281231	5/3/2021	MN	17	5/2/2021	5/2/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Dizziness / Lightheadness-Medium, Systemic: Fainting / Unresponsive-Severe, Systemic: Flushed / Sweating-Mild, Systemic: Seizure-Medium, Systemic: Vomiting-Mild
1281883	5/3/2021	FL	17	5/3/2021	5/3/2021	Patient become unresponsive and faint approximately 5-10 minutes after receiving dose 2 of the covid vaccine. After consuming some water patient vomited and remained unresponsive. Pharmacist went to get epi-pen to administer but upon returning with it the patient was responsive again and reported no difficulty breathing. Epi-pen was not administered.
1282350	5/3/2021	OH	16	5/3/2021	5/3/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Confusion-Severe, Systemic: Dizziness / Lightheadness-Severe, Systemic: Fainting / Unresponsive-Severe, Systemic: Flushed / Sweating-Severe

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1282327	5/3/2021	PA	17	4/14/2021	4/18/2021	? Cough sx x 3 days ? Shortness of Breath ? Headache ? Nasal Congestion -consider use of OTC medications such as DayQuil/NyQuil, Robitussin or Delsym for cough - OTC nasal spray and decongestants may provide temporary relief. If you have hypertension, diabetes, thyroid disease, or are pregnant you should avoid using these products. - A mix of 1/2 honey and 1/2 lemon juice can be used to soothe the throat and help loosen thick mucus in the throat or use warm salt water gargles. Use of hard candy, or throat lozenges for sore throat or cough (sugar free if Diabetic) -Steam inhalation by standing in a hot shower or sitting in the bathroom when hot shower is running helps with nasal discomfort. Vaporizers and humidifiers are not recommended due to the risk of burns, bacterial growth in improperly cleaned equipment, and mold formation in the home -Saline nose drops help loosen secretions. Commercial or homemade may be used (1/4 tsp. salt dissolved in 8 ounces warm water distilled or boiled water, discard solution after 48-72 hours) -Consume extra fluids, maintain a nutritious diet, get adequate rest -Take Tylenol as needed for pain and/or fever.
1278576	5/1/2021		16	4/23/2021	4/28/2021	Five days following her first Pfizer COVID vaccine, she woke up from a dead sleep with sharp chest pain, shortness of breath, and feelings of her throat closing. She was given one dose of oral steroids by PCP, but continued to have the feeling that she couldn't breathe due to her throat closing throughout the day so she presented to the ED. There, she reported continued chest pain, worsening SOB, and the feeling that she could not breathe. She was tachycardic to 140 bpm, but otherwise vitals were stable. She was admitted and monitored on continuous telemetry and pulse oximetry overnight. By the following day on 4/29, her symptoms had largely resolved and she was discharged.
1273725	4/30/2021	OH	16	4/29/2021	4/29/2021	Patient waited 15 minutes after administration of vaccine. No adverse reactions at that time. Later in the evening, approx 6:30pm, patient's mother called on-call physician and stated she was developing hives all over. "Brief" episode of shortness of breath per mother, symptoms faded after an hour. The next morning, hives returned along with "pimple" like bumps sporadically showing up on the face where the hives where. Patient stated the bumps hurt and are itchy. Benadryl and hydrocortisone cream were recommended. No difficulty breathing or any other sx noted. Will continue to monitor reoccurrence of hives/bumps.

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1273098	4/30/2021	MO	16	4/29/2021	4/29/2021	Pt began sweating, stated he had ringing in his ears, became very pale stated he was having difficulty breathing.
1272910	4/30/2021	TX	16	4/29/2021	4/29/2021	Systemic: Allergic: Difficulty Breathing-Mild, Systemic: Dizziness / Lightheadness-Medium, Systemic: Fainting / Unresponsive-Medium
1271369	4/29/2021	WY	17	4/21/2021	4/22/2021	Systemic rash with hives and itching, chest pain and shortness of breath, neck and facial edema, edema to extremities, nausea and vomiting Benadryl 50mg PO every 4-6 hours for 4 days and then PRN for itching/rash. Medrol Dose pack as directed, Daily Pepcid PO, Zofran PO PRN
1271201	4/29/2021	NY	17	4/23/2021	4/29/2021	On day 6 post vaccine pt woke up with swelling of upper lip. Took OTC loratidine. Denies difficulty breathing, emesis, throat itching. No hives noted. No prior hf of allergies. No new foods. No new meds
1271161	4/29/2021	NY	17	4/29/2021	4/29/2021	Recipient is a 17yo who presented for second dose of COVID-19 vaccine. She reported some anxiety related to receiving dose #2, and had some nausea after dose #1. She was alone as a driver of her own POV. Consent was obtained from the recipient and her custodial grandparent by phone, witnessed by doctor. She initially did well after the vaccine, but after approximately 5 minutes began to complain of feeling nauseated, lightheaded, and tingling extremities (hands and feet). She was noted to be hyperventilating, and was placed in a supine position but continued to feel some lightheadedness and difficulty breathing. Breath sounds were clear without wheezing noted, HR 70s with RRR. She was noted to have ongoing anxiety, nausea and symptoms progressed and although she remained normotensive to hypertensive (initial BP 128/74), she had repeated episodes of syncope. She was transferred to the ambulance and further vitals and EKG were obtained. She had some confusion after episodes of syncope and some seizure-like activity with syncope, with very brief episodes of LOC, with noted tachycardia with HR up to the 140s during episodes of syncope. BP ranged 129/86 to 140/84. IV access obtained and she was given NS and started on oxygen at 2 liters, but saturations remained in the 98-99% range. She was ultimately transferred to the local ER for further evaluation and management given ongoing symptoms, evaluated at hospital.

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1270790	4/29/2021		16	4/24/2021	4/24/2021	Patient reported light headedness and had syncopal episode for few seconds. no shortness of breath or respiratory symptoms. he was stable with heart rate 98 and oxygen 98%. patient is not taking any medications but did report has ADHD. Patient advised to lay flat with legs elevated after a couple minutes. Water offered. No medications and patient encouraged to hydrate. Patient left premise once no ADHD. Patient fully recovered.
1269803	4/29/2021	HI	17	4/21/2021	4/21/2021	History of Present Illness: This is a 17-year-old male with history of asthma brought in by his mother who presents to the ED after an allergic reaction. The patient was receiving his first dose of the Pfizer vaccine at the vaccine clinic here approximately at 1:15 PM. He then started to develop left-sided neck tightness, throat pain, and tongue swelling 30 minutes afterwards and brought here. Currently, the patient's symptoms are constant, moderate in severity, and has no alleviating or aggravating factors. The patient has significant allergies to cats, grass, and dust but no known drug allergies. The patient also received a meningitis vaccine 1 month ago. The patient's parents are both fully vaccinated.
1268946	4/28/2021	CA	16	4/26/2021	4/26/2021	Arm soreness, tightness in chest, dizziness, nausea, difficulty breathing. Symptoms started pretty much right after getting the shot but the dizziness and tightness in chest stopped after I took a nap about an hour after the shot. As of the submission of the form I am still feeling soreness in my arm but it's lessened a bit and I still feel nauseous and am having trouble breathing properly.
1261001	4/27/2021	CA	16	4/26/2021	4/26/2021	Tightness in chest, extreme nausea, dizziness, headache, shortness of breath. After receiving the vaccine I had these symptoms for the rest of the day, as of this writing I am still feeling mostly nausea and the tightness in my chest has died down.
1262908	4/27/2021	IA	16	4/6/2021	4/6/2021	Came in for second vaccine and indicated on screening possible reaction to first vaccine. Mom stated this occurred that evening while watching TV. Patient stated she had some swelling in throat, face and some difficulty breathing that was relieved with benadryl.

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1263450	4/27/2021	MO	17	4/17/2021	4/20/2021	ON 4/21/21, SHE BEGAN TO EXPERIENCE SHORTNESS OF BREATH, COUGHING, CONGESTION, SEVERE BACK ACHE, WEAKNESS, FATIGUE, FEVER, CHILLS, VOMITING, DIARRHEA. I TOOK HER TO THE HOSPITAL WHERE WE WERE TOLD THAT IT WAS DUE TO VACCINE AND SHE WAS SENT HOME WITHOUT MEDS. SHE BECAME WORSE AND WORSE AND DEVELOPED HEART ATTACK SYMPTOMS: CHEST PAIN, WHEEZING, TIGHTNESS AND HEAVINESS IN CHEST, INTENSE BACK PAIN. WE RETURNED TO THE ER AND SHE WAS DIAGNOSED WITH PERICARDITIS. WE WERE ALSO TOLD THAT HER HEART WAS SLIGHTLY ENLARGED.
1256179	4/25/2021		16	4/21/2021	4/23/2021	Myopericarditis 48 hours after 2nd dose of Pfizer vaccine with chest pain, shortness of breath, and nausea.
1256955	4/25/2021	IL	16	4/25/2021	4/25/2021	Patient received the vaccine and sat down for 15 minutes. After the 15 minute wait patient got up to schedule their second dose appointment. While waiting in line, patient fainted and fell to the floor. Patient stated had blurred vision, was not showing signs of difficulty breathing , denied a soar itchy throat. Had patient lay down, feet were elevated. ambulance removed patient from pharmacy area via stretcher.

VAERS_ID RECVDATE STATE AGE_YRS VAX_DATE ONSET_DATE SYMPTOM_TEXT

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1252704	4/24/2021	CA	16	4/24/2021	4/24/2021	Patient started to feel dizzy for about one minute. His father states that patient was sitting up on a chair and he started to fall backward, so his father caught him and lowered him to the ground. He did not hit his head. He was not responsive for approximately 10 seconds, per the father. Clinical monitors arrived and patient was alert and oriented to name, place, date/time. He was slightly pale and clammy but he denied any dizziness, chest pain, palpitations, shortness of breath, headache, changes in his vision/hearing, or nausea. He was laying on his back on the ground with his legs elevated on a chair and he started to feel better, and his blood pressure and oxygen saturation were stable with mild bradycardia per the vital signs obtained by one RN. He said he was feeling better and he was smiling and joking with staff. He slowly started to sit up and sipped bottled water. Stated that he had not eaten since 11am, and he agreed to a snack. I left to get him a snack, and RN said that he started to "zone out" and he lost consciousness again for approximately 20 seconds. When I came back, he was sitting up, conscious, and had spit up saliva and water onto his shirt. His breathing was steady. He again stated that he was feeling better very quickly, again in good spirits, but his father and I agreed that it would be best to call 911 to transport him to the ER just to be safe. He did not hit his head. He denied dizziness, chest pain, palpitations, shortness of breath, nausea, changes in vision, and headache. He was alert and oriented to name, place, and time. EMS was requested and they arrived, took his vitals, and he was transported to the Emergency Dept for futher care. He and his father were confident that he would recover quickly as he had a history of syncopal episodes related to vaccines in the past.

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1252076	4/24/2021	VA	16	4/24/2021	4/24/2021	16 year old female came to the triage to utilize the cot to lay down to get vaccinated. Patient had no chief complaint at the time of arrival to the triage area. Patient lay down to get the vaccine due prior history of seizure after vaccine in 2018. Patient vaccinated at 4:50pm, at 5:12 pm patient wanted to stand up to see how she feels, prior to standing patient denies reporting any complaint. at 05:12 Per EMS, as soon as she stood up she went into Tonic-clonic seizure that last for one minute. Patient Stumped into EMS COT. Blood sugar 130. Bp at 17:10 136/96 Pulse 78, RR 24,)2 sat 100, PERLA, Normal sinus Rhythm. BP at 17:30 136/88 pulse 76 RR 20, O2sat at 100 %, PERLA, Normal sinus Rhythm. Patient has history of asthma, seizure after shot, NKDA. patient was postictal after seizure.no sob or any acute distress. This Nurse Practitioner was radio at 05:14 pm, i arrived at 05:17pm, Patient mental status was assessed, patient was awake and alert x 4, patient report history of seizure after shot and Asthma. Patient did not appear to be in any acute distress. Patient mother was present at bedside. Patient and patient mother was informed that patient will be transported to the hospital to be further evaluated, patient mother agree to the plan of care.
1247725	4/23/2021		16	4/14/2021	4/14/2021	Patient reported nausea and dizziness following the 15 minutes observation period. Patient was advised to sit. She denied any shortness of breath. She stated that she did not eat anything that morning. Juice and crackers were provided to the patient. Vital signs were all within normal limits. Patient reported improvement after hydration and snacks.
1248797	4/23/2021	CA	16	4/23/2021	4/23/2021	Patient is a 16 year old male alert and oriented x4 accompanied by his mother who complained of weakness immediately upon administration of vaccine. The patient and patients mother stated that this same type of event has occurred in the past with previous vaccinations. Patient was seated on a cot a vital signs stable. Patient stated the he immediately felt better and no longer had any complaints. No chest pain, shortness of breath, weakness, dizziness, signs of stroke or allergic reaction. The offer was made to call paramedics for further evaluation and transport but patient and mother politely refused. Patient and mother were advised of all risks and consequences and advised to seek medical treatment if any symptoms return. Patient left with his mother via private vehicle.

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1247847	4/23/2021	NV	16	4/22/2021	4/23/2021	Pt. received her second Pfizer dose at 3pm. By 11:30pm she had significant swelling on both of her eyes, mouth, and the start of red splotchy skin on arms and legs. We took her to ER. They gave her 50mg of hydroxyzine and sent us home. 5min after leaving the ER at 12:30am on 4/23 she felt a golf ball sized lump in her throat and was having difficulty breathing. We brought her back to the ER. At this time they gave her an ekg, and at around 1:30am gave her an epi pin and an oral steroid. Within 5min of the oral steroid and epi pin she no longer had difficulty in breathing and the lump in her throat was gone as was the res splotches. By 5am the swelling in her face had reduced drastically to 90% normal in her left eye and 70% normal in her right eye and 70% normal in her lip. She was released from the ER at 5:45am and went home to sleep. At 11:30am on 4/23 her swelling in her face remains the same and she is complaining of a headache. She was given 50mg more of hydroxyzine.
1241599	4/22/2021	CA	17	4/21/2021	4/21/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Chest Tightness / Heaviness / Pain-Mild, Systemic: Confusion-Medium, Systemic: Dizziness / Lightheadness-Severe, Systemic: Exhaustion / Lethargy-Mild, Systemic: Fainting / Unresponsive-Severe, Systemic: Headache-Mild, Systemic: Hyperventilation-Medium, Systemic: Nausea-Severe, Systemic: Shakiness-Medium, Systemic: Tachycardia-Mild, Systemic: Visual Changes/Disturbances-Severe, Systemic: Weakness-Mild
1244323	4/22/2021	CA	17	4/22/2021	4/22/2021	pt with chronic idiopathic urticaria noted onset urticaria, flushing and itching 18 min after first covid no angioedema no stridor no globus no wheezing no shortness of breath no chest pain no palpitation . vital sign stable exam remarkable urticaria and flushing,o/w wnl pt given oral benadryl 50mg with resolution of sx
1242955	4/22/2021	CA	16	4/21/2021	4/22/2021	pt give vaccine AM of 4/21. woke up 4/22 w/ facial swelling, periorbit swelling and itchines. Similar to sx after allergic reaction to foods, etc. (tho so far less severe). sx improving after zyrtec. no lip swelling, throat itciness, shortness of breath or nausea/emesis. After video visit, to use benadryl as needed and to ED if w/ worse sx, using epipen which she already has.
1239730	4/21/2021		17	4/21/2021	4/21/2021	shortness of breath, heart beating faster, self-resolved with supportive care, pt. refused transport

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1239274	4/21/2021		16	4/21/2021	4/21/2021	Pt became dizzy, pale, and lightheaded about 5 minutes after receiving his COVID-19 vaccination. He states that he feels like this every time he gets a shot. Denies shortness of breath or nausea. After drinking water pt stated he was no longer experiencing symptoms. He was observed for 20 minutes and then left after all symptoms had improved.
1238381	4/21/2021	VA	17	4/21/2021	4/21/2021	Two days following vaccine, patient experienced N/V and right lymphadenopathy (on same side as injection) which continued for two additional days. On Day 5, patient experienced neck and facial swelling, rash, itchy mouth, throat tightening, and difficulty breathing following lunch (chicken with cashews, no prior food nor medication allergies nor prior symptoms with any tree nuts nor peanuts nor soy). Symptoms improved with 50 mg diphenhydramine, but swelling continued, administered corticosteroids at urgent care facility and continued Medrol dose pack. Food allergy testing scheduled for mid-May.
1234452	4/20/2021	NC	17	3/19/2021	3/19/2021	One hour after returning home.Heaviness in limbs, unable to walk, shortness of breath, nausea, heaviness in chest. PCP provided oxygen, steroid shot, shot for nausea in office. Observed until symptoms subsided. Released with Rx for steroids and anti nausea medications
1230994	4/19/2021	UT	16	4/19/2021	4/19/2021	After giving the injection the patient had severe pain at the injection site. A few minutes later she struggled to make a fist with her same hand and reported having pain going up her neck. The injection site did swell up a few minutes after the injection as well and she felt tingling in her hands shortly after. Patient was given 25 mg of benadryl after she reported the tingling in her hands. She did not have any difficulty breathing though. She was able to stand up and walk with her parent to the car and was driven to ER by parent to be checked out.

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1229365	4/19/2021	NC	17	4/19/2021	4/19/2021	Ms. Young was observed post Covid-19 immunization for 15 minutes. During the observation period, she experienced an adverse reaction with the following symptoms: Facial rash/bilateral cheeks. No itch. Warm to touch. Assessment : Patient left after check out in while in her car noticed the rash/flushed face on her face. Patient returned at 12:23pm and rash was noticed by RN to be red to the cheeks bilateral and warm to touch. It was noted that rash followed the outline of the patient's mask. Patient reports she has worn the mask before with no issues. Mask no washed in the past 2-3 days per patient. Alert and oriented. Patient reported itchy throat at 12:35. No difficulty swallowing. At 12:51 patient states she no longer has an itchy throat. Rash in still present. Not worsen in appearance. Patient reports no other symptoms. Patient stable and orientated x4. Walked patient out to door at 12:58 and gave Pfizer information sheet along with symptoms to look out for such as worsening in rash, difficulty breathing, swelling of the face and neck, fast heartbeat and dizziness or weakness. Actions taken: Vitals sign taken VAERS form completed Paramedic on site. Vitals Signs at 12:36, BP= 116/64 HR = 76, O2 = 100, Temp: 97.9F (Temporal) ,Vitals Signs at 12:55, BP= 119/54, HR = 72, O2 = 100. Medications administered: Loratadine (Claritin) 10 mg by mouth. Time: 12:25 pm. Administered by, RN. Famotidine (Pepcid) 20 mg by mouth. Time: 12:30. Administered by, RN, Disposition: Reports no further symptoms of adverse reaction after observation for 30 minutes. Discharged home. Instructed to follow up with PCP for evaluation for second dose. Instructed to call 911 for trouble breathing, rapid heart rate, dizziness, swelling of tongue or throat. The Patient was provided with Vaccine Information Sheet and instruction to access the system. Immunizations Administered, Name, Date Dose VIS Date, Route Pfizer COVID-19 Vaccine, 4/19/2021 12:00 PM, 0.3 mL 2/25/2020 Intramuscular, Manufacturer: Pfizer, Inc, Lot: EW0164, NDC: 59267-1000-2.
1229902	4/19/2021		17	4/17/2021	4/17/2021	Pt complained of Shortness of breath and chest tightness that started just a few minutes after vaccine administration. Pt has history of asthma. Exam done within normal limits. Pt given 2 puffs of albuterol. Symptoms remain mild after 45 min of observation. Pt discharged home with precautions.
1223516	4/17/2021	CA	17	4/17/2021	4/17/2021	wheezing, chest tightness. Hx of asthma. Epi-pen, albuterol inhalers. Pt sent to Urgent Care, then ER

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1219903	4/16/2021	PA	16	4/8/2021	4/8/2021	EMS providers approached by 17 y/o M pt complaining of rash local to injection site. Pt stated that he received the first dose of the Pfizer COVID vaccine at 17:21hrs today. Pt denied feeling any itching or pain at the site, and only noticed the rash upon visual inspection of the site. Pt denied chest pain, shortness of breath, nausea, vomiting or diarrhea. Upon inspection, (R) upper arm found to have slight, non-raised rash, warm to the touch. Full assessment performed and vital signs obtained. GCS 15, P 76 regular, RR 18 non-labored, B/P 146/P, PERRL, SpO2 99% RA. No other associated symptoms found. Pt administered Diphenhydramine 25mg IM in RA. Pt monitored and denied any worsening of condition. (See Attached)
1218325	4/16/2021	AZ	17	4/15/2021	4/15/2021	Chest discomfort, I think muscular and mild shortness of breath
1213045	4/15/2021	CA	17	4/15/2021	4/15/2021	Patient is a 17 year old female who has completed a 30-minute observation period with the following signs and symptoms of an adverse reaction: loss of consciousness. Pfizer-BioNTech COVID-19 vaccine # 1 in series administered. Parents states that patient become pale and dizzy 1 minute after she received covid vaccination , Patient had a syncopal episode in the hallway, unknown if patient hit her head against the floor, no bruises, soreness or redness notice Patient become alert and oriented x 4, pale, diaphoretic, Patient states that she didn't breakfast.Also Patient mentioned that she is afraid to needles. Action(s) taken: Vital sign at 0814: blood pressure ; 75/34, heart rate: 65, respiration ; 16, Spo2: 99 % Repeat Vital sign at 08:28: blood pressure ; 85/44, heart rate: 65, respiration ; 16, Spo2: 99 % Repeat Vital sign at 08:31: blood pressure ; 97/58, heart rate: 66, respiration ; 16, Spo2: 99 % - Patient denies chest pain ,shortness of breath, nausea vomiting, diarrhea, abdominal pain, difficulty swallow, headache, dizziness, or vision changes - Patient was able to tolerated fluids intake well. Action(s) taken: Transferred to higher level of care, ER Patient and parents advised to discuss second dose considerations with a clinician

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1208802	4/14/2021	TX	17	4/9/2021	4/9/2021	Systemic: Allergic: Difficulty Breathing-Medium, Systemic: Allergic: Difficulty Swallowing, Throat Tightness-Medium, Systemic: Allergic: Swelling of Face / Eyes / Mouth / Tongue-Medium, Systemic: Chest Tightness / Heaviness / Pain-Medium, Systemic: Confusion-Mild, Systemic: Tingling (specify: facial area, extremities)-Medium, Additional Details: symptoms started after they had waited the 15 min in store and were well on their way home. they included: speaking overly slow or oddly, left arm tingling, chest pain/SOB, developed into shooting pain down right leg. pt laid down for nap and awoke with swollen eyelids. pt still experiencing shortness of breath and having to limit activities
1210174	4/14/2021	IL	17	4/14/2021	4/14/2021	Pt with a history of asthma and anxiety started to c/o dizziness, tightness in the chest. VS were as follows: 1750 HR 79, O2 sat 97% on RA, BP 109/62 - 50mg of Benadryl given 1755 HR 74, O2 sat 99% on RA, BP 110/67 1800 HR 76, O2 sat 99% on RA, BP 115/72. At 1800 Patient reported that she was feeling much better, tightness in the chest had resolved and was not dizzy. Through out she was able to hold a conversation, no wheezing, and no SOB noted. Pt discharged home with father. Spoke to father to call PCP to advise on second dose.
1204347	4/13/2021	CA	15	3/23/2021	4/13/2021	Pt presented today 4/13/21 with mom. When mom & Pt checked in patients name DOB verified. Mom stated DOB 11/14/2005. Original Appt had been scheduled with 11/14/2004. Mom stated year was an error. When reception changed date it stated pt was 15 and not eligible. I was called to speak with mom and patient. Mom stated husband brought pt and scheduled appt. She said she knew Pfizer was for 16 and older however the system let her book and she has asthma. I told pt she would need to wait until the pt turned 16 y/o or if Pfizer was approved for a younger age. She verbalized understanding and agreed.

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1201979	4/13/2021	PA	16	4/8/2021	4/8/2021	EMS providers approached by 17 y/o pt complaining of rash local to injection site. Pt stated that he received the first dose of the Pfizer COVID vaccine at 17:21hrs today. Pt denied feeling any itching or pain at the site, and only noticed the rash upon visual inspection of the site. Pt denied chest pain, shortness of breath, nausea, vomiting or diarrhea. Upon inspection, (R) upper arm found to have slight, non-raised rash, warm to the touch. Full assessment performed and vital signs obtained. GCS 15, P 76 regular, RR 18 non-labored, B/P 146/P, PERRL, SpO2 99% RA. No other associated symptoms found. Pt administered Diphenhydramine 25mg IM in RA. Pt monitored and denied any worsening of condition. (See Attached)
1199455	4/12/2021	WI	17	4/2/2021	4/10/2021	Patient reported difficulty breathing and chest pain; suffered cardiac arrest and death
1198675	4/12/2021	NC	17	4/12/2021	4/12/2021	Anaphylaxis (hives, oropharyngeal swelling, cough, shortness of breath) 20 mins following vaccine administration. Patient given epinephrine at vaccine site 20min after symptom onset with significant improvement in symptoms including improved pharyngeal swelling and resolution of hives. Patient presented to the emergency department 1.5 hours following onset of anaphylaxis with mild cough and mild pharyngeal swelling for observation.
1185255	4/9/2021	CA	16	4/9/2021	4/9/2021	Nausea, dizziness, change level of consciousness, diaphoretic. Patient transferred to floor, feet elevated, patient alert and oriented x 4. No shortness of breath or throat swelling. Pulse lowered from 57 to high 40's briefly. Patient transferred to doctor's office. Vital signs stabilized and symptoms resolved. Patient was then discharged home with his mother.
1184497	4/9/2021	TX	17	3/11/2021	3/11/2021	It was brought to our attention that a 17 year old went through our vaccination event on 3/11/2021 and received the Moderna Vaccine, she had a prescription from her primary physician to receive a COVID vaccine due to her asthma. No adverse events have been noted and she will be receiving her second dose per CDC guidelines next week.

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1184242	4/9/2021	CA	16	4/8/2021	4/8/2021	Systemic: Dizziness / Lightheadness-Mild, Systemic: Flushed / Sweating-Mild, Systemic: Shakiness-Mild, Additional Details: 2 minutes post vaccine, pt complained of feeling hot and was unable to see. pt was feeling dizzy and faint. nurse had pt lay down at vaccination site, legs levated. bp 112/63, hr 67, regular and lungs clear and no difficulty breathing. @1449: 116/63, hr 67, 1453: gatorade and water intake, bp 111/69, hr 61. @1459 up in chair, no complaints from pt, sx has resolved. bp 116/72, hr 72. @1504 121/79, hr: 70. pt states feeling well and refused any er tx. pt wants to go home.
1181316	4/8/2021	TX	16	4/7/2021	4/7/2021	Asthma Attack started at 1 pm while seated and attending virtual class. She was under no distress and was not in any way exerting herself. She described the attack as a feeling of someone sitting on her chest and began to hyperventilate. The color drained from her face and her hands felt numb. Her asthma attacks are generally exercise-induced, so this was highly unusual. She took a dose of albuterol (2 puffs with a spacer) and followed her asthma action plan. She laid down and slowed her breathing. 20 minutes later her facial color returned to normal. Two hours later her hands returned to normal. She was disoriented for about 5 hours.
1181438	4/8/2021	WI	17	3/19/2021	3/19/2021	Per ER HPI on 3/19/2021: 03/19 21:19 This 17 yrs old - Female presents to ER via Private Vehicle with complaints of Allergic Reaction. 21:19 Patient is a 17-year-old female she presents to the clinic with mom, the concern is that the patient wonders if she is having an allergic reaction, she says she received a Covid vaccine on Wednesday and then today earlier received an HPV vaccine and another vaccine that she cannot remember the name of. She feels like there is a tight sensation in her throat. She denies any chest pain or shortness of breath. Patient denies any abdominal pain. Denies any swelling of her lips, tongue or cheek. Patient denies any other associated signs and symptoms.
1174943	4/7/2021	IN	16	4/5/2021	4/6/2021	Feeling faint, extreme fatigue, vomiting without nausea (no warning)--foul/sour. Kept complaining that she felt like she was crawling in her own skin, all through her arms and her chest, like an itch from the inside. NO HIVES. No difficulty breathing. Kept her home from school and she slept a lot. Only vomited the one time. She was fine by late afternoon and all symptoms seemed to have resolved by then.

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1175510	4/7/2021	NY	16	4/7/2021	4/7/2021	<p>Patient presented for her first COVID-19 vaccine. Approximately a minute after vaccine was given, she was noted to be seated upright in the passenger seat of her car, with head bent forward and eyes open. She was unresponsive, stiff posture, and was placed into a reclined position. She then had some posturing with head turned to the left, no eye deviation or nystagmus, no tonic-clonic movement. Radial pulse was thready, bradycardia was noted, with normal respirations. She was noted to become diaphoretic and pale/ashen color noted to the face and arms. She became responsive within a few minutes, however initially was not able to answer questions clearly. She had no loss of bowel or bladder function. EMS assisted with evaluation. Initial blood pressure 78/31, HR 54, SpO2 100%. EMS then transferred her to the stretcher and she was transitioned from her car to the ambulance. She continued to improve spontaneously with BP 94/61 then 103/60 and HR 86 then 74. SpO2 remained stable at 100%. Skin color improved. She had normal responses to questions, no complaints of headache, dizziness, chest tightness, shortness of breath, numbness or tingling. She had some shaking/voluntary movement of the limbs and body noted, but she could control and stop this voluntarily, no myoclonic or tonic-clonic jerking noted. After syncopal event occurred, mom reported that the patient has a history of syncope routinely with blood draws and vaccines in the past, however this episode was slightly more prolonged and seizure-like activity was different. She has had some jerking movement previously with syncope which lasts 20-30 seconds, different from today's response. No known history of seizure disorder.</p>
1171412	4/6/2021	VA	17	4/6/2021	4/6/2021	<p>Pt reported having an uncomfortable scratchy feeling in back of throat. Pt has experienced anaphylaxis in past and was anxious about experiencing it again. Pt moved away from waiting area to be evaluated by RN. RN Assessed pt. Lung sounds clear, Pt denies having difficulty breathing, O2 sat remained 98% or better for the duration. BP initially 141/89 while sitting with HR at 75. Pt laid down with feet propped on chair. Vital signs reevaluated 15 min later: O2 98%, BP 118/89, HR 77. Pt still reports itchy throat but does not have difficulty breathing. Contacted on-call physician, recommended pt be evaluated at ED or urgent care. Pt parent refused ambulance; opted to drive pt to ED for further evaluation.</p>

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1169879	4/5/2021	TX	17	4/5/2021	4/5/2021	Pt began to complain of dizziness and then shortly thereafter said she could not see. I dialed 911 and while on the phone with 911, the patient said she was experiencing shortness of breath. I administered an EpiPen and waited for EMS to arrive. Pt was transported to hospital and later released
1168510	4/5/2021	CA	16	4/5/2021	4/5/2021	patient reported feeling hot and dizzy 5 minutes after injection and collapsed to the floor next to his mother. Denies loss of conscience or injury. Patient was transported via gurney to EMS room for observation by physician, patient reports he had not ate anything this morning, apple juice and granola bar given to patient with no issues. Mother reports that this has happened in the past. Patient denies chest pain shortness of breath nausea, discharged into mothers care in no distress @ 9:55am.
1162590	4/2/2021	PA	16	4/1/2021	4/1/2021	Pain in injection area, sharp pain in underarm area, shortness of breath, chest pain, rapid heart palpitations, dizziness, tiredness,
1157106	4/1/2021	CA	17	4/1/2021	4/1/2021	Patient complained of stuffy sensation in ears during vaccine administration. Patient was alert and oriented. Denies shortness of breath. No allergic reaction observed. No intervention needed as patient began to feel better after a few minutes.
1152529	3/31/2021	CA	17	3/30/2021	3/30/2021	Patient had initial dizziness and syncopal episode. Patient reported "vision went dark and felt heavy". Patient vomited x1. Patient given cold pack and water. After 10 minutes patient denies headache, dizziness, double vision, or ringing in ears. No report of difficulty breathing, SOB, numbness or tingling in extremities. Patient successfully discharged from observation at 4:05 pm.
1145989	3/29/2021	MA	16	3/26/2021	3/26/2021	20 minutes after shot. Sharp pain in arm. Daughter said it feels like the needle was left in her arm. Feels dizzy and out of it. 25 minutes after shot having trouble swallowing. No difficulty breathing. Very thirsty. 40 minutes after shot legs feel very heavy. Daughter was sliding them across floor instead of walking regular. She said it was like her legs forgot how to walk. She was very irritable. Two hours after shot she said she was feeling better except for sore arm. Still felt somewhat sick. Next day she said feels like she had the flu but was feeling much better except for sore arm.

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1138629	3/26/2021	CA	17	3/24/2021	3/24/2021	Patient seen in ED. Patient received 1st dose of Pfizer vaccine at 12:00 p.m. then experienced periorbital swelling and rash to face and bilateral upper extremities starting at 2:00 p.m. Benadryl (17 mL) administered at approximately 3:00 p.m. Symptoms improving. No difficulty breathing/wheezing, drooling/hoarseness, oral swelling, or vomiting observed. No previous reactions to vaccinations. No known drug allergies No recent illnesses. No previous COVID infection. Discharged to home from ED
1130300	3/24/2021	NY	17	3/24/2021	3/24/2021	Pt received injection and 10 minutes mother noticed face was flushed and patient complained of a hot arm at the injection site. Pt appeared with flat red blotches on her left deltoid which progressed to her arms neck and face. No blotches noted on her trunk. Pt was given 50 mg of Benadryl and monitored by EMS and NP for further reaction. Patient denied difficulty breathing or swelling in the oral area. Upon release patients mother instructed to monitor for any worsening symptoms or difficulty breathing. EMT counseled calling (!! if on a major highway and encountered any problems.
1127265	3/23/2021	NY	17	3/23/2021	3/23/2021	17 YEAR OLD PATIENT: AFTER RECEIVING VACCINE PATIENT SAT IN OVERVATION AREA, UPON SITTING DOWN EXPERIENCED DIZZINESS, SHORTNESS OF BREATH, FATIGUE. PATIENT DEMONSTRING RAPID EYE MOVEMENTS, RESPONSIVE TO DIRECET QUESTIONS AND TO PAINFUL STIMULI THOUGH UNABLE TO SPEAK IN FULL SENTENCES. DENIED CHEST PAIN, COUGH NAUSEA, VOMITING. MOTHER STATES SIMILIAR BEHAVIOR WHEN SHE DEVELOPED BLOOD CLOT IN THE PAST. PATIENT THEN STATED FELT LIKE THROAT WAS SCRATCHY.
1125456	3/23/2021	OK	17	3/22/2021	3/23/2021	extreme soreness, and achiness. slight difficulty breathing for a few hours
1122357	3/22/2021	NY	17	3/22/2021	3/22/2021	Felt scratchiness in back of throat. Denied difficulty breathing. Chest clear, no wheeze. BP 118/76, PO2 97%, Pulse 71. Patient given Benadryl 25 mg PO x 1. Within 15 minutes felt normal again.

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1121672	3/22/2021	NY	16	3/19/2021	3/20/2021	Fever, chills, extreme fatigue, lightheadedness and very sore arm, but more importantly chest tightness that became increasingly worse over 48 hours. My daughter dealt with the other symptoms but her asthma became less treatable over the two days since the second shot. I finally administered the nebulizer and inhaled steroid today after all other treatments failed to relieve her symptoms. She is doing better but I will follow up with the pediatrician.
1123397	3/22/2021	GA	16	3/19/2021	3/19/2021	11:57am C/O difficulty breathing. Vital signs: 118/68 101 16; 12:10pm 112/68 74 16; 12:25pm 112/70 71 16; Disposition: Patient left with Mother. No signs of distress. Full ambulatory.
1122388	3/22/2021	IL	17	3/19/2021	3/19/2021	Started having difficulty breathing Her throat started to close up
1115411	3/19/2021	CA	16	3/19/2021	3/19/2021	Patient is a 16 y.o. female who received the Pfizer-BioNtech Covid-19 Vaccine, mRNA, BNT162b2 (PF) 30 mcg/0.3 mL IM Susp, Lot ER2613 on 3/19/2021. The patient experienced the following reaction(s) during the immediate of observation: Patient received vaccine at 4:21pm and proceeded to recovery area where she verbalized to her mother that "I don't feel good." 4:23pm Patient had a witnessed syncopal episode and fell to the ground where she was attended to. Patient was treated/managed as follows: 4:25pm VS BP 118/88, HR 57, RR 18, O2 sat 98% on room air. Patient alert and verbal. 4:35pm: VS BP 144/80, HR 85, RR 18, O2 sat 97% on room air. Patient alert and oriented. Denies shortness of breath, difficulty breathing, or pain. Patient given educational material regarding vaccine and advised to continue to self-monitor per the CDC guidance. 4:37pm Paramedics arrived and care assumed by paramedics at this time. Patient mother present.
1110926	3/18/2021	NY	17	3/17/2021	3/17/2021	Anaphylactic Reaction. Throat began closing up, difficulty breathing, dizzy, disoriented. Received several treatments of Epinephrine, Steroids, Benadryl, and Ativan. Put on Oxygen. He is now on Benadryl every 6 hours for the next 3 days and been told to carry around an Epi-pen in case he has more adverse reactions. Follow-up with his primary care is scheduled for tomorrow 3/19/21.

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1110294	3/18/2021	NY	17	3/17/2021	3/17/2021	Approximately 15 minutes after vaccination, recipient developed tightness in throat. Taken into ambulance by EMTs. Seen by doctor at 20 minutes post vaccine. Patient developed stridor and shortness of breath. Treated for anaphylaxis- IM epinephrine x2, IV dexamethasone, 250 mL normal saline bolus. Transported to emergency department by EMS.
1109472	3/17/2021	UT	16	3/17/2021	3/17/2021	Vaccine admin at 04:15pm on 03/17/2021. Patient began to have difficulty breathing and cold sweats at 04:20pm. Paramedics were alerted and arrived at 04:31 pm. They treated her for high CO2 level with oxygen and let her go.
1097044	3/13/2021	CO	17	3/12/2021	3/13/2021	Pt is complaining of shortness of breath and dizziness. As well as typical post-covid vaccination symptoms (i.e. aches, fever/chills). All symptoms started roughly noon - vaccination was around 4PM the previous evening.
1092051	3/11/2021	LA	15	2/23/2021		There was no adverse reaction. requested a VAERS report to be filed since the patient was 15.94 years of age and not 16. Patient was in the presence of parent and has a history of asthma, and Pfizer vaccine was used since it is approved for 16 years of age.

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1092402	3/11/2021	LA	16	3/10/2021	3/10/2021	Summary: Syncopal episodes x 2 16 yo patient received his Covid-19 vaccine and as he was going to sit down in observation, he leaned on his mom and passed out. His mother gently lowered him to the ground (@ 1804). Patient's mother stated he just passed out and that this was his first injection ever in his life. Patient was immediately assessed by multiple nurses. Patient did not fall or hit his head or injure any part of his body. Patient took less than 60 seconds to respond to verbal commands and comprehend what had happened. Patient's legs were immediately raised and vital signs were obtained. He was diaphoretic and pale but both were dissapating. Patient denied difficulty breathing, pain, discomfort. Patient was moved to a reclined chair. Patient and family at side (mother and father) agreed to be monitored. At 1828, Patient complained of feeling "a star" on the left side of his chest. Patient was unable to describe this further. I asked if he was feeling anxious and he said yes. I instructed patient to take several deep breaths in through his nose and out through his mouth. After doing this 3 times, patient stated he did not feel anything funny in his chest anymore. At 1835, while still seated in a reclined chair, patient passed out again. He was pale and diaphoretic. A few team members saw him jerk/twitch and it was questionable if he was having a seizure. The jerking did not last but a few seconds. 911 was called @ 1826. Patient was transferred to a wheelchair and put in the ambulance @ 1841. Vitals were obtained throughout and charted. Pulse ox saturation levels were not below 96%. Immediately after the patient passed out the second time, his pulse was measured at 38 bpm and his lips displayed slight cyanosis. His pulse quickly rose to 52 bpm, within less than 10 seconds. One minute later his pulse was up to 68 bpm.
1089009	3/10/2021	NV	16	3/7/2021	3/9/2021	rhinitis and shortness of breath with cough around 18 hours post vaccination. Now at 48 hours post vaccination doing much better with mild cough.

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1071691	3/4/2021	WI	17	2/24/2021	2/24/2021	Pt reports onset of dizziness, chest tightness, shortness of breath that started acutely 45 minutes to 1 hour after receiving her second Moderna vaccination on 2/24/21. She reported that she was told by her employer that the symptoms were due to the Moderna vaccine. She reportedly developed fever and some throat discomfort as well. Symptoms became persistent and disrupted sleep and was unable to work. She sought medical attention in the ER for persistent symptoms on 2/26/21. Extensive workup was essentially normal. She received Zofran, Decadron, IVFs, and Albuterol inhaler while in the ER. She reported improvement in her chest tightness and SOB after Albuterol. She was discharged home with instructions to f/u with her PCP in a couple of days for recheck.
1055411	2/25/2021	TX	17	2/24/2021	2/24/2021	Patient was normal and little nervous before vaccination. After receiving vaccinations about 2 minutes patient stated he could get up and was shaking. He was pale and sweating. Pharmacist Rima left the room to get another pharmacist. Patient mom reported she saw him passing out and eyes rolling. Patient was conscious after and had difficulty breathing but return to normal after a few minutes. We gave him a ice pack and called 911 to be ready on hand but was not dispatched. Patient rested in the room and left on their own.
1053095	2/24/2021	TX	17	2/24/2021	2/24/2021	Patient complained of shortness of breath, heart racing. EMS cleared and released to home.

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1049907	2/23/2021	VA	17	2/13/2021	2/13/2021	female here with mom mom multiple siblings for Covid vaccine. Within 30 minutes of the Covid vaccine patient had a vomiting episode. Pulse ox was 99. There is no labored respirations. She did not respond to commands but according to his sibling she does not always respond to commands. However when I took her hand to get her to squeeze my hand and gave it back to her she purposefully put it back on a CD which she was holding to her chest. Blood pressure was stable heart rate was approximately 130. The home care aide was not able to tell me whether or not this was her baseline. Her brother said that she does not does not answer questions depending on the day. However I am not sure he is the appropriate historian. She has a history of multiple medical issues including autism, quadriplegia, asthma, and food allergies. As such she was kept here for a full 30 minutes. At no time was there any color change. No labored breathing or wheezing on exam. There is a little bit of nystagmus and appeared to focus when questioned about how she was doing but without a verbal response. She will be transferred to the emergency room in stable condition emergency room has been notified.
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<u>VAERS_ID</u>	<u>RECVDATE</u>	<u>STATE</u>	<u>AGE_YRS</u>	<u>VAX_DATE</u>	<u>ONSET_DATE</u>	<u>SYMPTOM_TEXT</u>
1040677	2/19/2021	PA	16	1/28/2021	1/28/2021	Had very mild pain in left arm; 16 year old daughter injected with Moderna vaccine; A spontaneous report was received from a consumer, concerning a 16-year-old female patient, who received Moderna's COVID-19 vaccine, where 16-year-old daughter injected with Moderna vaccine had very mild pain in left arm. The patient's medical history reported included severe asthma. Concomitant product use was not provided by the reporter. On 28 JAN 2021, prior to the onset of event, the patient received their first of two planned doses of mRNA-1273 (lot number unknown) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 28 JAN 2021, a 16-year-old patient was injected with vaccine and had no reactions of fever or any other adverse events. Later, on an unspecified date in 2021, she also experienced very mild pain in her left arm where she was vaccinated. The patient was under asthma medications twice a day for her asthma. Action taken with mRNA-1273 in response to the events were not reported. The outcome of the event, 16-year-old daughter injected with Moderna vaccine was considered resolved on 28 JAN 2021. The outcome of the event had very mild pain in left arm was considered unknown at the time of this report.; Reporter's Comments: The events developed on same day after first dose of mRNA-1372. Based on the current available information and temporal association between the use of the product and the start date of the event of vaccination site pain, a causal relationship cannot be excluded.
1013212	2/8/2021	TX	16	1/19/2021	1/19/2021	Shortness of breath, fatigue, tachycardia - persisting since vaccination
981762	1/28/2021	MA	17	1/27/2021	1/27/2021	Systemic: Anaphylaxis-Medium, Systemic: Rash (other than injection site)-Mild, Systemic: Other- wheezing, shortness of breath, coughing-Medium
956925	1/19/2021	GA	14	1/13/2021	1/19/2021	The patient received the vaccine and did not have a reaction until Tuesdays the 19th. He had fever and chills. His grandfather signed the consent and told the nurse that he need to have the vaccine because he has asthma. The pediatrician increased his breathing treatment and prescribed antibiotics due to an upper respiratory infect that he had previously. He is now stable and remaining in the home.