COVID-19 Vaccine Drug Reactions: Child Blood Clots

Preliminary Notes – Reactions Listings Start on Page 2 Below

1. Child Blood Clot 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 blood clots.

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 Blood Clots

VAERS_ID	RECVDATE	STATE	AGE_YRS	VAX_DATE	ONSET_DATE	SYMPTOM_TEXT
1367764	6/2/2021	WV	12	5/21/2021	5/25/2021	He got a superficial blood clot in left arm ?He's got the shot May 21 and I noticed he had two hard knots on left arm and there was probably about a half inch between them and as hard as a rock on that following Monday may 24,2021 , he said it was sore some more when you touched it we was told to keep an ion it make sure it didn't get any worse, turn red, swell, feel hot to the touch, and then to put a warm compresses on it ??
1362416	5/31/2021	CT	17	5/26/2021	5/27/2021	Thursday started with sore throat, fever, chills, stuffy nose and headache. We gave him Acetaminophen. Fever continued into Friday with the same symptoms. Hives began Saturday morning and gradually got worse. We gave him Benadryl at that time and the fever went up to 102.5 F. Wheezing in his chest began. Sunday morning the hives were worse and we decided to go to the doctor. We went to a walk in clinic who after an EKG wanted us to go to the Emergency room due to a "blip" and a concern for myocarditis. At the ER they administered Prednisone and more Benadryl through an IV. They decided to do a CT Scan to look for blood clots. (the ER doctor mentioned he was glad that we brought him into the ER...) No blood clots were found thankfully and they eventually released him, with a prescription for 4 days for Prednisone, more Benadryl and Pepcid. The hives continue today, the day after, and are barely under control by the Benadryl.
1358495	5/28/2021	MI	15	5/28/2021	5/28/2021	The Jansen vaccine was inadvertently administered to patient. He should have received the Pfizer dose 1. Patient said that his arm was sore for a couple of minutes, but he was fine. Explained to his mother that the Jansen vaccine was temporarily paused due to blood clots in women 18-49 years of age. Explained that the incidence of the blood clots was way less than 1% when compared to the number of patients that have received the vaccine. Told patient that if he experienced fever, chills, or body aches that he could take Tylenol or Ibuprofen. Also explained that if he experienced any type of sudden or intense headache, slurred speech, or one sided weakness to call his PCP right away..

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1358106	5/28/2021	MA	17	5/18/2021	5/22/2021	Vaccine 5/18. On 5/22 4 days after vaccine, she developed right arm swelling and skin discoloration. On 5/23 she went to the ED. Ultrasound revealed acute, occlusive thrombosis of right subclavian vein. She was admitted to the hospital, started on enoxaparin, achieved therapeutic levels. On 5/25 she underwent thrombolysis and venogram and was confirmed to have findings consistent with Paget-Schroetter syndrome. She was discharged home on 5/25 in good condition. Note: she also has known prothrombin gene mutation G20210A that confers an increased risk of thrombosis. She does have repetitive use of the right arm (lacrosse player).
1347325	5/25/2021	DC	17	5/7/2021	5/23/2021	Patient presented with one week of back, right leg and right groin pain. Right lower extremity swelling and was diagnosed with deep vein thrombosis from right popliteal vein into IVC involving a renal vein. He is on anticoagulation currently and going for catheter-directed thrombolysis today. Patient has been in hospital two days and hospitalization is ongoing at the time of this report.
1330329	5/19/2021	FL	17	5/13/2021	5/14/2021	- Pain/tenderness at injection sight for ~72hrs after vaccination - Small red bump (size of quart) at injection site(was gone after 72hrs.) ***- Abnormal vaginal bleeding, heavy bleeding occured, o clots within blood, cramping*** - General malaise
1323977	5/17/2021	OH	16	5/17/2021	5/17/2021	Presented with acute onset chest pain, found to have right lower extremity DVT and bilateral PEs. Required short stay in ICU for close monitoring given clot burden in her lungs. Required heparin infusion and then transitioned to lovenox for home-going therapy.

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1323709	5/17/2021	NC	17	5/5/2021	5/8/2021	Pt was seen at ED on5/8 for L sided weakness in the setting of a headache. Pt?s mother reports that these symptoms began 2 days after receiving second dose of Pfizer COVID-19 vaccination in R deltoid. She says that on 5/6, pt complained of L arm weakness during cooking class at school, which was followed by a mild L sided headache later in the day. Symptoms resolved without intervention but recurred on 5/8 with associated L sided facial droop, slurred speech, L arm spasms, and L foot drag. Pt was seen at ED for this and had a HA (5/10 in severity) at that time -- workup was unremarkable with a normal head CT, laboratory workup, and resolution of symptoms. Pediatric Neurology evaluated the pt, deemed no further workup necessary, and advised outpatient follow up. Pt presented again to the ED on 5/10 with concern for full tonic/clonic seizure, witnessed by pt?s mother. Mother reports that she heard pt fall and went upstairs to find pt seizing on his bed -- says that pt had shaking of bilateral upper extremities (in flexed position close to chest) and symmetric lower extremity shaking; eyes were closed without clear focality or eye deviation. Also some drooling, though no incontinence or tongue biting. Episode lasted for approximately 2 minutes; pt was confused and did not recall what happened immediately afterwards but improved within the next 8 minutes. He was taken to the ED by EMS. By the time he arrived in the ED, he had left sided weakness again. He was given Keppra 1g, placed on EEG, and was admitted. EEG overnight was read "normal" and additional workup was unremarkable. Pt had MRI brain completed showing cortical abnormalities in the R parietal lobe, suspected to be related to recent seizure. MRA showed patent intracranial cerebral vasculature. MRV showed no evidence of dural venous sinus thrombosis. Weakness resolved by the morning and pt was back to baseline on morning of 5/11/21. However, around 9 AM, L sided weakness (face, arm>leg) with associated headache recurred. Mom says that this event was captured on EEG. He was then transferred to our facility. He was placed on pEEG and had repeat labs, imaging completed. Pt did have L sided facial droop, L arm weakness, and slurred speech on arrival, but this resolved within 24 hours. Pt had one additional episode of "wave" of L sided weakness including L sided facial droop and slurred speech at one other time during the hospitalization, but no additional seizure like activity. He was discharged on 5/14 with a normal neuro exam-- some labs (including labs of Rheum and Id workup were pending at time of discharge.) Primary and consulting teams elected to forgo steroids but reconsider

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						should symptoms worsen or return. Pt was readmitted on 5/16-- had an episode of expressive aphasia + headache while at a social gathering; states that he became overwhelmed by the noise. No additional seizure like activity.
1320793	5/15/2021	UT	17	4/16/2021	4/27/2021	After 1st shot; Patient developed multiple blood clots (lungs and legs) about 10-11 days afterwards. All tests for cause of clots were inconclusive. Patient received his second dose and with in 48 hours was hospitalized for appendicitis. If it was a reaction after just one shot, I would normally think it was a coincidence. With him have severe reactions after both shots, it seems very suspicious!

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1307924	5/11/2021	WI	16	4/29/2021	5/10/2021	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

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 Filt 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,

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

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1290426	5/5/2021	UT	17	4/21/2021	4/21/2021	17-year-old male who presents with 8 days of headache. He received his first dose of the Pfizer vaccine on 4/21. He felt like he had the flu after getting the vaccine and developed right-sided neck pain and a temperature to 100. The patient did endorse being elbowed in the neck playing basketball during this time as well, as he played in a basketball tournament in right after this. He got his Covid vaccine in his right deltoid. He saw his pediatrician on 4/26 and a CT scan of his neck with IV contrast was done and this showed significant diffuse right-sided deep spatial neck edema and right-sided adenopathy. The pediatrician discussed the findings with ENT who recommended augmentin and a medrol dosepak. The patient developed a headache several days after this and went to urgent care for evaluation. There was concern that the augmentin and steroids had caused the headache, so the steroids were stopped and he was switched to keflex on 4/30. He was given phenergan and toradol at Urgent Care and discharged home. His mom notes that several days ago he had fevers of 101-104. He has not had a fever for several days now. His headache continued and he felt unwell at basketball practice so he returned to urgent care on 5/4. A CT scan of his head was done which showed right sigmoid and transverse sinus thrombosis as well as thrombophlebitis of the right IJ. He was sent to ED for further management at that time. In the ED, the patient was hemodynamically stable and well-appearing. The CTs were overread by our radiologists here. The patient had some labs done at the outside urgent care but PT/PTT/INR and a CRP were drawn here, which were unremarkable. A Covid PCR is negative. Neurosurgery, neurology, and hematology were consulted. Neurology recommended heparin and a hypercoagulable workup and hematology agreed with this plan. The patient was admitted to the ICU for neuro checks and monitoring during initiation of heparin.
1225942	4/18/2021	WI	16	3/19/2021	3/28/2021	Patient was a 16yr female who received Pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing CPR to the ED 3/28/21 after cardiac arrest at home. Patient placed on ECMO and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. Risk factors included oral contraceptive use. Labs have since confirmed absence of Factor V leiden or prothrombin gene mutation. Patient declared dead by neurologic criteria 3/30/21.

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1206421	4/14/2021	CA	17	3/11/2021	3/14/2021	Blood clot in right calf. Noticed pain and knot in calf on Sunday 3/14/2021. It worsened over the next few days. Went to Urgent care on 3/18 and they sent us straight to ER for Ultrasound. In hospital they found it was a clot identified as deep vein thrombosis, and started a treatment of blood thinner and pain medication.
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 DEMONSTRTING 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.